

Chairperson - Pat Kilpatrick

10:00 - 10:10 **1.**
10 min **CHAIRPERSON'S WELCOME AND OPENING REMARKS**

PK

10:10 - 10:10 **2.**
0 min **DECLARATION OF MEMBERS' INTERESTS**


PK

10:10 - 10:10 **3.**
0 min **APOLOGIES FOR ABSENCE - J Bennett**

PK

10:10 - 10:10 **4.**
0 min **MINUTE OF PREVIOUS MEETING HELD ON 25 SEPTEMBER 2024**

(enclosed) *PK*

 Item 4 - Minutes 20240925 Final.pdf (18 pages)

10:10 - 10:10 **5.**
0 min **MATTERS ARISING / ACTION LIST**

(enclosed) *PK*

 Item 5 - Action List.pdf (2 pages)

10:10 - 10:20 **6.**
10 min **CHAIRPERSON'S REPORT**

6.1.
Chairperson's Update

(verbal) *PK*

6.2.
Ministerial Annual Review 2024 - Follow-Up Letter

(enclosed) *PK*

- 📄 Item 6.2 - SBAR 2024 Annual Review Outcome.pdf (4 pages)
- 📄 Item 6.2 - Annual Review 2024 Fife Ministerial Letter.pdf (7 pages)

6.3.

Board Development Session - 29 October 2024

(enclosed) PK

- 📄 Item 6.3 - Board Development Session Note 20241029.pdf (1 pages)
-

10:20 - 10:40

7.

20 min

CHIEF EXECUTIVE'S REPORT

7.1.

Chief Executive Up-date

(verbal) CP

7.2.

Patient / Staff Story

(verbal) CP

10:40 - 11:15

8.

35 min

PERFORMANCE

8.1.

Integrated Performance & Quality Report - September 2024 Position

(enclosed) CP

- 📄 Item 8.1 - SBAR IPQR Board November 2024 v1.0.pdf (9 pages)

- 📄 Item 8.1 - IPQR Position at September 2024 v1.0.pdf (35 pages)

8.2.

Financial Performance Report at September 2024

(enclosed) MM

- 📄 Item 8.2 - SBAR Financial Performance Report.pdf (22 pages)

8.3.

Re-form, Transform, Perform Performance Quarter Two 2024/25 Report

(enclosed) BH

- 📄 Item 8.3 - SBAR Reform, Transform, Perform Update.pdf (6 pages)

- 📄 Item 8.3 - Appendix 1 Reform, Transform, Perform Update.pdf (33 pages)
-

11:15 - 11:30

9.

15 min

PLANNING

9.1.

Annual Delivery Plan 2024/25 Quarter Two Update

(enclosed) MM

- 📎 Item 9.1 - SBAR NHSFB Annual Delivery Plan 202425 Q2 update v1.0.pdf (6 pages)
- 📎 Item 9.1 - Appendix 1 NHS Fife ADP 202425 Quarterly Report Q2 Summary v1.2.pdf (38 pages)

9.2.

Fife Joint Health Protection Plan 2024/26

(enclosed) JT

- 📎 Item 9.2 - SBAR JHPP 26 Nov to Fife Board.pdf (3 pages)
- 📎 Item 9.2 - Appendix 1 Fife JHPP 24-26 v1.pdf (29 pages)

11:30 - 11:55
25 min

10. STRATEGY

10.1.

Prevention & Early Intervention Strategy

(enclosed) LG

- 📎 Item 10.1 - SBAR Prevention & Early Intervention Strategy Nov 24 Final.pdf (9 pages)
- 📎 Item 10.1 - Appendix 1- Prevention & Early Intervention Strategy Final.pdf (25 pages)
- 📎 Item 10.1 - Appendix 2 - Prevention & Early Intervention Strategy High Level Delivery Plan Final.pdf (6 pages)

10.2.

Population Health & Wellbeing Strategy 2024/25 Mid-Year Report

(enclosed) MM

- 📎 Item 10.2 - SBAR Population Health & Wellbeing Strateg 2024-25 Mid Year Review v1.0.pdf (6 pages)
- 📎 Item 10.2 - Appendix 1 Population Health and Wellbeing Strategy 2024-25 MYR v3.0.pdf (33 pages)

10.3.

Digital & Information Strategy Review

(enclosed) AGrah

- 📎 Item 10.3 - SBAR Digital Strategy Outcomes - November 2024 V1.0.pdf (13 pages)

10.4.

Sustainability & Greenspace Update Report

(enclosed) NM

- 📎 Item 10.4 - SBAR Sustainability & Greenspace Update BOARD (Nov 24) NMCC.pdf (7 pages)
- 📎 Item 10.4 - Appendix 1 - Sustainability and Greenspace Progress Report V2.pdf (24 pages)

11:55 - 12:10
15 min

11. STANDING COMMITTEE REPORTS

11.1.

Governance Committee Chairs' Assurance Reports:

PK

11.1.1.

Clinical Governance Committee Report and Minute dated 1 November 2024 (unconfirmed)

(enclosed) AW

- 📎 Item 11.1.1 - CGC Chair's Assurance Report 20241101.pdf (5 pages)
- 📎 Item 11.1.1 - Clinical Governance Committee Minutes (unconfirmed) 20241101.pdf (13 pages)

11.1.2.

Finance, Performance & Resources Committee Report and Minute dated 12 November 2024 (unconfirmed)

(enclosed) AM

📎 Item 11.1.2 - FPR Chair's Assurance Report 26 November 2024.pdf (2 pages)

📎 Item 11.1.2 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20241112.pdf (7 pages)

11.1.3.

Public Health & Wellbeing Committee Report and Minute dated 11 November 2024 (unconfirmed)

(enclosed) JKemp

📎 Item 11.1.3 - PHWC Chair's Assurance Report 20241111.pdf (3 pages)

📎 Item 11.1.3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20241111.pdf (10 pages)

11.1.4.

Staff Governance Committee Report and Minute dated 5 November 2024 (unconfirmed)

(enclosed) CG

📎 Item 11.1.4 - SGC Chair's Assurance Report (from meeting on 5.11.24).pdf (2 pages)

📎 Item 11.1.4 - Staff Governance Committee Minutes (Unconfirmed)_05.11.24.pdf (13 pages)

12:10 - 12:40
30 min

12. GOVERNANCE

12.1.

Review of Public Health & Wellbeing Committee's Terms of Reference

(enclosed) JKemp

📎 Item 12.1 - SBAR PHWC In Year Review of Terms of Reference.pdf (4 pages)

📎 Item 12.1 - Appendix 1 PHW Terms of Reference Nov 24.pdf (4 pages)

12.2.

Mid-Year Report from Area Clinical Forum

(enclosed) AL

📎 Item 12.2 - Mid-Year Report from Area Clinical Forum 20241126.pdf (6 pages)

12.3.

Mid-Year Report from Area Partnership Forum

(enclosed) LP

📎 Item 12.3 - SBAR Area Partnership Forum Assurance Report V0.2signed.pdf (6 pages)

12.4.

Whistleblowing Quarter Two 2024/25 Report

(enclosed) GM

📎 Item 12.4 - Whistleblowing Quarter 2 Report 24-25 FINAL.pdf (10 pages)

12:40 - 12:50
10 min

13. RISK

13.1.

NHS Fife - Risk Appetite Statement

(enclosed) MM

📎 Item 13.1 - SBAR Risk Appetite Nov 2024 Board Final3.pdf (7 pages)

📎 Item 13.1 - NHS Fife Risk Appetite Statement November 2024 Draft3.pdf (2 pages)

12:50 - 12:55

5 min

14.

ANNUAL REPORT

14.1.

Pharmaceutical Care Services Report 2023/24

(enclosed) FF

📎 Item 14.1 - SBAR Pharmaceutical Care Services Report Nov 24 final.pdf (4 pages)

📎 Item 14.1 - Pharmaceutical Care Services Report 2023-24 final.pdf (55 pages)

12:55 - 13:00

5 min

15.

MINUTES - OTHER / APPROVED MINUTES

15.1.

East Region Programme Board dated 26 April 2024 (unconfirmed)

(enclosed)

📎 Item 15.1 - ERPB Minute Cover Paper.pdf (1 pages)

📎 Item 15.1 - ERPB 260424 Draft Minutes V1 unconfirmed.pdf (6 pages)

15.2.

Fife Health & Social Care Integration Joint Board dated 26 July 2024

(enclosed)

📎 Item 15.2 - IJB Minute Cover Paper 260724.pdf (1 pages)

📎 Item 15.2 - Confirmed Minutes of IJB 260724.pdf (8 pages)

15.3.

Clinical Governance Committee dated 6 September 2024

(enclosed)

📎 Item 15.3 - Clinical Governance Committee Minutes (confirmed) 20240906.pdf (14 pages)

15.4.

Finance, Performance & Resources Committee dated 10 September 2024

(enclosed)

📎 Item 15.4 - Finance, Performance & Resources Committee Minutes (Confirmed) 20240910.pdf (9 pages)

15.5.

Public Health & Wellbeing Committee dated 9 September 2024

(enclosed)

📎 Item 15.5 - Public Health Wellbeing Committee Minutes (confirmed) 20240909.pdf (11 pages)

15.6.

Staff Governance Committee dated 3 September 2024

(enclosed)

 Item 15.6 - Staff Governance Committee Minutes (Confirmed) 03.09.24.pdf (14 pages)

13:00 - 13:00

0 min

16.

ANY OTHER BUSINESS

13:00 - 13:00

0 min

17.

DATE OF NEXT MEETING: Tuesday 28 January 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON WEDNESDAY 25 SEPTEMBER 2024 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL

PAT KILPATRICK

Chairperson

Present:

P Kilpatrick (**Chairperson**)

C Potter, Chief Executive

J Bennett, Non-Executive Director

S Braiden, Non-Executive Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Kemp, Non-Executive Director

K Macdonald, Non-Executive Director

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director

L Parsons, Non-Executive Director

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services

F Forrest, Acting Director of Pharmacy & Medicines

S Fraser, Associate Director of Planning & Performance

A Graham, Director of Digital & Information

B Hannan, Director of Reform & Transformation

K MacGregor, Director of Communication & Engagement

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

D Miller, Director of Workforce

F McKay, Interim Director of Health & Social Care

N Robertson, Director of Nursing, Corporate

P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular N Robertson, Director of Nursing, Corporate, deputising for J Keenan, Director of Nursing. A welcome was also extended to a colleague from the media who joined today's public session.

The Chair reminded those attending that the notes are being recorded with the Echo Pen to aid production of the minutes.

On behalf of the Board, the Chair offered congratulations to the following staff from NHS Fife:

- Lyndsey Dunn, Clinical Service Manager for Fife Health & Social Care Partnership (HSCP), who has been appointed as Chair of The British Geriatrics Society Nurse and AHPs Council.
- Yasmine Morgan, NHS Fife Sustainability Officer, who has been selected as a scholarship recipient to attend the One Young World Summit 2024 in Montreal. Yasmine will return as the newest addition to the One Young World Ambassadors, empowered to make a positive difference back in their workplace and community.
- Hazel Thomson, Board Committee Support Officer, for successfully completing her Chartered Institute of Public Finance and Accountancy Diploma in Corporate Governance.

2. **DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest made by members.

3. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Non-Executive Directors A Grant and A Lawrie and Director of Nursing, J Keenan.

4. **MINUTE OF PREVIOUS MEETING HELD ON 30 JULY 2024**

Approval of the previous meeting's minute of 30 July 2024 was **proposed** by A Morris, Non-Executive Director, and **seconded** by C Grieve, Non-Executive Director, subject to a small amendment to p.6, Clinical Governance section, to clarify what specific areas Fife was the best performing Board in. An updated version with the amended text will be circulated to Board Members.

Action: G MacIntosh

5. **MATTERS ARISING / ACTION LIST**

There were no matters arising.

The Board **noted** the updates provided within the rolling action list.

6. **CHAIRPERSON'S REPORT**

6.1. **Chairperson's Update**

The Chair was pleased to announce three new Board champions, to add to the current Non-Executive Champion cohort:

- Community Engagement Champion – A Morris;
- Mental Health Champion – A Wood; and
- Quality & Service Improvement Champion – J Bennett.

The Chair thanked colleagues for taking up these appointments.

The Chair provided an update on recent meetings she had participated in, including an update on positive discussion from the Board Chairs' Away Day in relation to Health Improvement Scotland (HIS) quality aspirations, consideration of the policy direction and expectations from Scottish Government around operational delivery and finance, and future planning arrangements linking to regional planning. Good sessions were also held around digital and innovation, including a presentation on Artificial Intelligence and drug and alcohol addiction.

It was advised that the Chair has been co-opted onto three national groups around finance, planning and digital and innovation.

The Chair thanked the Director of Public Health and teams for the Board's submission to the Marmot Framework. This was a joint application with Fife Council and partners for the whole of Fife, which was a good example of strong partnership working and would be of benefit to the Fife population.

It was noted that the NHS Fife Annual Review is taking place on 30 September 2024, within the Education Centre at Victoria Hospital, Kirkcaldy. The event will be chaired by the Minister for Public Health and Women's Health, Jenni Minto, with senior members of the Scottish Government and Health and Social Care Directorate also in attendance to hear first-hand the challenges and opportunities facing NHS Fife and the actions being taken by the Board to address these.

The Chair highlighted the Staff Awards, which take place on 4 October 2024 in Dunfermline. This is an opportunity to celebrate the amazing accomplishments and contributions made by inspiring individuals across NHS Fife and she encouraged members to attend where possible.

The Board **noted** the update.

6.2. Board Development Sessions – 27 August 2024

The Chair invited A Morris, Vice-Chair, to provide an update on the last Board Development Session. A Morris reported on the positive discussions held around the Re-form, Transform, Perform (RTP) programme, which was gaining momentum from the 13 schemes of work that have been put in place to produce the required improvement in performance, albeit recognising there is still significant work to do. There had been a good session on the leadership framework and organisational learning, which were both exciting initiatives and would further develop the approach being adopted to build on our capability as a learning organisation.

The Board took **assurance** that members have discussed and reflected on the range of topics covered at recent Development Session.

7. CHIEF EXECUTIVE'S REPORT

7.1. Chief Executive's Update

The Chief Executive began her report by offering congratulations to L Garvey on her appointment as Director of Health & Social Care with effect from 4 November 2024. L Garvey is currently the Partnership's Head of Community Care Services, and brings to the post over 30 years' experience, covering a diverse range of operational, professional and leadership roles.

The Chief Executive reported on a recent meeting of the Senior Leadership Group (which comprises the Executive Team and its senior teams), where discussion took place about the need to continue to work collaboratively and in a cohesive manner across the health and care system to help inform and shape transformation plans going forward.

The Chair, Chief Executive and Director of Acute Services undertook a walkabout around Acute Services at Victoria Hospital to see at first hand some of the proposed changes around same day emergency care and moves around respiratory services. The Chair commented that she had been very impressed by the work going on across teams within the Victoria Hospital, and she thanked staff for their time.

It was advised that the Chief Executive and Director of Acute Services also spent time meeting the new SAS doctors and consultants at their induction to give an overview of the organisation and its ambitions.

The Chief Executive provided a summary from recent meetings with Scottish Government colleagues and other Board Chief Executives and advised that there had been positive discussion in relation to a national approach to both digital and climate / sustainability innovations. Positive meetings had also been held with Scottish Government colleagues in relation to the Board's Q1 financial position and a further briefing on this would be given by the Director of Finance & Strategy later on the agenda.

It was noted that the Chief Executive also sits on a number of national groups and has recently joined the Scottish Terms & Conditions Committee. Given her other commitments, she has given up the chair of the Sexual Assault Response Co-ordination Service, a position she felt privileged to hold given the sensitive nature of the subject matter, and she commended the teams who support that service. It was advised that N Connor, Chief Executive of NHS Tayside, will now take over that position.

Finally, the Chief Executive reminded members that Speak Up Week takes place from 30 September to 4 October, which aims to highlight the importance of speaking up within the NHS in Scotland. Speak Up Week raises awareness of how staff can raise concerns or issues in a safe and supported way and considerable activity is taking place the following week in that regard to promote the various avenues open to staff. It was noted that a new Speak Up / Whistleblowing Co-Ordinator has been appointed as part of the Corporate Governance & Board Administration Team, to help support this work going forward.

7.2. Patient Story

The Director of Nursing, Corporate, introduced two patient stories related to organ donation, one featuring the recipient of a donated heart, and the other from a family who lost their daughter in tragic circumstances and how they have taken some comfort from contact they have with the recipients of her donated organs. The Director of Nursing, Corporate, who is also Chair of the Board's Organ Donation Committee, took the opportunity to encourage people to sign up to the Organ Donation Register and to have a conversation with their family so they know your wishes.

The Medical Director commented on the powerful video recording and he emphasised the importance of being registered as a donor. He was pleased to advise that Dr I MacLeod, Deputy Medical Director, is the national clinical lead for organ transplantation and he emphasised the considerable work that goes on to make organ donation happen. The Chief Executive made reference to a report from the National Blood Transplant Unit, which, year on year, gives a positive perspective on the extent to which clinicians in Fife are focused on doing the right thing with families in relation to organ donation.

The Board **noted** the information provided in the patient story and thanked everyone involved in the production of the video presentation.

8. PERFORMANCE

8.1. Integrated Performance & Quality Report (IPQR) – July 2024 Position

The Chief Executive presented the IPQR, which has been scrutinised in detail through the governance committees and will continue to be refined and adapted taking feedback from Board members and various committees. It was noted that the IPQR reports on 54 metrics.

Executive Leads made comment on the key issues emerging from the performance report:

Quality & Care

The Medical Director confirmed there were no significant changes in relation to the quality and care metrics and provided an update on the key issues around Adverse Events, In-patient Falls, Pressure Ulcers, Mental Health and Healthcare Acquired Infections (HAI) (including the staphylococcus aureus bacteraemia, c.difficile and e-coli bacteraemia rate), noting Fife continued to be the best performing Board around HAI performance with figures at their lowest since 2015. The Director of Nursing, Corporate, provided an update on Complaints performance, which remained challenging and was at odds with the recommended standard for Significant Adverse Event Review (SAER), although the complexities can be similar. It was noted that where there is a patient complaint involving a SAER, the completion timescales can move to the SAER timeframe with the consent of the complainant.

In response to questions, it was noted that information on Hospitalised Standard Mortality Ratio will be available for inclusion in the next IPQR.

Operational Performance

The Director of Acute Services provided an update on performance in relation to the 4-hour Emergency Access target, the Patient Treatment Time Guarantee, New Outpatient performance, Diagnostics and Cancer Waiting Times.

The Director of Acute Services responded to questions around New Outpatient performance, specifically patients waiting 52 weeks or more for a first outpatient appointment. She explained how referrals are scrutinised from the first point of contact when the referral reaches secondary care, with active clinical referral triage and decision-making and regular contact with the patient thereafter to understand whether the patient still wants to be seen. Work is also underway to look at patients on multiple waiting lists. The Medical Director highlighted that each specialty would have its own way of triaging patients to ensure that only those who need to see a consultant are referred to a consultant, with others triaged directly for appropriate investigation or to other professionals. An overview of work underway with the Digital & Information team with Patient Hub in relation to text messaging was also provided and performance data would be shared at the next cycle of committees.

The Chair asked about challenges in the prostate pathway, which continued to be the most common reason for breaches across Scotland, experiencing delays due to demand for robotic surgery. The Director of Acute Services confirmed that there are multiple improvement plans to try to improve performance. This includes working with Cancer Research UK around a nurse-led model, which is proving to be successful in some aspects of the pathway, and using additional cancer waiting times money to commission additional sessions at Queen Margaret Hospital. The Prostate Pathway Improvement Group continued to look at the position closely but there is a mis-match between demand and capacity. Breaches in the lung cancer pathway were also highlighted, noting there are PET scan issues across the country. The Chair has raised this issue at the Board Chairs' Group.

The Interim Director of Health & Social Care provided an update on Delayed Discharges performance, which continued to be reviewed weekly with Scottish Government colleagues, noting there were no concerns to be reported. Whilst the position across Scotland to reduce the number of delays was challenging, Fife was being commended for some of its work in this area. Significant improvement was noted via working with the Red Cross to enable people, following a stay in hospital, to be supported and assessed in their own home. Close working also continued with Acute Services colleagues. The Chair commented on the Red Cross project and noted she was pleased to have them on board.

In response to questions, the Director of Acute Services confirmed that the Scottish Government has just issued its winter preparedness plan and a checklist is required to be completed and returned. It was advised that an event was held earlier in the month around system flow with wide representation across health, social care and the voluntary sector to consider what plans will look like for winter to be able to deliver care as safely and effectively as possible. Collaborative working would continue around the home first approach, noting that, as part of the transformation and redesign work, there is a focus on reducing surge capacity within Acute Services to ensure patients are getting the right care in the right place at the right time. An update on plans for winter will be provided through the next cycle of committees. The Chair commended the Director of Acute Services and Interim Director of Health & Social

Care and their teams for the collaborative working, which is recognised and supported by the Board.

Workforce

The Director of Workforce highlighted the escalation from the Staff Governance Committee, given the position on Absence and Personal Development Plan and Review (PDPR) performance, which was unlikely to meet target. He outlined work ongoing to try and improve performance in sickness absence, particularly via the Attendance Management Group and new work being undertaken around postcodes of people who are absent to see if there are any trends attributable to overall population health. External review was also being sought to review data and test trends to ensure that NHS Fife is doing all it can to improve performance in this area. An explanation of the work within the Acute Services and HSCP was also provided. The Employee Director confirmed that numerous initiatives were in place around absence management but there is a need to get underneath the data to understand reasons for absence; she therefore welcomed the external review. She was interested to see values-based reflective practice that could be compared with other initiatives, and she emphasised the need to ensure that the Attendance Management Policy is being applied consistently and in a caring and supportive way across the organisation.

The data on PDPR compliance and vacancies was also highlighted. With regard to reaching the target, it was noted that there is a level of confidence that the right mechanisms are in place and any risk to that will be dependent on what mitigations can be put in place.

Questions were asked about the high staff absence rate, if there was any correlation between where someone lived and their place of work in terms of time and money to commute and the reasons for absence, and how they link to the wider population health and society in general, and they were responded to. The need to understand any themes and hotspots was recognised and further triangulation of quality data would be considered.

The Chair of the Staff Governance Committee confirmed that the Committee considered Staff Absence metrics and PDPR performance at each meeting and the concerning factor was how each of the different elements impacts on each other.

Public Health & Wellbeing

The Interim Director of Health & Social Care provided an update on performance around Smoking Cessation and Mental Health Re-admissions. Information in relation to uptake from pharmacy colleagues will be incorporated in the paper being submitted to the Public Health & Wellbeing Committee around smoking cessation. A Haston, Non-Executive Director, stated that the Dental Service was often an under-used resource in terms of smoking cessation, and she was happy to discuss this further with the Interim Director of Health & Social Care outside of the meeting.

Performance in relation to Child & Adolescent Mental Health Services and Psychological Therapies was set out in the paper and would be discussed further in the private session of the Board.

The Director of Public Health provided an overview of performance related to three national screening programmes, which were new introductions to the IPQR: Breast, Bowel and Triple A screening. This information has not been included previously as data is not available on a quarterly basis. However, the information gives an opportunity to highlight when the annual update figures are released and will be complemented by a more in-depth screening report through the next cycle of committees.

The Director of Public Health was encouraged by an improved position for childhood immunisation around the 6-in-1 vaccinations, and she referred to an on-going programme of quality work. Performance for MMR2 is not reflecting the same improvement and is below target. Considerable improvement work is underway, including targeting areas of deprivation, providing immunisation centre sites and responding to feedback from individuals about what makes a difference. The Director of Public Health was pleased to report that Fife has been recognised by Public Health Scotland as a leader for uptake of the Pertussis vaccination within the Maternity Service.

The Board took a **moderate level of assurance** on reported performance to date.

8.2. Financial Performance Report at 31 July 2024

The Director of Finance & Strategy referred to the Executive Summary of the report, which set out the key points related to the financial position as at the end of July 2024. Attention was drawn to the overspend positions, particularly in the HSCP, given the financial plan does not make any assumptions at this stage in relation to cost pressures associated with the Integration Joint Board (IJB). A recovery plan is in development, which will be considered by the IJB on 27 September 2024. In summary, the Director of Finance & Strategy emphasised that urgent action is required to restore financial balance as far as possible if the Board is to maintain or improve its position on the NHS Scotland Support and Intervention Framework before the end of this financial year.

It was noted that the capital programme is progressing in line with the agreed plan. As discussed with Scottish Government colleagues at the Q1 review, a request has been made around accessing additional enabling capital, which would allow NHS Fife to progress its transformation work, should there be any flexibility in the Scottish Government budget.

A query was raised in relation to savings around supplementary staffing and members were directed to section 6.3 of the report, which set out the position in full. The Director of Reform & Transformation outlined further actions that have been taken to reduce spend in this area and advised that a revised forecast will be provided in private session.

There was discussion on the overspend within the IJB, and the consequent potential for a risk-share situation in-year. The Interim Director of Health & Social Care confirmed that the recovery plan will be submitted to the IJB on 27 September 2024. Once this is approved, the detail will require to be worked through and the HSCP will work closely with NHS Fife, Fife Council and other partners in the private and voluntary

sector in a joined up way. The Board agreed that the agreed IJB recovery plan should be submitted through the Board either at its November meeting or, if necessary, prior to that date.

Action: F McKay

The Interim Director of Health & Social Care confirmed that both External and Internal Audit had scrutinised the lessons learned report that reviewed the 2023-24 IJB year-end position, were comfortable with it and this would be noted in the report which will be issued through the IJB Audit & Risk Committee and shared with partners to take through their Board/Committees.

There was further discussion on joined up working between NHS Fife and the local authority to reduce costs and adopt a whole-system approach and members emphasised the need to continue to work jointly as one system of health and care for the benefits of patients in Fife. For oversight and assurance, the Chief Executive proposed to consider the ways of working between the different organisations and how this is brought together as a collective.

Action: C Potter

The Board took a **limited level of assurance** from the information within the paper.

8.3. Workforce Planning Update

The Director of Workforce spoke to the paper on the approach that will be taken to develop and publish the three-year Workforce Plan by October 2025, noting that Workforce Planning Guidance from Scottish Government is yet to be received. It is intended that the Workforce Plan will be a whole-system plan for Fife as a health and care system that will link to finance, service planning, etc, and the work being taken via the People & Change Board on the Whole Time Equivalent Review.

In response to questions, the Director of Workforce confirmed that the paper describes the process to be undertaken, and he assured members that it will encompass all work, including linking to the bed modelling exercise and incorporating medical and dental staff and staff in delegated services. For further assurance, the Medical Director highlighted that both the HSCP and Acute Services have a Medical Workforce Strategic Group, which reports to the Professional Standards Group, chaired by the Medical Director, and this feeds into the Workforce Plan.

The Board took **assurance** that the Workforce Plan 2025-2028 will be developed and published in accordance with the revised guidance.

9. PLANNING

9.1. Annual Delivery Plan (ADP) 2024/25

The Associate Director of Planning & Performance spoke to the report, which detailed the Board's response to feedback received from the Scottish Government in relation to the ADP for 2024/25 and provided a Q1 update on the progress of the 2024/25 ADP. It was reported that there are 194 actions across 10 delivery drivers, as well as additional local deliverables within the Q1 Report in terms of the ADP. It was further

reported that four actions are marked as 'complete', with nine actions marked as 'at risk'. It was noted that the RTP programme of work and three priorities for each programme will be included in the next iteration of the ADP and response to the Scottish Government.

The Chair asked for further information on the option appraisal and consultation and engagement process in relation to unscheduled care and the Interim Director of Health & Social Care explained how the public will be able to participate and engage around this programme of work, supported by the NHS Fife Communications team.

The Board took a **moderate level of assurance** from the information within the paper and **noted** that the correct appendix will be circulated to members after the meeting.

Action: S Fraser

9.2. Whole-System Infrastructure Planning

The Director of Property & Asset Management highlighted the points detailed within the Executive Summary of the paper. An overview was provided of how work is being undertaken jointly across the whole health and care system to redesign services and make the best use of the NHS estate and facilities to provide the best quality of care for our patients. The importance of the clinical strategy and underpinning frameworks was highlighted. It was reported that potential capital may be available from April 2025, which could come from the submission of an interim Business Continuity maintenance-only investment plan, which Scottish Government has directed NHS Fife to submit in January 2025. This is now a current focus to ensure NHS Fife is in a good position to mobilise should funding become available. This plan will be submitted to the January Board meeting, following submission to Scottish Government, with the final Infrastructure Plan brought to the Board in September 2025.

Action: N McCormick

Members commended the paper, which was a good example of how everyone working together can generate positive outcomes for the people of Fife. In response to questions, the Director of Property & Asset Management confirmed that he was content to bring future reports on this important work to the IJB and its committees if that was helpful. He advised that further guidance would likely be issued in 2025 around regional and local planning for services and we would need to react to that, but it was essential for work to continue about what we need to plan for in Fife.

The Chief Executive built on the discussions earlier in the meeting about joined-up working and the action to find a way of driving forward a coherent and aligned approach to planning across the whole health and care system and she proposed to bring back a robust approach to planning within NHS Fife towards the end of the financial year. The Chair emphasised that planning was coming to the fore, with considerable discussion at Scottish Government on local and regional planning and there will be ongoing demand for Boards to produce plans that are evidence-based, financially viable and have been properly consulted upon with local communities.

The Board took a **significant level of assurance** from the information within the paper.

10. STRATEGY

10.1. Primary Care Strategy Year 1 Report 2023/24

The Interim Director of Health & Social Care presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. They key points from the report were highlighted, noting in particular progress in relation to the sustainability of General Practice and particular opportunities to develop improvements in General Dental Services.

The Board took a **moderate level of assurance** on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, recognising also that there are continued pressures across Primary Care.

10.2. NHS Fife Procurement Strategy 2024/29

The Director of Finance & Strategy presented the NHS Fife Procurement Strategy 2024/29, which has been produced in line with the regulatory requirements of the Procurement Reform (Scotland) Act 2014. The key areas covered within the strategy were highlighted, noting the important link to the Population Health & Wellbeing Strategy ambitions and the ambitions as an Anchor Institution and also the good engagement with Fife Council and other partners to try and encourage as much local procurement as possible. It was noted that NHS Fife has a very effective procurement team, which is integrated across all our services and the broader system.

On behalf of the Board, the Chair thanked the Procurement Team for its work in producing the Strategy.

The Board took a **significant level of assurance** on the strategic direction of procurement in line with Public Procurement legislation and NHS Fife strategic priorities; and **approved** the NHS Fife Procurement Strategy 2024/29.

11. STANDING COMMITTEE REPORTS

11.1. Governance Committee Chairs' Reports

The Chair asked the Governance Committee Chairs to provide assurance, by exception reporting, of what was discussed at their last committee meetings.

The Chair advised that any questions in relation to the Chair of the Audit & Risk Committee's Assurance Report and Minute of the Audit & Risk Committee dated 12 September 2024 should be passed directly to the Chair of the Audit & Risk Committee.

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 6 September 2024, and she confirmed the issues to be highlighted as set out in the report, also noting that the Committee was awaiting the output of the hip fracture audit work.

A Morris, Chair of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 10

September 2024. Although there was nothing specific to add to the written report provided, he highlighted the Committee's concern around the significant overspend within the HSCP delegated budget.

J Kemp, Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board from the meeting held on 9 September 2024. He highlighted the good report by the Alcohol & Drugs Partnership and the ongoing discussion around the Terms of Reference of the Committee, which will be submitted to the November Board meeting.

C Grieve, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 3 September 2024. He confirmed that going forward the Committee would consider regular updates on Health & Safety and employability programmes. He also commented on the positive presentation on the launch of the EMERGE programme, which offers opportunities to pupils from deprived areas of Fife who are interested in health-related careers, and proposed that the full Board receive an update on this programme in due course.

The Board took **assurance** from the information provided.

12. GOVERNANCE

12.1. NHS Scotland Blueprint for Good Governance Improvement Plan Update

The Chair commented that the Board Chairs' Group had discussed the Blueprint for Good Governance and its value in terms of governance and any other matters that could be included therein for future iterations of the guidance.

The Board Secretary spoke to the report, which outlined the Board's progress in the delivery of the Improvement Plan created in March 2024, following members' self-assessment exercise against the Blueprint for Good Governance. The conclusion of the majority of the action points specified in the Plan was noted, with detailed progress updates given in the appendix.

It was advised that there are currently three remaining open actions in relation to the Board's risk appetite, improving the diversity of the NHS Fife Board and introducing locally assurance mapping work. The latter is being proposed to be taken forward on a Once for Scotland approach, with further discussion underway at national groups such as the Board Secretaries' network.

It was noted that the Associate Director for Risk & Professional Standards and the Director of Digital & Information are in the process of pulling together the themes from the Board's earlier work around Risk Appetite. In order to conclude this work, the Chair requested that a paper be submitted to the next Board.

Action: M McGurk

The Board took **moderate assurance and noted** progress in delivery of the Board's current Improvement Plan.

12.2. Organisational Learning

The Medical Director spoke to the report, which sets out the approach being adopted to build on our capability as a learning organisation, following discussion at a recent Board Development Session. He thanked both the Associate Director for Quality & Clinical Governance and Associate Director for Culture, Development & Wellbeing for producing a comprehensive report. The update documents progress to date, including feedback received from the session. Importantly, it was noted that a Delivery Plan 2024/25 underpins the work that will be led by the Organisational Learning Leadership Group, which is also considering the next steps.

The Chair welcomed the addition of Legal claims as this has enormous potential for learning and improving governance. K Macdonald, Whistleblowing Champion, commended the excellent piece of work, which will enhance the learning and support good governance and she proposed that the Board take a significant level of assurance from the information provided.

The Board took a **significant level of assurance**, with 2024/25 being used as the year to focus upon laying foundations on which to build on this work.

12.3. Neonatal Mortality Review Health Improvement Scotland (HIS) Report

The Medical Director advised that, in 2022, the Minister for Public Health, Women's Health and Sport commissioned HIS to take forward a review in response to this significant increase in neonatal mortality. It was advised that the report details our response to the HIS report and the main findings of the national review were outlined. It was highlighted that, prior to the national review, NHS Fife had already raised the issue locally, with papers taken through the Clinical Governance Committee and an action plan established that sought to improve the quality of service within the neonatal and maternity service locally.

The Clinical Governance Committee was updated on the neonatal mortality position in Scotland at its meeting in May 2024, noting that whilst there was a trend upwards, this was not the situation in Fife. It was noted that regional discussion was still taking place and the detail will be submitted to the Clinical Governance Committee and Fife NHS Board in the New Year.

Action: C McKenna

A query was raised about the challenge in gathering data on maternal ethnicity and this would be raised with the Director of Midwifery directly.

The Board took a **moderate level of assurance** from the information within the paper.

12.4. Health and Care (Staffing) (Scotland) Act (HCSA) 2019 – Quarter 1 Report 2024/25

The Director of Workforce referred to the paper, which provides a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA and highlights the importance of the implementation of the e-Rostering and SafeCare within the Board. He thanked everyone involved in pulling the report together for their

continued support, noting the considerable work involved, and thanks were also offered to the Digital and Information team for their support.

A summary of the progress made during Q1 was outlined in the report, together with key milestones for Q2. It was advised that HIS was content with our progress and compliance with the Act, which will continue to be monitored.

The Employee Director welcomed the positive report and confirmed that feedback from staff side was also positive. The level and complexity of work involved in this process was acknowledged.

The Board scrutinised the information provided in the paper and took a **moderate level of assurance**, noting that this is an iterative process, and that reporting will evolve. It was also **noted** that Board members will receive the second internal quarterly HCSA report following the end of Q2, including second quarter HCSA high-cost agency report, produced in December 2024.

12.5. Whistleblowing Quarter 1 2024/25 Report

The Board Secretary spoke to the report, which provides the performance data for Q1 on Whistleblowing Concerns raised and under investigation: one concern had been submitted during the quarter, which remains under investigation. The key points from the Executive Summary were highlighted, noting in particular the appointment of a new Speak Up Co-Ordinator to assist with this work, who takes up post on 27 September 2024.

As mentioned at the Area Partnership Forum, the Chief Executive acknowledged the good conversations ongoing with feedback from staff side colleagues and recognised the importance of ensuring that staff feel safe and supported to speak up and raise any concerns. The Employee Director confirmed that staff side colleagues took assurance from the work being progressed in this area, which had improved significantly over the past year, and she referred to the large number of confidential contacts that were now in place, with support for those contacts and clearer pathways for those wanting to raise a concern.

K Macdonald, Whistleblowing Champion, noted that the structural changes were impactful, and she encouraged staff to feel able to raise concerns openly as a way of enabling change where that may be required.

A query was raised around how to measure feedback from staff, and this was responded to by the Employee Director.

The Board took a **moderate level of assurance**, reflecting the fact that work is ongoing to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up.

12.6. Internal Audit Strategic Plan 2024/25 - 2026/27 and Operational Plan 2024/25

The Director of Finance & Strategy presented the report, which had been approved by the Audit & Risk Committee in September 2024. It was noted that the Plan has been

significantly influenced through consideration of the corporate risk register and RTP programme of work for this year and future years. It was further noted that the Executive Directors' Group had reviewed the draft plans in August, and a request was made for a stand-alone review in year one with a focus on the RTP governance arrangements and framework, including workstreams, grip and control.

The Board took a **significant level of assurance** that the Draft Strategic and Operational Plans preparation and assessment process is conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) and the strategic and operational plans provide sufficient coverage to allow the Chief Internal Auditor to provide required year-end assurances.

12.7. Corporate Calendar – Board and Committee Dates to March 2026

The Board Secretary presented the Corporate Calendar for 2025/26 and was pleased to confirm that dates of the Integration Joint Board and its committees had now been received and were being reviewed to ensure there were no conflicts for members who sit on both bodies.

The Board **approved** the proposed 2025/26 meeting dates for the Board and its committees as set out in Appendix 1 and **noted** that calendar invites would be issued in due course, to include also the fortnightly meetings of the Chair and Non-Executive Directors.

Action: G MacIntosh

13.1. Corporate Risk Register Update

The Director of Finance & Strategy highlighted key points from the report, notably that the current assessment indicates that delivery against three of the four strategic priorities is outwith the Board's current risk appetite, and she was aware that the review of the Board's risk appetite remains to be concluded. Attention was drawn to the key updates since the last report to the Board as set out in the paper under section 2.3, particularly around risk 5 (Optimal Clinical Outcomes), risk 6 (Whole System Capacity), risks 13 & 14 (Delivery of a balanced in-year financial position and Delivery of recurring financial balance over the medium term) and risk 6 (Off-Site Area Sterilisation and Disinfection Unit Service).

The Chair had previously raised the issue of drug-related deaths and whether these should be recorded as a stand-alone risk on the Corporate Risk Register. The Director of Public Health confirmed that the matter had been discussed with the Interim Director of Health & Social Care and it has been agreed a deep dive will be carried out to explore clarity of responsibilities and what is both in and out of scope, ensuring a joined-up approach across Fife. It was proposed that the issue be further discussed through the Public Health & Wellbeing Committee.

Given the level of risk around drug-related deaths, the Chair requested that the risk be added to the Corporate Risk Register.

Action: M McGurk

Comment was made about the process for identification of risks, and this was explained.

The Board took a **moderate level of assurance** that all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so. The Board also **supported** Risk 16 (Off-Site Area Sterilisation and Disinfection Unit Service) being moved from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

13.2. Final Annual Risk Management Report 2023/24

The Director of Finance & Strategy referred to the Executive Summary of the report, which described key deliverables within the risk management improvement programme approved in 2022, intended to enhance the effectiveness of our risk management framework arrangements.

The Board took a **moderate level of assurance** from the final Annual Risk Management Report 2023/24.

14. ANNUAL REPORTS

14.1. Annual Return of the Health Promoting Health Service (HPHS)

The Director of Public Health directed members to the Executive Summary of the report, which set out a change to the reporting arrangements for HPHS priorities given these have now been effectively embedded within other workstreams to drive desired outcomes. It was noted that this report has not been requested from the Scottish Government and would be the last separate report as the HPHS.

In response to questions, the Director of Public Health confirmed that it was a broad policy framework approach rather than having a service attached to it and there is a workplan that sets that out. She added that reporting happens through various routes, and she will make it clearer about how the work links across to other groups. It was noted that a Delivery Plan has also been prepared around the Prevention & Intervention Strategy, which will be presented to the Public Health & Wellbeing Committee in due course.

The Board took a **significant level of assurance** from the report and **approved** the incorporation and oversight of the Health Promoting Health Service outcomes into existing governance groups, set out in Appendix 1 of the paper, noting the reporting route would be via the Public Health & Wellbeing Committee.

14.2. The Patient Rights (Feedback, Comments, Concerns and Complaints) Scotland) Directions 2024

The Director of Nursing, Corporate, provided an overview of the Patient Experience and Feedback Annual Report, which requires approval by Fife NHS Board before publication on NHS Fife website.

The Board took a **significant level of assurance** from the report and **approved** its publication on NHS Fife website.

14.3. Annual Procurement Report 2023/24

The Director of Finance & Strategy presented the Annual Procurement Report 2023/24, which provided a summary of procurement activity during 2023/24, noting the requirement to publish the report under Procurement legislation. An overview of some of the key figures was provided, noting the significant level of work undertaken by support services that sit behind the clinical services. The report had been endorsed by the Finance, Performance & Resources Committee and recommended for approval by the Board.

A query was raised around work as an Anchor Institution, specifically in relation to the minimum living wage, and it was advised that for any new contract this would be a minimum requirement. It was further advised that, as part of the Living Wage Accreditation, the Board had to demonstrate its commitment to pay all directly employed staff a Living Wage, and this is extended to regular sub-contracted staff also.

S Braiden left the meeting.

The Board took a **significant level of assurance** on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities and **approved** the Annual Procurement Report 2023/24 for publication on the NHS Fife website.

15. OTHER COMMITTEE MINUTES

The Board noted the below minutes and any issues therein to be raised to the Board. Members were asked to contact the Chair or Board Secretary if there were any issues to be raised on the minutes below.

- 15.1. Communities & Wellbeing Partnership dated 9 September 2024 (unconfirmed)
- 15.2. Fife Health & Social Care Integration Joint Board dated 31 May 2024
- 15.3. Fife Partnership Board dated 6 August 2024 (unconfirmed)

Approved Minutes:

- 15.4. Audit & Risk Committee dated 20 June 2024
- 15.5. Clinical Governance Committee dated 12 July 2024
- 15.6. Finance, Performance & Resources Committee dated 16 July 2024
- 15.7. Public Health & Wellbeing Committee dated 1 July 2024
- 15.8. Staff Governance Committee dated 9 July 2024

16. ANY OTHER BUSINESS

16.1. Annual Review

The Board Secretary confirmed that the Annual Review was taking place on 30 September 2024 and members were asked to attend the public session scheduled for 2 – 3 pm. A calendar invite has been issued.

17. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 26 November 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital.

As per Section 5.22 of the Board's Standing Orders, the Board met in Private Session following the meeting to consider certain items of business.

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 26 November 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	28/05/24 25/09/24	Corporate Risk Register – proposed new risk	Consider the issue of drug-related deaths and whether these should be recorded as a stand-alone risk on the Corporate Risk Register. 25/09/24 Risk to be added to the Corporate Risk Register	JT/LG	Following completion of Deep Dive Review a proposed new corporate risk on reduction of drug related deaths will be tabled at Public Health & Wellbeing Committee meeting on 13/01/25 for consideration.	January 2025
2.	25/06/24	External ISA 260 Audit Report 2023/24 / Annual Accounts	Request an independent review via the IJB Chief Officer about the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend	CP	IJB Lessons Learned Report noted on November Board agenda (private session)	November 2024
3.	30/07/24	IPQR	Trajectory for Diagnostics performance to be changed to meet the target of 95% of patients seen within 6 weeks	CD	Funding for additionality is not available beyond Q1 so trajectories are likely to change	November 2024
4.	30/07/24	Reforming Services Reforming the Way we Work	Add as standing item on the Board agenda going forward	GM/CP	Noted on the Board's workplan as a standing item. Nothing to add in November. Awaiting receipt of DL from SGHSCD	November 2024
5.	25/09/24	Minute of Meeting held on 30/07/24	Amend p6, Clinical Governance section, to clarify what specific areas Fife was the best performing Board in.	GM	Updated minute circulated to Board members 16/10/24	October 2024
6.	25/09/24	Financial Performance Report at 31/07/24	IJB recovery plan to be submitted to the Board at its November meeting	FM/LG	Discussed at October Board Development Session and added to the November Board agenda (private session)	November 2024
7.	25/09/24	Financial Performance Report at 31/07/24	Consider the ways of working between the different organisations in Fife and how this is brought together as a collective	CP	Proposal re robust approach to planning within NHS Fife to be submitted to the Board at the end of the financial year. Scheduled on the Board's workplan for March 2025	November 2024
8.	25/09/24	Annual Delivery Plan 2024/25	Correct appendix to be circulated to members after the meeting	SF	Circulated 16/10/24	October 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
9.	25/09/24	Whole-System Infrastructure Planning	Interim Business Continuity maintenance only investment plan to be submitted to the January Board, after submission to Scottish Government. Final Infrastructure Plan to be submitted to the Board in September 2025	NM	Scheduled on the Board's workplan for January and September 2025	November 2024
10.	25/09/24	Governance Committee Chairs' Reports	Update on the EMERGE programme to be submitted to the Board in due course	DM	An interim update was given to the October Board Development Session. A further update will be presented to the Board and scheduled on Board's workplan for March 2025	November 2024
11.	25/09/24	NHSS Blueprint for Good Governance Improvement Plan Update	Paper on the themes from the Board's earlier work around Risk Appetite to be submitted to the November Board	MM	Added to the November Board agenda	November 2024
12.	25/09/24	Neonatal Mortality Review Health Improvement Scotland Report	Update on neonatal mortality position in Scotland to be submitted to the Clinical Governance Committee (CGC) and Board in the New Year	CM	A regional paper is being developed which will be submitted to CGC and Board. Scheduled on the workplan for March 2025	November 2024
13.	25/09/24	Corporate Calendar Board / Committee Dates to March 2026	Calendar invites to be issued to include the fortnightly meetings of the Chair and Non-Executive Directors	GM	Invites issued 08/10/24	October 2024

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	Ministerial Annual Review 2024 - Follow-Up Letter
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Dr Gillian MacIntosh, Board Secretary

Executive Summary:

- The Ministerial Annual Review was held at the Victoria Hospital in Kirkcaldy on 30 September 2024. Jenni Minto, Minister for Public Health and Women's Health, chaired the meeting, with John Burns, Chief Operating Officer of NHS Scotland, also in attendance.
- The follow-up letter from the Minister summarises discussions from the events across the day, including the focus of their discussions with the Area Clinical Forum, Area Partnership Forum and a representative group of Patients and Carers. The bulk of the letter focusses on the discussions held with the Board Chair and Chief Executive during the Private Session. These largely related to the Board's financial performance; workforce vacancy and absence rates; operational performance, including waiting times; mental health infrastructure; approach to tackling drugs deaths; and the Board's overall reform and transform approach to meet current challenges.
- The letter is largely positive in nature and no follow up action is requested by Scottish Government colleagues.
- A significant level of assurance is suggested, reflecting the successful conclusion of this year's Annual Review process.

1 Purpose

This report is presented for:

- Assurance

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Annual Reviews are a key part of how NHS Boards are held to account for the significant public investment made in them. For the 2023 round of Reviews, the format of hybrid meetings (a mix of in-person and digital access) was introduced, to maximise the involvement of local stakeholders. This has continued into the reviews held during 2024, with the holding of in-person meetings on the day being augmented with the access of participants via Teams.

The agenda of the review is set by Scottish Government and based around national standards and local performance. The review included an in-person public session, where there was opportunity to ask questions of both the Board and Scottish Government.

2.2 Background

This year's Annual Review was the first Ministerial review of NHS Fife since 2021 and largely reverted to the pattern / schedule in use prior to the pandemic. The Ministerial Annual Review was held at the Victoria Hospital in Kirkcaldy on 30 September 2024. Jenni Minto, Minister for Public Health and Women's Health, chaired the meeting, with John Burns, Chief Operating Officer of NHS Scotland, also in attendance.

The Chair and Chief Executive participated in the afternoon public session, which took the form of a presentation from the Chair and a follow-up Q&A, fielding queries submitted in advance and from the audience. The public session was recorded and is now available on the NHS Fife [website](#). Prior to the public session, the Minister held separate meetings with the Area Clinical Forum, Area Partnership Forum and Patient/Carer representatives. The day ended with a Private meeting involving the Minister, Chief Operating Officer, Chair and Chief Executive, to discuss in detail the Board's performance.

The follow-up letter from the Minister, detailing the outcomes from the Annual Review and summarising discussions from the events across the day, was received by NHS Fife on 17 October. It is provided as an Appendix to this paper.

2.3 Assessment

The Annual Review letter outlines the main issues discussed with the Minister during the day's events, including the focus of their discussions with the Area Clinical Forum, Area Partnership Forum and a representative group of Patients and Carers, as per the letter's content.

The bulk of the letter focusses on the discussions held with the Board Chair and Chief Executive during the Private Session. These largely related to the Board's financial performance; workforce vacancy and absence rates; operational performance, including waiting times; mental health infrastructure; approach to tackling drugs deaths; and the Board's overall reform and transform approach to meet current challenges.

The letter is largely positive in nature and no follow up action is requested by Scottish Government colleagues.

This report provides the following Level of Assurance:

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

The proposed Level of Assurance reflects the fact that this year’s Annual Review has concluded successfully, with positive feedback received from the Minister subsequent to the event.

2.3.1 Quality, Patient and Value-Based Health & Care

The process of the Annual Review, alongside other assurance and governance frameworks, supports the continuous review of NHS Fife’s performance and activity. Together, this supports the provision of care that is safe, effective and high quality.

2.3.2 Workforce

The role and experience of the workforce was highlighted during the review, with specific input from the Area Clinical Forum and the Area Partnership Forum.

2.3.3 Financial

Financial performance was specifically detailed in NHS Fife’s advance submission pack and formed part of the discussion at the meeting.

2.3.4 Risk Assessment / Management

N/A

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

Through the process of detailing activity over the review period, all relevant equality and diversity matters were highlighted.

2.3.6 Climate Emergency & Sustainability Impact

The intention of including a hybrid component into the Annual Review meetings is to reflect the Scottish Government and Board’s commitment to Net Zero, e.g. by discouraging unnecessary travel.

2.3.7 Communication, involvement, engagement and consultation

In preparing the advance submission, the Executive and their wider teams were engaged and consulted with to provide appropriate briefing material. Consultation also took place with the Area Clinical Forum, Area Partnership Forum and patient-representative groups on key matters to raise at the Annual Review, and individual meetings with these groups and the Minister took place on the day..

2.3.8 Route to the Meeting

This paper has previously been considered by the Executive Directors' Group at their meeting on 21 November 2024.

2.4 Recommendation

The Board is invited to note the summary letter received by NHS Fife following the Ministerial Annual Review held in September 2024, which is provided for:

- **Significant assurance** – for members' to note successful conclusion of the Annual Review and the key discussion points covered in the Minister's meetings during the day.

3 List of appendices

The following appendices are included with this report:

- Letter from Jenni Minto MSP summarising the key discussion points from the Annual Review.

Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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Minister for Public Health and Women's Health
Jenni Minto MSP

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Pat Kilpatrick
Chair
NHS Fife

Sent via: Valerie.muir@nhs.scot

17 October 2024

Dear Pat

NHS FIFE ANNUAL REVIEW: 30 SEPTEMBER 2024

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Kirkcaldy on 30 September. I was supported by John Burns, Chief Operating Officer of NHS Scotland.
2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.
3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including performance management and improvement, service reform, financial sustainability/management (not least through the effective pursuit of the *Realistic Medicine* programme) and workforce recruitment/retention, alongside staff wellbeing.

Tha Ministearan na h-Alba, an luchd-comhairleachaidh sònraichte agus an Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh www.lobbying.scot

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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www.gov.scot

<https://www.nhsinform.scot>

5. We had very interesting discussions with the representatives from the various professional committees, including: how new technology and the advent of reliable video-conferencing is helping to facilitate professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new roles and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, noting the partnership with St Andrews University on Medical Training, third sector organisations and others, which the group felt was more straightforward in a single, coterminous system like Fife; the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. Referring to another specific example, it was pleasing to hear of the vital role the Forum had played in the work to advance the local women's health plan; . We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

6. We were pleased to meet with the Area Partnership Forum. It was clear that local relationships have been strengthened. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: informing policy development and service redesign; actions to support attendance management and safe staffing; alongside important health and safety responsibilities. It was gratifying to note that both staff-side and management felt comfortable in expressing concerns frankly, whilst respectfully; which, we reflected, was a positive sign of a mature and successful working partnership. Whilst partnership working is clearly strong at the representative level, we agreed there will be an ongoing challenge to ensure this is also consistently part of the wider staff experience.

Patients' Meeting

7. We would like to extend our sincere thanks to the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

8. The local patients in attendance were universally positive about the standard of care and support they had received. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including continuity of care; with services being provided on a number of sites both within and out with the Board area, the need for NHS Fife and its planning partners to work together, wherever possible, to ensure there are viable and accessible public transport options; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure.

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Annual Review: Public Session

9. The full public session was recorded for online access and began with the Chair's presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

10. We then moved into private session with the Board Chief Executive and Chair to discuss local performance in more detail.

Finance

11. It was confirmed that, in 2022-23, the Board had required £14 million of Scottish Government brokerage to deliver a balanced financial outturn. Making sufficient, recurring savings has been a challenge and informed the Board's escalation to Stage 2 of the NHS Support and Intervention Framework last November; alongside the development of NHS Fife's *Re-form, Transform and Perform* programme. For 2024-25, the Board had initially anticipated a gross deficit of £54.8 million, reducing to £29.8 million after around £25 million of targeted savings. At Month 4, the Board presented a year-to-date deficit position of £17.2 million, with a revised year-end forecast deficit of £38.3 million.

12. We noted that key pressures continued to be NHS Fife's share of the local Integrated Joint Board's budget deficit and Service Level Agreements with other Boards. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Fife has had to absorb a range of inflationary and demand-related pressures. The Government's Financial Delivery Unit will continue to work with NHS Fife to monitor the position and assist with longer term financial planning and improvement; with the Board's status and support under the NHS Support and Intervention Framework kept under review.

13. Whilst sharing the Board's desire to invest in local infrastructure, not least to improve provision for specialist inpatient mental health services, we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest and improve your existing facilities.

Workforce

14. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

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15. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. Nonetheless, as of June 2024, the Board had reported a significantly lower vacancy rate for consultant staff: indeed, over half the national average at 2.8%; alongside a slightly lower than average rate for nursing/midwifery and slightly higher for AHPs. We were assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. You also confirmed a positive reduction in nursing/midwifery agency spending with a corresponding increase in bank use over the last year.

16. We were also pleased to note local success with the international recruitment programme from February 2022 to March this year: with 99 nurses and five radiographers recruited. Staff absence rates have shown a steady increase since 2021/2022, and you confirmed that a refreshed Attendance Management Oversight Group had been established to oversee the activity required to understand the trajectory and actions required in order to take to achieve a 6.5% absence level by March 2025. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Fife is taking in terms of the wellbeing and resilience of local staff, as part of the Board's Workforce Plan. The Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace, including: the provision of rest and relaxation hubs, occupational health services and psychological support, and menopause support. Such measures will also be material in terms of the local staff recruitment and retention efforts.

Resilience

17. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Fife, have already been confronted with a sustained period of unprecedented pressures on local services.

18. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. We received assurances that good practice and lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

Unscheduled Care & Delayed Discharge

19. NHS Fife's 4-hour A&E standard performance has ranged between 70-76% since the beginning of 2024; gradually trending upwards over the course of the year and tracking slightly above the national average. Analysis conducted by the Centre for Sustainable Delivery concluded that NHS Fife makes effective use of your beds with low levels of long stay inpatients, good levels of short stay patients and low numbers of delays compared to other Boards. However, acute site occupancy (frequently well above 90%) remains a key challenge and can impact patient flow.

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20. As noted above, Fife's delayed discharges are consistently below the Scottish average. The Board and its planning partners are to be commended: there is evidence of a consistent and effective whole system approach which extends to discharge planning. We were further assured that progress is being made through the *Discharge Without Delay*, *Flow Navigation*, *Hospital at Home* programmes alongside other actions; and that this activity, including the development of the planned Same Day Emergency Care model, will underpin system resilience this winter.

Planned Care Waiting Times

21. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. In Fife, the new outpatient waiting list rose by 24.4% throughout 2023/24; with the TTG waiting list rising by 14.6% over the same period. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures. NHS Fife has been allocated £1.9 million of the £30 million funding, with a local focus on delivering additional diagnostic, orthopaedic and cancer treatments. Our new National Treatment Centres, including the one in Fife, will also be providing around 20,000 additional procedures across Scotland each year.

22. The Board is prioritising improvement activity on the specialties with the biggest pressures. We recognised that, in terms of recovery planning, local teams implemented a series of key actions throughout 2023/24 and into the first months of 2024/25. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we agreed that the Board needs to target the longest waits, with the number of new outpatient waits over 78 weeks increasing significantly over the last year. To this end, NHS Fife is working with the National Elective Co-ordination Unit to support sustained improvement. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

Cancer Waiting Times

23. The management of cancer patients and vital cancer services remains a clinical priority and local performance against the 31-day target has been consistently met and maintained. As with most NHS Boards, local performance against the 62-day target has been more challenged. Nonetheless, the Board is to be commended for the local, rapid cancer diagnostic service that has been in place since June 2021; with a recent University of Strathclyde evaluation finding that the wait from referral to diagnosis in Fife has gone from an average of 77.5 days to 11.4 days, when compared to a general surgical clinic. We recognised a key pressure remains the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started. The most impacted pathway locally is urology, which is where the Board is focusing its improvement efforts. The Board submits regular progress reports and the Government will continue to provide support.

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Mental Health

24. You confirmed that local mental health services continue to experience high levels of demand and increased levels of acuity, combined with challenges in recruiting across all key professional groups including nursing, psychiatry, AHPs and psychology. In terms of the Board's performance against the CAMHS and Psychological Therapies waiting standards, progress is being made and the local focus in recent times had been on addressing the most urgent cases, whilst reducing the longest waits; e.g. for CAMHS, the local service has continued to focus on reducing the size of the waiting list and the number of children and young people waiting over 18 weeks: by July 2024, those waiting totalled 149 with only nine children waiting over 18 weeks; representing the lowest number waiting since CAMHS data was routinely recorded and contrasts with the highest number waiting in June 2018 (911). Further to this progress, we were assured that the Board remains committed to achieving and sustaining the 90% standards; though we recognise that, as in other Board areas, the high turnover in workforce can impact progress. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

25. Whilst we share in NHS Fife's desire to invest in its local infrastructure to meet the needs of local people - for example, providing a single, specialist inpatient facility to replace the service currently provided from four separate, ageing sites – we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest and improve your existing facilities, with NHS Fife committing investment to this end of £3 million over the next 3 years. While we recognise that this will not fully deliver all the benefits a new centralised facility could offer, it will bring essential improvements within the current financial circumstances.

National Drugs Mission

26. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Fife and its planning partners. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services. The Board and its planning partners are to be particularly commended for the local delivery of Alcohol Brief Interventions; surpassing the most recent annual target by 58%, not least through focused efforts in primary and unscheduled care settings.

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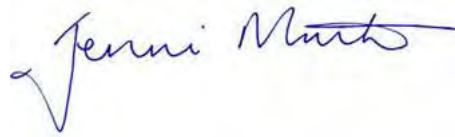
Local Strategies

27. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note the progress the Board is making via its *Re-form, Transform and Perform* programme. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

Conclusion

28. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely



Jenni Minto MSP

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Report to the Board on 26 November 2024

BOARD DEVELOPMENT SESSION – 29 October 2024

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.
2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.
3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

October Development Session

4. The most recent Board Development Session took place in the Boardroom, Victoria Hospital, Kirkcaldy on Tuesday 29 October 2024. There were four main topics for discussion: Re-form, Transform, Perform Update, Operational Escalation Framework, Educational Partnerships and the Integration Joint Board Financial Recovery Plan.

Recommendation

5. The Board is asked to **take assurance** that members have discussed and reflected on the range of topics covered at recent Development Sessions.

PAT KILPATRICK
Board Chairperson
30 October 2024

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

Executive Summary

There is moderate assurance for the overall IPQR: however, limited assurance should be taken for Financial and Workforce sections.

There are 15 metrics reported via the IPQR relating to Quality and Care, of which, 6 (relating to Adverse Events, SAERs Closed, HSMR & Mental Health Incidents) have no defined trajectory/target.

- Utilising SPC methodology, all metrics current position is “within control limits”.
- Targets for Aug-24 were achieved for:
 - Inpatient Falls and those ‘with harm’
 - HAI indicators for ECB and SAB.

There are 14 metrics reported via the IPQR relating to Operational Performance.

- VHK 4-hour performance in Sep-24 did not achieve trajectory/national target but remains within control limits and just above 24-month average.
- Trajectories/Targets for Delayed Discharges (Acute/Community and MH/LD) were not achieved in Sep-24, though remains within control limits.
- 31-day Cancer performance achieved trajectory in Aug-24, just below target of 95%. 62-day Cancer performance decreased, not achieving trajectory/target for Aug-24, remains within control limits but below 24-month average.
- As at the end of Aug-24, performance for Acute Waiting Times did not achieve national targets but did achieve local trajectories, except for: TTG waits >52 weeks; and Diagnostics waits >26 weeks. Trajectories against national targets are being reviewed.

There are 2 metrics reported via the IPQR relating to Finance.

There are five metrics reported via the IPQR relating to Workforce, of which, 3 (relating to Vacancies) have no defined trajectory/target.

- Sickness Absence achieving trajectory and Amber against Mar-25 target of 6.5%.
- PDPR compliance is not achieving trajectory.

There are 13 metrics reported via the IPQR relating to Public Health and Wellbeing, of which, 3 (Mental Health Readmissions, Infant Feeding and Child Development) have no defined trajectory/target.

- CAMHS achieved 90% target in Aug-24.
- Psychological Therapies performance was Amber in Aug-24 just below trajectory. National target not achieved but remains within control limits.

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of Aug-24, although some are available up to the end of Sep-24. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in [Appendix 1 – Table of Metrics and Data Lag](#)

2.2 Background

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

The following metrics are based on quarterly or annual data and therefore have not been updated this month:

- Smoking Cessation
- Breast Screening

- Bowel Screening
- AAA Screening

We continue to report on the suite of National and Local Targets including Annual Delivery Plan agreed trajectories. A summary of targets to be achieved by end of March 2025 are tabled in [Appendix 2 – Trajectories to end of 2024/25](#).

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities. Risk level has been incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

2.3 Assessment

The Assessment sections of the IPQR provide a full description of the performance, achievements and challenges relating to the key measures in the report.

Following review, 'LAER/SAER actions closed on time' measure within Quality & Care section has been replaced with 'SAERs closed within 90 days'. The SAER median working days to close will be reported going forward.

New measures have been included this month within Public Health & Wellbeing section in relation to the uptake of winter Flu and Covid Vaccinations. Measure will be included in IPQR up to end of Mar-25.

Highlights of September 2024 IPQR

A summary of the status of the metrics is shown in the tables below.

meeting trajectory/target
within 5% of trajectory/target
out with 5% of trajectory/target

Quality & Care	Current Position	Reporting Period	Planned Trajectory	Target
Adverse Events	44	Aug-24	-	-
SAER – Median days to close	255 (median)	Jul-24	-	-
HSMR	0.96	YE Mar-24	-	-
Falls	6.80	Aug-24	-	6.95
Falls with Harm	1.30	Aug-24	-	1.44
Pressure Ulcers	1.30	Aug-24	-	0.89
Ligature Incidents (MH)	1.34	Aug-24	-	-
Incidents of Restraint (MH)	12.03	Aug-24	-	-
Incidents of Physical Violence (MH)	9.53	Aug-24	-	-
Incidents of Self Harm (MH)	1.67	Aug-24	-	-
SAB (HAI/HCAI)	0.0	Aug-24	-	18.8
C Diff (HAI/HCAI)	13.6	Aug-24	-	6.5
ECB (HAI/HCAI)	10.2	Aug-24	-	33.0
Complaints (S1)	48.7%	Sep-24	-	80%
Complaints (S2)	25.9%	Sep-24	50%	60%

Operational Performance	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	75.4%	Sep-24	-	95%
4-Hour Emergency Access (ED)	67.6%	Sep-24	72%	75%
Delayed Discharges (Acute/Comm)	52.3	Sep-24	43	39
Delayed Discharges (MH/LD)	12.1	Sep-24	10	10
Antenatal Access	92.9%	QE Jun-24	-	80%
Cancer 31-Day DTT	94.2%	Aug-24	94%	95%
Cancer 62-Day RTT	67.5%	Aug-24	83%	95%
Patient TTG % <= 12 weeks	49.5%	Aug-24	44%	100%
Patient TTG waits > 52 weeks	712	Aug-24	621	0
New Outpatients % <= 12 weeks	40.1%	Aug-24	35%	95%
New Outpatients waits > 52 weeks	5033	Aug-24	5326	0
Diagnostics % <= 6 weeks	71.0%	Aug-24	30%	100%
Diagnostics > 26 weeks	58	Aug-24	12	0
FOI Requests	89.4%	Sep-24	-	85%

Workforce	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	6.51%	Aug-24	7.5%	6.5%
PDPR	42.9%	Sep-24	50%	60%
Vacancies (Medical & Dental)	2.8%	Jun-24	-	-
Vacancies (Nursing & Midwifery)	3.5%	Jun-24	-	-
Vacancies (AHPs)	5.0%	Jun-24	-	-

Public Health & Wellbeing	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	285	Mar-24	473	473
Alcohol Brief Interventions (2024/25)	103%	QE Jun-24	-	80%
Mental Health Readmissions within 28 days	5.6%	QE Jun-24	-	-
CAMHS Waiting Times	94.3%	Aug-24	85.0%	90%
Psychological Therapies Waiting Times	72.8%	Aug-24	73.0%	90%
Drugs & Alcohol Waiting Times	94.5%	QE Jun-24	-	90%
Flu Vaccination (Winter, Age 65+)	13.3%	Sep-24	-	80%
COVID Vaccination (Winter, Age 65+)	12.4%	Sep-24	-	80%
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	66.2%	2YTD Apr-23	-	60%
AAA Screening	87.3%	YTD Mar-23	-	85%
Immunisation: 6-in-1 at Age 12 Months	94.5%	QE Jun-24	-	95%
Immunisation: MMR2 at 5 Years	85.7%	QE Jun-24	-	92%
Infant Feeding	36.4%	Jun-24	-	-
Child Developmental Concerns	19.4%	QE Jun-24	-	-

This report provides the following Level of Assurance:

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

There is moderate assurance for the overall IPQR: however, limited assurance should be taken for Financial and Workforce sections.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Governance Committees next meet in January 2025 and extracts of the overall Position at November 2024 IPQR will be formally presented and discussed.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 17 October 2024
- **Clinical Governance Committee**, 01 November 2024
- **Staff Governance Committee**, 05 November 2024
- **Public Health and Wellbeing Committee**, 11 November 2024
- **Finance, Performance and Resource Committee**, 12 November 2024

2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from the Clinical Governance; Staff Governance; Public Health & Wellbeing; or Finance, Performance & Resources Committees.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.

3 List of appendices

- IPQR Position at September 2024 v1.0
- Appendix 1 – Table of Metrics and Data Lag
- Appendix 2 – Trajectories to end of 2024/25

Report Contact

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Planning and Performance Manager
Email bryan.archibald@nhs.scot

Appendix 1 – Table of Metrics and Data Lag

Metric	Local Data Lag	Published Data Lag
HSMR	-	6 months
Mental Health Readmissions	6 months	-
Smoking Cessation	4 months	9 months
IVF Treatment WT	-	3 months
Antenatal Access	-	3 months
Public Health Screening	previous Quarter	previous financial year
Child Health	3 months	previous Quarter
Vacancies	3 months	-
Alcohol Brief Interventions	3 months	-
Drugs & Alcohol WT	2 months	3 months
Childhood Immunisation	-	3 months
Adverse Events	Adverse Events – 1 month SAER/LAER – 3 months	-
Inpatient Falls	1 month	-
Pressure Ulcers	1 month	-
Mental Health Quality Indicators	2 months	-
HAI/HCAI	1 month	3 months
Patient TTG	1 month	3 months
New Outpatients	1 month	3 months
Diagnostics	1 month	3 months
Cancer	1 month	3 months
Sickness Absence	1 month	3 months
CAMHS WT	1 month	3 months
Psychological Therapies WT	1 month	3 months
Complaints	No lag	previous financial year
PDPR	No lag	-
Emergency Access	No lag	1 month
FOI Requests	No lag	-
Delayed Discharge	No lag	1 month
Immunisation: Flu/Covid	No lag	TBC

Appendix 2 – Trajectories to end of 2024/25

Metric	To achieve by YE Mar-25	
SAER Median days to close	TBC	Median days from SAER commissioned to closure
Inpatient Falls	6.95	Rate to reduce by 15% to compared to baseline (YE Sep-21) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]
Inpatient Falls with Harm	1.44	Rate to reduce by 10% compared to baseline (YE Sep-21) [rate: number of Inpatient Falls with Harm per 1,000 Occupied Bed Days]
Pressure Ulcers	0.89	Rate to reduce by 20% compared to baseline rate (FY 2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]
Ligature Incidents (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Restraint (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Physical Violence (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Self Harm (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Healthcare associated infection – C Diff	6.5	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – ECB	33.0	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – SAB	18.8	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
S2 Complaints Closed in Month on Time	60%	Percentage of Stage 2 complaints to be completed within 20 working days
4-Hour Emergency Access (ED)	75%	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer
Delayed Discharges (Standard) Acute/Comm	39	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce
Delayed Discharges (Standard) MH/LD	10	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce
Cancer 31-Day DTT	95%	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment
Cancer 62-Day RTT	85.4%	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)
Patient TTG % <= 12 Weeks	44%	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat
Patient TTG waits > 52 weeks	669	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
New Outpatients % <= 12 Weeks	35%	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
New Outpatients waits > 52 Weeks	6334	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
Diagnostics % <= 6 Weeks	30%	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test

Diagnostics > 26 Weeks	0	Number of patients waiting 26 weeks or more for diagnostic appointment is to reduce
Freedom of Information Requests	85%	Percentage of requests to be closed on time
Sickness Absence	6.5%	Percentage of staff sickness hours
Personal Development Plan & Review (PDPR)	60%	Percentage of PDPRs completed
Vacancies (Medical & Dental)	N/A	Number of vacancies to be reduced
Vacancies (Nursing & Midwifery)	N/A	Number of vacancies to be reduced
Vacancies (AHPs)	N/A	Number of vacancies to be reduced
Smoking Cessation Total (2024/25)	500	Number of successful smoking quits at 12 weeks post quit across Fife
Smoking Cessation 40% SIMD (2024/25)	325	Number of successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas
Alcohol Brief Interventions	80%	Deliver 80% of Alcohol Brief Interventions in Priority Settings (Primary Care, A&E and Antenatal)
Mental Health Readmissions within 28 days	TBC	Readmission rate for Mental Health Specialties within 28 days of discharge to reduce
CAMHS Waiting Times	90%	Percentage of young people to commence treatment for specialist CAMH services within 18 weeks of referral
Psychological Therapies	73%	Percentage of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard 90%)
Drugs & Alcohol Waiting Times	90%	Percentage of clients to wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
Breast Screening	80%	Percentage of uptake of females between age of 50-70
Bowel Screening	60%	Percentage of all people between age of 50-74 (invited to participate) to have a final outright test result
AAA Screening	85%	Percentage of men screened before reaching age 66
Immunisation: 6-in-1 at Age 12 Months	95%	Percentage of children to receive 6-in-1 vaccinations by 12 months of age
Immunisation: MMR2 at 5 Years	92%	Percentage of children to receive MMR2 vaccination by the age of 5
Immunisation: Covid	80%	Percentage of population aged 85+ to receive vaccination by end of Dec-24
Immunisation: Flu	80%	Percentage of population aged 85+ to receive vaccination by end of Dec-24
Infant Feeding	TBC	Proportion of infants exclusively breastfed at 6-8 weeks
Developmental Concerns	TBC	Percentage of children with one or more developmental concerns recorded at the 27-30 month review



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at September 2024
Produced in October 2024

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;



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

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

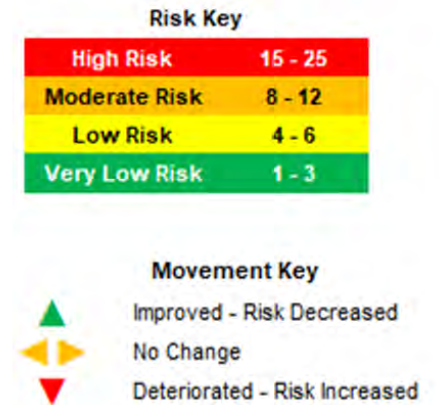
**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
14 October 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	6	1	-	-	◀▶	Moderate
Total	20	15	5	0	0		



The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.

There have been two new risks added and one removed from the Corporate Risk register as below:

Risk 20 - New Corporate Risk - Capital Funding - Service Sustainability

A new risk was supported by EDG and aligned to FP&R committee.

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

Risk 21 - New Risk Pandemic Risk

A new risk was supported by EDG and aligned to the PHWC.

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

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service

Recommendation made to CGC (and on to the NHS Fife Board as appropriate), to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	SAER	Median days to close		255		—		Inpatient Falls		6.80	6.80	◆		Pressure Ulcers		1.30	1.57	▲		
	Ligature Incidents (Mental Health)			1.34	0.17	▼		Incidents of Restraint (Mental Health)		12.03	7.93	▼		Incidents of Physical Violence (Mental Health)		9.53	7.93	▼		
	Incidents of Self Harm (Mental Health)			1.67	1.03	▼		SAB HAI		0.0	6.8	▲		C Diff HAI		13.6	17.1	▲		
	ECB HAI			10.2	6.8	◆		S1 Complaints Closed in Month on Time		48.7%	50.0%	◆		S2 Complaints Closed in Month on Time		25.9%	16.7%	▲		
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Emergency Access	A&E		75.4%	73.8%	▲		Delayed Discharges (Standard)	Acute/Comm		52.3	51.1	◆		Cancer	31-day DTT		94.2%	98.2%	▼
		ED		67.6%	65.4%	▲			MH/LD		12.1	9.3	▼			62-Day RTT		67.5%	78.2%	▼
	Patient TTG	% <=12weeks		49.5%	49.4%	◆		New Outpatients	% <=12weeks		40.1%	41.3%	▼		Diagnostics	% <=6weeks		71.0%	63.2%	▲
		>52 weeks		712	659	▼			>52 weeks		5033	4891	▼			>26 weeks		58	48	◆
Finance				Current	Change						Current	Change								
	Revenue Resource Limit Performance			(£23.555m)				Capital Resource Limit Performance			£1.990m									
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Sickness Absence			6.51%	7.47%	▲		Personal Development Plan & Review		42.9%	44.5%	▼		Vacancies	Medical & Dental		2.8%	6.2%	▲	
														Nursing & Midwifery		3.5%	3.8%	◆		
														AHPs		5.0%	3.7%	▼		
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Smoking Cessation	40% Most Deprived		285	255	—		Alcohol Brief Interventions		103%	96%	—		Drugs & Alcohol		94.5%	93.1%	◆		
	CAMHS			94.3%	83.5%	▲		Psychological Therapies		72.8%	69.8%	▲		Mental Health Readmissions within 28 days		5.6%	5.9%	◆		
	Breast Screening			73.4%		—		Bowel Screening		66.2%		—		AAA Screening		87.3%	86.8%	▲		
	Childhood Immunisation	6-in-1 @ 12 months		94.5%	95.1%	▼		Infant Feeding		36.4%	29.4%	▲		Winter Vaccination	Influenza		40.6%		—	
		MMR2 @ 5 years		85.7%	85.7%	◆		Child Development		19.4%	18.5%	▲			Covid		39.2%		—	

Key

- ▲ Improved performance from previous month
- ◆ No significant change from previous month
- ▼ Reduction in performance from previous month

C1. Quality & Care

To improve the quality of health and care services

6 **4** 2 - -

◀ ▶ **Moderate**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Major/Extreme Adverse Events	44	Month Aug-24			○	◆	▼		●
SAER - Median days to close	255	Quarter Jul-24			●	—	—		●
HSMR	0.96	Year to Mar-24			○	—	—		●
Inpatient Falls	6.80	Month Aug-24		6.95	○	◆	◆		●
Inpatient Falls with Harm	1.30	Month Aug-24		1.44	○	◆	◆		●
Pressure Ulcers	1.30	Month Aug-24		0.89	○	▲	▼		●
Ligature Incidents (Mental Health)	1.34	Month Aug-24			○	▼	◆		●
Incidents of Restraint (Mental Health)	12.03	Month Aug-24			○	▼	▼		●
Incidents of Physical Violence (Mental Health)	9.53	Month Aug-24			○	▼	◆		●
Incidents of Self Harm (Mental Health)	1.67	Month Aug-24			○	▼	▼		●
SAB - Healthcare associated infection	0.0	Month Aug-24		18.8	○	▲	▲		● YE Jun-24
C Diff - Healthcare associated infection	13.6	Month Aug-24		6.5	○	▲	▼		● YE Jun-24
ECB - Healthcare associated infection	10.2	Month Aug-24		33.0	○	◆	▲		● YE Jun-24
S1 Complaints Closed in Month on Time	48.7%	Month Sep-24		80%	○	◆	◆		● 2022/23
S2 Complaints Closed in Month on Time	25.9%	Month Sep-24	50%	60%	○	▲	▲		● 2022/23

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

SPC Key

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

Change Key

- ▲ "Better" than comparator period
- ◆ No Change
- ▼ "Worse" than comparator period

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile

Data Analysis

There were 44 **Major/Extreme adverse events** reported in Aug-24 out of a total of 1,447 incidents.

69% of all incidents were reported as 'No Harm'. Over the past 12 months, 'Pressure Ulcer developing on ward' has been the most reported Major/Extreme incident (262) followed by 'Cardiac Arrest' (69 incidents), and then 'Other Clinical vents' (46 incidents).

There were 6 **SAERs** commissioned in Aug-24 and 31 (4 on average a month) in 2024 so far. In comparison, there were 5 SAERs commissioned on average per month in 2023, 64 in total.

There were 52 SAERs closed in the 12 months to Jul-24 with median working days to close of 221 days. For the latest 3 months ending Jul-24, there was 13 closed with median days to close of 255 days, this compares to 18 closed and 203 days for 3 months ending Oct-23.

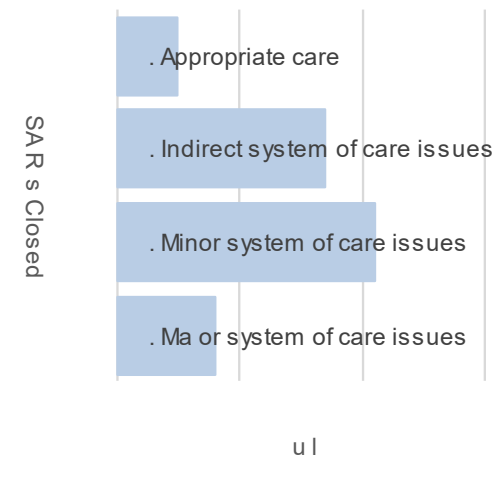
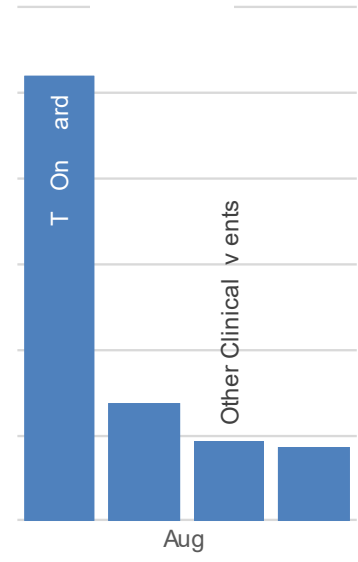
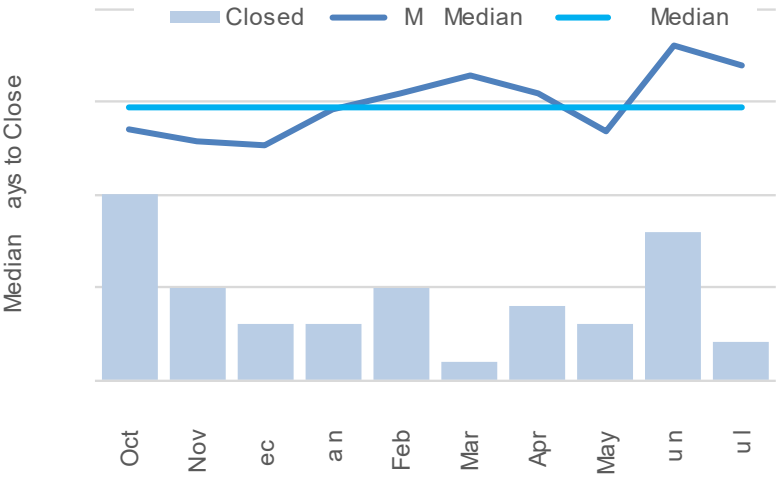
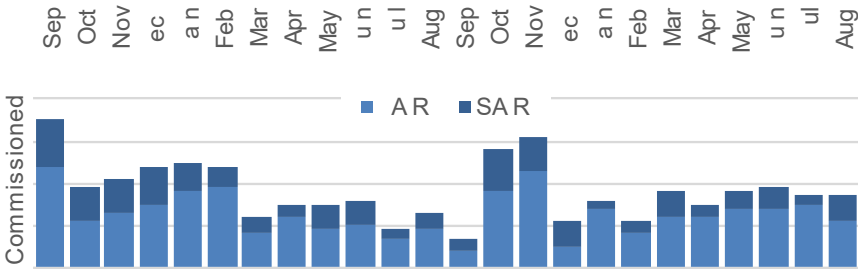
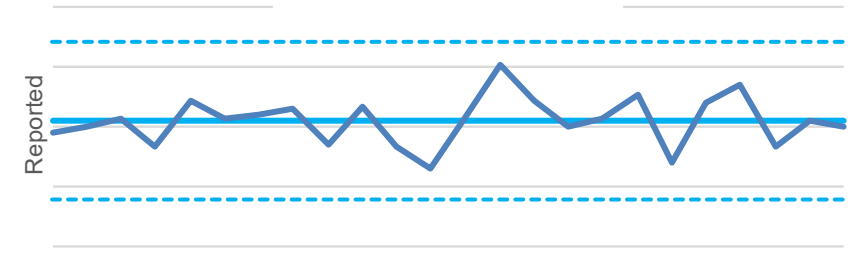
Achievements & Challenges

The highest reported subcategory reported as within the 'Other Clinical vents' category is unexpected death, which accounts for 20 of the 46 events. All of which are undergoing, or have completed, a SAER or speciality specific review (i.e. drug and alcohol death cluster review).

With a focus on preventability and improvement, SAERs with a review outcome 4 (Major System of Care Issues) require the improvement plan to be submitted to the SAER executive panel for oversight and monitoring. As part of the adverse events improvement plan this change to process became effective from 1st August 2024.

Of the 9 SAERs that were approved with a review outcome 4, four have had all assigned actions closed with three having no improvement plans or actions uploaded to Datix - a review of the status of these is underway.

The delay in completion of SAERs within 90 days is multi-factorial with some of these factors being un-modifiable i.e. patient complexity, delay in postmortem result. Similar challenges are experienced by every Board in Scotland and NHS Fife are not an outlier in this respect. The adverse events improvement plan identifies a number of process changes to improvement on timely and quality completion of reviews. One of the priorities of the improvement plan is the refreshed trigger list, to align with the national framework.





Inpatient Falls

Reduce Inpatient Falls rate by 15% to 6.95 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

6.80

Trajectory achieved as of Aug-24

Reduce Inpatient Falls with Harm rate by 10% to 1.44 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

1.30

Trajectory achieved as of Aug-24

Data Analysis

In Aug-24, there were 194 inpatient Falls in total: 4 more than month prior, but 13 fewer than the 24-month average. This equates to a rate of 6.80 falls per 1,000 Occupied Bed Days (OBD): this was the same rate as month previous. Performance has therefore achieved the target of < 6.95 for two consecutive months.

Average rate was 7.30 for YE Aug-24 compared to 7.43 for YE Aug-23.

The number of inpatient Falls 'with Harm' was 37 in Aug-24, just 1 less than month prior but 8 fewer than the 24-month average. This equates to a rate of 1.30 falls per 1,000 OBD: this is an improvement on month previous. Performance has therefore achieved the target of < 1.44 for two consecutive months.

Average total rate was 1.59 for YE Aug-24 compared to 1.63 for YE Aug-23.

Acute Services have seen an increase in All Falls rate over the past two months (13 more falls, rate of 7.54); whereas HSCP saw a decrease in All Falls rate (22 fewer falls, rate of 6.10).

For QE Aug-24, Falls classified as 'Major or extreme Harm' accounted for 1.7% of Falls with Harm, compared to 6.7% for QE May-24.

Achievements & Challenges

HSCP Update

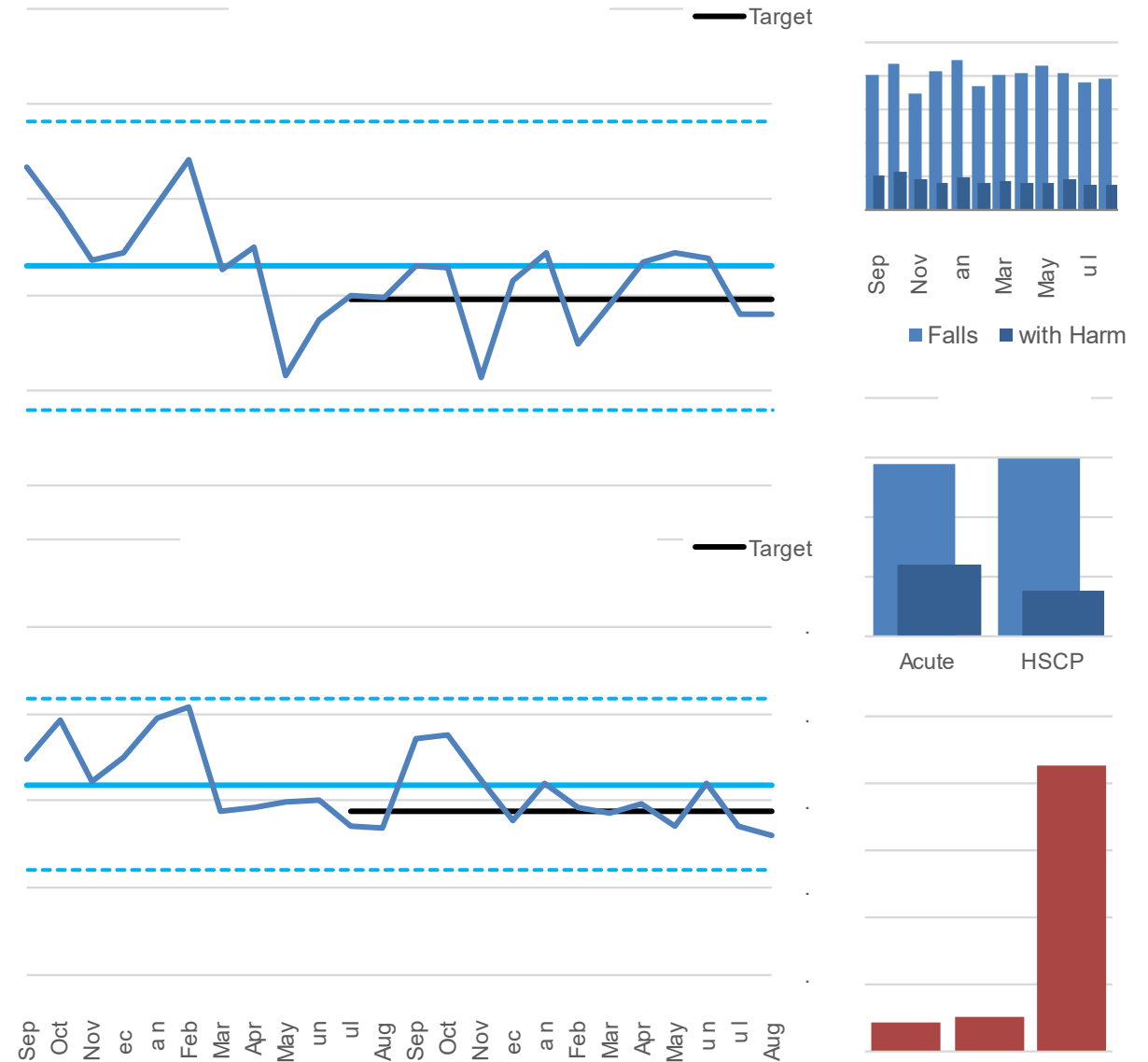
- Sharp increases in falls are investigated with the ward areas to identify immediate actions for change/improvement.
- Falls data is discussed at the bi-weekly QMASH meetings and bi-monthly data is presented at QMAG meetings.
- In regard to Lateral lifters, it was noted that the lifter at Stratheden Hospital, based within Elmview ward, will potentially be out of commission due to issues transporting between wards, particularly at night. There are ongoing discussions with Health & Safety Advisors regarding this matter.

Acute Update

- Falls Link Practitioner event held on the 25th September 2024 (PM) was well attended with positive feedback.
- Wards 43 & 54 are undertaking QI projects related to decaffeinated drinks and the impact on reducing falls.

Fife Wide Update

- A new proposed trigger list for Falls has been agreed and will focus on the outcome for the patient and not on the area of the body which has been injured. This has to be discussed at CGOG.



Data Analysis

The total number of pressure ulcers in Aug-24 was 37, an improvement on the month previous (44). This equates to a rate of 1.30 per 1,000 Occupied Bed Days (OBD). Performance continues to remain outwith the target of < 0.89 per OBD and above the 24-month average, though remains within control limits.

The number of pressure ulcers in Acute Services in Aug-24 was 32, 1 less than in Jul-24 (rate decreased from 2.48 to 2.32). For YE Aug-24, the average number of pressure ulcers was 29 (rate 2.14); whilst the average number in YE Aug-23 was 24 (rate 1.82).

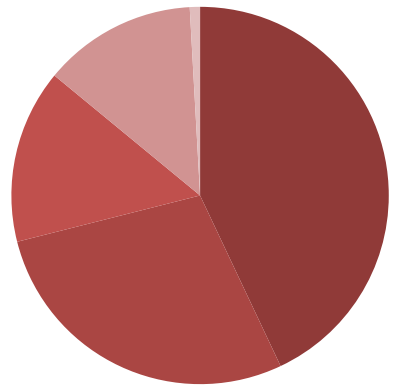
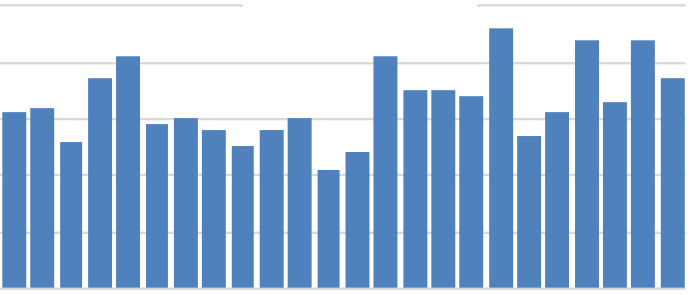
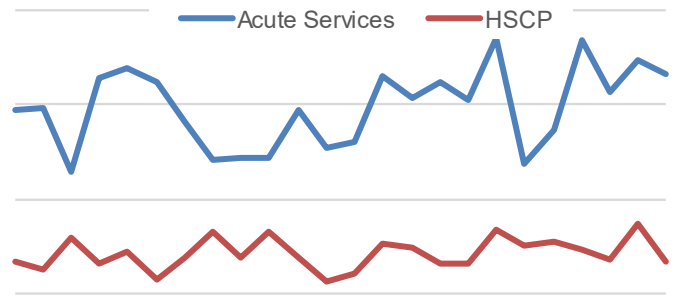
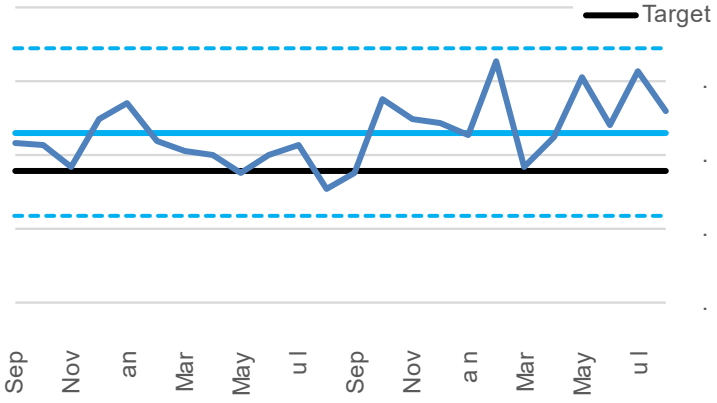
In HSCP, the average number of pressure ulcers for YE Aug-24 was 7 (rate 0.46); whilst the average number in YE Aug-23 was 6 (rate 0.39).

Most pressure ulcers continue to be in Acute Services with 93 recorded in QE Aug-24; there were 21 recording in HSCP in the same period. Of all Pressure Ulcers recorded in QE Aug-24, Grade 2 accounted for 43% of the total; with Grades 3 & 4 accounting for 15%.

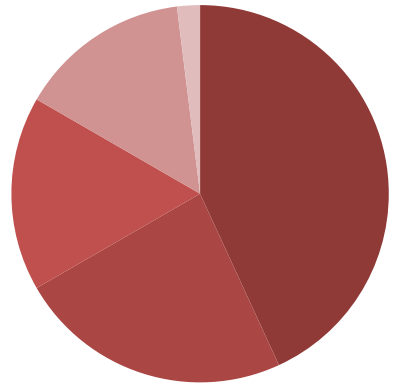
Achievements & Challenges

Within the Fife HSCP, numerous education opportunities have been delivered to care homes, community inpatients and specialist nursing teams. The Community Tissue Viability Link Practitioners' Network has been re-established.

Whilst the incidents within the HSCP compared to August last year have increased by 1, the incidence compared to July 24 has reduced. We have now established our Tissue Viability Improvement Group and this group has wide representation from both HSCP and Acute Services: there have been 3 SLWGs set up focusing on the 7 standards within the change package and again this is a joint approach with our colleagues from acute care. In Acute Services we completed a system-wide review of all pressure damage incidents and identified key areas for improvement: including timely bedside assessments; accurate documentation; and better communication with patients and families. To address these issues, actions have been initiated: such as enhanced training; random audits; and strengthening collaboration between Allied Health Professionals (AHPs) and nursing staff. A SLWG will focus on improving reporting and data capture, while nursing documentation processes are being revised. These efforts, alongside interdisciplinary teamwork, aim to reduce pressure damage incidents and enhance quality.



■ Grade
■ Suspected TI
■ ngradeable
■ Multiple
■ Grades





Mental Health Quality Indicators

Reduce Ligature Incidents (rate per 1,000 Occupied Bed Days)	1.34
Reduce incidents of Self Harm (rate per 1,000 Occupied Bed Days)	1.67
Reduce Incidents of Restraint (rate per 1,000 Occupied Bed Days)	12.03
Reduce Incidents of Physical Violence (rate per 1,000 Occupied Bed Days)	9.53

Data Analysis

There was 266 incidents reported in relation to Mental Health wards in Aug-24, an increase from 239 previous month and remains above 24-month average of 238 per month. There were eight Ligature incidents reported in Aug-24, highest since 20 reported in Feb-24, with rate above 24-month average after 5-months below. The number of incidents of self-harm was 10 in Aug-24, highest since Feb-24, rate above 24-month average after 5-months below.

Rate of Restraint has increased to 12.03 per 1,000 Occupied Bed Days in Aug-24, was below 24-month average in Jul-24 but above in every other month in 2024 apart from Jan-24. 57 incidents of Physical Violence were reported in Aug-24, an increase from 46 month prior, equating to a rate of 9.53 per 1,000 Occupied Bed Days. Rate was below the 24-month average twice so far in 2024, Jan-24 and Jul-24.

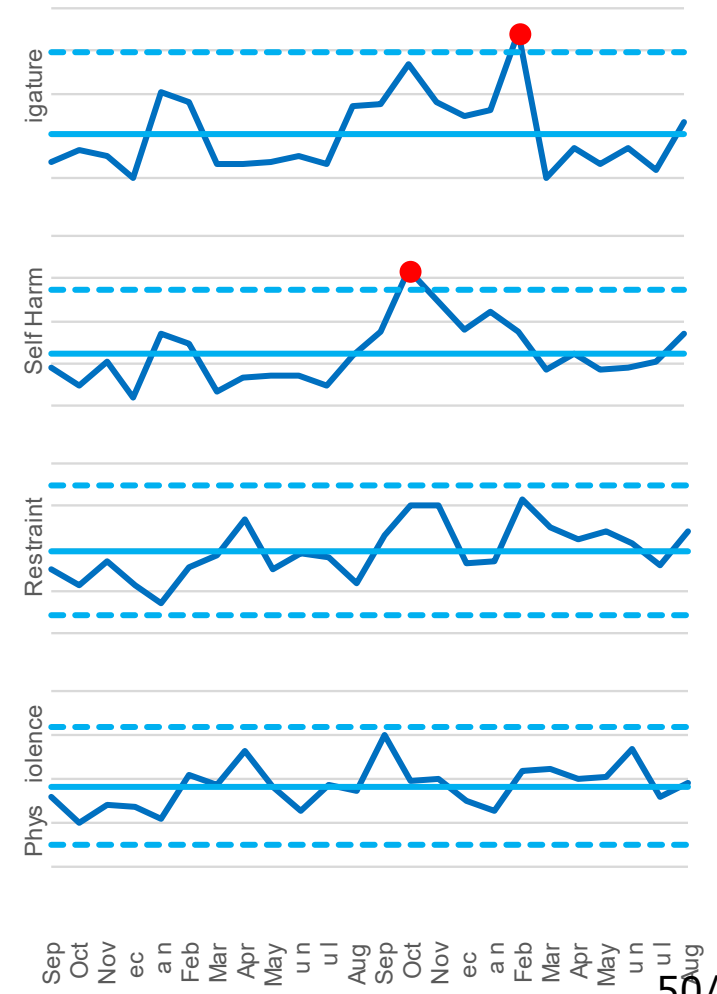
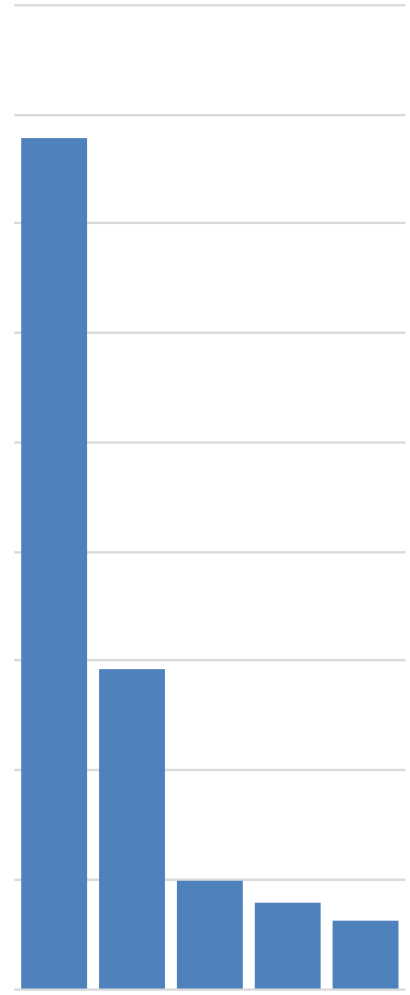
Achievements & Challenges

Significant work now restarted with W3 QMH and decant of wards to provide an improved anti-ligature environment. Design of ward is being developed with clinical input and reporting to the ligature board. Whilst this work is ongoing all staff within inpatient areas remain vigilant for any ligature concerns and managing individual patients based on need and risk assessments.

The ligature operational group is up to date with all H&S Environmental Ligature Risk Assessments and mitigation plans and any appropriate escalations to ligature board. The Ligature policy for NHS Fife and Fife HSCP has been completed and approved at Fife Policy and Procedure group.

Incidents of self-harm have slightly increased but overall remain low with no concentrated work on reducing self-harm. The risk of self-harm continues to be managed with all staff being vigilant and aware of individual need, risk and care planning.

Reducing Restrictive Practice Group (RRPG) has moved to a new focus around seclusion, Scottish Patient Safety Programme and observation and intervention This will involve work on Leadership and Culture, Safe Clinical Care, Safe Communications and Person-Centred care. Subgroups for each of these areas have been developed and looking to identify key strategies to progress on these workstreams.





Healthcare Associated Infections

CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days

13.6

3 ↓

infections to achieve target

ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days

10.2

Target achieved

SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days

0

Target achieved

The **CDI HAI/HCAI** rate decreased to 13.6 in Aug-24. The cumulative total of HCAI infections for past 12 months (n=25) is lower than the same period previous year (n=39), The number of recurring infections has also decreased.

80% of the HCAI cases YE Aug 24, had taken antibiotics in the 12 weeks prior to CDI infection and 56% cases were on a PPI. IPCT continue to highlight rates and risk factors of cases to relevant personnel.

The **ECB HAI/HCAI** rate increased to 10.2 in Aug-24 with number of healthcare infections increasing from 9 in Jul-24 to 11 in Aug-24. The cumulative number of HCAI infections over last 12 months (n=142) is higher than the same period previous year (n=112). However, there was a decrease in the number of CAUTI related ECBs. Urinary Catheter related infections have been responsible for 27 of the 142 infections in the last year (19%) the 'Not Known' category accounts for 22.5% of reported HCAI infections.

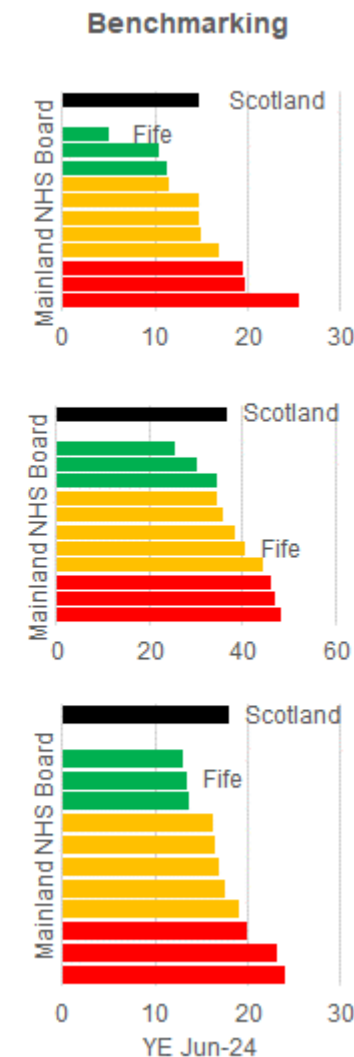
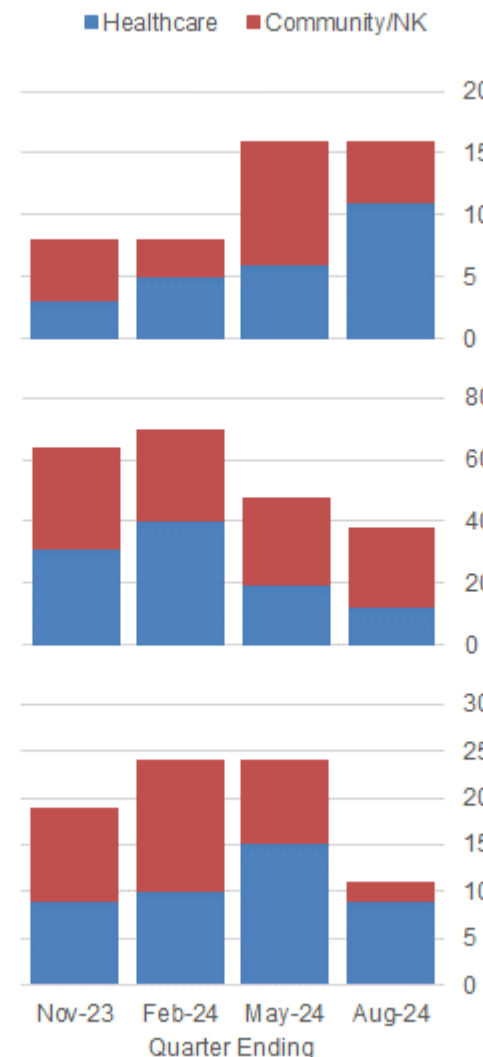
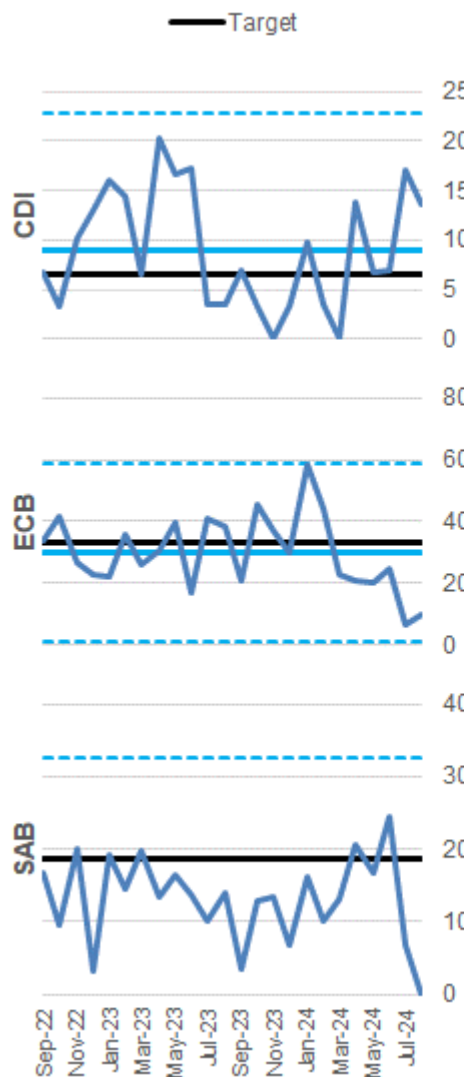
However, the number of CAUTI related ECBs has reduced during this time-period. Hepatobiliary, renal tract and medical device other than VAD, are the most common sources of infection identified amongst YE Aug 24 cases.

The monthly CAUTI related ECB Complex Care Review (CCR) meetings continue to take place to identify any learning points which can influence future practice. The Urinary Catheter Improvement Group (UCIG) last met in Aug 24. The aim of the group is to establish catheter improvement work in Fife, to reduce the number of CAUTI related infections. The learning from the groups are fed into the Infection Control Committee.

The eCatheter bundle group met in August to finalise the pathways for catheter insertion and maintenance systems for both the acute and HSCP.

The **SAB HAI/HCAI** rate was 0 in Aug-24, with the rate falling to its lowest level in the last 24 months. Of the 43 HCAI cases reported in the last 12 months, 14 have been categorised as 'vascular Access Devices (A)' with 9 'Other' or 'Not Known' and 3 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=43) was lower than during the same timeframe the previous year (n=51).

There has been an increase in the number of PVC related SABs this year. A CCR is carried out on each case to ascertain any practice issues which may require improvement and possible future changes to practice.



C1. Quality & Care



Complaints

At least 80% of Stage 1 complaints will be completed within 5 working days by March 2025

At least 60% of Stage 2 complaints will be completed within 20 working days by March 2025

48.7%

25.9%

12 ↑

closed on time to achieve target

7 ↑

closed on time to achieve trajectory

Data Analysis

There were 37 Stage 1 complaints received in Sep-24, with 39 closed. Of those closed 19 (48.7%) were within timescales. 51.5% of 33 complaints that were due in the month, were closed on time.

There were 33 Stage 2 complaints received in Sep-24, all acknowledged within timescales, with 27 closed. 25.7% of 35 complaints that were due in the month, were closed on time.

There are currently 3 S2 complaints over 100 days: there is an outlier at 263, which involved a SAER and is currently being drafted by the PET. There are 18 S2 complaints between 50 and 100 days, with 16 (89%) awaiting action from the Service, 2 (11%) with PET, one awaiting action and one ready to draft. At the end of Sep-24, the average number of days to close S2 complaints was 44 days, the lowest it has been in 24/25.

The average response time for S2 Complaint responses has reduced to 44 days in Sep-24, the lowest this year. Although not meeting the 60% target compliance for Stage 2s closed within 20 working days, there has been a shift in the data (seven points above the median) since Feb-24 which is indicative of improvement.

Achievements & Challenges

Continued focus on clearing backlogs across all complaint work streams: data shows that older cases and volumes with a positive outcome are significantly reduced. Services reminded of need for local resolution of S1 complaints within 5-working-days timeframe and with a direct dialogue between the Services and the Complainant. This proactive approach to complaint resolution helps achieve the 80% target. Terminology has been changed on Datix to reflect focus on 'Verbal Resolution' and away from 'Awaiting Statements'. Continued focus on reducing open S1, concerns, and enquiries. At the start of Q2, there were 35 open S1, 61 concerns, and 35 enquiries. At the start of Q3, there has been a significant reduction in all three, with 16 open S1, 24 concerns and 8 enquiries. This is an improvement reduction of 36% for open S1, 61% for concerns and 77% for enquiries.

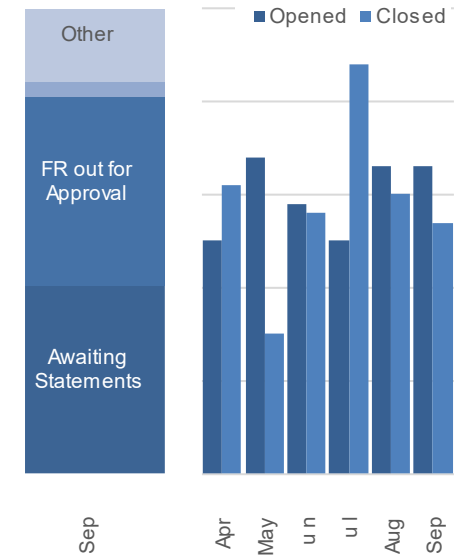
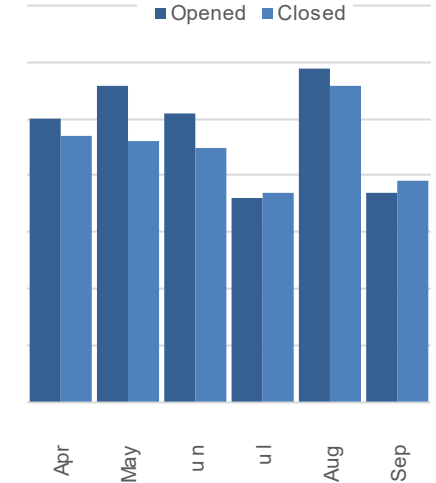
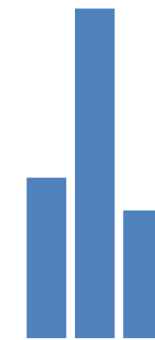
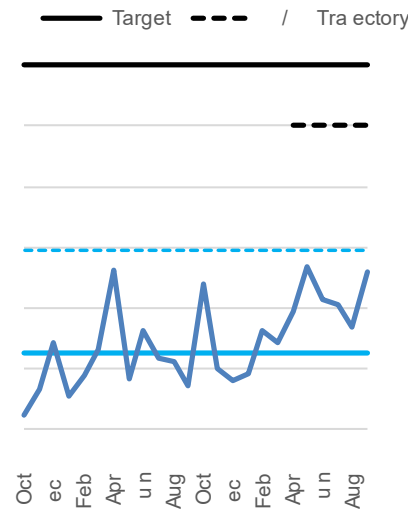
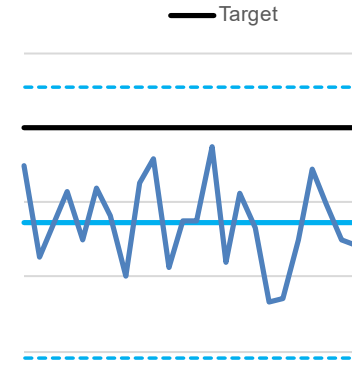
Weekly meetings with PET and Services have been paused: replaced by a greater focus on daily reviews of S1 and S2 complaints. Delays are escalated to the Head of PET and internally within the services. Discussions are ongoing with Services to streamline the complaint handling processes and to manage and progress complaints more efficiently.

The Complaints Dashboard provides a level of detail that clarifies where each complaint is in the Complaint Handling Procedure. Additional fields added to highlight where prompt action required.

PET are collaborating with the Datix team to implement a feature that calculates the number of days taken for PET to draft a response. Currently, this calculation is done manually, which is inefficient and time-consuming.

A new 'factual account template' has been created to replace the 'statement memo'. The Service can ensure the response fully covers the complaint points and is well written. PET can complete the quality check and provide feedback to the Service or the staff member if required. Initially tested within the Medical Directorate, it received positive feedback and has now been rolled out to all. The new factual account template aims to improve the quality of the complaint response and support the completion more promptly.

PET conducted complaints training within several Services in Sep-24. They also attended the Newly Qualified Practitioners Event to showcase the role of the PET within the Organisation, and to provide an overview of the complaints process, and communicate the support available from the PET for new employees.



C2. Operational Performance

To improve the quality of health and care services

6 4 2 - -

Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	75.4%	Month Sep-24		95%	○	▲	▲		● Aug-24
4-Hour Emergency Access (ED)	67.6%	Month Sep-24	72%	75%	○	▲	▲		● Aug-24
Delayed Discharges (Standard) Acute/Comm	52.3	Month Sep-24	43	39	○	◆	◆		● Aug-24
Delayed Discharges (Standard) MH/LD	12.1	Month Sep-24	10	10	○	▼	◆		● Aug-24
Antenatal Access	92.9%	Quarter Jun-24		80%	●	▲	◆		● CY 2022
Cancer 31-Day DTT	94.2%	Month Aug-24	94%	95%	○	▼	▲		● QE Jun-24
Cancer 62-Day RTT	67.5%	Month Aug-24	83%	95%	○	▼	▼		● QE Jun-24
Patient TTG % <= 12 Weeks	49.5%	Month Aug-24	44%	100%	●	◆	▲		● Jun-24
Patient TTG waits > 52 weeks	712	Month Aug-24	621	0	●	▼	▼		●
New Outpatients % <= 12 Weeks	40.1%	Month Aug-24	35%	95%	●	▼	▼		● Jun-24
New Outpatients waits > 52 Weeks	5033	Month Aug-24	5326	0	●	▼	▼		●
Diagnostics % <= 6 Weeks	71.0%	Month Aug-24	30%	100%	●	▲	▲		● Jun-24
Diagnostics > 26 Weeks	58	Month Aug-24	12	0	●	◆	▲		●
Freedom of Information Requests	89.4%	Month Sep-24		85%	●	▼	▲		●

Finance

To deliver value and sustainability

7 6 1 - -

Moderate

Revenue Resource Limit Performance	(£23.555m)	Month Sep-24			●	—	—		●
Capital Resource Limit Performance	£1.990m	Month Sep-24			●	—	—		●

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> Within control limits Special cause variation, out with control limits No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> "Better" than comparator period No Change "Worse" than comparator period 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> Upper Quartile Mid Range Lower Quartile
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Emergency Access

National Standard: 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

Local Target: 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.4%

1,576



within 4 hours to achieve Standard

67.6%

269



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Sep-24 was 75.4%, below National Standard, but an increase from month prior and an increase on year previous (73.4%). Emergency Department performance increased to 67.6% but is below the local ME trajectory of 72%.

There were 8,026 unplanned attendances in Sep-24, equivalent to 268 per day: this is an increase on the 255 per day in month prior; and 2.7% more than year prior. There were also 485 planned attendances, with 57% of these occurring at MIUs. There were 419 8-hour breaches recorded in Sep-24 (slightly more than month prior) and 54 with a wait longer than 12 hours (43% decrease in two months).

Breach reasons 'Wait for Bed' accounted for 33% of all breaches (increase of 5% on month prior).

The most recent publication from Public Health Scotland, for month of Aug-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for A&E (+4.4%) though just below Scottish average for ED (-0.4%)

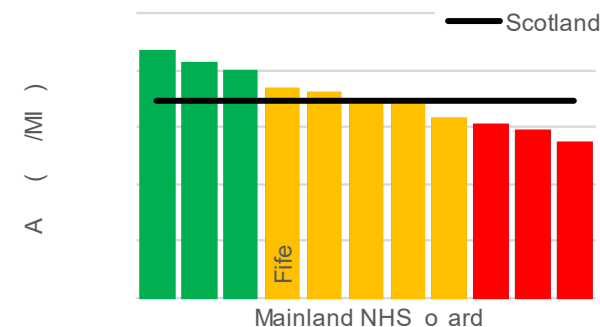
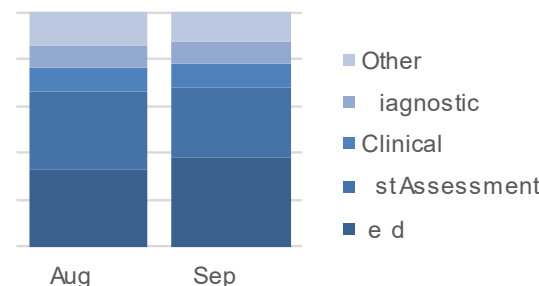
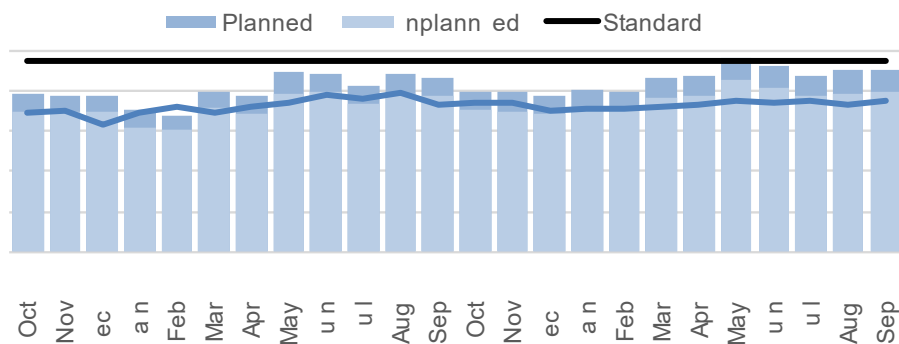
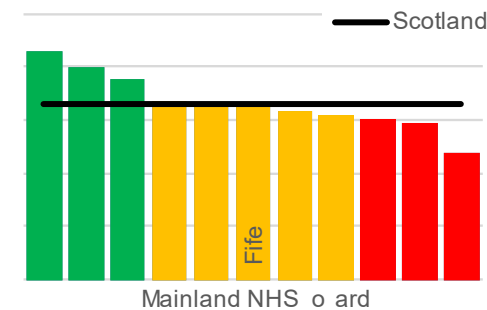
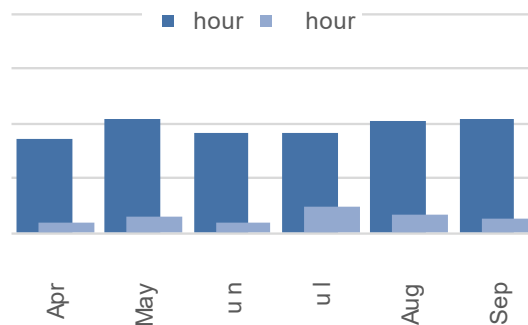
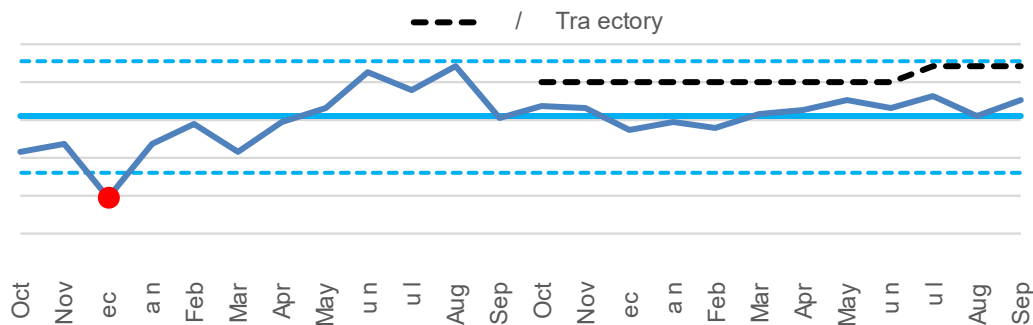
Achievements & Challenges

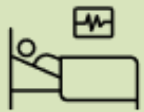
Successful FNC transition from HSCP to Acute, Medical Directorate. Staffing models reviewed within ED, ensuring senior clinical decision maker presence; successful appointment of a dedicated ED CNM continues to ensure appropriate leadership and support.

Continued focus on right care, right place, as we approach the challenges of Winter .

Review of front door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP.

C2. Operational Performance





Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

52.3

9.3 ↓

beds occupied to achieve trajectory

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025

12.1

2 ↓

beds occupied to achieve trajectory

Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number increased to 52 in Sep-24 (from 46 in Jul-24) with 95% of these in Community setting. This is above the monthly target of 43 though remains within control limits. In MH/LD services, the average daily number increased to 12 in Sep-24 (from 7 in Jul-24). This is above the monthly target of 10 but again remains within control limits.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number decreased to 31 (from 38 in Jul-24). For MH/LD services, the average daily number in Sep-24 was 11, the same as month prior.

The most recent monthly publication from Public Health Scotland, for data up to end of Aug-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with a rate of 24 for Fife compared to 33 for Scotland.

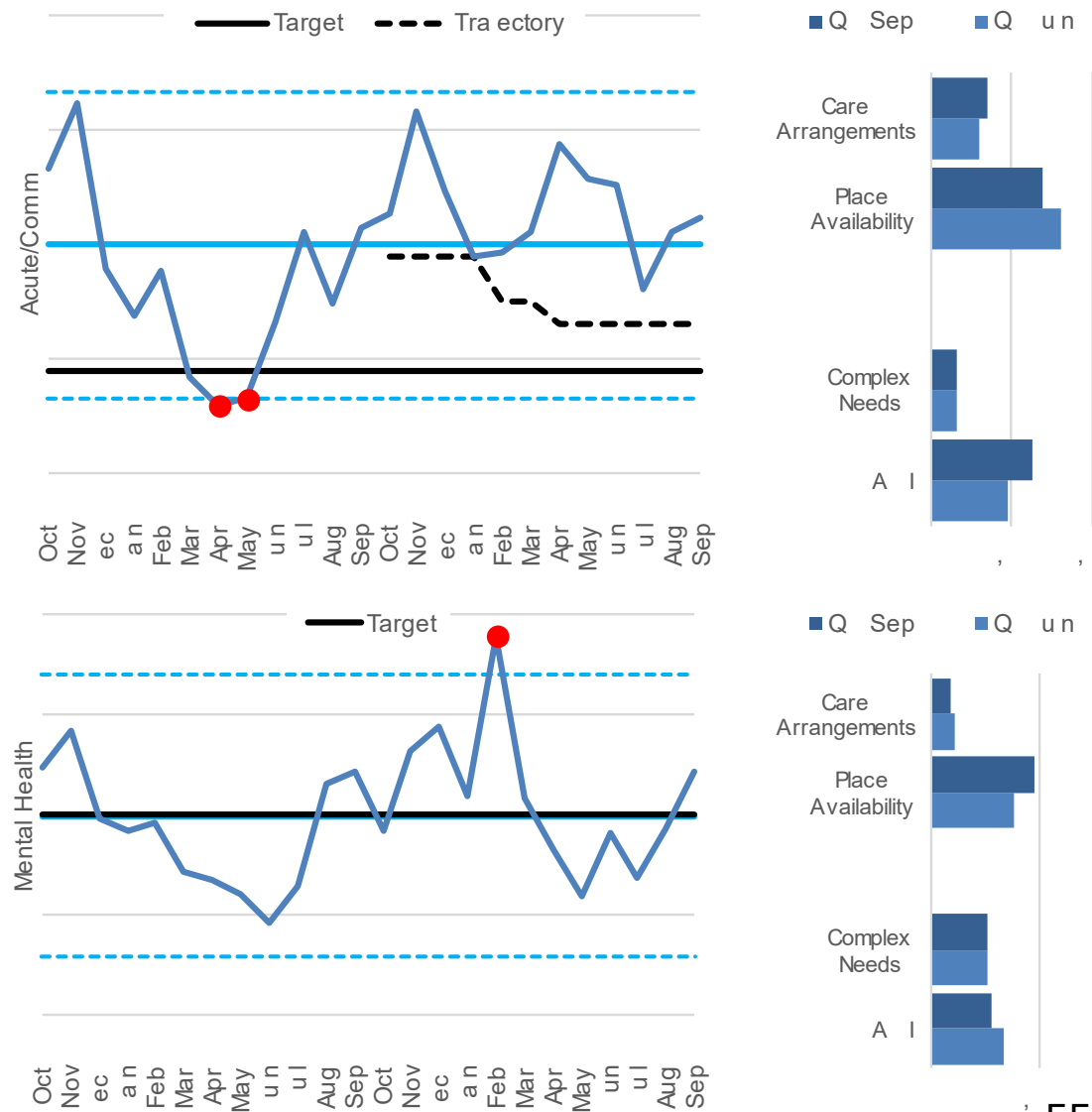
Achievements & Challenges

The combination of person-centred discharge planning and timely assessments in line with Home First remains a priority for patients within **Acute & Community** settings.

Our Enhanced Intermediate Care Test Of Change that enables us to plan for the modernisation of our rehabilitation services in the community commenced its second PDSA cycle on Monday the 9th of September. Where possible the team will provide support and rehabilitation in the persons own home instead of having to remain in hospital.

The Red Cross Test Of Change continues. This is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions. There has been 12 patients currently come through this pathway and all 12 patients have remained in their own home. The qualitative feedback has shown individuals and their families who have used this service feel the benefit of being given the opportunity to return home before making any life altering decisions.

Both Initiatives will continue to support both complexed patient and system level factors that are contributing to the challenging picture in standard delays and keep the demands on the services to a sustainable level, the variable picture in hospital ward closures due to respiratory outbreaks continues to be a challenge on flow. Challenges continue to exist within **Mental Health and Learning Disabilities** in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources. In order to understand individual needs and barriers to discharge, daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. The DC provides assistance, oversight and networking to support discharge planning and facilitate communication between health and social care partners. Monthly multi-agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings. The multi-agency approach ensures that the network of partners are engaged in order to expedite the discharge process and escalate identified barriers to discharge to the relevant senior manager for resolution in a timely manner.





Cancer Waiting Times

In 2024/25 94.5% of all patients should wait no more than 31 days from decision to treat to first cancer treatment (**National Standard 95%**)

94.2%

Trajectory achieved as of Aug-24

In 2024/25 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

67.5%

12 ↑

Treated to meet Standard

Data Analysis

31-day monthly performance decreased from 98.2% in Jul-24 to 94.2% in Aug-24, remaining above trajectory of 94%. Eligible referrals increased from 109 to 121. There were 7 breaches, 5 within Urology (4 of which prostate) and 2 Breast.

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 95.9% above Scotland rate of 95.5%.

62-day monthly performance decreased from 78.2% in Jul-24 to 67.5% in Aug-24 this remains below local trajectory of 81.9%. Eligible referrals decreased from 78 to 77. There were 25 breaches, 20 of which were within Urology (all prostate).

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% below Scotland rate of 73.2%.

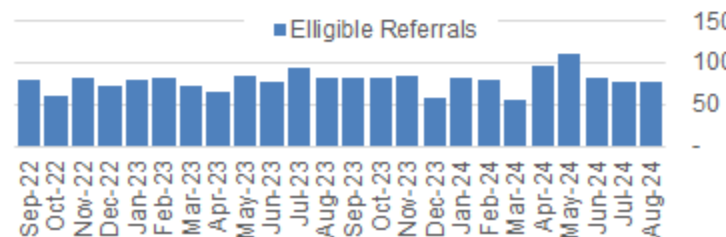
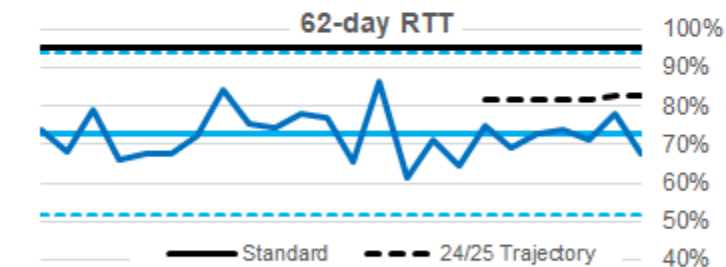
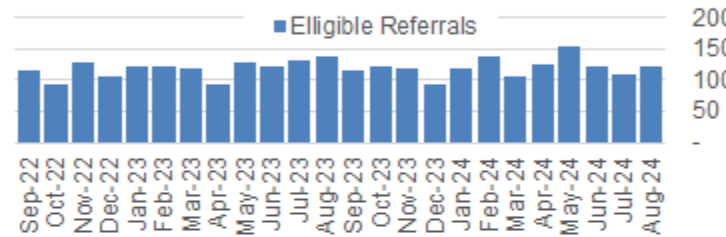
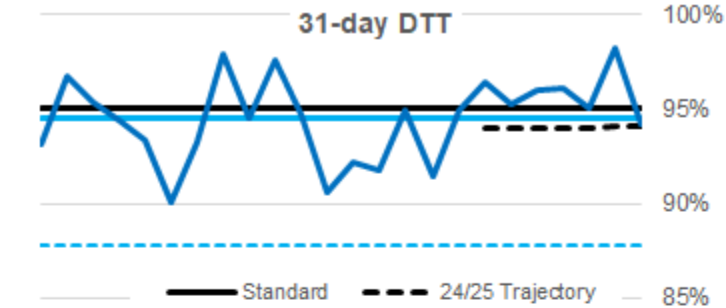
Achievements & Challenges

All 7 breaches for **31-day DTT** were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue. Range for breaches 1 - 79 days with an average of 38 days (a significant increase from 16 days in Jul-24 but remains a decrease from 54 days in May-24).

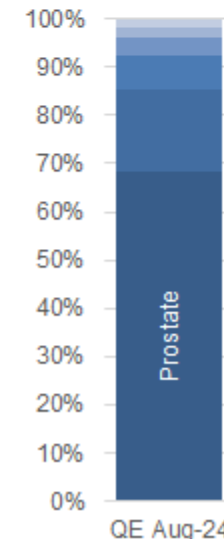
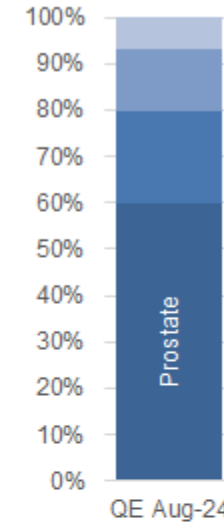
For **62-day RTT**, urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, lung and urology. Urology remains our biggest performance challenge with 20 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. To reduce the backlog, additional sessions were scheduled for TRUS biopsy. Prostate breach ranges between 10 and 167 days, on average 55 days, an increase from 45 days in May.

Breast and colorectal were affected by staffing issues over the summer period, with head and neck and cervical breaches due to lack of resources for synchronous chemoradiotherapy and diagnostic biopsy respectively.

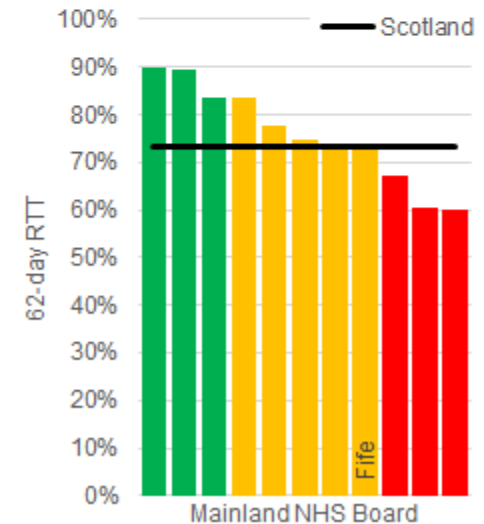
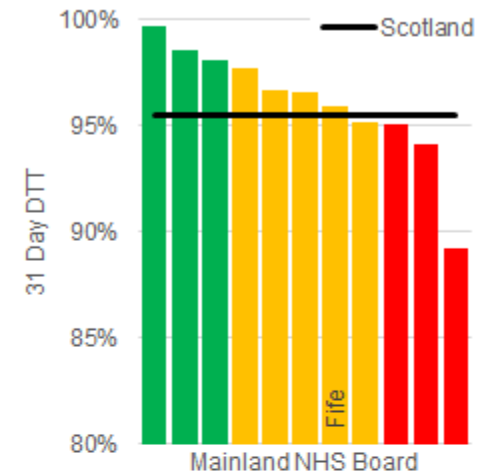
Range for all breaches between 8 and 167 days, on average 48 days, an increase from 35 days in May-24 but still a significant reduction from 115 days in Dec-24.



Breaches



Benchmarking QE Jun-24





Treatment Time Guarantee

In 2024/25, 44% of patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat (**National Standard 100%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

49.5%

712

Trajectory achieved as of Aug-24

91↑

Waits to meet Standard

Data Analysis

Monthly performance remained static at 45.9% in Aug-24, with 40.2% of ongoing waits within 12 weeks, lower than previous month (41.7%). Waiting list numbers for waits of 'over 12 week' increased to 4863 in Aug-24. Waits 'over 26 weeks' increased to 2805, waits 'over 52 weeks' increased to 712. The majority of over 52 weeks lie within Orthopaedic (366), Urology (169) and Ophthalmology (134).

Waits 'over 104 weeks' decreased to 25 above projected figure (22), most are within Orthopaedic (11).

Benchmarking for the QE Jun-24 shows NHS Fife to be in the lower-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

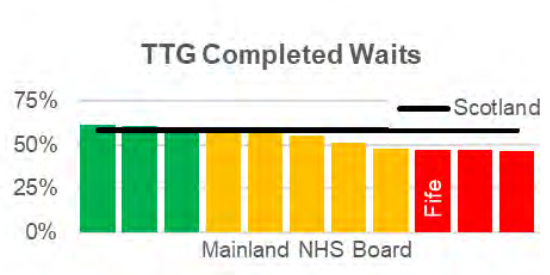
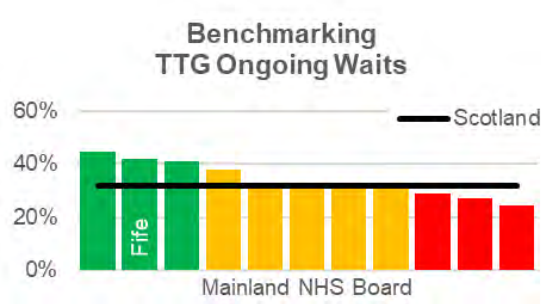
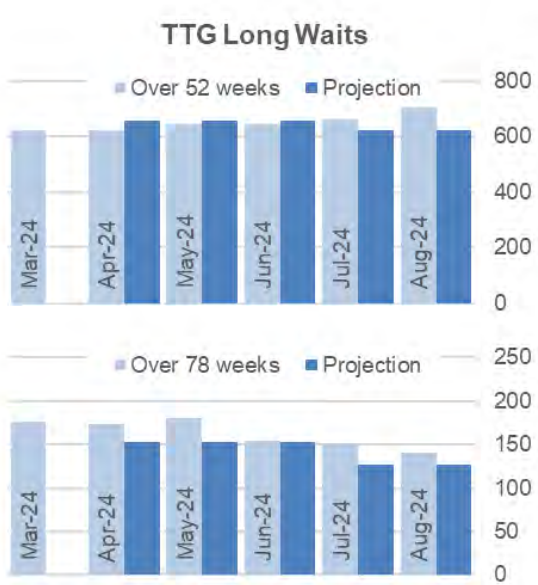
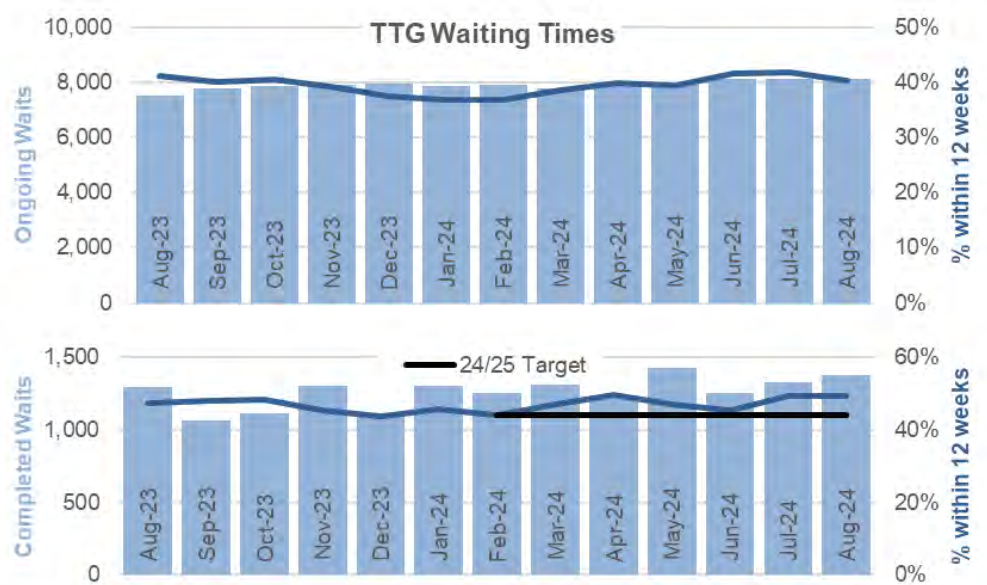
Achievements & Challenges

Against projections for 2024/25, in August we delivered 98% of projected capacity: however, there continues to be a gap between capacity and demand of approximately 280 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in ENT, General Surgery, Gynaecology, Orthopaedics and Urology. However, since March 2024, the number of patients waiting over 26 weeks, 78 weeks and 104 weeks has improved.

The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. The focus continues to be on urgent and urgent suspicion of cancer patients with renewed effort to reduce the number of long waiting patients using additional activity funded by Scottish Government, particularly those waiting over 78 and 104 weeks. However, as routine waiting times increase there are proportionally more patients being upgraded to urgent which is leading to increasing waits for routine patients.

Progress has been made in identifying a local solution between Urology and Gynaecology for specialist urogynaecological procedures as well as a further local solution to treat long waiting General Surgery patients. A reduction in the number of long waiting patients within each of these specialties is expected within the coming months.

Scottish Government funding was made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity was agreed with revised trajectories in place. We continue to actively look at opportunities to increase productivity in theatres and pre-assessment and implementing improvements to increase throughput in Cataract and Orthopaedic theatres. We also continue to maximise the use of day case capacity at QMH and capacity in the NTC as well as the continuation of regular waiting list validation and reprioritisation.





New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

40.1%

5033

Trajectory achieved as of Aug-24

Trajectory achieved as of Aug-24

Data Analysis

Monthly performance decreased to 401% in Aug-24. Waits for over 12 weeks increased to 19,616. Waits for 26, 52, 78 and 104 weeks all increased (11,881, 5033, 827, 99).

Waits 'over 78 weeks increased from 658 to 827.

Neurology 'over 78 weeks saw the largest increase of 35.6% from 185 to 255.

The largest number of over 78 weeks waits are in Cardiology (145) & Neurology (255).

The overall waiting list increased to 32746 patients in Aug-24.

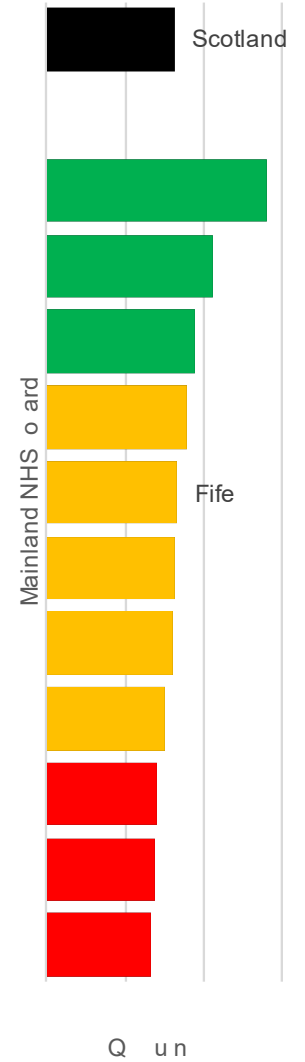
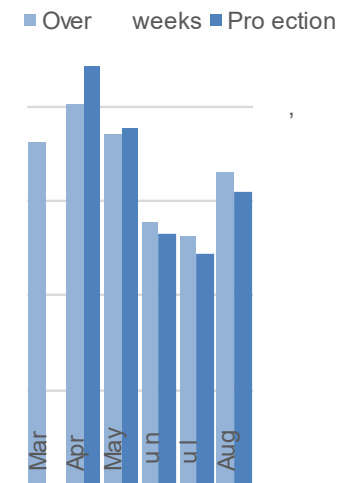
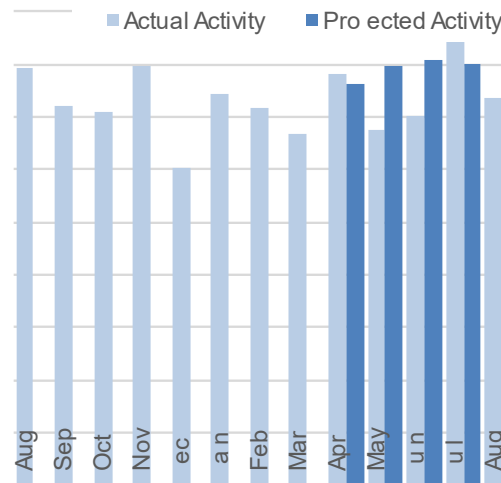
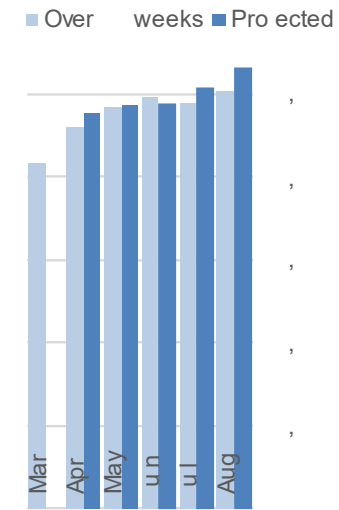
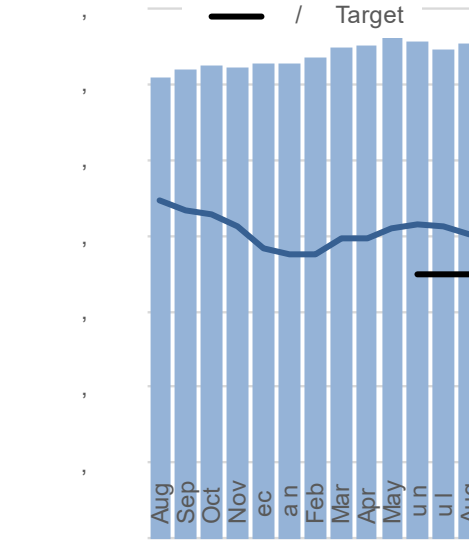
Benchmarking for the QE Jun-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 41.8%, above the Scotland average of 40.9%

Achievements & Challenges

Against the projections for 2024/25, in August we delivered 98.6% of projected capacity. Demand was as expected, however there still remains a gap between capacity and demand of approximately 1000 appointments for August. The biggest gaps being in Dermatology, ENT, Ophthalmology and Orthopaedics. This is due to a combination of increased demand, reduced capacity due to annual leave, difficulties in delivering additional activity and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing, although these are in line with projections. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, Dermatology, ENT, Gastroenterology, General Surgery, Haematology, Neurology, Ophthalmology, Urology and Vascular.

Scottish Government funding was made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity was agreed with revised trajectories in place. Focus continues to be on urgent suspicion of cancer and urgent patients as well as reducing our long waiting routine patients and delivery of additional activity.

A consistent process is in place for regular waiting list validation and reprioritisation, actively engaging with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals and the number of review patients including Active Clinical Referral Triage, Patient Initiated Review and national pathways.



C2. Operational Performance



Diagnostics

By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

71.0%

58

Trajectory achieved as of Aug-24

46 ↓ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased from 63.2% in Jul-24 to 71.0% in Aug-24, remaining above local trajectory of 30%.

Scope performance decreased from 60.3% in Jul-24 to 59.1% in Aug-24 with Imaging increasing from 63.5% to 72.5%.

In terms of waiting list numbers, this decreased to below 5,500 for first time since Sep-22 with most of the decrease attributed to Ultrasound (3,859 to 3,187).

Scope list decreased from 655 to 641.

The number waiting over 6 weeks decreased to 1,594, below projection of 1,644, there was increase in waits over 26 weeks (48 - 58). There are no patients waiting over 52 weeks.

Benchmarking for the QE Jun-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 62.8%, above the Scotland average of 50.0%.

Achievements & Challenges

Radiology: Focus on urgent referrals remains strong, all three imaging modalities consistently meeting targets despite a high volume of urgent cases. Although additional waiting times funding was delayed it allowed additional activity to proceed, meeting projections. Waiting times have. Currently, no patients are waiting over 12 weeks, with the longest radiology wait at 11 weeks. Additionally, 80% of requests are now completed within six weeks.

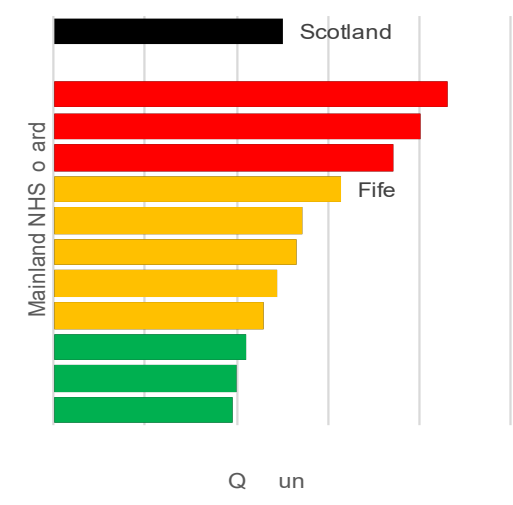
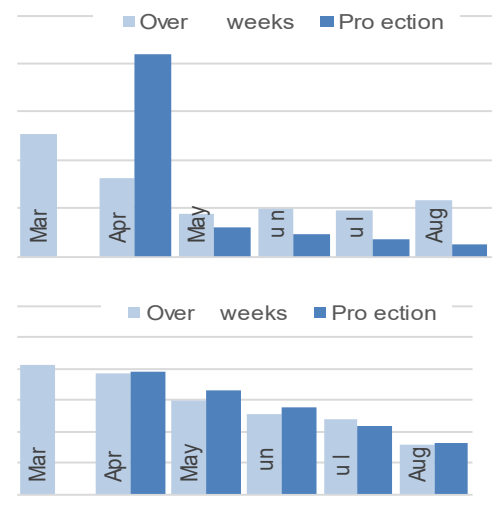
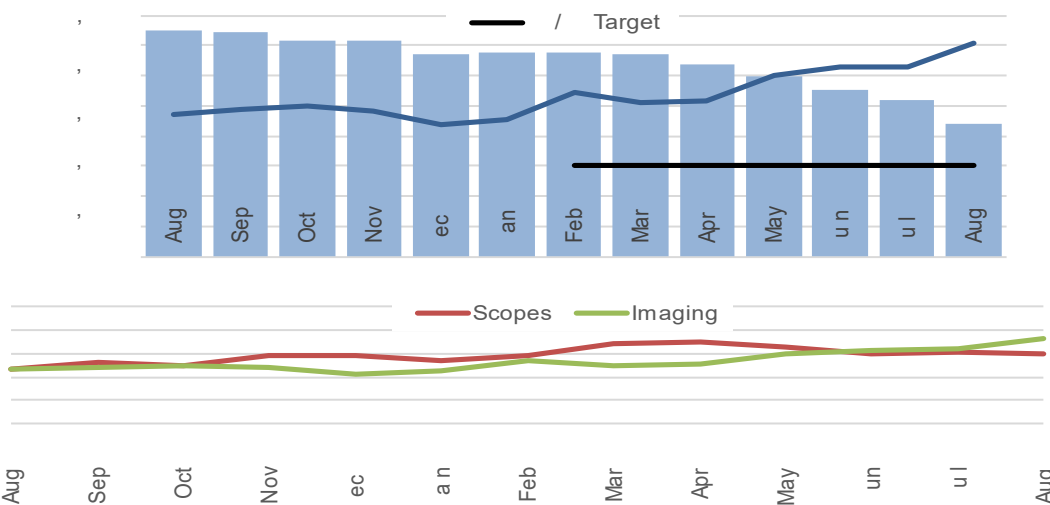
Ultrasound: Ultrasound continues to represent the largest portion of the waiting list. However, routine waiting times have decreased to 11 weeks (April 26 weeks), and the number of patients waiting has halved. Currently, 69% of patients are seen within six weeks. Contributing factors include locum activity, an increased scanner footprint, and improvements in the booking process. Despite the anticipated second quarter funding not being confirmed until late September, we expect waiting list performance to decline in the next quarter.

CT: In-house additional activity, supplemented by quarterly mobile scanner visits, has maintained CT waiting times within target, with 100% of requests completed within six weeks. Additional SG-funded activity has been informally confirmed for the rest of the year.

MRI: MRI services continue to be supported by SG-funded mobile scanners, achieving 100% of requests completed within six weeks. Although SG funding for additional in-house activity has been withdrawn, mobile scanner support will continue. Funding is being sought for "deep resolve" software improvements, which should reduce reliance on expensive mobile scanners.

Endoscopy Service has achieved an improvement in the surveillance/repeat waiting list, with <60 patients waiting beyond the planned recall date. The next focus will be to reduce the number of new routine outpatient waits. Clinical validation remains in place to ensure the longer waiting patients do not come to harm. 50% of the new routine waiting list (without an appointment date) is Upper GI Endoscopy. Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate. Plans to expand this to Upper GI Endoscopy is underway.

C2. Operational Performance





Expenditure

Revenue: Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£23.555m)

Capital: Work within the capital resource limits set by the SG Health & Social Care Directorates

£1.990m

TABLE 1 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	291,183	150,239	159,464	-9,225
IJB Non-Delegated	10,003	5,001	4,657	344
Non-Fife & Other Healthcare Providers	99,406	49,986	52,984	-2,998
Non Clinical Services				
Estates & Facilities	95,899	46,802	46,460	342
Board Admin & Other Services	93,424	48,343	48,291	52
Other				
Financial Flexibility	30,479			0
Income	-37,981	-19,676	-20,026	350
TOTAL HEALTH BOARD RETAINED SERVICES	582,413	280,695	291,830	-11,135
Health & Social Care Partnership				
Fife H & SCP	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420
TOTAL	1,009,584	488,377	511,932	-23,555

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance RTP/Clinical Prioritisation	2,500	766	2,500
Contingency	750	278	750
Capital Equipment	1,074	131	1,074
Digital & Information	1,898	326	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	177	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	311	944
Total confirmed CRL	9,431	1,990	9,431

Review of Financial Performance & Reporting

Revenue Budget

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.

At the end of September, we are reporting an overspend against the revenue budget of £23.555m as detailed in Table 1. This position includes an overspend for health board retained services of £11.135m and £12.420m for the Health and Social Care Partnership (HSCP). The reported overspend for health board retained is tracking £0.6m ahead of the updated financial plan trajectory due to a number of non-recurring benefits in-month, whilst health board delegated are tracking beyond their respective financial plan trajectories for the first 6 months of the financial year. Urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

The reported overspend on the HSCP health delegated budget of £12.420m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.

Our forecast outturn at March 2025 is an overspend of £36.763m and reflects a risk share of £13.4m with the IJB and £5m of additional cost for SLAs as a result of a potential increase from other Scottish Health Boards.

Capital Budget

Capital expenditure is limited for the first half of the financial year due to phasing of schemes with costs to date of £1.990m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m.

The Financial Performance Report to end of September 2024 sets out the financial position in more detail and is considered separately by the EDG, Finance, Performance & Resources Committee and the NHS Fife Board.

C3. Workforce

To improve staff experience and wellbeing 2 2 - - - ◀▶ Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	6.51%	Month Aug-24	7.5%	6.5%	○	▲	▲		● YE Jul-24
Personal Development Plan & Review (PDPR)	42.9%	Month Sep-24	50.0%	60%	●	▼	▲		●
Vacancies (Medical & Dental)	2.8%	Quarter Jun-24			●	▲	▲		●
Vacancies (Nursing & Midwifery)	3.5%	Quarter Jun-24			●	◆	▲		●
Vacancies (AHPs)	5.0%	Quarter Jun-24			●	▼	▲		●

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

SPC Key

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

Change Key

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

Benchmarking Key

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



Sickness Absence

To achieve a sickness absence rate of 6.5% or less by March 2025

6.51%

Trajectory achieved as of Aug-24

Data Analysis

Sickness absence decreased from 7.47% in Jul-24 to 6.51% in Aug-24. Short-term absence decreased from 3.35% in Jul-24 to 2.63% in Aug-24, with a decrease in long term absence from 4.11% to 3.88%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 30.4% of all absences).

Within HSCP, Community Care has an absence rate above 8% and Complex & Critical Care above 7%, as is the Medical Directorate, HSCP above 6.5%,

The latest benchmarking for Jun-24 shows NHS Fife to be in the mid-range of all the territorial NHS Boards.

Achievements

- Promoting Attendance panels have been reviewed to ensure a consistent approach to the purpose and escalation process.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.
- Absence management statistics, working hours lost and trajectory information reviewed to identify hot spot areas.

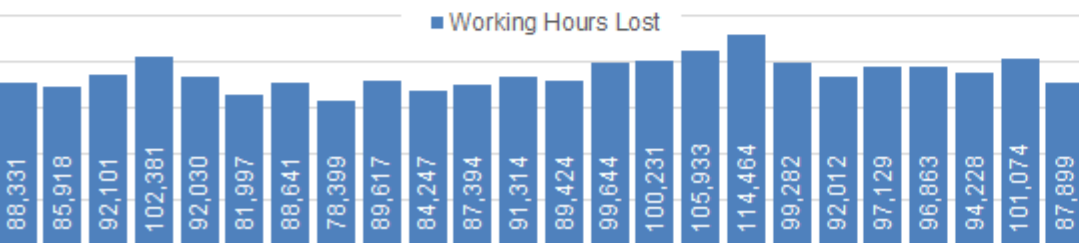
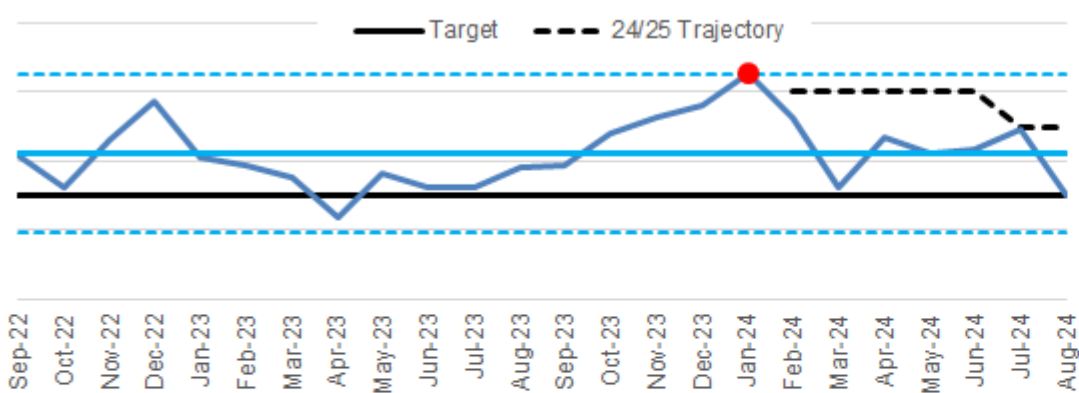
Ongoing Work

- Benchmarking with other Boards to identify any actions Fife could implement to improve attendance.
- Development of Manager's Essential Learning Pack to support new managers, to include Attendance Management Resources to managing absences effectively.

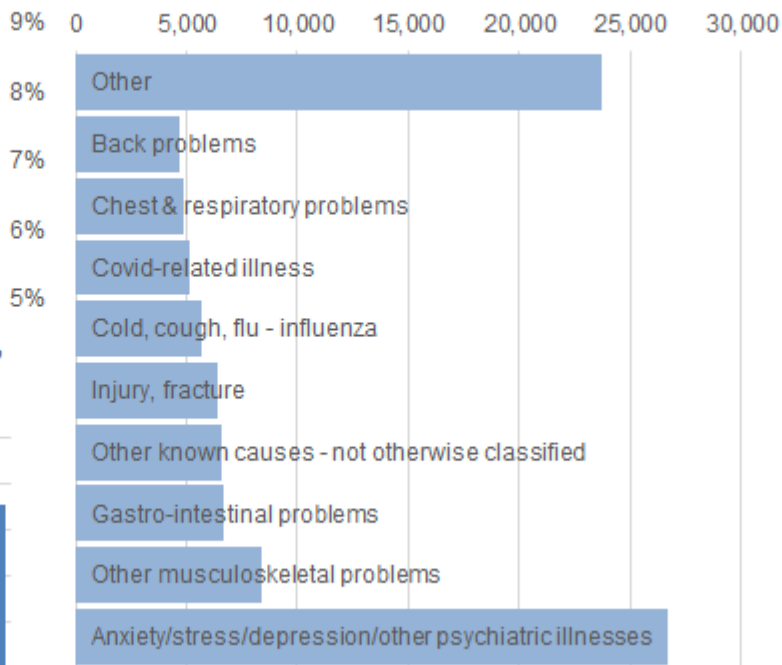
Challenges

- 'Catch all' descriptors on SSTS / Continued use of Code 99 (Unknown Reason for Absence) / Ageing workforce with complex health needs / workforce pressures associated with the Reduction in the Working Week.

Sickness Absence



Hours Lost by Reason; Aug-24



Benchmarking; Jul-24





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

42.9%

7.1% ↑

To achieve trajectory as of Jul-24

Data Analysis

Compliance was 42.95% in Sep-24, a decrease of 1.6% from the previous month and but an increase of 1.6% on the same month in 2023.

To meet the locally agreed trajectory of 50.0% 16 additional reviews would have been required to be completed, 60% is to be achieved by Mar-25.

The number of reviews held in Sep-24 decreased by 27.5% to 302 from 220, so far in 2024/25 there have been 326 reviews held (Apr – Sep) compared to 332 in same period in 2023/24.

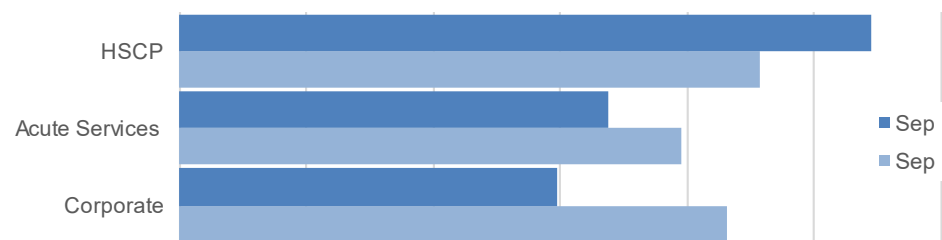
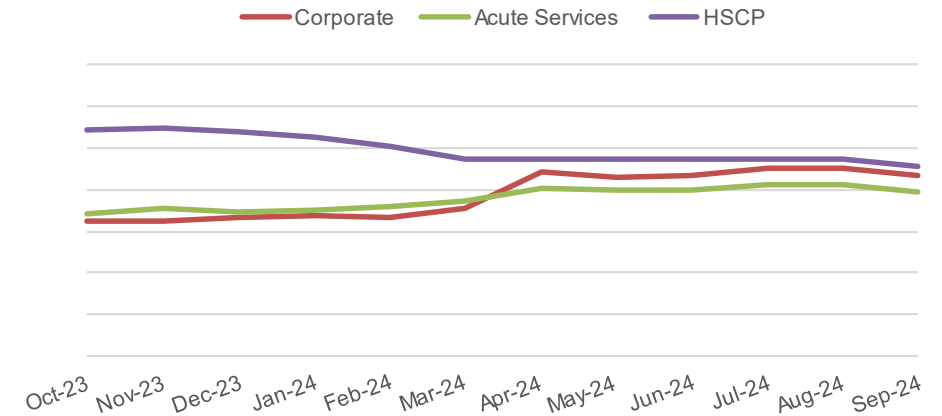
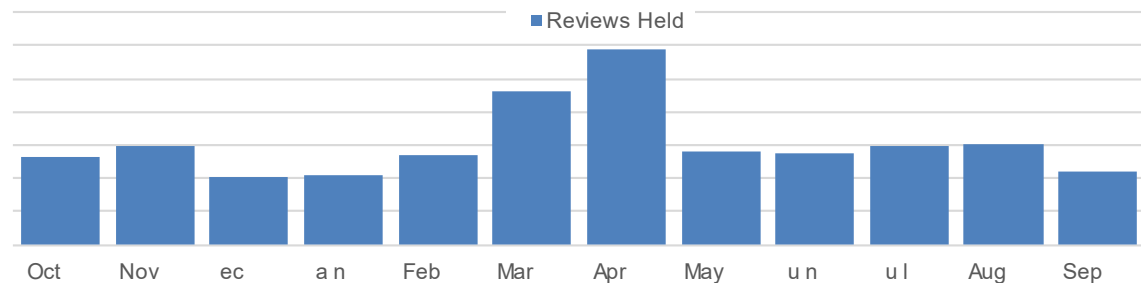
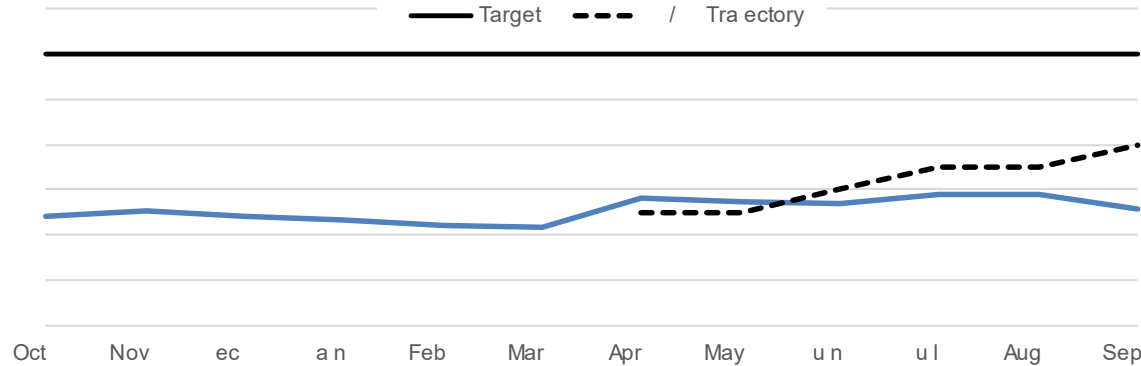
Compliance was highest in HSCP at 45.7%, Primary & Preventative Care has highest compliance within the Partnership with 48.3% with Complex & Critical Care lowest at 41.2%, the latter increased by 1.2% on previous month. Corporate Services compliance is 43.2%, a decrease of 1.8% from month prior and 13.5% higher than year previous, with Acute Services 39.6%. WCCS Directorate have now achieved over 52% compliance with Surgical Directorate at 49.8% and Medical Directorate at 21.5%.

Achievements & Challenges

Turas Appraisal Lunchtime Bytes continue to be offered monthly supplemented by the TURAS Appraisal: Preparing for a PDPR meeting and (ii) TURAS Appraisal: During & After the PDPR Conversation eLearning resources.

Communications have been issued through various forums to inform of the relationship between Core Skills learning, Protected Learning time and PDPR in the aim to raise awareness and support achievement of the 60% target in March 2025.

C3. Workforce





Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	2.8%
Nursing & Midwifery (N&M)	3.5%
Allied Health Professionals (AHPs)	5.0%

Medical & Dental WTE vacancies saw decrease from the Mar-24 figure to 8.6 in Jun-24. The largest number of vacancies falls within a single area of Clinical Radiology at 8.

2.5 wte Consultant Radiologists have been recruited to commence in September 2024, which will improve this position.

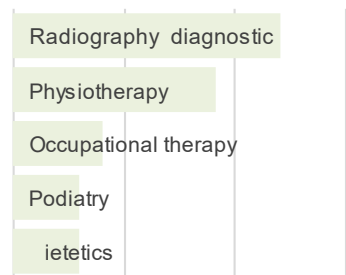
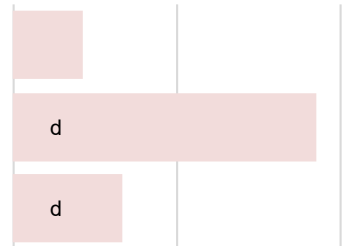
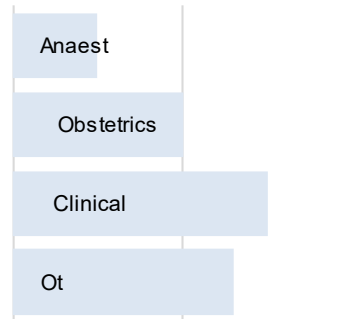
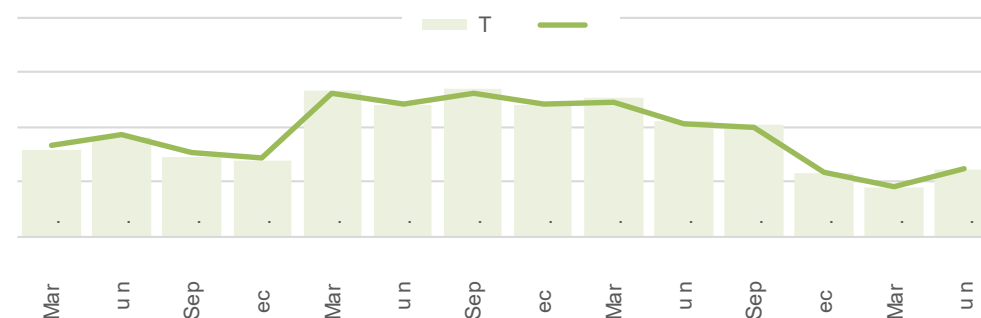
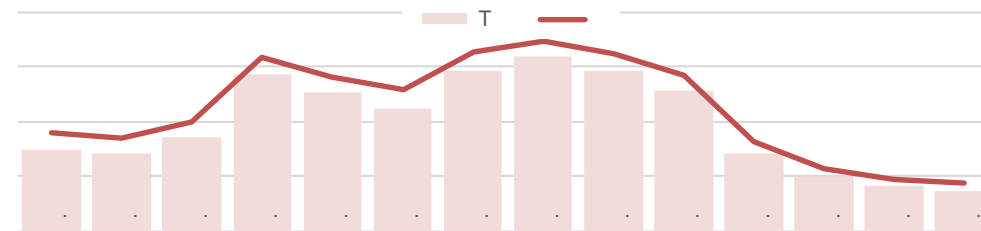
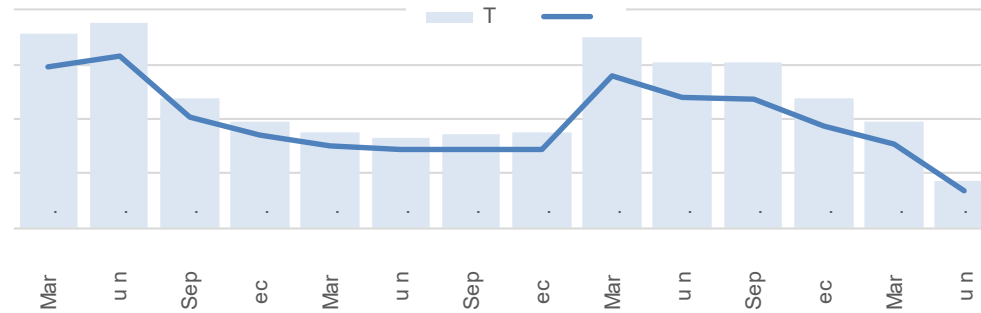
Vacancies shown are only those that are actively being recruited to (ie Psychiatry has 8 WTE vacancies that are not currently being advertised).

Nursing & Midwifery WTE vacancies has seen a decrease for this reporting quarter dropping from 165.1 WTE to 147.2 WTE. 77.5% of vacancies are for qualified staff Bands 5 to Band 7+.

The number of N&M vacancies are expected to decrease further with this year's intake of newly qualified practitioners (NQPs) in Autumn 2024.

AHP WTE vacancies have increased from their lowest level since Mar-22 (27.4 WTE) to 36.8 WTE. The largest number of vacancies lie within Diagnostic Radiography and Physiotherapy.

Similarly, the numbers of AHP vacancies will decrease with this year's NQP intake and also successful recruitment in Radiography and Physiotherapy. Some contraction is anticipated within the AHP professions aligned to RTP plans.



C4. Public Health & Wellbeing

To improve health and wellbeing 5 3 2 - - High

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2023/24)	285	YTD	Mar-24	473	473	●	—	—	● QE Dec-23
Alcohol Brief Interventions (2024/25)	103%	YTD	Jun-24		80%	●	—	—	●
Drugs & Alcohol Waiting Times	94.5%	Quarter	Jun-24		90%	●	◆	▲	● QE Jun-24
CAMHS Waiting Times	94.3%	Month	Aug-24	85.0%	90%	○	▲	▲	● QE Jun-24
Psychological Therapies Waiting Times	72.8%	Month	Aug-24	73.0%	90%	○	▲	▲	● QE Jun-24
Mental Health Readmissions within 28 days	5.6%	Quarter	Jun-24			●	◆	▼	● YE Mar-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	●	—	—	● 2021-23
Bowel Screening	66.2%	2-YTD	Apr-23		60%	●	—	—	● 2022-23
AAA Screening	87.3%	YTD	Mar-23		85%	●	▲	▲	● 2022/23
Infant Feeding	36.4%	Month	Jun-24			○	▲	▲	● QE Jun-24
Child Developmental Concerns	19.4%	Quarter	Jun-24			○	▲	▲	● QE Jun-24
Immunisation: 6-in-1 at Age 12 Months	94.5%	Quarter	Jun-24		95%	○	▼	▲	● QE Jun-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter	Jun-24		92%	○	◆	▼	● QE Jun-24
Flu Vaccination (Winter, Age 75+)	40.6%	Month	Sep-24		80%	●	—	—	● ME Sep-24
COVID Vaccination (Winter, Age 75+)	39.2%	Month	Sep-24		80%	●	—	—	● ME Sep-24

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

SPC Key

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

Change Key

- "Better" than comparator period
- No Change
- "Worse" than comparator period
- Not Applicable

Benchmarking Key

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



Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/24)

285 quits
60.3%

188 successful quits were required to achieve 23/24 trajectory

Data Analysis

There were 30 successful quits in Mar-24, which is 10 short of the monthly target and 4 less than that achieved in Mar-23. Achievement against trajectory is 60.3% (Mar-23 was 63.6%).

For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: although 'Other' services saw their success rate increase from 23% in Feb-24 to 43% in Mar-24.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Jun-23 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 47.8% against a Scottish average of 66.1%.

Achievements & Challenges

Fife Stop Smoking Services are working to meet the Scottish Government Tobacco & Vaping action plan. The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There has been no movement on the national review of all board's standards.

There has been an increase in support requested for vaping cessation in the specialist & maternity services however this work does not contribute to LDP standard.

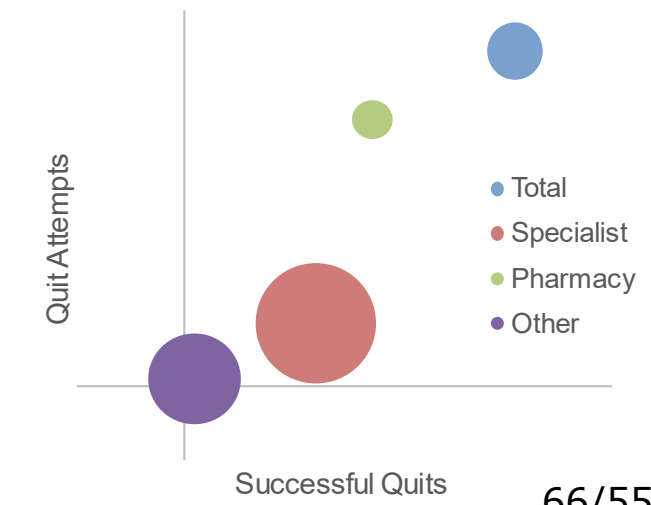
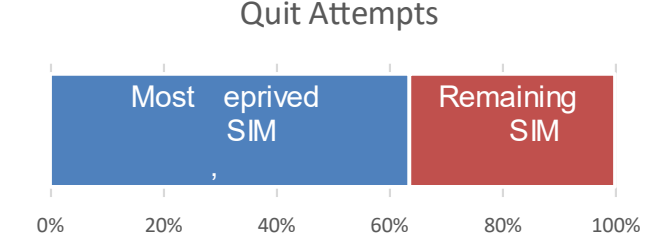
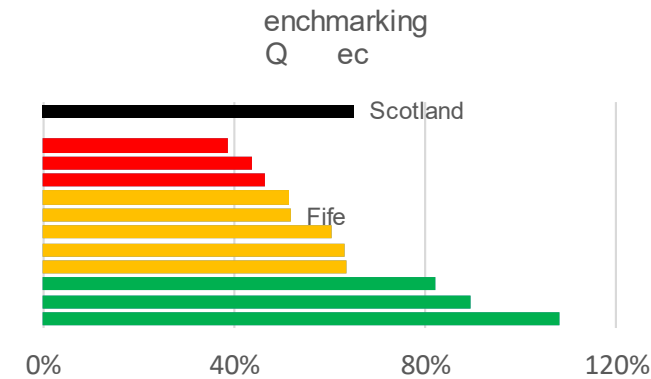
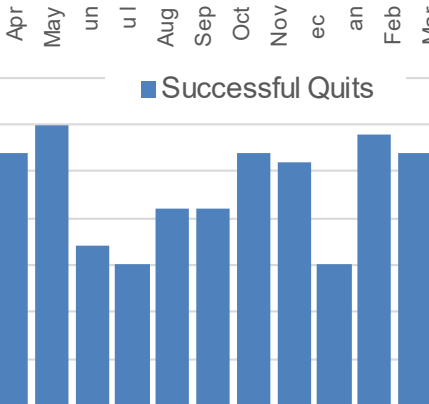
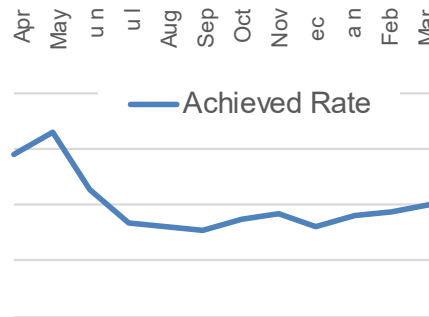
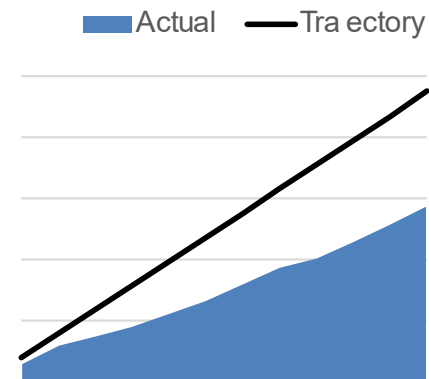
Significant work to improve the retention of clients in the specialist service has taken place, including attending PLT, training sessions with FHSCP services & 3rd sector organisations.

Combined with our increase in outreach work we have seen an increase in appointments from 273 in August to 681 in September. Current Fife wide weekly face to face provision is at 43 clinics, telephone & home visit provision is an additional 4 allocated clinics.

Successful recruitment will increase staff capacity to build and maintain the current engagement and progress work to improve the referral pathway from acute and primary services.

Local data reports successful quits for 40% (MDQ) is 108 for Q1 of 2024/25 which is 10 less than the 118 trajectory. LDP standard.

Public Health Scotland advise their Intelligence Team are designing a new report and as such no national smoking cessation data is available for 2024/25.





Data Analysis

Monthly performance increased from 83.5% in Jul-24 to 94.3% in Aug-24 which is above local trajectory.

In Aug-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased to 11 in Aug-24 from 10 month prior.

The percentage of those waiting less than 18 weeks decreased in Aug-24 to 91.1%.

The number of referrals received in Aug-24 was 200, an increase from Jul-24 but lower than same month in 2023 .

The overall waiting list decreased to 124.

Benchmarking for the quarter ending Jun-24 shows NHS Fife lie in the mid-range of all mainland boards, 71.9% against Scotland average of 84.1%.

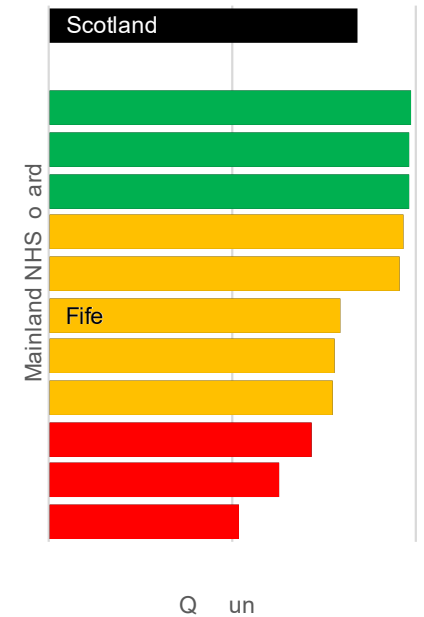
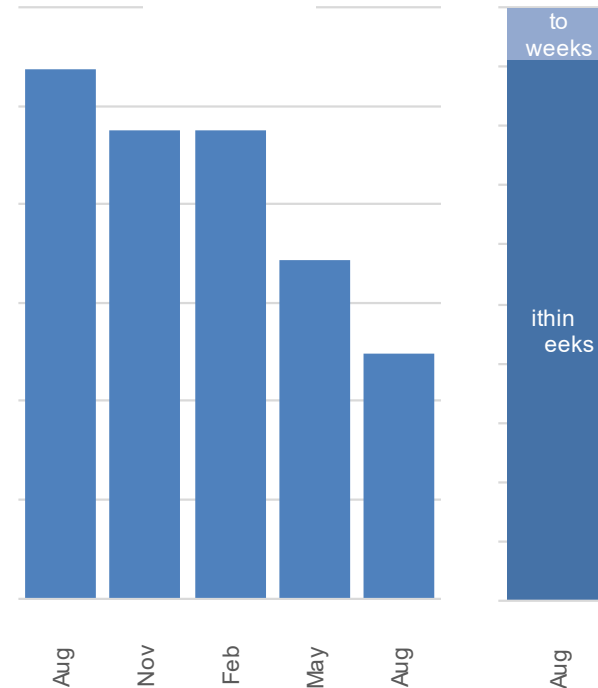
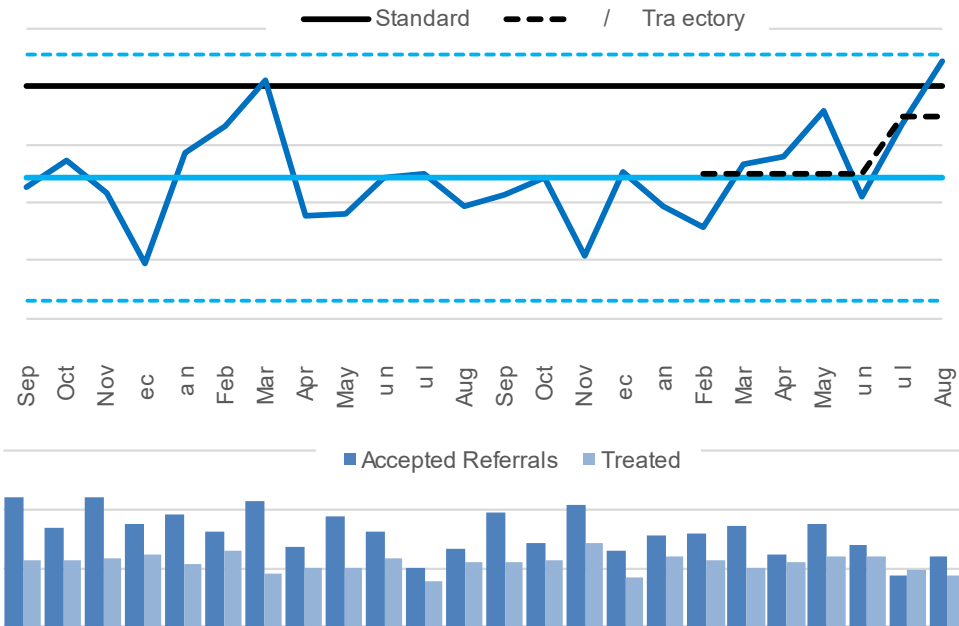
Achievements & Challenges

The Fife CAMH Service is on target to meet and sustain the trajectory submitted to Scottish Government by February 2025.

The average trend has shown a slight decrease in the number of referrals over the past year with the number of referrals accepted holding steady.

To date there are 11 unallocated children and young people on waiting list, with the longest wait 14 weeks. This figure will rise over the next 2 months as they await their appointment and treatment is started. Following this period the RTT will be met and sustained as children and young people are offered appointments straight from referral screening, which will fall under the 18 weeks.

Ongoing recruitment and review of posts continues to ensure staffing resource is maintained as vacancies directly impact capacity to meet RTT.





Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

72.8%



Wait within 18 weeks to achieve local trajectory

Data Analysis

In Aug-24 541 patients started therapy, this was less than the 650 in Jul-24, but in line with usual fluctuations associated with clinicians' caseloads.

Fewer patients were seen within 18 weeks (394) compared to July (454), but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 72.8%, which is at local target for 2024/25.

The overall waiting list has increased to 2294 from 2181 in previous month, with the number waiting over 18 weeks increasing to 844 and the number over 52 weeks decreasing to 172.

Referrals for all ages increased by 149 from month prior and while slightly less than the number received in Aug-23, is the highest since November 2023. The % of referrals that were rejected in Aug-24 was 13.9%.

NHS Fife was in the low-range of NHS Boards as of the last quarterly PHS for the QE Jun-24 and was below the Scottish average (67.8% compared to 80.4%).

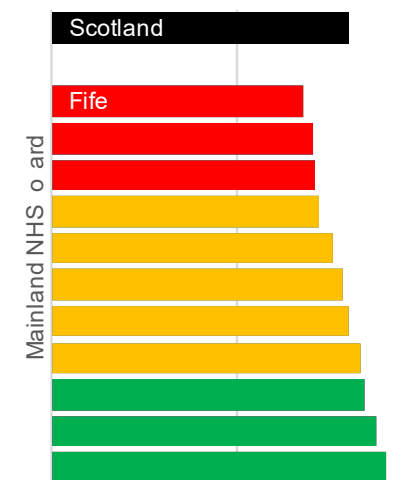
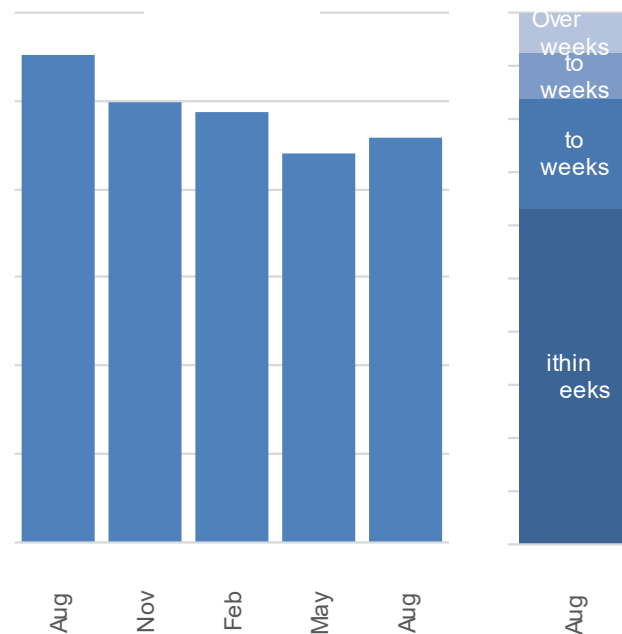
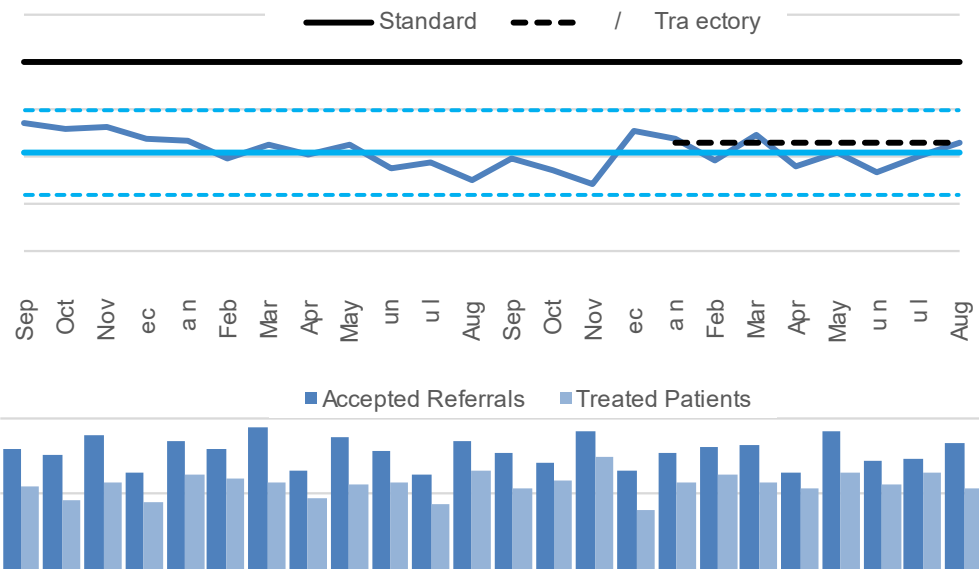
Achievements:

The Psychology Service is offering more first treatment appointments than a year ago, continuing to make progress in reducing number of very long waits, and hit local trajectory this month. This is despite the referral rate for adults with complex problems remaining higher than capacity for provision of highly specialist PTs. Ongoing service redesign, thorough implementation of skill mix, and intensive case management has contributed to these achievements. The focus remains on the longest waits, while also supporting appropriate engagement with digital PTs and PTs which are low intensity in terms of clinician time.

The Psychology Service continues to support psychological care delivery and staff wellbeing in other statutory and 3rd sector services via provision of supervision and training, to improve access as per the SG Psychological Therapies and Interventions specification.

Challenges:

A capacity gap for highly specialist PT and cannot be fully mitigated despite the above achievements. The delay in vacancy management procedures for clinical and clinical support admin staff affects capacity and poses a risk to performance. Fife is receiving enhanced support from SG for PT performance.





Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

5.6%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.6%, increasing from 3.6% in QE Mar-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.3 per month for the first three months of 2024/25. Average length of stay has been increasing since QE Nov-23 and was 98.4 days for QE Jun-24.

In comparison to other mainland NHS Boards, NHS Fife has the lowest readmission rate within 28 days. For average length of stay, NHS Fife was above the Scottish average.

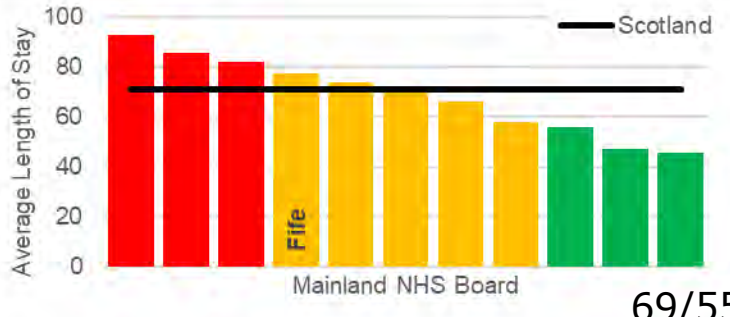
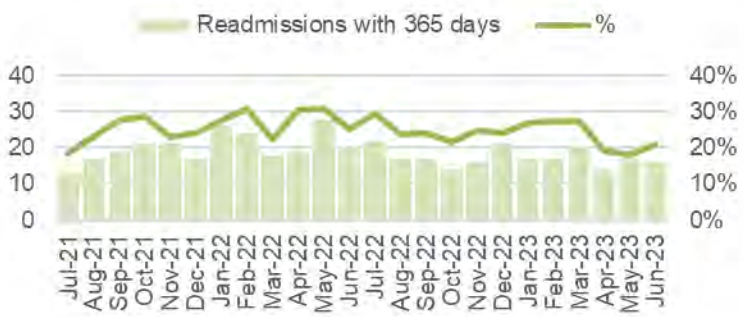
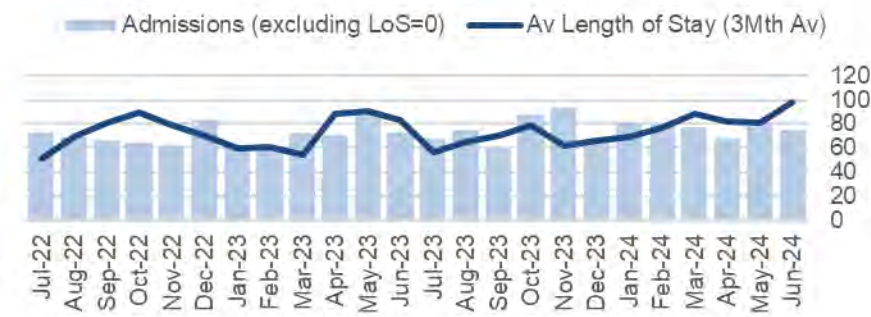
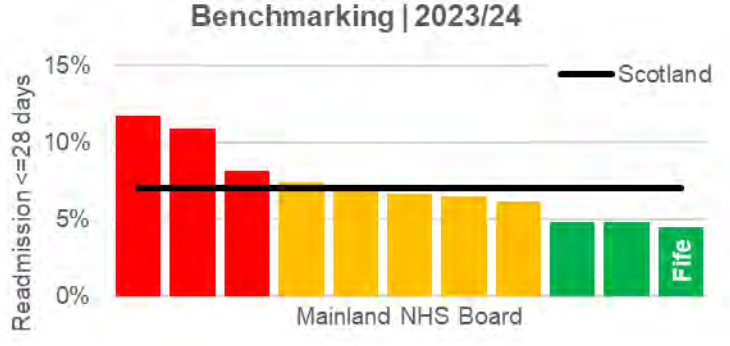
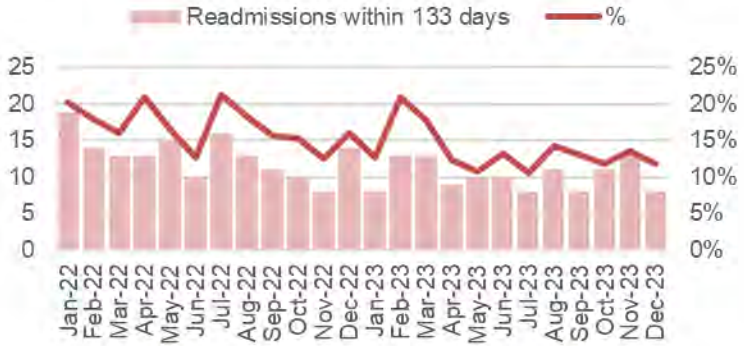
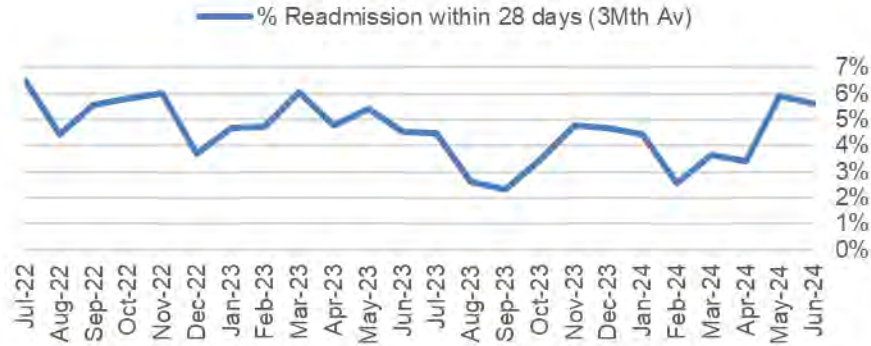
On average, to year ending (YE) Dec-23, there was 10.2 readmissions per month within 133 days. Rate for QE Dec-22 was 12.5% with 32 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.4% with 47 readmissions.

'earning disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. The Complex Cases Panel and the Complex Delays Discharge planning group are multi-agency meetings developed to ensure that either packages of care in the community fit individual needs or individualised packages of care are in place prior to discharge to ensure appropriate support is in place and readmission is minimised. Daily ward based, Multi-disciplinary clinical reviews promote care that is least restrictive and aim to address barriers to discharge and identify supports that will minimise future readmission.

Community teams continue to promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible. It is worthy of note that our community services infrastructure is less developed than in other Board areas. In addition to this, there are ongoing challenges recruiting to AHP posts: these posts should be a core component of our CMHT model.





Breast Screening

80% uptake in females between age of 50 and 70 within a 3-year rolling period (Minimum Standard of 70%)

Minimum Standard of 70% uptake in females between age of 50 and 70 within a 3-year rolling period in each SIMD quintile

73.4%

63.2%

6.6% ↑ To achieve target

6.8% ↑ To achieve Minimum Standard

Data Analysis

Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18.

The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas.

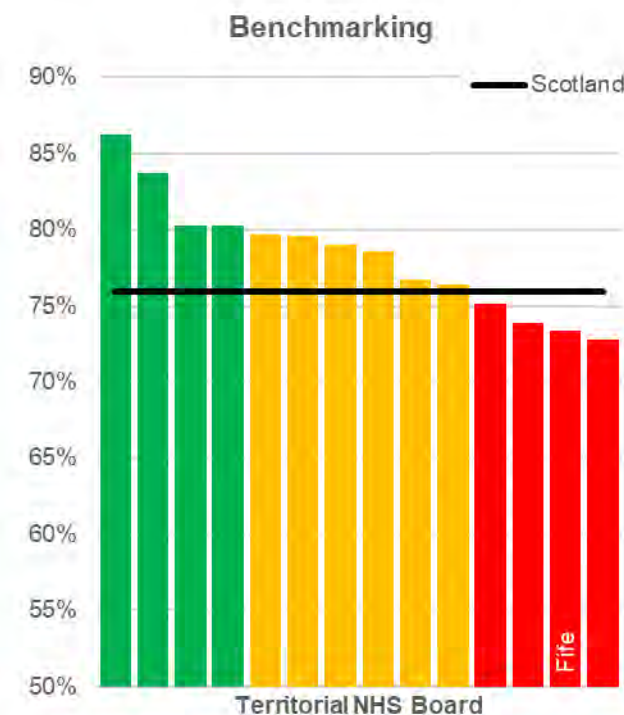
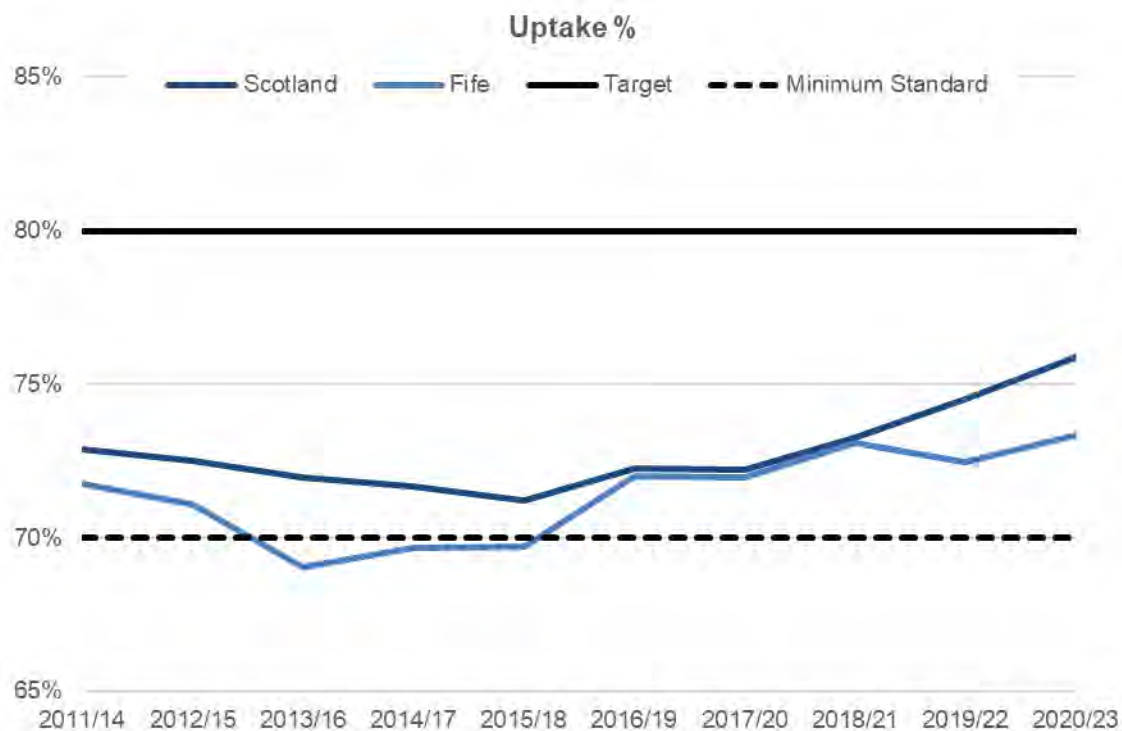
Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

Achievements:

Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

Challenges:

Breast Screening uptake in Fife remains lower than uptake in the majority of Health Boards in Scotland.





Bowel Screening

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result in each SIMD quintile

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

For the period May-21 to Apr-23, Fife exceeded the 60% uptake target for males, females and all persons, achieving 66.2%. Uptake for males and all persons exceed Scottish average whilst female uptake is 0.3% lower.

Uptake exceeds 60% for all persons in each SIMD quintile apart from the most deprived. To meet the target for most deprived, an improvement of 4.6% would be required for all persons.

The inequality gap is 18.0% for males, 20.4% for females and 19.2% for all persons. The gap in uptake between males and females was highest in the least deprived quintile (5.3%) and lowest in most deprived (3.0%).

Benchmarking (all persons) shows Fife to be in the lower quartile at 66.2% uptake, marginally above the Scotland average of 66.1% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 70.1%.

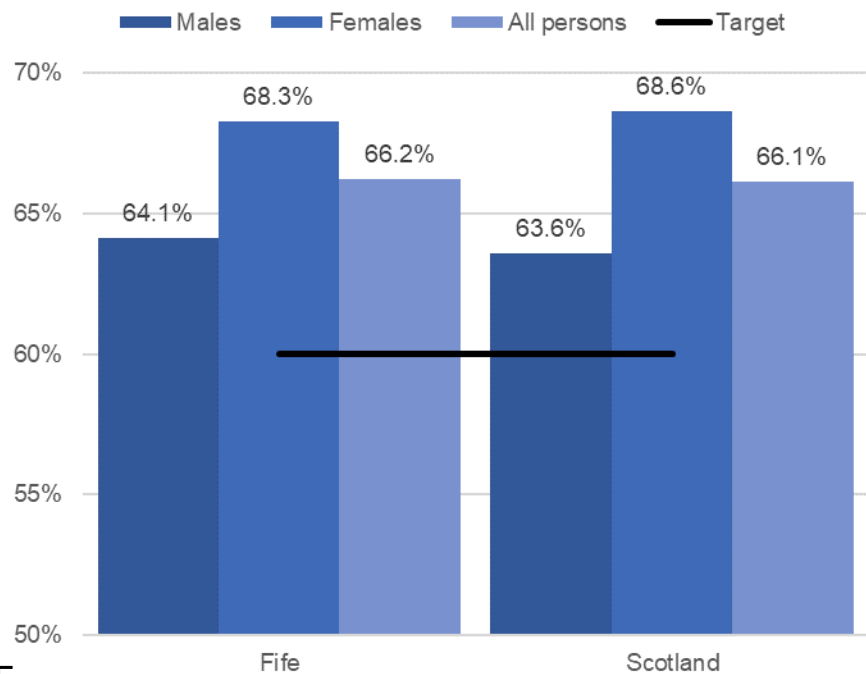
Achievements:

The key achievement would be that Fife met the 60% uptake target in four out of five deprivation quintiles (SIMD quintiles 2-5). The NHS Fife Screening Inequalities Action Plan has been developed and will guide our inequalities work over the next five years. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 72.9% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 22.3% in Scotland.

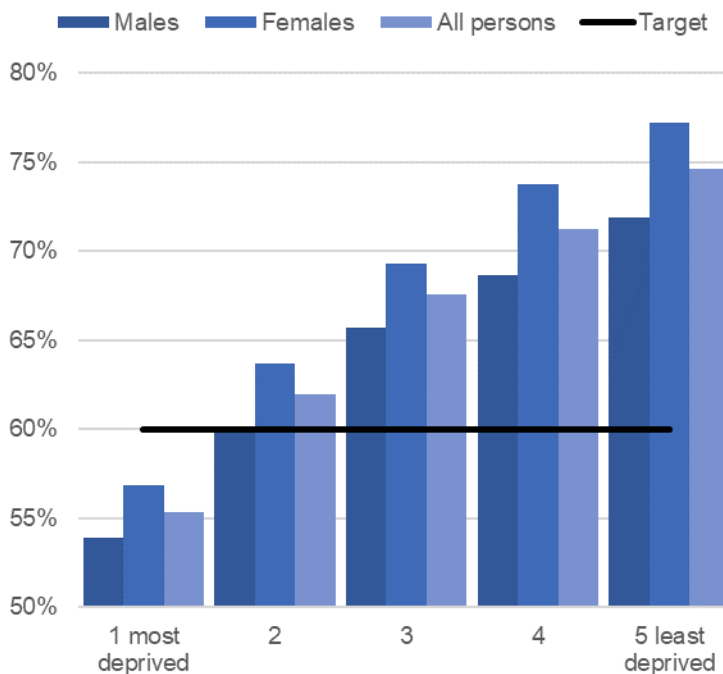
Challenges:

The lower uptake of Bowel Screening in our most deprived communities which would be addressed as part of our work on inequalities. Overall uptake of Bowel Screening in NHS Fife reduced from 66.8% in 2020-2022 to 66.2% in the current period. This was the first time uptake reduced since the introduction of the QFIT Test.

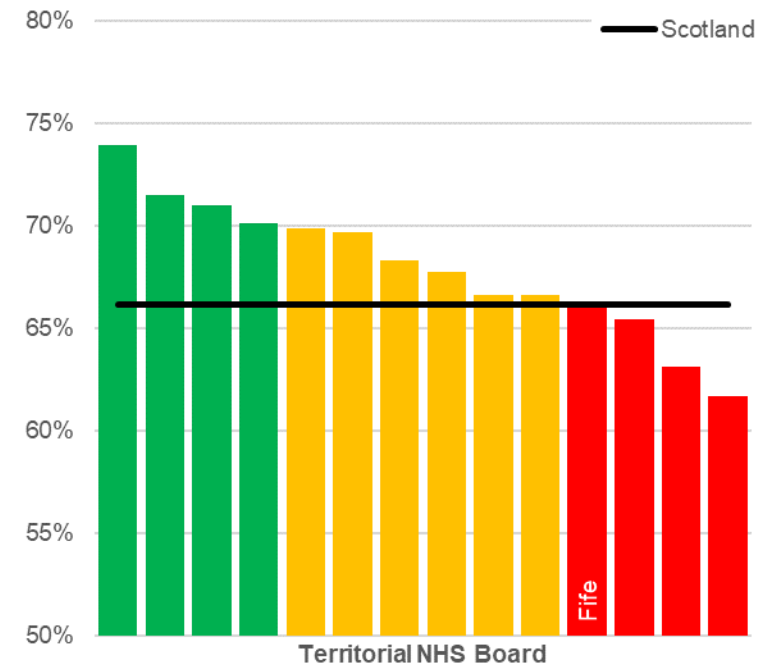
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

85% of men will be screened before reaching age 66 (Desirable Threshold)

85% of men will be screened before reaching age 66 in each SIMD quintile (Desirable Threshold)

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

87.3% of eligible men were screened for AAA in 2022/23. The Desirable Threshold has been achieved in each of the last 3 years with a year-on-year increase in uptake with a 0.5% from previous year.

Uptake in each SIMD quintile achieved Essential Threshold of 75% with only most deprived quintile not achieving Desirable Threshold. The inequality gap was 10.0% between most and least deprived quintiles, a 0.2% reduction from previous year.

NHS Fife was in upper quartile compared all NHS Boards in 2022/23, with the highest uptake of all mainland NHS Boards, 16.6% higher than Scottish Average.

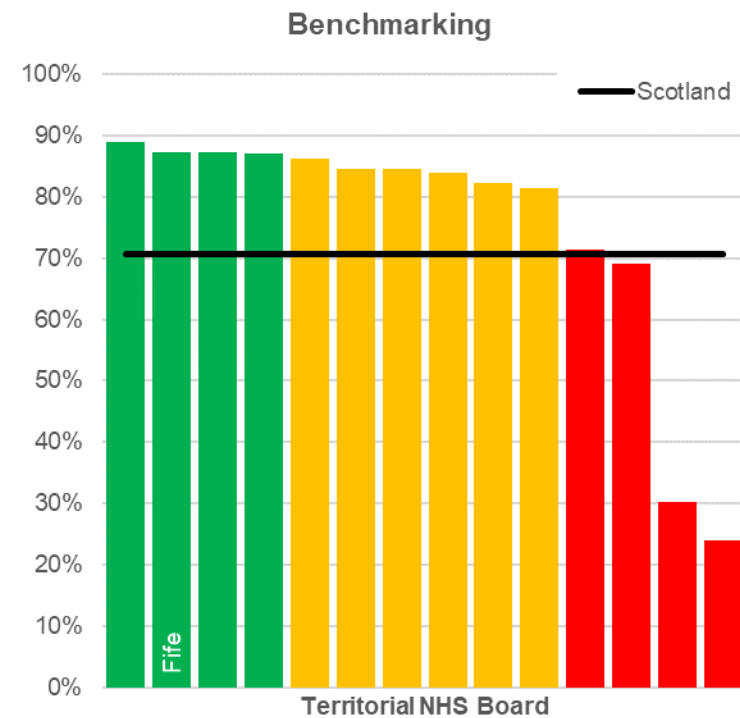
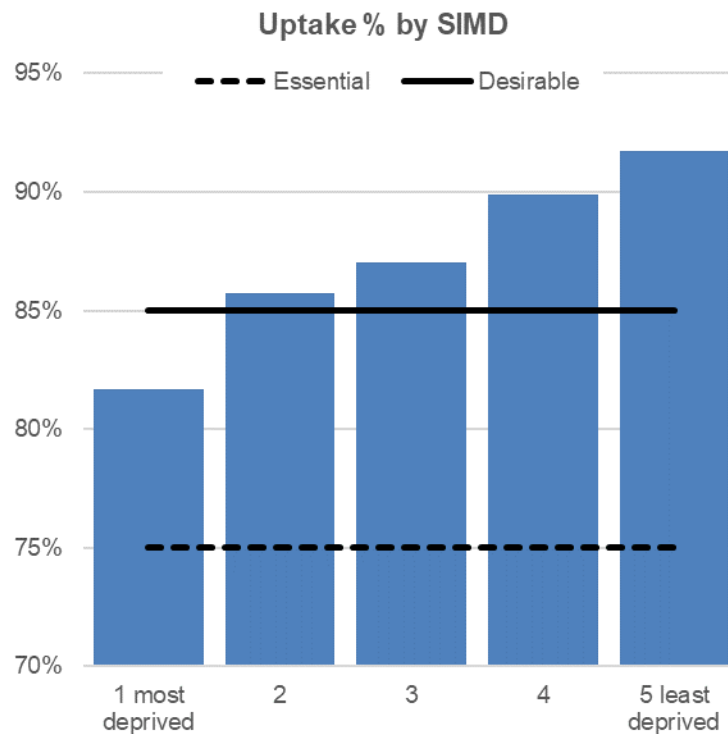
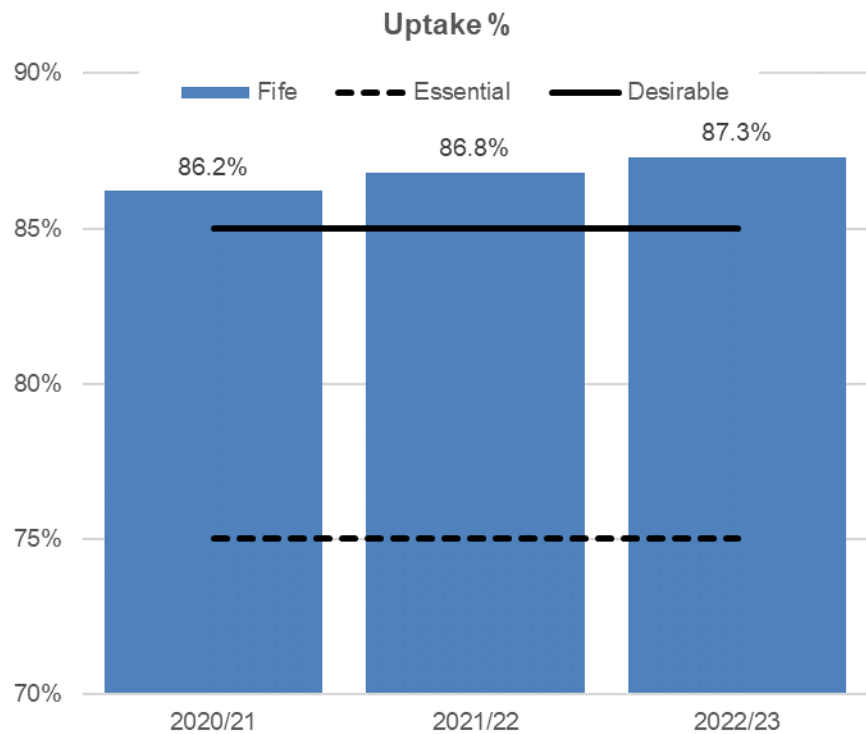
Achievements:

NHS Fife continues to achieve uptake above the Desirable Threshold year-on-year.

Text message reminders for participants' appointments are now being issued where mobile numbers are available and since July 2023, two text messages are now being sent at 10 days and 3 days before screening appointment date.

Challenges:

The main challenge is to improve uptake in the lowest SIMD quintile and to address Did Not Attend (DNA) rates across all SIMD quintiles. This will be part of our Screening Inequalities work which will be guided by the NHS Fife Screening Inequalities Action Plan.





Infant Feeding

Increase the proportion of infants exclusively breastfed at 6-8 weeks

36.4%

Below Scottish Average

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Jun-24 was 36.4%, an increase of 7.0% from month prior. The % that had Ever Breastfed increased to 71.7%.

Exclusively Breastfed at First Visit decreased from 41.8% in May-24 to 36.9% in Jun-24 with a slight reduction in % Ever Breastfed to 66.2% from 68.5% month prior.

Comparing Year Ending (YE) Jun-23 to YE Jun-24, there was improvement in both First Visit and 6-8 Week Review in all infant feeding categories except for % Ever Breastfed.

NHS Fife remains in the Mid-range compared to mainland NHS Boards in Jun-24 for % Exclusively Breastfed for both First Visit (NHS Fife 36.9%; highest 52.8%) and 6-8 Week Review (NHS Fife 36.4%; highest 51.2%).

Achievements:

99% of Infant feeding assessments completed by 6-8 week review by Health Visitors (HV). One to one individualised support offered to BF mums by either HV or breastfeeding support worker as required.

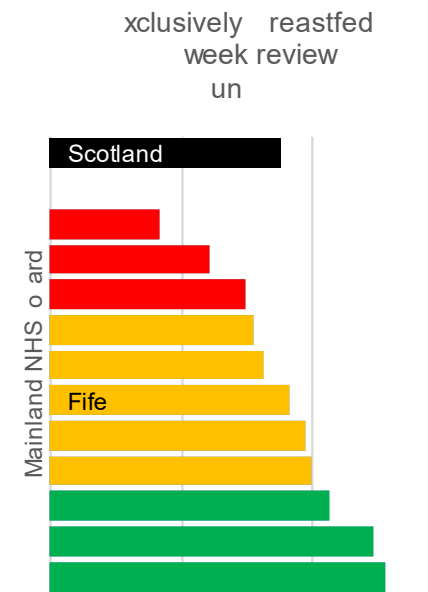
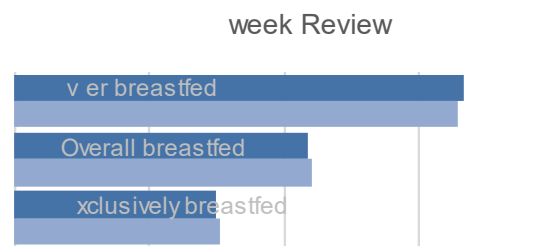
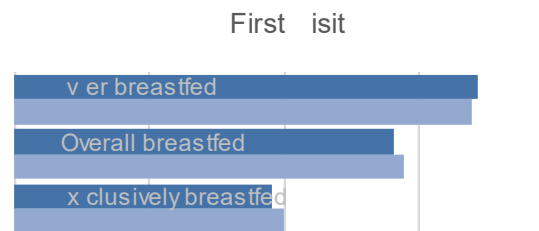
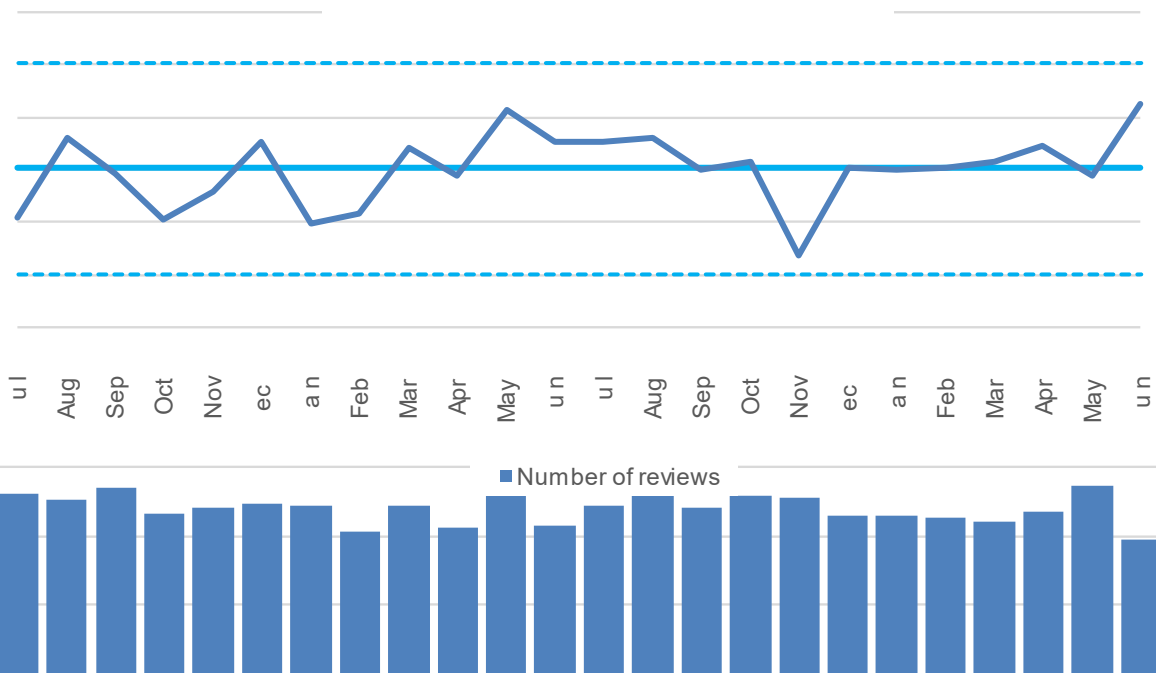
All antenatal contacts are mandatory by HV service which includes a discussion on benefits of breast feeding before birth with parents. Health Promotion key messages on breastfeeding shared across social media platforms with a robust communications strategy now in place.

HV/FN Service received UNICEF baby friendly Gold Award.

Challenges:

Increased sickness absence rates within breastfeeding team to support complex feeding issues.

Reduction in breastfeeding training across Children's services.





Developmental Concerns

Reduce percentage of children with one or more developmental concerns recorded at the 27-30 month review

19.4%

Above Scottish Average

Data Analysis

For quarter ending (QE) Jun-24, the % of children with one or more development concerns at 27-30 month review has increased to 19.4%. This is an increase of 4.4% since QE Dec-23 and highest % since Dec-22 (19.5%). There were 715 reviews in QE Jun-24, 13% less than in QE Mar-24.

NHS Fife is in the upper-quartile of all Mainland NHS Boards (highest was 26.3%). From 678 reviews carried out at 13-15 months, 16.4% of children had one or more development concerns. This has gradually decreased since QE Mar-23.

From 1144 reviews carried out at 4-5 years, 13.9% of children had one or more development concerns. This is a relatively low percentage, but number of reviews was high and % of meaningful reviews was low.

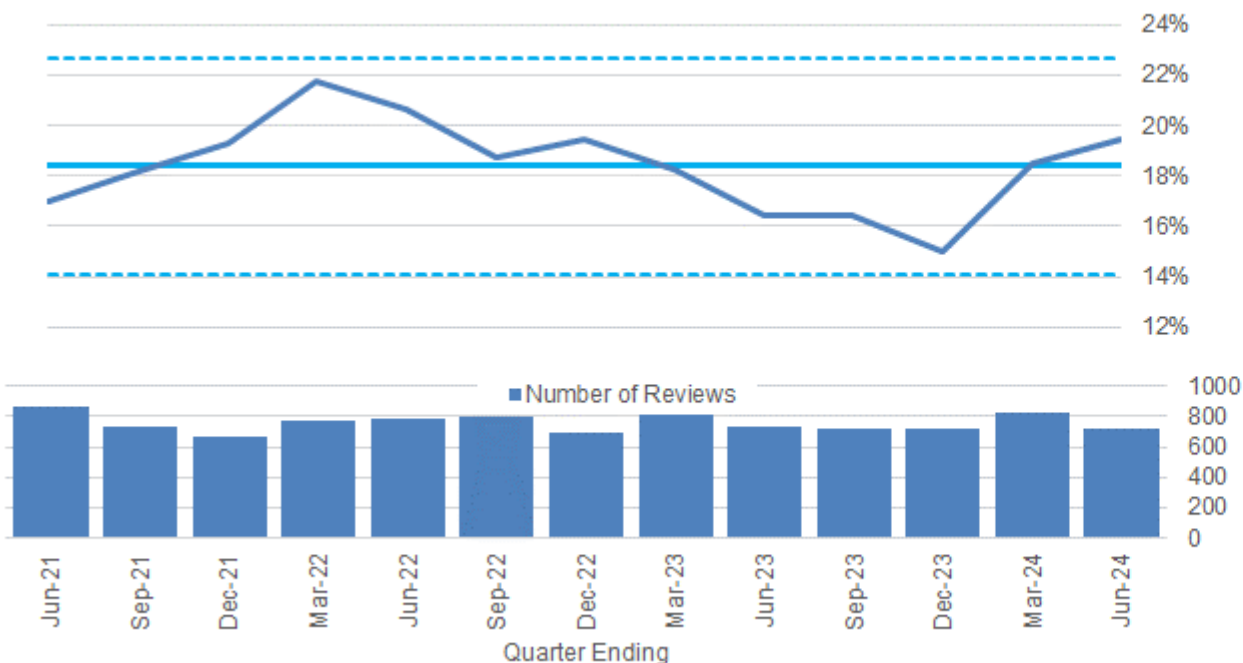
Achievements:

- HV Service delivery of Universal Health Visiting Pathway across Fife by HVs.
- High uptake of 27/30 month review offered by parents/carers.
- Standardised ASQ-3 tool and training to all staff which supports learning and development for completion of developmental review.
- Face to face reviews with children within the home setting.
- Early intervention strategies supported by CNN.

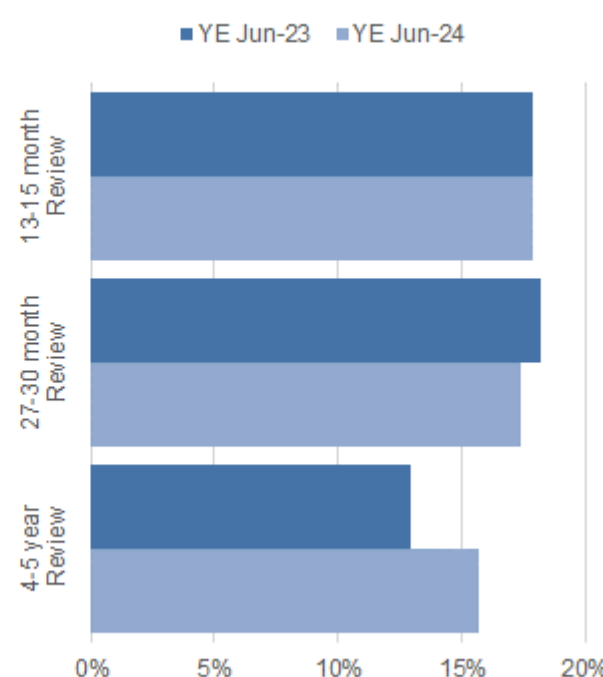
Challenges:

- CNNs utilised to support developmental reviews. Difference of skill set between HV and CNNs.
- There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.

One or More Developmental Concerns (27-30 month review)

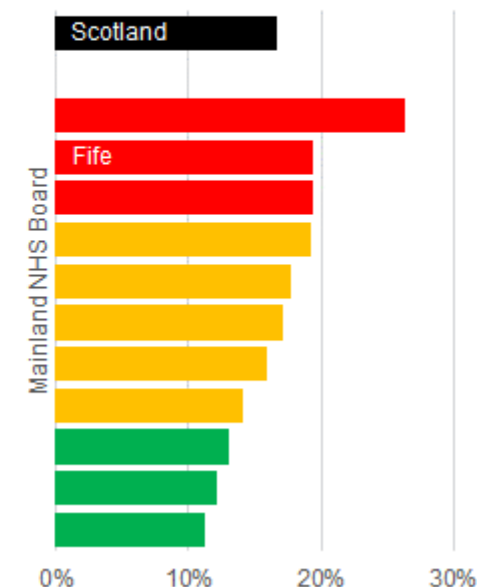


% Developmental Concerns



Benchmarking

27-30 month review, QE Jun-24





Childhood Immunisations

95% of children will receive their 6-in-1 vaccinations by 12 months of age

94.5%

4 ↑ to achieve target

92% of children will receive their MMR2 vaccination by the age of 5

85.7%

57 ↑ to achieve target

Data Analysis

6-in-1 at 12 months of age: The latest published data (for QE Jun-24) shows that NHS Fife uptake decreased slightly from 95.1% in the last quarter to 94.5% in the most recent quarter, which is below target and below the average of 94.6% (based on last 18 quarters). Rotavirus & MenB also saw decreases on previous quarter; PCV saw a 1.2% increase in uptake. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 95.9%.

MMR2 at 5 years of age: NHS Fife uptake for QE Jun-24, at 85.7%, was the same as the previous quarter. This is below target, below the average of 88.5% and is the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 also saw decreases on previous quarter; 4-in-1 saw an 8.6% decrease in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.9%.

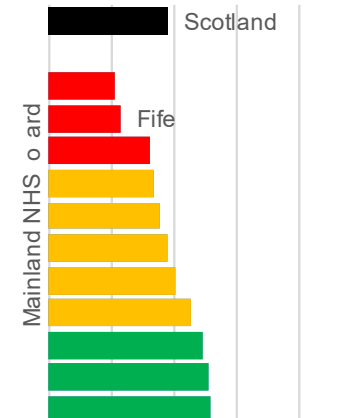
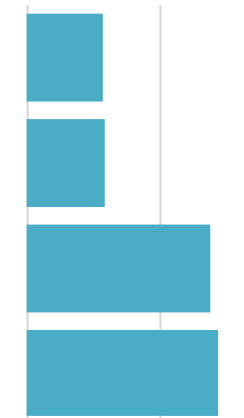
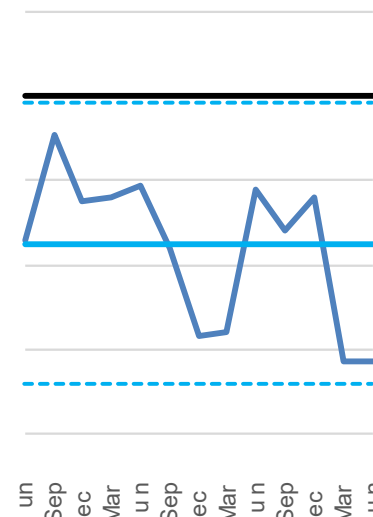
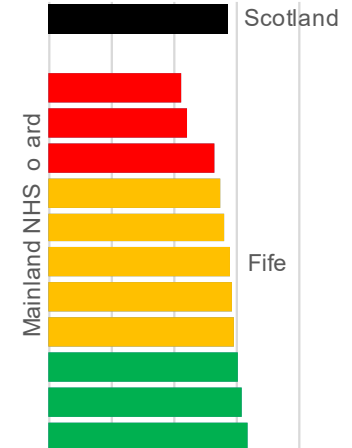
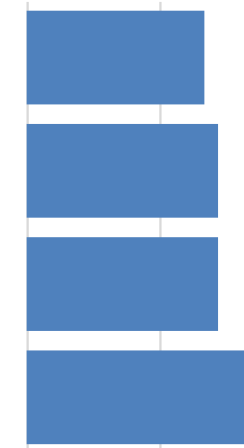
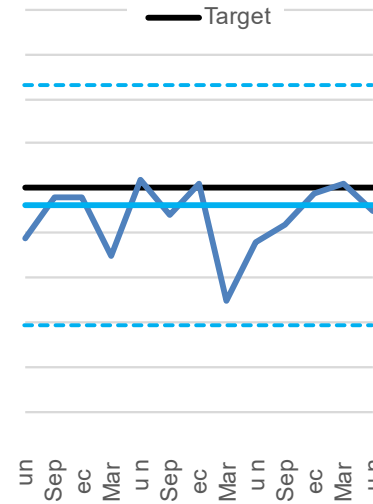
Achievements & Challenges

MMR2 QI work has included improvements in:

- 'was not brought' pathways
- use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book
- doubling of slots offered at some venues to allow those waiting to be appointed
- regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71)
- drop-in sessions planned throughout the year with occasional evening clinics
- survey undertaken on why children were not brought - which shows that families find communicating with NHS services can be a barrier, so we are currently scoping the use of a text reminder system.

Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics were offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake. In relation to MMR2 we are disappointed in the lower number being brought to clinics, we will use the 2-5yrs flu programme to promote uptake. A focused piece of work will follow in the New Year after the Winter

34/35 campaign





Influenza/Covid Vaccinations

Uptake of the **Influenza** vaccination for eligible population of Fife (75+) to reach 80% by end of December 2024

40.6%

Above Scottish Average

Uptake of the **Covid-19** vaccination for eligible population (75+) of Fife to reach 80% by end of December 2024

39.2%

Above Scottish Average

Data Analysis

Influenza: Uptake for Influenza vaccination in Fife for ages 75+ was 40.6% and increasing at mid Oct-24. Care Home residents are the priority group with the highest uptake at 69.2%. Uptake for all Health Care Workers was 3.8%.

Fife is the best performing of all Scottish boards for overall uptake in Sep-24 at 8.2% (Scottish average 5.9%).

Uptake for Children overall was 19.7% at mid Oct-24 with the highest uptake being the Pre-school cohort at 41.2%.

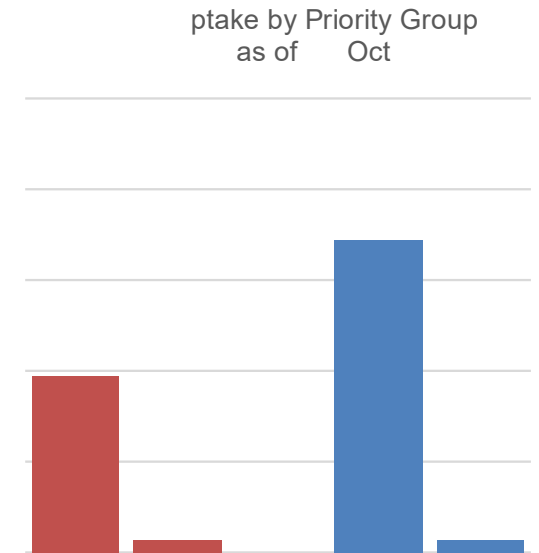
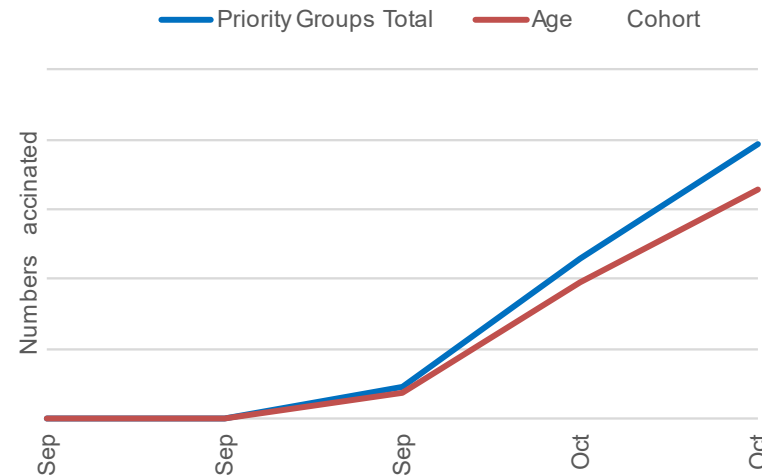
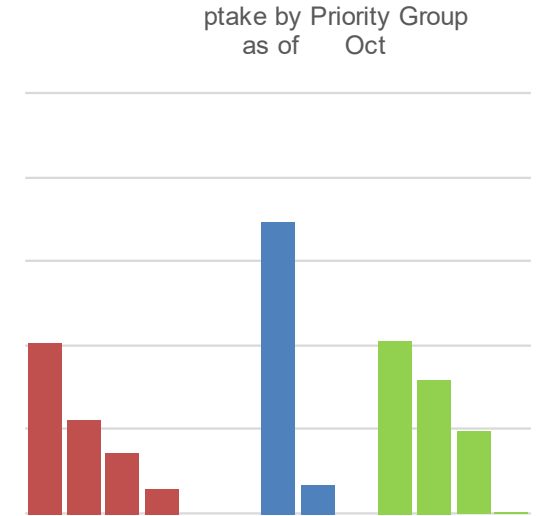
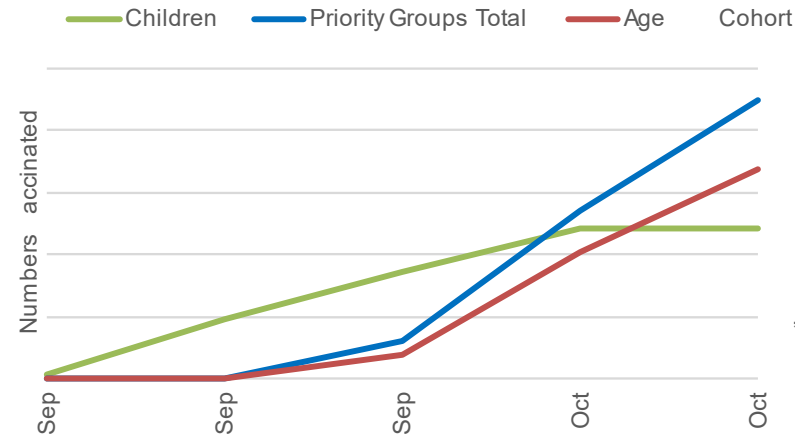
Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 39.2% and increasing at mid Oct-24. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 69.0%. Uptake for Frontline Health Care Workers is 2.6%.

Fife is the best performing of all Scottish boards for overall uptake at 7.3% in Sep-24 (Scottish average 4.2%).

Achievements & Challenges

Whilst the programme only commenced on 30th September, following rigorous planning, it is clear that we are on track to achieve our local target of 80% of Age 75+ citizens receiving their Covid-19 and Flu Vaccines during the winter programme.

At time of reporting, the majority of targeted programmes were active: aside from key Health and Social Worker vaccine coordinated programme and Secondary School vaccines, which are due to commence post October School holidays. Progress is monitored daily and weekly through an operational Delivery Group, with uptake scrutinised Monthly via the Community Immunisation Service: uptake in Fife is currently the highest in Scotland.



Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Financial Performance Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Maxine Michie, Deputy Director of Finance

Executive Summary

- The financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.
- The overall financial gap has reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
- There is a reasonable level of confidence we will achieve £23.3m of the 3% efficiency target and a further push is now on to bridge the £1.7m gap in projected delivery in quarter 3.
- At the end of September 2024, the level of overspend on health board retained budgets is £0.6m less than anticipated, after taking account of the cost reduction achieved in the first 6 months in relation to RTP workstreams. Whilst the run rate overspend has improved in month 6 as a result of one-off benefits, further sustained improvement is necessary in the latter half of the financial year.
- The IJB health delegated position has deteriorated significantly and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.
- Feedback from the 'Choices' exercise has informed the design of our Strategic Transformation Portfolio and reflect the priority areas across our four transformation programme.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities to Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for NHS Fife for the 6 months to September 2024. The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures and unachieved savings targets brought forward from the previous financial year. These alongside additional national and local cost pressures anticipated in 2024/25 resulted in a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). As previously reported, an additional allocation for New Medicines Funding was advised in July which reduces the gap to £51.350m.

2.2 Background

A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to our services, structures and care delivery to deliver the remainder of our financial gap sustainably over the next 1-2 years.

2.3 Assessment

Early in July Scottish Government advised an additional £50m for New Medicines Funding (non-recurring) would be allocated to Boards. This takes the total funding for new medicines to £230m nationally. NHS Fife's share of the new funding on an NRAC basis is £3.4m. This latest allocation will reduce the financial gap for 2024/25 to £51.350m.

At the end of September, we are reporting an overspend against revenue budget of £23.555m. This position comprises an overspend for Health Board retained services of £11.135m and £12.420m for the Health and Social Care Partnership (HSCP). The monthly overspend for September decreased by circa £0.970m when compared with the July and August monthly overspend run rates which signposts an improving position, albeit a number of non-recurring one-off benefits in month within Health Board retained (lower drugs expenditure in acute services, the receipt of energy credits, release of accruals, and the receipt of funding allocations and their appropriate inclusion in budgets at the midpoint of the financial year). Within Health delegated there has been a reduction in GP prescribing costs in September. Notwithstanding the aforementioned, the spend behaviour for the latter half of the year requires increased grip and control if minimum savings of 3% are to be achieved as well as delivering in line with our revised financial plan and forecast outturn.

At month 6 the overspend for Health board retained is in line with the financial plan trajectory due to a number of non-recurring benefits, therefore further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the remainder of the financial year. The overspend for the health board retained budget to the end of September 2024 is £11.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of September 2024, this position reflects a cumulative overspend of c£0.6m less than anticipated, after taking account of the cost reduction achieved in the first 6 months in relation to RTP workstreams. It is important to note at the halfway point in the financial year, savings trajectories are higher in the second half of the financial year than in the first half confirming that an increased focus on grip and control to ensure delivery of the minimum 3% planned cost reductions is required.

The reported overspend on the HSCP of £12.420m is also of significant concern given the financial plan did not make any assumptions in relation to cost pressures associated with Fife Integration Joint Board. This was in line with the IJB financial plan which was projecting break-even after savings at that time. We are discussing this significant risk and variation from plan with the IJB and Fife Council.

Taking all the issues noted in the report, the level of assurance at this stage remains “limited” with all efforts continuing to support an improvement in the position.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, outwith the Board's agreed risk appetite for value and sustainability. An assessment of the major financial risks is contained in the Medium-Term Financial Plan.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper. All initiatives progressed through RTP will however be subject to the appropriate level of assessment.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial year end process in consultation with senior finance colleagues, Directorate Management Teams and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

This paper was presented and discussed at EDG on 17 October and FPR Committee on 12 November 2024.

2.4 Recommendation

Members are asked to **take assurance** on the information provided in relation to:

- The reported revenue overspend position of £11.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is c£0.6m less than the anticipated overspend position at the half year.
 - Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
 - The reported overspend for the HSCP of £12.420m, the increasing level of risk in relation to this and the consequent potential for a risk-share situation in-year.
 - The year to date spend against the Capital Resource Limit.
-
- **Assurance** - This report provides a limited Level of Assurance.

3 List of appendices

Appendix 1 – Finance Report for September 2024

Report Contact

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Appendix 1

1. Financial Position September 2024

1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.

1.2 The Scottish Government has acknowledged the financial plan for 2024/25 however it remains unapproved by them at this stage and dialogue is ongoing. Early in August we met with Scottish Government Colleagues to discuss the Q1 financial position and forecast outturn. Key risks and potential further actions, including progress with the 15 box Grid and our strategic transformation portfolio, which could be taken to improve the financial position were also discussed. We have received their formal response which includes a number of actions they require to be taken forward by the board by Quarter 2. These include:

- *“an update on work with the IJB to provide system-wide solutions to address the overspends in adult social care;*
- *further details of the property exit plans, including an assessment on the return on investment that these would achieve; and*
- *review of longer-term savings plans that can be brought forward through the NHS Board's Re-Form, Transform and Perform programme to help support 2024-25.”*

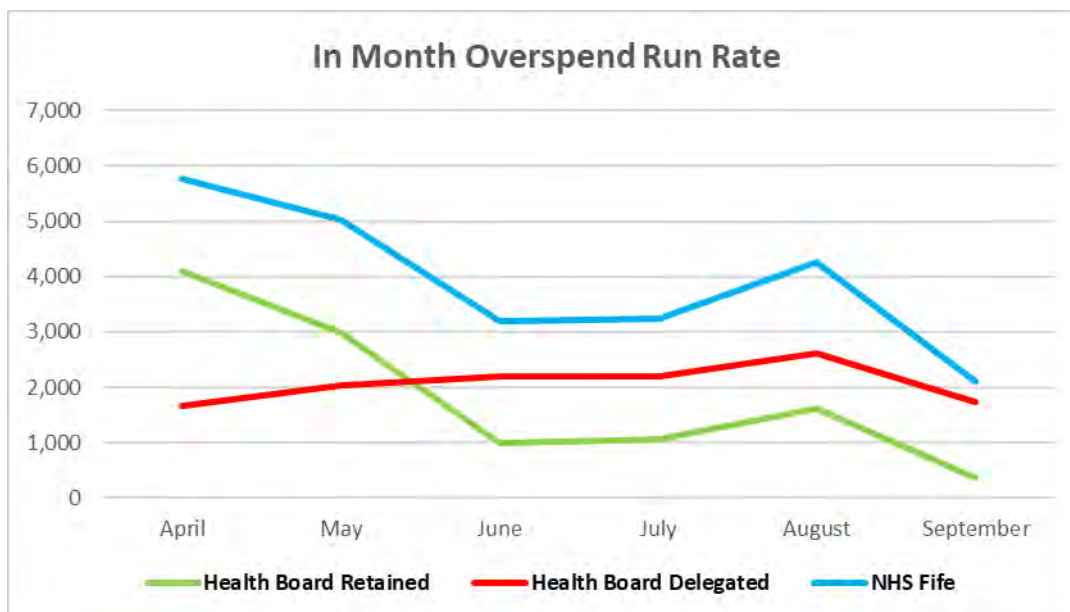
Scottish Government also confirmed the Quarter 2 review planned in early November, will also include a re-assessment against the Scottish Government Support & Intervention Framework.

1.3 The governance and performance management arrangements to monitor delivery of the savings plans is facilitated through the RTP Executive Group with regular and timely reporting to the Executive Director's Group, Governance Committees, and the full NHS Fife Board.

- 1.4 At the end of September we are reporting an overspend against the revenue budget of £23.555m as detailed in table 1 below. This position includes an overspend for health board retained services of £11.135m and £12.420m for the Health and Social Care Partnership (HSCP). The reported overspend for both health board retained is tracking £0.6m ahead of the updated financial plan trajectory due to a number of non-recurring benefits in-month, whilst health board delegated are tracking beyond their respective financial plan trajectories for the first 6 months of the financial year. Urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	291,183	150,239	159,464	-9,225
IJB Non-Delegated	10,003	5,001	4,657	344
Non-Fife & Other Healthcare Providers	99,406	49,986	52,984	-2,998
<u>Non Clinical Services</u>				
Estates & Facilities	95,899	46,802	46,460	342
Board Admin & Other Services	93,424	48,343	48,291	52
<u>Other</u>				
Financial Flexibility	30,479			0
Income	-37,981	-19,676	-20,026	350
TOTAL HEALTH BOARD RETAINED SERVICES	582,413	280,695	291,830	-11,135
<u>Health & Social Care Partnership</u>				
Fife H & SCP	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420
TOTAL	1,009,584	488,377	511,932	-23,555

- 1.5 The reported overspend on the HSCP health delegated budget of £12.420m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan developed by the IJB Chief Finance Officer was presented to the September IJB Board. Whilst the recovery plan 'direction of travel' was supported in principle, further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.
- 1.6 We require to sustain the level of work completed to date and take forward all achievable options to restore financial balance as far as possible if we are to maintain or improve our position on the NHS Scotland Support and Intervention Framework. We are currently at stage 2 on the framework in relation to financial performance. The chart below tracks our financial performance since the beginning of the financial year.



The chart indicates for health board retained that the run rate peaked in April then began to reduce during May due mainly to additional allocations presenting in the first 2 months of the year (e.g., Planned Care). In June, the run rate significantly reduced through a combination of additional funding and also the RTP 3% savings beginning to be realised. In July, the in-month position flat-lined with that of June. However in August spend across several areas increased beyond spend patterns in the previous 4 months reflecting some seasonality, for example 5 week pay month.

The monthly overspend for September decreased by circa £0.970m when compared with the July and August monthly overspend run rates which signposts an improving position, albeit a number of non-recurring one-off benefits occurred in month within Health Board retained (lower drugs expenditure in acute services, the receipt of energy credits, release of accruals, and the receipt of funding allocations and their appropriate inclusion in budgets at the midpoint of the financial year). Notwithstanding the aforementioned, the spend behaviour for the latter half of the year requires increased grip and control if minimum savings of 3% are to be achieved as well as delivering in line with our revised financial plan and forecast outturn.

Our current forecast outturn assumes a minimum of 3% savings will be delivered and therefore it is essential that we increase the pace of savings delivery and do not fall behind in planned trajectories.

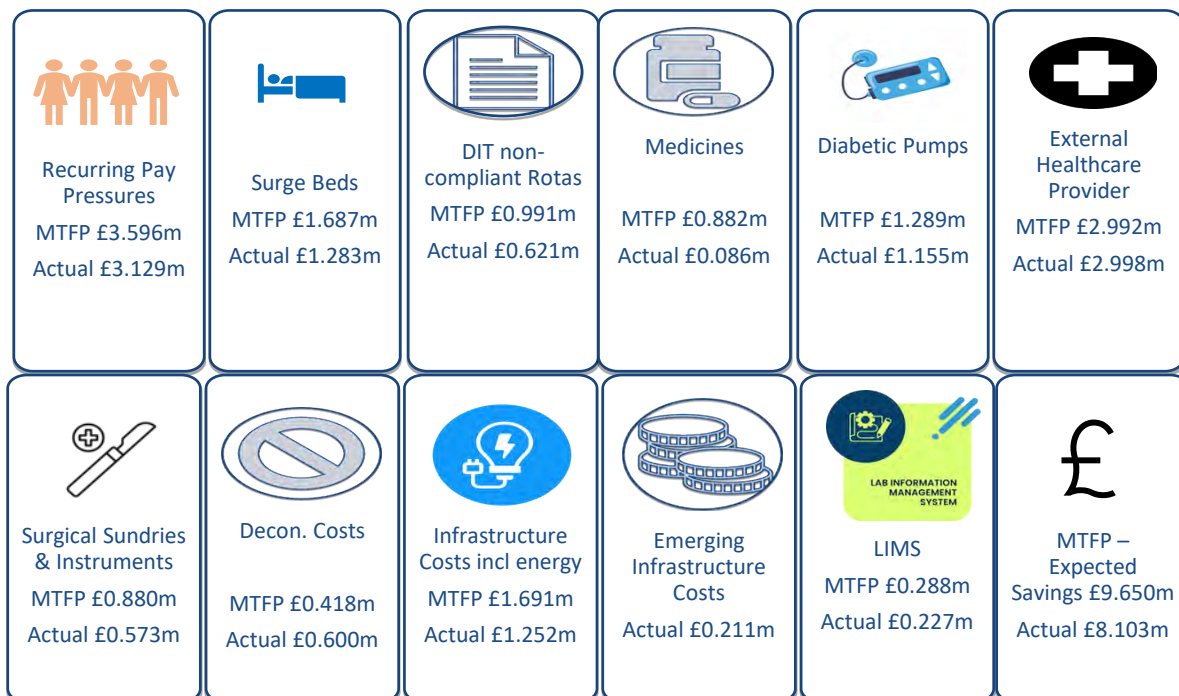
In relation to health board delegated budgets there was a steady trend upwards in the position which although flat-lined in July increased in August mainly due to increased costs in GP prescribing. In September the monthly overspend decreased due to GP prescribing which highlights the monthly fluctuations and volatility. There is a significant level of risk associated with this position which requires to be addressed through both the delivery of planned savings in place and also the emerging recovery plan as referenced earlier in this paper.

- 1.7 In December 2023 NHS Fife was set a brokerage cap for 2024/25 of £5m. This changed following an additional allocation of £6.9m funding for new medicines notified on 12 February when we were advised by Scottish Government (SG) that the cap would be reduced to zero as this allocation exceeded the brokerage cap previously communicated. A further letter issued to Boards on 17 May stated "*Boards at level 2 or 3 of the NHS Scotland Support and Intervention Framework have been given a brokerage cap which cannot be*

exceeded, or an overspend will show in the financial statements. This does not change the statutory responsibility to break even.” Additionally, the letter received from SG on 12 February also stated, “As set out in the Director General letter of 29 November, the Board does not have the authority to commit expenditure beyond the level of this cap and formal approval requires to be sought from Scottish Government before committing expenditure that does not have a budget”.

2 Health Board Retained Services

- 2.1 In order to determine how the financial position is tracking in relation to the key assumptions within the plan where the total revised savings challenge is £51.350m; we can assume a pro-rata share of the remaining £26.35m saving target after delivery of the initial 3%, £25m, would form the basis of the outturn position for the period. That financial plan trajectory indicates an overspend to the end of September of c£11.8m should be expected. However, it is also important to note that the £25m saving and aspects of the financial plan cost pressures are not linear with some forecast for the second part of the financial year.
- 2.2 The overspend to the end of September 2024 is £11.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. The following graphic identifies that these specific cost pressures are driving all of the overall overspend £11.135m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. A significant financial improvement in the year to date is in relation to drugs costs following notification of the additional new medicines funding. At the end of September 2024, Health Board retained budgets are approximately £0.6m less than the anticipated overspend.



- 2.3 In arriving at the reported financial position, assumptions have been made in relation to allocations still to be allocated by Scottish Government. Until all anticipated allocations are confirmed there is a level of risk associated with this assumption.
- 2.4 Negotiations have concluded in relation to the AFC 2024/25 pay awards with the assumption that the agreed pay award will be fully funded. Other allocations have been assumed based on confirmation letters and prior year commitments.
- 2.5 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The NHS Fife share of this funding is £13.7m and costs must be contained within this available funding. An initial high level indicative cost associated with the implementation of the reforms has been calculated but will require continuous updating throughout the financial year as information becomes available. To date not all associated costs incurred since April have been reflected in the financial position due to timing of implementation across services but cost c£0.166m have been recorded in the reported overspend across the Health Board and the HSCP to date.
- 2.6 The Acute Services Division is reporting an overspend at the end of September of £9.225m. This is mainly driven by the cost pressures noted in the graphic at para 2.2. The position reported at the end of September confirms a decrease in the rate of overspend against budget in month mainly due to lower drugs costs. The average monthly overspend for the first quarter of the financial year was £1.868m which decreased to an average monthly overspend of £1.538m in the second quarter.
- 2.7 The £9.225m overspend in Acute Services is across both pay budgets at £4.823m and non-pay budgets at £4.402m. The total pay overspend of £4.823m includes the costs on recurring pay pressures, surge and junior doctor rota compliance which total £4.902m partially offset by the reduction in supplementary staffing, most notably in nursing. The overspend level on unregistered nursing staff was £2.057m with an underspend in registered staff of £0.824m giving a total overspend on nursing of £1.233m. Senior medical staffing was overspent by £0.703m and junior medical staffing was also overspent at £2.489m. This position continues to be under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Reform and Transform aspects of RTP.

Table 2 below identifies the reported Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan.

Table 2	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Acute Services Division				
Surgical Directorate	99,894	50,798	53,420	-2,622
Medical Directorate	113,404	60,034	66,005	-5,971
Women, Children & Clinical Services	75,625	38,286	38,920	-634
Acute Nursing	1,017	504	425	79
Other	1,243	617	694	-77
Total	291,183	150,239	159,464	-9225

- 2.8 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of September, set aside services reported an overspend of £4.740m which accounts for 51.4% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, unfunded medical staffing, junior medical bandings for non-compliant rotas, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife but is reflected in the IJB’s financial plan.
- 2.9 Service Level Agreements and contracts with external healthcare providers are £2.998m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at September is tracking in line with the financial plan with the majority of the financial challenge within the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	111	55	55	0
Borders	51	26	32	-6
Dumfries & Galloway	29	14	32	-18
Forth Valley	3,091	1,545	1,863	-318
Grampian	405	204	155	49
Greater Glasgow & Clyde	1,880	940	937	3
Highland	156	78	114	-36
Lanarkshire	134	67	121	-54
Lothian	32,415	16,207	18,030	-1,823
Scottish Ambulance Service	114	57	59	-2
Tayside	44,133	22,068	24,767	-2,699
	82,519	41,261	46,165	-4,904
UNPACS				
Health Boards	15,542	8,020	6,076	1,944
Private Sector			34	-34
	15,542	8,020	6,110	1,910
OATS	1,280	640	640	0
Grants	65	65	69	-4
Total	99,406	49,986	52,984	-2,998

- 2.10 Corporate Directorates are underspent by £0.052m in total which is an improvement on the position reported in August. The overspend in the Workforce and Digital and Information continue to reflect the pressures identified in previous months. Digital and Information continues to be the area of Corporate Services with the highest financial risk, and discussions are ongoing with D&I Colleagues looking at all aspects of grip & control including vacancy management.

Table 4	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Chief Executive	235	120	125	-5
Communications	516	258	308	-50
Finance Director	7,703	3,882	3,718	164
Medical Director	9,394	4,278	4,010	268
Nurse Director	4,504	2,316	2,288	28
Public Health	3,466	1,868	1,791	77
Workforce Directorate	3,830	1,932	2,035	-103
Pharmacy Services	16,062	7,870	7,648	222
Digital + Information	17,553	9,488	10,207	-719
Other Board Functions	30,159	16,331	16,161	170
Total	93,422	48,343	48,291	52

2.11 In September there has been an improvement in the Estates & Facilities in month position as result of credits, for example received on Energy due to meter readings. There is ongoing work being done by the Energy Manager on all energy costs and water rates which has been reaping one off benefits.

Table 5	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Estates & Facilities	£'000	£'000	£'000	£'000
Energy	10,695	4,556	4,680	-124
PPP	28,637	13,948	13,937	11
Equipment Maintenance	3,023	1,511	1,839	-328
Pays	35,600	17,561	17,641	-80
Other Non Pays	17,944	9,226	8,363	863
Total	95,899	46,802	46,460	342

3 Financial Flexibility

3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas including:

- Allocation to cover the non-pay implications of the AfC 2023-24 pay award £13.7m.
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m.
- Additional recurring waiting times allocation £1.7m.
- Employers Superannuation costs £3.35m.
- New Medicine Funding £8.01m.

At the half year, the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. Work is underway to inform the use and release of this funding as we move in to quarter 3 when we will have greater certainty on the delivery against the RTP

savings workstreams and the overall impact on the financial position. Whilst there has been some positive cost reduction particularly in relation to supplementary staffing, we are yet to see that reducing overall pay costs in line with the financial planning assumptions.

4 Income

4.1 Budgeted income for the period is in line with financial planning assumptions and detailed in the tables below.

HB retained income	£'000
SLA	9,059
ACT	3,837
Healthcare to LA	2,455
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	12,079
RTA	686
Other	6,281
Total HB retained income budget	37,981

5 Health & Social Care Partnership

5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £12.420m. The overspend predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement launched in NHS Fife in early August, for Locums and AHP's within Acute & HSCP will generate a VAT efficiency saving and consequently reduce costs.

There has also been the full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to Mental Health services for which there is a year to date overspend of £1.398m. GP prescribing spend improved in month 6 reporting an overspend of £1.949m against the adjusted directions budget.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	427,171	207,682	220,102	-12,420
TOTAL HEALTH DELEGATED SERVICES	427,171	207,682	220,102	-12,420

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 6 position continues to indicate a level of overspend which is challenging this transfer. Concerns around this issue have been raised by the Director of Finance & Strategy with the Chief Finance Officer and the Director of Finance, Fife Council. This position is under review, close monitoring is underway, and we hope to mutually resolve this as soon as possible.

Moreover, the IJB Chief Finance Officer has shared the projected overspend for the IJB at March 2025 (based on month 4 forecast) as £21m an improvement of £3m on the projected outturn based on month 2. This is a result of a projected £11m overspend on health delegated services and a £10m overspend on social care services (both after assuming the £4.1m budget transfer from health). NHS Fife's share of the full HSCP overspend at this level would be £13.374m. A recovery plan is anticipated to be received from the Chief Finance Officer in October as this level of overspend cannot be absorbed by NHS Fife. Given the extremely high level of risk this has been reflected in the forecast outturn to ensure transparency however every effort must be made to ensure the recovery plan mitigates this risk. Further detailed work and impact assessments will be undertaken and presented to a special IJB Board meeting later in October.

6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our four strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of September is described below.
- 6.2 The planned level of savings reflects the timing of scheme implementation and when they are expected to begin delivering cost reduction. At the end of September, a £9.650m saving was anticipated across the 13 schemes with £8.103m confirmed as delivered, a shortfall on plan of £1.547m. Several schemes are delivering but are behind target at this time and will require further focus to deliver on target. At this point in the financial year both the SLA and Business Transformation schemes continue to present as high-risk areas in terms of non-delivery savings in line with target. Further work and discussion are also required to support the Surge beds scheme. The £25m target is non-negotiable in relation to both NHS Fife Board and SG expectations and work must continue at pace to develop contingency plans to ensure this target is delivered as a minimum. The implementation of Direct Engagement in August, increased grip and control across all schemes along with robust vacancy management processes should enable the levels of savings delivered across the schemes to be increased in future months. In quarter 2 EDG agreed a proposal to stretch and improve delivery on a number of the agreed 3% targets which increased forecast delivery to £23.3m leaving £1.7m to be identified to ensure the full £25m savings target is achieved. Work will continue to push for full delivery as we progress throughout the year.

Scheme	Target Saving	September 2024 Planned YTD	September 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £9,650,182 Linear target (YTD): £12,500,000 (for 3% schemes only) YTD Saving: £8,103,007
1. Medicines Optimisation	£2,000,000	£727,273	£950,482	£3,000,000	
2. Unscheduled Care Bundle	£700,000	£350,000	£393,112	£750,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation	£2,000,000	£482,000	£566,000	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£250,000	£370,000	£1,000,000	
6. Legacy Covid Costs	£1,000,000	£500,000	£284,206	£843,631	
7. Supplementary Staffing	£5,000,000	£2,500,000	£1,430,066	£4,814,577	
8. Procurement	£500,000	£250,000	£178,513	£500,000	
9. Corporate Directorates	£1,500,000	£750,000	£750,000	£1,500,000	
10. Business Transformation	£2,400,000	£800,000	£77,009	£1,402,869	
11. Surge Reduction	£1,850,000	£840,909	£403,620	£950,000	
12. Planned Care	£1,200,000	£600,000	£1,100,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£1,000,000	£1,000,000	£2,200,000	
14. Bal. Sheet & Severance				£1,500,000	
Key					
Significant shortfall on Target of plan	Total YTD – for 3% savings schemes	£9,650,182	£8,103,007	£23,261,076	
Delivering target but not in full					

Supplementary Staffing

6.3 At the end of September 2024 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £3.791m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs remain in an overspend position. The numbers below exclude the supplementary staffing within the Surge reduction programme to prevent double counting of savings.

HBR	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction
April	1,620,399	742,084	878,316
May	1,620,399	874,296	746,104
June	1,620,399	1,108,458	511,941
July	1,620,399	1,097,949	522,451
August	1,620,399	1,065,710	554,690
September	1,620,399	1,043,273	577,126
Total	9,722,397	5,931,770	3,790,627

The £5m target for supplementary staffing reduction was identified after taking account of vacancy factor during 2023/24. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction in supplementary staffing offset by investment in permanent posts is described in the table below. Supplementary staffing has significantly reduced, £3.791m per table below, particularly for the nursing workforce. However, core workforce costs have increased to reflect the investment in permanent posts, £2.361m per table below. The net impact is an improvement to the financial position of £1.430m. This improvement has mostly affected nursing budgets as the investment in core nursing staffing

has been less than the reduction in nursing supplementary staffing. This has not been the case for medical staffing with no underlying saving evident from the reduction in medical supplementary staffing costs. The table below describes the impact on both budget and costs for the first half of the financial year.

September YTD	Supp Staffing Reduction	Core Staffing Increases	Net Movement
Jnr Medical	156,710	(640,662)	(483,952)
Snr Medical	396,116	(472,413)	(76,297)
Reg Nursing	2,104,117	(1,315,720)	788,398
Unreg Nursing	1,133,684	68,234	1,201,917
Total	3,790,627	(2,360,561)	1,430,066

It is anticipated that the benefit calculated for the half year will continue for the remainder of the year supplemented with further savings from the implementation of Direct Engagement. Other RTP programmes which also impact staffing costs, for example, Unscheduled care Bundle, Surge, Doctors in Training rota compliance, have been considered when reporting the financial data in the table above, to avoid double counting.

Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered ahead of target at the end of September. Additionally, the Medicines Optimisation Board has agreed to stretch the savings target to £3m and work is underway to identify additional opportunities. Almost half of the savings delivered to date are due to the receipt of rebates rather than drugs switches. It is imperative the work required to deliver on the potential drug switches identified in the medicines optimisation plan is delivered at pace to ensure full delivery against this work stream.

Unscheduled Care bundle review

- 6.5 Whilst this scheme is slightly ahead of target, included in the service delivery model are several vacant posts contributing to the cost reductions offsetting other spend categories which are incurring more cost than anticipated. If spend on transport costs is minimised there is potential opportunity to deliver further savings of circa £0.050m and consequently the forecast saving was stretched to £0.750m in August.

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June. Work conducted to date informs there is reasonable confidence of delivery of the full £2m target. A significant level of savings was confirmed in July and August including PFI insurance rebates.

Surge Bed Reduction

- 6.7 A lot of work has been taken forward to reduce and hold the level of unfunded surge capacity. Whilst some progress has been made, challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service continues to review the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

Non-Compliant Junior Doctor Rotas

- 6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance has been identified and funding has been sourced within available resources. Compliance cannot be confirmed until rotas are monitored later in the calendar year. On paper rotas remain compliant and consequently savings on junior doctors payments are ahead of plan.

Unfunded Covid Costs

- 6.9 Remaining unfunded legacy costs are primarily staff costs and work continues to identify appropriate timely exit strategies.

Planned Care

- 6.10 The previous identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also been able to support the additional costs of Robotic surgery previously unfunded. It is expected this scheme will deliver an increased amount of £2.2m this year.

External Care Providers

- 6.11 Approximately £2.2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target is in relation to SLAs predominately with other Scottish Health Boards. Letters have been issued to both NHS Lothian and NHS Tayside setting out our planning assumption of nil uplift for 2024/25 and an expectation to secure from these boards a 3% reduction. Replies have been received from both boards which indicate the Boards involved do not currently agree our proposal. Additionally, significant review of activity referred from NHS Fife to these two bordering boards is currently being assessed by clinicians to ensure appropriateness of referral and opportunities to repatriate activity back to NHS Fife where that is safe and financially sustainable to do so. Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage although several options have been identified and discussed at national finance groups in recent weeks.

Procurement

- 6.12 Procurement savings continue to be behind plan. Savings delivered reflect reductions secured across theatres procurement budgets and other non-pay budgets across the acute services directorate. Whilst work is being taken forward to identify additional potential savings these have yet to deliver.

Business Transformation

- 6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical and non-clinical services. The savings to date relate to a reduction in the use of mobile phones, telephone lines and price reductions in digital equipment ahead of plan. The business case to support progressing higher levels of cost reduction throughout 2024/25 and beyond is being finalised.

7 Forecast Outturn

- 7.1 Included in the medium-term plan submitted to Scottish Government were a number of risks which could impact of the board's outturn at the end of the financial year. In line with Scottish

Government's expected actions for quarter 1 we reviewed those risks and identified the potential impact on our forecast outturn.

Agenda for Change Reform

As advised by Scottish Government we did not include any costs in relation to AFC reforms in our financial plan. Based on available information and adoption of national modelling assumptions in relation to Band 5-6 job evaluation we anticipate an additional cost could be as high as £13m in excess of the allocation provided on a non-recurring basis by Scottish Government. This calculation has been built on very high-level assumptions which assume a high uptake in terms of jobs reviewed and a high success rate in terms of re-banding to B6. There is however limited data available to support the calculation currently either locally or nationally. At the end of the first quarter, we identified this as high risk however have not reflected this in the forecast outturn until more information is known. This was discussed with SG and is consistent with other NHS Boards treatment of this risk at this point in time.

SLAs with Other Scottish Health Boards

Our financial plan assumes no uplift will be applied to SLAs with other Scottish Health Boards.

Based on current intelligence of proposals presented to the Corporate Finance Network and national Directors of Finance meetings we have identified the potential increase could be as much as 5% which would be £5m for NHS Fife if this SLA uplift is accepted nationally.

Fife Integration Joint Board risk share

Our financial plan did not make any assumptions in relation to the risk share arrangements. Based on financial data to July 2024 and all known available information we have been advised by the Fife IJB Chief Finance Officer that the current forecast overspend for the IJB is £21m (based on month 4 forecast), an improvement of £3m on the previously notified forecast of £24m based on month 2 forecast. NHS Fife's share of the forecast outturn in line with the IJB integration scheme is £13.374m. This remains an extremely high risk to the Board and, until a formal recovery plan is agreed by the IJB and partners, this requires to be added to the forecast year-end position. This was discussed with SG who advised inclusion was appropriate at this time and a reflection that a number of IJB financial positions across the country are deteriorating from agreed plans. It is critical that the recovery plan initially tabled at IJB Board meeting in September is further developed and impact assessed to allow agreement to actions at the IJB meeting in October.

Delivery of 3% minimum Savings Targets

We continue to assume we will deliver the 3% minimum savings expected by Scottish Government, circa £25m.

The table below identifies a forecast outturn at March 2025 of £36.763m, which is the same forecast outturn as last month. Whilst we have seen an improvement in the September position, we still have to identify savings plans totalling £1.728m and this now poses a risk to the delivery of the full £25m. This forecast includes the potential IJB risk share of £13.374m, however we are aware of an overspend of circa £0.715m on SLAs not being included in the IJB forecast by the CFO and we await further discussion with the CFO to resolve the issue on this matter; along with a likely increase in costs of any nationally agreed SLA uplift. We anticipate receiving a recovery plan from the IJB later in October to mitigate the current unaffordable projected IJB outturn but require to include in the forecast to ensure full transparency as it remains a significant financial risk until the recovery plan is agreed and delivered. In relation to the nationally agreed SLA uplift, discussions have

taken place at the national Corporate Finance Network, and Director of Finance meetings however no agreement has been reached at this point.

Forecast Budget Area	September Forecast £'000
NHS Services (incl Set Aside)	
<u>Clinical Services</u>	
Acute Services	-20,467
IJB Non-Delegated	270
Non-Fife & Other Healthcare Providers	-6,556
<u>Non Clinical Services</u>	
Estates & Facilities	-707
Board Admin & Other Services	-403
<u>Other</u>	
Income	500
Financial Flexibility including full delivery of 3% savings	10,712
Savings still not identified	-1,738
TOTAL HEALTH BOARD RETAINED SERVICES	-18,389
<u>Other Financial Risks</u>	
Fife IJB	-13,374
SLAs - potential nationally agreed uplift	-5000
TOTAL HEALTH BOARD FORECAST OVERSPEND	-36,763

8 Capital

- 8.1 Capital expenditure is limited for the first half of the financial year due to phasing of schemes with costs to date of £1.990m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m. The majority of spend to date relates to the refurbishment works for ward 6 at VHK along with the former short stay surgical unit, HEPMA and the Medical Education works.

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance RTP/Clinical Prioritisation	2,500	766	2,500
Contingency	750	278	750
Capital Equipment	1,074	131	1,074
Digital & Information	1,898	326	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	177	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	311	944
Total confirmed CRL	9,431	1,990	9,431

Brokerage repayment

- 8.2 Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting. The cumulative repayable brokerage for NHS Fife is £23.7m, made up of £9.7m in 2022/23 and £14m in 2023/24.

9 Recommendation

Members are asked to **take assurance on** the content of the report in relation to:

- The reported revenue overspend position of £11.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is c£0.6m better than where the Board anticipated the position to be at the half year.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £12.420m, the very high level of risk in relation to this and the consequent potential for a risk-share situation in-year.
- The year to date spend against the Capital Resource Limit.
- The indicative forecast outturn following an update of the risks identified in the Board's financial plan for 2024-25.

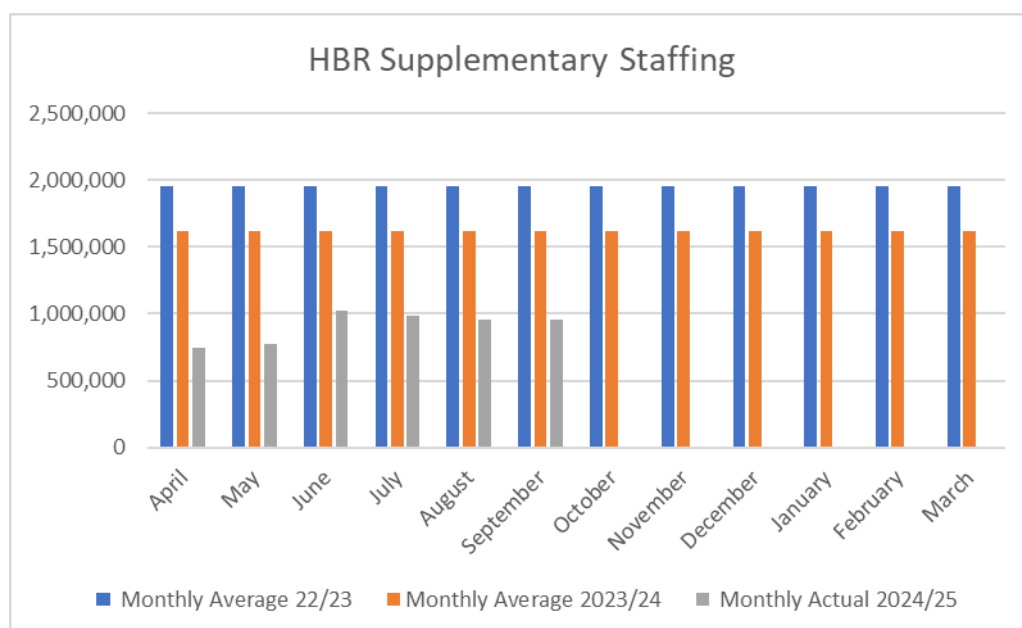
10 List of appendices

Appendix A – Supplementary Staffing
Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Bank and Agency Spend to September 2024

	AGENCY SPEND			BANK SPEND			Grand Total	Full Year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total		
	Locums			Locums				
	£	£	£	£	£	£	£	
Emergency Care & Medicine	1,366,338	295,067	1,661,404	787,874	1,541,027	2,328,901	3,990,306	14,153,478
Planned Care & Surgery	24,393	44,382	68,775	210,210	467,089	677,299	746,074	4,544,101
Women, Children + Clinical Ser	373,019	-594	372,425	570,115	391,183	961,298	1,333,723	2,276,820
Corporate Services	0	0	0	8,648	38,052	46,700	46,700	107,997
Health Board retained	1,763,750	338,854	2,102,604	1,576,848	2,437,351	4,014,199	6,116,803	21,082,396
Community Care Services	327,031	494,698	821,730	152,398	3,076,416	3,228,814	4,050,544	9,656,422
Complex And Critical Services	5,494,464	1,235,610	6,730,074	181,237	2,865,973	3,047,209	9,777,284	18,764,582
Primary Care + Prevention Serv	303,599	0	303,599	711,499	313,064	1,024,563	1,328,162	3,292,161
Professional/business Enabling	0	954	954	0	0	0	954	14,405
H&SCP	6,125,094	1,731,263	7,856,357	1,045,134	6,255,453	7,300,587	15,156,944	31,727,570
Grand Total	7,888,844	2,070,117	9,958,961	2,621,981	8,692,804	11,314,786	21,273,747	52,809,966



Bank and Agency Spend to September 2024

	Agency	Bank	Total
	AHP	AHP	
	£	£	£
Emergency Care & Medicine	0	0	0
Planned Care & Surgery	2,300	1,340	3,640
Women, Children + Clinical Ser	499,231	0	499,231
Corporate Services	0	0	0
Health Board retained	501,531	1,340	502,871
Community Care Services	22,532	0	22,532
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	22,532	0	22,532
Grand Total	524,062	1,340	525,402

Appendix B – Subjective Analysis

Health Board Retained
September 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	44,473	22,473	21,383	1,090	958.48	957.48	928.38
Allied Health Professionals	15,094	7,743	7,124	619	239.87	237.30	236.48
Budget Reserves -pay	-2,248	-1,120	0	-1,120		0.17	
Healthcare Sciences	10,358	5,210	5,146	64	175.14	173.56	173.14
Medical & Dental	78,986	40,392	43,241	-2,849	590.86	594.39	617.64
Medical Dental Support	2,754	1,391	1,525	-134	53.65	59.40	46.41
Nursing & Midwifery	119,442	60,223	61,466	-1,243	2,189.40	2,262.64	2,288.65
Other Therapeutic	15,253	7,460	7,123	337	274.74	252.46	251.45
Personal Social Care	723	382	546	-164	7.94	13.55	13.41
Senior Managers	1,828	910	875	35	25.00	20.90	21.00
Support Services	32,829	16,236	16,508	-272	878.44	827.61	845.26
Total Pay	319,491	161,300	164,937	-3,637	5,393.52	5,399.46	5,421.82
Budget Reserves Non Pay	4,003	678	-46	724			
Financial Flexibility	30,479			0			
Cssd/diagnostic Supplies	5,433	2,723	3,351	-628			
Drugs	32,590	19,626	19,705	-79			
Equipment	7,356	3,642	4,663	-1,021			
Heating Fuel And Power	10,738	4,599	4,723	-124			
Hotel Services	6,159	3,159	3,813	-654			
Other Admin Supplies	9,873	4,943	5,386	-443			
Other Supplies	4,981	3,369	3,351	18			
Other Therapeutic Supplies	2,244	1,111	855	256			
Property	10,597	5,180	4,971	209			
Surgical Sundries	17,753	9,238	11,084	-1,846			
Total Non Pay	142,206	58,268	61,856	-3,588			
Purchase Of Healthcare	132,699	67,165	70,759	-3,594			
Total Purchase of Healthcare	132,699	67,165	70,759	-3,594			
Board Administration	0	0	0	1			
Family Health Services	6,363	3,181	3,106	75			
Total Family Health Services	6,363	3,181	3,106	76			
Other (inc Depreciation)	22,131	11,198	11,198	0			
Savings	-2,497	-741	0	-741			
Total Other	19,634	10,457	11,198	-741			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	620,394	300,371	311,856	-11,484	5,393.52	5,399.46	5,421.82
Income	-37,981	-19,676	-20,026	350			
Total Net Expenditure	582,413	280,695	291,830	-11,135	5,393.52	5,399.46	5,421.82

Appendix B Continued

Delegated
September 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	18,284	9,212	9,476	-264	426.25	449.29	451.22
Allied Health Professionals	29,270	14,796	13,800	996	549.61	482.60	489.08
Budget Reserves -pay	115	58	0	58			
Healthcare Sciences	218	109	137	-28	4.68	5.71	5.50
Medical & Dental	24,961	12,428	15,909	-3,481	150.64	123.42	126.67
Medical Dental Support	2,716	1,358	1,240	118	69.37	57.14	56.89
Nursing & Midwifery	114,879	57,154	57,894	-740	2,108.92	2,160.71	2,151.85
Other Therapeutic	10,422	5,682	5,433	249	134.14	154.77	150.62
Personal Social Care	2,185	1,093	970	123	41.18	35.73	34.76
Senior Managers	161	81	46	35	1.00	0.62	0.00
Support Services	642	317	575	-258	1.81	17.76	13.99
Total Pay	203,854	102,288	105,480	-3,192	3,487.60	3,487.75	3,480.58
Allocations Awaiting Distribution	10,870	0	0	0			
Cssd/diagnostic Supplies	249	124	203	-79			
Drugs	9,238	5,589	6,112	-523			
Equipment	1,557	778	1,336	-558			
Heating Fuel And Power	85	42	53	-11			
Hotel Services	293	180	412	-232			
Other Admin Supplies	5,222	2,544	2,555	-11			
Other Supplies	509	255	223	32			
Other Therapeutic Supplies	372	186	79	107			
Property	85	285	436	-151			
Surgical Sundries	4,164	2,087	2,225	-138			
Total Non Pay	32,644	12,070	13,634	-1,564			
Purchase Of Healthcare	45,111	21,798	23,614	-1,816			
Resource Transfer	21,404	10,648	10,641	7			
Total Purchase of Healthcare	66,515	32,446	34,255	-1,809			
Board Administration	0	0	-1	1			
Gds	28,159	14,080	14,080	0			
Gms	61,113	30,654	29,680	974			
Gos	8,562	4,281	4,281	0			
Gps	101,502	50,411	52,320	-1,909			
Total Family Health Services	199,336	99,426	100,360	-934			
Other (inc Depreciation)	48	24	24	0			
Savings	-9,815	-4,919	0	-4,919			
Total Other	-9,767	-4,895	24	-4,919			
Social Work Healthcare	7	3	4	-1			
Social Work Healthcare	7	3	4	-1			
Total Expenditure	492,588	241,337	253,757	-12,420	3,487.60	3,487.75	3,480.58
Income	-65417	-33655	-33655	0			
Total Net Expenditure	427,171	207,682	220,102	-12,420	3,487.60	3,487.75	3,480.58

Meeting: NHS Fife Board

Meeting date: 26 November 2024

Title: Reform, Transform, Perform Performance Quarter Two 2024/25 Report

Responsible Executive: Ben Hannan, Director of Reform and Transformation

Report Author: Fiona McLaren, Head of Corporate PMO

Executive Summary:

- This paper provides an update covering quarter two performance of the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.
- The assurance level for the RTP portfolio (Reform element) is overall moderate for delivery at this time.
- The Q2 report finance position is £8,103,007 (YTD saving) versus a planned YTD saving of £9,650,182 (shortfall variance of £1,547,175).
- The total savings forecast for 3% schemes is £23,261,076 versus a target of £25M (shortfall variance of £1,738,924).
- Further analysis and detail on impact is presented through the Q2 finance report.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Delivery of the Re-form Transform Perform (RTP) Framework is critical to the sustainability and strategic development of NHS Fife, particularly in meeting the current fiscal challenges.

This paper provides an update covering quarter two performance of the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.

2.2 Background

The Reform Transform Perform (RTP) Framework was discussed and agreed at the NHS Fife Board in March 2024 and this signalled the establishment of a formal portfolio of work through 13 initial schemes, with interdependence through delivery across the Executive Team.

Our planning approach for 2024/25 is described through a suite of interconnected and interdependent documents:

- Reform, Transform, Perform Framework

This provides an outward facing document for staff and stakeholders, which describes our approach to empower change and to deliver a sustainable and viable future.

- Medium Term Financial Plan

This is a key element of the Board's overall responsibility for financial governance and sets out the proposed budget in line with the Scottish Government's expectations of NHS Boards, and within the context of the Board's statutory requirement to make the best use of public funds and to deliver services within the set annual resource limits.

- Annual Delivery Plan

In parallel with the MTFP, this sets out the Board’s specific plans for the coming year in relation to the delivery of key service priorities from a local, regional and national perspective. It is also a key element of the Board’s governance and accountability to Scottish Government.

2.3 Assessment

This report provides the following Level of Assurance:

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

Performance management arrangements which monitor the delivery of the RTP framework are in place through the attached performance report. This provides the committee with an update on progress within the 13 currently identified schemes. The report provides background and leadership on each scheme, deliverables, progress to date and risks to delivery. An assurance rating system is also in place to aid focus of discussion and review.

At this time, five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. Due consideration of this position and an overarching view taken by the established RTP governance structure, have led to the above *Moderate* assurance level being stated for overall delivery at this time. A priority focus will be to review the moderate and limited assurance schemes to identify opportunities to accelerate performance for the remainder of the year.

2.3.1 Quality, Patient and Value-Based Health & Care

Maintaining the quality of care is a consistent principle for delivery and detail of any impact on quality of care from schemes will be reported by exception through committees. Quality, safety, and patient experience aspects of the 13 schemes will continue as part of business-as-usual activities. Any impacts from these schemes will be reported through the Integrated Performance & Quality Report, which will evolve with the ongoing transformational changes.

2.3.2 Workforce

Priority has been placed on a partnership approach to planning with robust engagement with Area Partnership Forum and staff side colleagues in place. Acknowledging the inevitable impact of the Reform, Transform, Perform (RTP) programme on staff, the importance of constructive discussions regarding the effects and corresponding mitigations is continually reiterated. Robust engagement with the Area Partnership Forum and Staff Side colleagues has been fundamental in implementing the programmes of change.

Regarding staff participation, there have been high levels of staff engagement through a newly established mailbox, suggestion forms, and associated groups.

Extensive discussion with committees has further highlighted the need to continue the conversation with staff regarding the transformative impact RTP will have on all employees, and that these impacts will be kept under continuous review. This will be incorporated into the change management model developed for the organisation.

A number of the workstreams in progress are directly related to the size and shape of the workforce in the Board, particularly around non-compliant rotas, legacy COVID costs, and supplementary staffing. The importance of engagement and partnership working in these areas is at the forefront of planning.

2.3.3 Financial

Current forecast for delivery of savings is £23,261,076, which does present a shortfall of £1,738,924 from the target of £25million. Further detail on the analysis of this, effect on overall position and remedial actions and bridging/contingency actions can be found in the Q2 finance report. The Board's finance team have provided full financial context in this report.

Financial reporting is incorporated into the monthly performance reports by finance colleagues upon finalisation of monthly positions, to provide appropriate forecasting of delivery, and associated assurances.

Through established mechanisms, financial contingency for the Board is being sought at present, as presented in the financial performance report. Corporate flexibility is also being given close consideration and planning.

2.3.4 Risk Assessment / Management

The Board will be regularly informed, consulted, and appraised, and support will be sought to balance the key pillars of governance of quality, performance, finance and workforce, in the context of the Board's risk appetite.

A risk register for each workstream and scheme is currently kept, with risk profiles continually reviewed via the Corporate Programme Management Office, these have been incorporated into the Q2 performance report for information.

The attached report summarises the level of assurance currently in place regarding delivery of RTP workstreams.

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

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. However, given the scale of the challenge, it is recognised that proposals must move at pace to ensure effectiveness. Under the advice of the NHS Fife Equality it has been recommended as minimum for decision-makers to undertake ‘high level’ EQIAs for RTP proposals as they progress, with the intention to complete a full and thorough EQIA when most appropriate. Full detail of this proposal was shared with the Public Health and Wellbeing Committee in May 2024.

To date, an EQIA has been completed for our infrastructure work, noting the impact of changes to configuration of services through changes to our infrastructure. Further EQIAs will be completed in line with the position as described above, at the earliest opportunities where appropriate.

2.3.6 Climate Emergency & Sustainability Impact

There is acknowledgement that our responsibilities and priorities to manage the impact of our actions on climate and sustainability Infrastructure has been identified as a key theme within the RTP.

2.3.7 Communication, involvement, engagement and consultation

The overarching communications approach ensures that staff are consulted and kept well informed, thereby upholding our commitment to meeting staff governance standards. A bespoke communications and engagement plan (both internal and external) has been developed for RTP, this will be continually refreshed as a live document in response to the ongoing approach.

Part of this is a regular newsletter shared with all staff – this is primarily aimed at driving ongoing engagement with the ethos of the programme, and the need for all staff to support identification and delivery of savings at all levels. The team have received over 260 ideas from staff and each of these is reviewed and considered – they fit broadly into five themes: improving process; reducing cost; using resources better; enhancing patient care; and being more sustainable.

In addition, it is acknowledged engagement with the public is of key significance. An operational engagement plan was presented to the Board in July 2024.

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.

RTP Executive – 24th October 2024

2.4 Recommendation

This paper is provided to members for assurance – this report provides a moderate Level of Assurance regarding delivery of RTP, cognisant of the timing in year and further work to be developed regarding bridging actions.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – Quarter 2

Report Contact

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RTP Performance Report

Q2: July – September 2024

Ben Hannan

Director of Reform and Transformation

22 October 2024 nhsfife.org

Introduction

The purpose of this pack is to provide an update position on the Q2 (July – September 2024) position of 3% savings schemes identified by NHS Fife. An update is provided on each scheme in terms of current Assurance rating as well as an update on financial position.

Each section summarises the planned deliverables, progress to date and planned activity for the following schemes:

Scheme	Executive Lead(s)
1. Medicines Optimisation	Dr Joy Tomlinson/ Dr Chris McKenna/ Fiona Forrest
2. Unscheduled Care Bundle	Claire Dobson
3. PFI Contract	Neil McCormick
4. Estates Rationalisation	Neil McCormick
5. Non-Compliant Rotas	Dr Chris McKenna
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller
7. Supplementary Staffing	Janette Keenan/David Miller
8. Procurement	Claire Dobson
9. Corporate Directorates	Margo McGurk
10. Business Transformation	Alistair Graham
11. Surge Reduction	Claire Dobson
12. Planned Care	Claire Dobson
13. SLA & External Activity	Margo McGurk

Scheme		Target Saving	September 2024 Planned YTD	September 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £9,650,182 Linear target (YTD): £12,500,000 (for 3% schemes only) YTD Saving: £8,103,007
1. Medicines Optimisation		£2,000,000	£727,273	£950,482	£3,000,000	
2. Unscheduled Care Bundle		£700,000	£350,000	£393,112	£750,000	
3. PFI Contract		£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation		£2,000,000	£482,000	£566,000	£2,000,000	
5. Non-Compliant Rotas		£1,000,000	£250,000	£370,000	£1,000,000	
6. Legacy Covid Costs		£1,000,000	£500,000	£284,206	£843,631	
7. Supplementary Staffing		£5,000,000	£2,500,000	£1,430,066	£4,814,577	
8. Procurement		£500,000	£250,000	£178,513	£500,000	
9. Corporate Directorates		£1,500,000	£750,000	£750,000	£1,500,000	
10. Business Transformation		£2,400,000	£800,000	£77,009	£1,402,869	
11. Surge Reduction		£1,850,000	£840,909	£403,620	£950,000	
12. Planned Care		£1,200,000	£600,000	£1,100,000	£2,200,000	
13. SLA & External Activity		£5,000,000	£1,000,000	£1,000,000	£2,200,000	
14. Bal. Sheet & Severance					£1,500,000	
Key	Total YTD – for 3% savings schemes		£9,650,182	£8,103,007	£23,261,076	
Significant shortfall on Target of plan						
3/33 Delivering target but not in						

Assurance Levels

Assurance Level	Definition
Significant assurance	<p>The Board or Committee can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>
Moderate assurance	<p>The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>
Limited assurance	<p>The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p>
No assurance	<p>The Board or Committee cannot take any assurance from the information that has been provided.</p> <p>There remains a significant amount of residual risk.</p>

The table explains how we report on the status of projects within the RTP programme. This allows leaders to focus on successes and challenges at a glance.

Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	Forecast Saving as of 30/09/24
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	Improvement	£2,000,000	£3,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£750,000
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	Improvement	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Moderate	Improvement	£1,000,000	£1,000,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Moderate	Improvement	£1,000,000	£843,631
7. Supplementary Staffing	Janette Keenan/David Miller	Moderate	Improvement	£5,000,000	£4,814,577
8. Procurement	Claire Dobson	Moderate	Improvement	£500,000	£500,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,402,869
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£950,000
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,200,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,200,000

RTP – Q2 Look back

Whilst there has been significant progress across individual schemes and the RTP programme, there are a number of areas which require to accelerate progress.

Of greatest impact is the challenge in releasing savings from **supplementary staffing**. The spend on agency and bank continues to reduce but is not quite near the planned saving. Work is underway to identify further opportunities in this area.

Addressing **non-compliant rotas** through Gateway medical recruitment is on track. The first round of rota monitoring began in September with outcomes expected by October.

Work is underway to **rationalise our estate**. Haig House, Hayfield House and Cameron House are now closed, with savings now being achieved. Work has commenced to look at additional opportunities around Cameron and Stratheden sites.

Complex negotiation with partners is required to deliver planned savings in **SLA activity** – concerns have been raised by external partners, which places a level of risk on delivery and discussions are ongoing at a national level regarding this.

Directors have raised no concerns in delivery of corporate directorates' savings targets, and financial tracking suggests these will be delivered.

RTP – Q2 Look back

Medicines optimisation work has progressed in line with plans. The volume and range of medicines shortages being seen currently (this is a global issue) causes a level of concern in the medium term and may impact the delivery of the stretch target, although mitigations are in place.

Procurement savings require further drive. A range of projects are in place, engagement is supporting behaviour change, with projects leading to broader impact. Multi agency development work continues to secure further projects to ensure forecasting to achieve 100%

Delivery of **business transformation** is under way. A small amount of savings have been secured through digital opportunities and further opportunities to provide savings in relation to vacancy management will commence from 1 October.

Surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average length of stay.

Unscheduled care, corporate directorates, PFI contract and planned care work are all delivering on track with no issues to escalate

Legacy COVID costs work will require action across a small number of directorates with legacy posts, but there is assurance this will deliver.

RTP – An Organisational Portfolio of Change

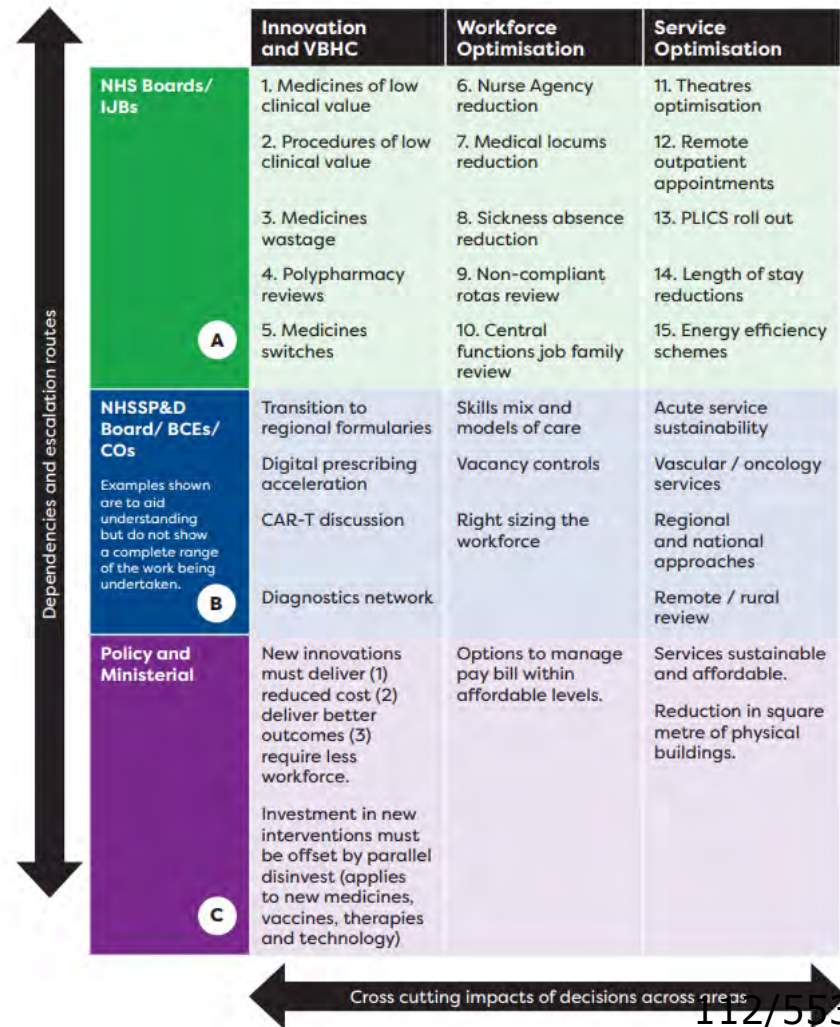
The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

We are expecting feedback from Scottish Government imminently, some of which can be progressed locally, others will require regional and national engagement, and potentially ministerial approval.

All actions within the 15-box grid at 'level A' are being pursued, at pace, where possible.

The return included several further property proposals, remodelling of clinical pathways and re-imagining the Victoria Hospital, challenging decisions on medicines optimisation, and approaches to reduce the scale of the workforce.

Linked to this, is work reviewing independent improvement suggestions provided by KPMG, which will form an additional check on local planning.



2. Unscheduled Care Bundle Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£700,000
	Savings YTD	£393,112
3. PFI Contract Executive Lead – Neil McCormick	Assurance Rating	Significant
	Target Saving	£600,000
	Savings YTD	£600,000
9. Corporate Directorates Executive Lead – Margo McGurk	Assurance Rating	Significant
	Target Saving	£1,500,000
	Savings YTD	£750,000
12. Planned Care Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£2,200,000
	Savings YTD	£1,100,000

Status Update

- These schemes are on track to deliver, and in all but one (Corporate Directorates) are projected to deliver beyond the savings forecast.
- Therefore there are significant assurances on delivery.

Planned Activity:

9/33 Ongoing monitoring monthly and maintenance of delivery.

1. Medicines Optimisation

Executive Leads – Joy
Tomlinson/Dr Chris
McKenna/Fiona Forrest

Assurance Level	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£3,000,000
Savings YTD	£950,482

Status Update:

- The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.

Progress to date:

- Revised Acute Medicines Optimisation Plan in progress.

Planned Activity:

- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.
- Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing.
- Medicines Waste messages being updated.
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines.
- Reporting structure being reviewed and updated to show scheme finance position accurately.

Challenges / Opportunities:

- The availability of resources required to make the required changes in clinical practice is challenging.
- Monitoring and identifying areas of financial pressure and addressing these with the individual specialties.
- Apixiban shortage which has led to price increase and £0.5M risk to financial savings forecast; Acute services- delay in availability of Aflibercept biosimilar which has led to £0.8M risk in financial savings forecast. Mitigations for both of these risks are being actively explored.

4. Estates Rationalisation

Executive Leads – Neil McCormick

Assurance Rating	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£2,000,000
Savings YTD	£566,000

Status Update:

- Assurance maintained at moderate due to confidence in forecast for delivery.

Progress to date:

- Hayfield House, Cameron House and Haig House closed.
- Site consolidation workstream ongoing, looking at Cameron and Stratheden hospitals in particular and opportunities around income generation.
- Property advisor instructed to provide property valuations for several sites.
- Bed modelling workstream ongoing, due for completion January 2025.
- Sustainability targets generally all on track.

Planned Activity:

- Complete Cameron site consolidation (alternate space for Addictions team and Public Dental Service).
- Commence Mental Health review.
- Receive property valuations.
- Bed Modelling board development session end October and outputs from scoping workshops confirmed November.
- Continue to monitor and manage energy use across the estate including looking at ways to monitor energy at a granular level, by installing more energy meters.
- Quantify likely energy savings based on interventions made in FY23/24 and planned interventions for FY24/25.

Opportunities/Threats

- £200k of savings still to be identified. £2m to be achieved over FY24/25.
- Site opportunities may be constrained by ongoing clinical requirements.
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Joint working with Public Health to identify local transport challenges with potential opportunities to modernise existing groups.
- Energy inflation may affect savings made elsewhere.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Oct -Dec 24

- Review Staff feedback/lessons from office consolidation project
- Complete Cameron site consolidation
- Receive site valuations
- Explore potential lease/sale opportunities for key sites
- Complete bed modelling work
- Board development session for bed modelling
- Initiate Mental Health project
- Develop Metering strategy

Jan-Mar 25

- Complete report on bed modelling work
- Mental Health project workstreams ongoing.
- Ongoing site appraisal and disposal review
- Achieve £2m savings target.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that timescales may not be adhered to due to remodelling and/or identification of space resulting in the inability to achieve desired savings targets.	Engagement via Senior Leadership Groups and wider management forums to ensure principles are understood and accepted. So Delivery team engagement can then be focused more on 'how best to...' not the principle 'should we do and when'.	3	4	12 – Moderate Risk

5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£1,000,000
Savings YTD	£370,000

Status Update:

- Assurance remains as moderate due to controls put in place at service level to encourage rota compliance.
- Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.

Progress to date:

- DDiT mess refreshed in September 2024.
- First rounds of rota monitoring completed in some areas, with others following from October 2024.
- Final SOP awaiting sign off after collaboration with CD's on appropriate escalation and controls.

Planned Activity:

- Results of first rounds of rota monitoring to be delivered in Q3.
- Staff Link pages going live October 2024.

Opportunities/Threats:

- None identified until results received and reviewed.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Oct 24

- Staff Link pages going live
- Rota monitoring continues
- Some results may be available

Nov 24

- Remainder of rota monitoring results available

Dec 24

- Qualitative feedback review on Fife resources for DDiT & Gateway EU

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that the redesigned rotas will not pass monitoring and result in sustaining the overspend.	Service Managers and Senior Clinical staff in regular communication with DDiT to ensure awareness for monitoring. Controls in place to support uninterrupted breaks.	3	4	12 – Moderate risk
There is a risk that lack of engagement from DDiT could result in insufficient returns and rotas will return to band 3.	Medical Education and DDiT have been consulted and involved in developing the documentation to support DDiT to ensure capturing all information required. Risk cannot be reassessed until monitoring results received to determine if fit for purpose.	3	4	12 -Moderate risk

6. Legacy Covid Costs

Executive Leads – Claire
Dobson/David Miller/Alistair
Graham

Assurance Rating	Moderate
Target Saving FY	£1,000,000
Forecast Saving FY	£843,631
Savings YTD	£284,206

Status Update:

- Action required in digital and workforce directorate to mainstream legacy costs and realise savings.
- D&I Identified £412k of additional annual spend agreed during COVID.

Progress to date:

- Limited assurance at this time as full savings identified not delivered.
- Workforce exit plan identified but subject to approval by Board in November 2024.
- Viability of an exit plan for D&I Items being assessed.

Planned Activity:

- Workforce exit plan is subject to a wider organisational decision on unfunded posts which is planned for review in November 2024.
- D&I exit plan will be presented to RTP Executive in November 2024

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk due to impact on workforce that delivery may not be feasible at the pace required for the organisation.	Any changes to workforce because of mainstreaming COVID costs will be managed in partnership and supported by staffside colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

7. Supplementary Staffing

Executive Leads –
Janette Keenan/David Miller

Assurance Rating	Moderate
Target Saving FY	£5,000,000
Forecast Saving FY	£4,814,577
Savings YTD	£1,430,066

Status Update:

- Assurance level remains at moderate, due to cost reduction being achieved and performance from direct engagement implementation.

Progress to date:

- Direct engagement introduced on 5th August achieving savings of circa £70K in first two months.
- Supplementary staffing costs reduced significantly on previous years.

Planned Activity:

- Continue programme of deep dives to review supplementary staff use across Acute Services Division and Health & Social Care Partnership.
- Focused work on medical locum spend in Haematology to be completed by January 2025.
- Work continues to increase compliance rates for direct engagement.

Opportunities/Threats:

- No registered agency usage in NHS Scotland by 1st October 2024: escalated at national nurse director's forum and views are that all Boards will have challenges adhering to this.
- Continued high use of locums within HSCP to support mental health services and resulting impact on savings.
- Missed opportunities on savings from standard placement locums instead of through direct engagement is in the region of £166K from implementation to 30 September.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Oct 24

- Continue programme of deep dives in medical and HSCP directorates
- No registered agency usage in medical directorate by 1 October



Nov 24

- Review and update Blink content on Nurse Bank and relaunch for all staff groups
- Existing locums transition to direct engagement model
- Direct engagement lessons learned



Jan 25

- Focused improvement work in haematology



7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of continued use of agency staff within certain known areas due to national skill shortage will result in continued reliance on supplementary staff to support core service functions.	Additional NQPs recruited, although less than anticipated now joining. Focussed work on key areas of difficulty is under way in mental health and haematology.	5	4	20 – High Risk
There is a risk that the continued use of supplementary staff within certain known areas due to national skill shortages will result in a continued high spend in these areas.	Locums will be encouraged to sign up for Direct Engagement to mitigate VAT spend on rates, work of supplementary staff group continues. Risk accepted.	5	3	15 – High Risk

8. Procurement

Executive Lead – Claire Dobson

Assurance Rating	Moderate
Target Saving FY	£500,000
Forecast Saving FY	£500,000
Savings YTD	£178,513

Status Update

- Assurance continues at moderate.
- Early projects are demonstrating impact which is supporting wider engagement.
- Some bulk buying to secure better value was seen in month (Sept).
- Theatres item by item review continues to support cost reduction.

Progress to date:

- Implementation progressing, with 20 projects underway (1 paused in light of SLA discussions) and 12 in varying stages of development.
- Test of change underway with wards 6 and 9 regarding held levels of stock (including pharmacy, counted within med. eff. prog).

Planned Activity:

- Handwipe test of change experience missed- but awaiting costs from NDC to implement.
- Positive engagement on retrieving linen following discharge, details being developed.
- Continue to explore opportunities, track expenditure and engage with teams to identify additional opportunities.

Challenges / Opportunities:

- A number of schemes are supporting a reduction in landfill/clinical waste.
- National shortage of plastic medicine cups heralded may lead to more stock held as paper pots will be required alongside- previous exploration indicated no cost saving, however national procurement of paper pots may yield a small reduction.

8. Procurement

Executive Leads – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished	Realistic review of ideas before resources are expended working up schemes.	4	3	12

10. Business Transformation

Executive Lead – Alistair Graham

Assurance Rating

Limited

Target Saving FY

£2,400,000

Forecast Saving FY

£1,402,869

Savings YTD

£77,009

Status Update:

- Savings being delivered through Digital opportunities. However, limited assurance remains due to the time taken to reach a decision on approving the programme (approved in August 24) and establishing a formalised programme response (occurred September 24).

Progress to date:

- Engagement framework drafted for Leadership Group and well received, will be adopted to support Admin. Functions Review work.
- Opportunities indicatively quantified in relation to a 13 week recruitment pause for the Admin. Services Job Family and PA ratio bridging actions, supported at Leadership Group/Board in September. 13 week pause implemented and wider project established to communicate process changes, embed changes, quantify/assess the impact and automate as far as possible the VMF process via JobTrain.
- Mapping of management support ratios to individual managers is underway to help understand variance and lead to defining a consistent standard across NHS Fife/H&SCP.
- Co-ordination with H&SCP around digital dictation, PA ratios and other internal business admin. standards, to unify approach.

Planned Activity:

- Mapping of teams associated with priority areas to target for reviews. An initial area of focus is around health record management/patient services function.
- Agree potential Admin. Services 'centres of expertise' in common with H&SCP and explore opportunities to establish projects to commence required analysis and develop proposed new models.
- Develop a proposal to help understand the plan for and manage fixed-term posts in the Admin. Services Job Family as an additional bridging action.

Challenges / Opportunities:

- Programme has not progressed as anticipated due to the complexity of planning required to date and time needed to agree approval on principles.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.
- Require specific teams to focus on, regards developing a programme of reviews and associated project stage plans.

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Oct 24

- Identify the teams in scope for initial admin functions review (related to health record/patient services)
- Engagement products developed aligned to approved framework
- Engagement plan developed for digital opportunity/awareness and education sessions
- 13 week recruitment pause, process communicated and embedded
- Mapping of management support ratios to individual managers complete

Nov- Dec 24

- Agree potential Admin. Services 'centres of expertise' in common with H&SCP.
- Define and initiate agreed Admin. Function review projects.
- Progress implementation of the VMF process Jobtrain automation work.
- Progress implementation of general engagement and education around digital opportunities

10. Business Transformation

Executive Lead – Alistair Graham

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Directorates/Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	Direct impact digital opportunities feeding into Finance. Work in progress on establishing several dashboards to show impact across WTE change in the system.	3	4	12 – Moderate Risk
There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	As directly above.	3	4	12 – Moderate Risk
There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	As above.	3	4	12 – Moderate Risk
There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	Staff engagement, operational staff collaboration and a stage boundary approach to project plans will be undertaken. Work also to be undertaken aligned with Unison Charter for change principles.	2	4	8 – Moderate Risk

11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£950,000
Savings YTD	£403,620

Status Update:

Surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average LOS. However average occupancy has been consistently above 95%. Engagement underway to explore surge medical staffing model options.

Progress to date:

- Ward 6 & 9 - creation of supported discharge units with new dedicated Gateway Dr's staffing model from August.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Scaling up of effective MDT discharge process (Enhanced ICT, Red Cross, & ARP).
- Clinical leads/ SLT discussion on surge model – clinical teams unable to manage surge patients daily until they are at full establishment - x5 teams currently at least 1 Consultant short.
- Enhanced ICT pilot commenced 17/9 – review completed on 17/9 showed **50%** of ward 6 pts & **65%** of ward 9 pts were waiting for HSCP resource led exits –it is hoped the enhanced ICT pilot led by HSCP will support an increased number of pt's discharging into this pathway thereby reducing surge numbers.

Planned Activity:

- Scoping of medical workforce model including governance of bed holding & cost/benefits analysis of role in Fife. SBAR to be developed by SLWG.

Challenges & Opportunities:

- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.

11. Surge Reduction

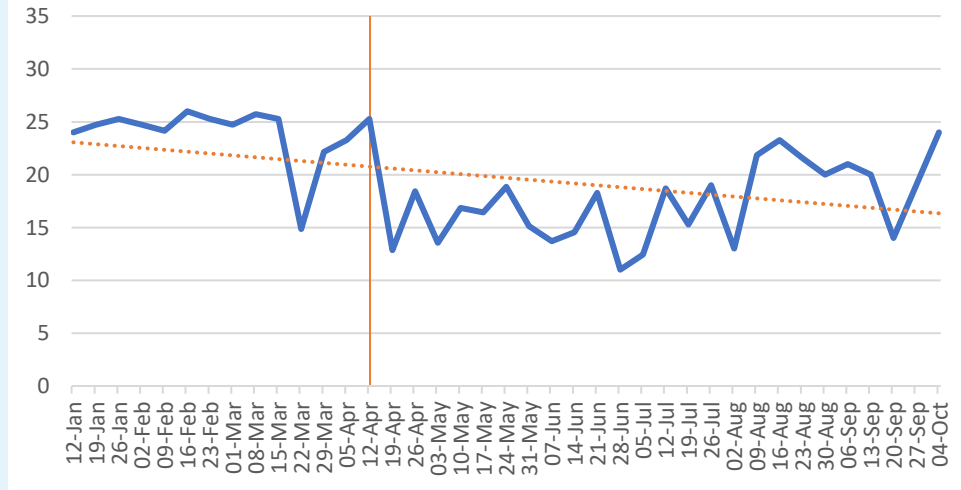
Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	?
Savings YTD	?

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- There has been a sustained reduction of 11 beds across the surge footprint.
- Within Ward 6 the average bed occupancy has reduced from 24 between January and April to 17 between April and October.

Ward 6 Average Weekly Bed Occupancy



11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

?

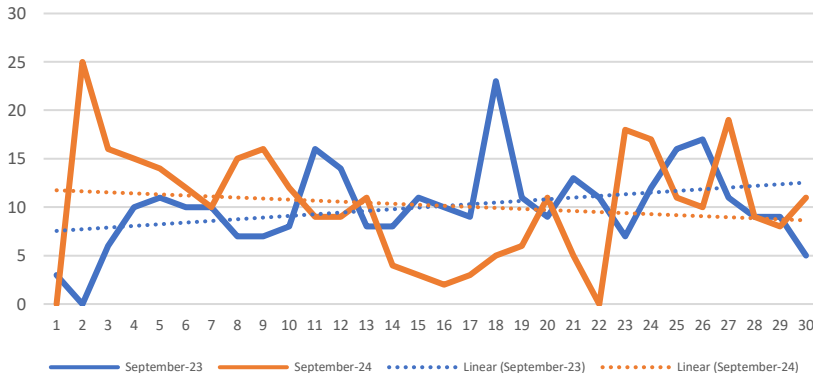
Savings YTD

?

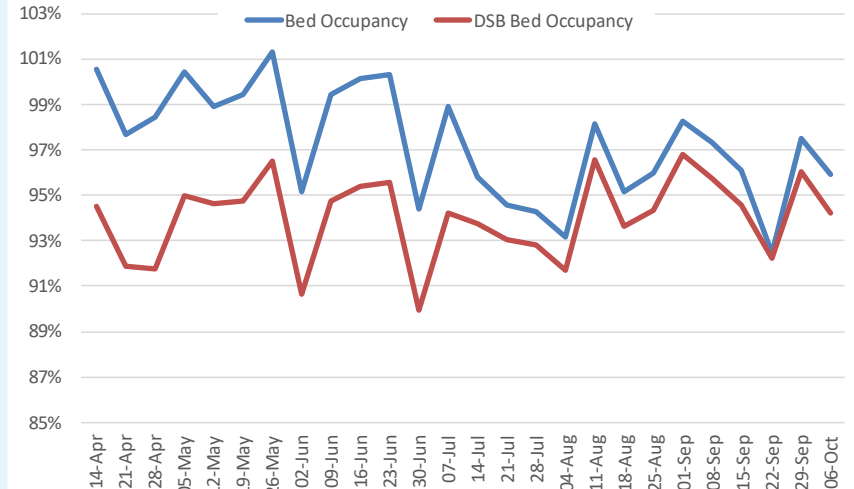
Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 22 patients daily.
- Median Daily Hospital Occupancy is 97.6%.
- Median VHK Back Door Ward Occupancy is 94.4%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 107.5%.

September 23 vs September 24 Surge outwith W6 & W9



VHK Bed Occupancy



11. Surge Reduction

Executive Lead – Claire Dobson

Milestone Plan

Nov 24 – March 25

- Scoping of medical workforce model including governance of bed holding & cost/benefits analysis of role in Fife
- Removal of Locum Surge Consultant post

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that if we do not invest in recruitment of substantive nursing and consultant posts within this financial year then we will not reach the savings outlined within this scheme.	Workforce tools run to understand nursing requirement for discharge unit beds. Ongoing discussions and scoping of AHP Consultant model to understand role and governance within Fife and financial proposals.	3	3	9 – Moderate Risk
There is a risk that occupancy cannot be reduced by 10 beds resulting on boarding patients into PCD which could lead to cancellations.	The risks above have been mitigated by establishment of 4pm Daily Huddles with MDT to raise awareness of demands and link to capacity planning to escalate concerns in timely manner. MDT approach taken to ensure clinical buy in to support timely progress of work.	5	3	15 – High Risk
There is a risk that unscheduled care demand cannot be managed resulting on an increase in need for beds.		5	3	15 – High Risk
There is a risk that there are not enough available community beds and patients to have to remain in VHK.		5	3	15 – High Risk

13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating	Limited
Target Saving	£5,000,000
Forecast Saving	£2,200,000
Savings YTD	£1,000,000

Status Update:

The group continue to meet monthly to discuss opportunities for repatriation and to consider actions and consequences of any changes. Agreement is being sought on how and who might instigate Performance Management meetings between NHS Fife with NHS Lothian and NHS Tayside, with the inaugural date slipping to October. Several SBARs were produced over the period and presented to RTP Executive Board for consideration and agreement on next steps. The potential to generate savings through change of sterile services provider requires further discussion to mitigate the possibility of repercussions to the current provider.

Progress to date:

- NE Fife GP cluster questionnaire completed to establish reason for referrals to NHS Tayside.
- Ongoing exploration of historic SLAs-challenges in unearthing original documentation.
- SLA Finance Log developed to establish current position.
- SLA review actions within ASD, and Sterile Services – Change of Provider, SBARs presented to RTP Executive Board.

Planned Activity:

- Performance Management Group initiated supported by evidence of current state. Agreement to be sought in Leadership of group.
- Next steps to be agreed in the progression of repatriation opportunities.
- Consideration to be given to Sterile Services SLA with NHS Tayside.

Challenges & Opportunities:

- Ongoing discussions with NHS Lothian on implications of the introduction of PLICS.
- Possible opportunities at ScotGov level to discuss SLA future process to make more equitable for Boards such as NHSF.
- Challenges in unearthing original SLA documentation.

13. SLA and External Activity

Executive Lead – Margo McGurk

Milestone Plan

Oct 24

- Ongoing development of Performance Management Group and subsequent arrangements with NHS Lothian and NHS Tayside

Nov -Dec 24

- Embedding Performance Management Group approach
- Ongoing discussions regarding next steps for repatriation

13. SLA and External Activity

Executive Lead – Margo McGurk

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Initial meetings being held amongst boards. Current status with NHS Lothian has dictated a rise in likelihood to Almost Certain. Further meetings are planned to try and establish some compromise.	5	4	20 - High Risk

Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Annual Delivery Plan 2024/25 Q2 update
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains quarter 2 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 205 deliverables within ADP 2024/25. As of the end of Sep-24 (quarter 2 of 2024/25), there is seven that are **'complete'** with majority of deliverables (67.3%/138) being **'on track'**. Additionally, there are 50 deliverables that are **'at risk'**, nine that are **'unlikely to complete on time/meet target'** and one **'suspended /cancelled'**.

Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	9	22	1	1	35
Improve Quality of Health and Care Services	1	24	58	4	-	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	6	12	40	2	-	60
Total	9	50	138	7	1	205

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective

- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2 Report summary

2.1 Situation

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

2.2 Background

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

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

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

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

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

2.3 Assessment

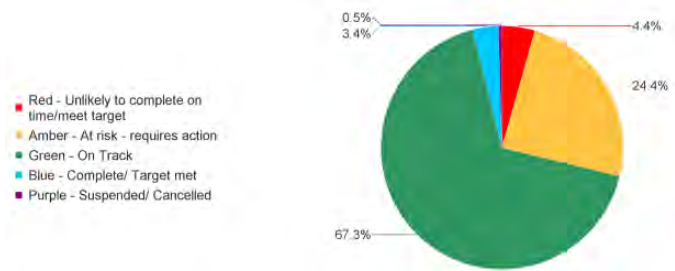
2024/25 Quarter 2 Update

There are now **205** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are 43 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=163
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	27
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=205
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	87
Improve Staff Experience and Wellbeing	21
Deliver Value and Sustainability	60

As of end of Sep-24 (Quarter 2 of 2024/25), there are seven deliverables that are **'complete'** with most **(67.3%/138)** **'on track'**. There are **nine** deliverables that are **'unlikely to complete on time/meet target'**. There is also one deliverable that has been **'suspended/ cancelled'**.



For each Strategic Priority, details for deliverables that is **'unlikely to complete on time/meet target'** are below. Also, listed below are the deliverables **'at risk'** at quarter 2 than were **'on track'** at quarter 1, as well as those that were **'complete'** or **'suspended/ cancelled'** during quarter 2.

Improve Health and Wellbeing	
Unlikely to complete on time/meet target	
Deliverable	Comment
Increase capacity for providing in-hours routine and urgent dental care	The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients.
Children's speech, language and communication development Plan	We work closely with the Scottish Government to have a collaborative approach to Dental body corporates.
Deliverable(s)	
At risk – requires action	<ul style="list-style-type: none"> Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population. Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027. Review existing wellbeing indicator collection data to develop multiagency response in line with GIRFEC framework. Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 2024-25
Complete	<ul style="list-style-type: none"> Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people
Suspended /Cancelled	<ul style="list-style-type: none"> Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development

Improve Quality of Health and Care Services	
Unlikely to complete on time/meet target	
Deliverable	Comment
Development of a new OP specialist Gynaecology Unit	All capital projects are on hold.
Deliverable(s)	
At risk – requires action	<ul style="list-style-type: none"> Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future. Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care. Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously. Digital / Scheduling: create a centre of excellence for scheduling across Community Services Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery. MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this. Rheumatology workforce model redesign. Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant. Targeted actions to improve the quality of our Immunisation Services Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews
Complete	<ul style="list-style-type: none"> Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison. Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.

Improve Staff Experience and Wellbeing	
Deliverable(s)	
At risk – requires action	<ul style="list-style-type: none"> Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.

Deliver Value and Sustainability	
Unlikely to complete on time/meet target	
Deliverable	Comment
Business Transformation	Bridging actions identified. Mid-Year review being completed
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries, and clinical areas. Centralisation of Pharmacy stores	Preparatory work continues; however, funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing
SLA and External Activity	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.
Surge Capacity - Improve flow within the VHK site	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over

	100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.
Roll out of Digital Pathology	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.
Deliverable(s)	
At risk – requires action	<ul style="list-style-type: none"> • Digital & Information Projects • Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets. • To achieve additional capacity to meet 6-week target for access to 3 key Radiology diagnostic tests (MR, CT, and US)

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

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors Group 17 October 2024
- Clinical Governance Committee 1 November 2024
- Staff Governance Committee 5 November 2024
- Public Health & Wellbeing Committee 11 November 2024
- Finance Performance & Resources Committee 12 November 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q2

Report Contact

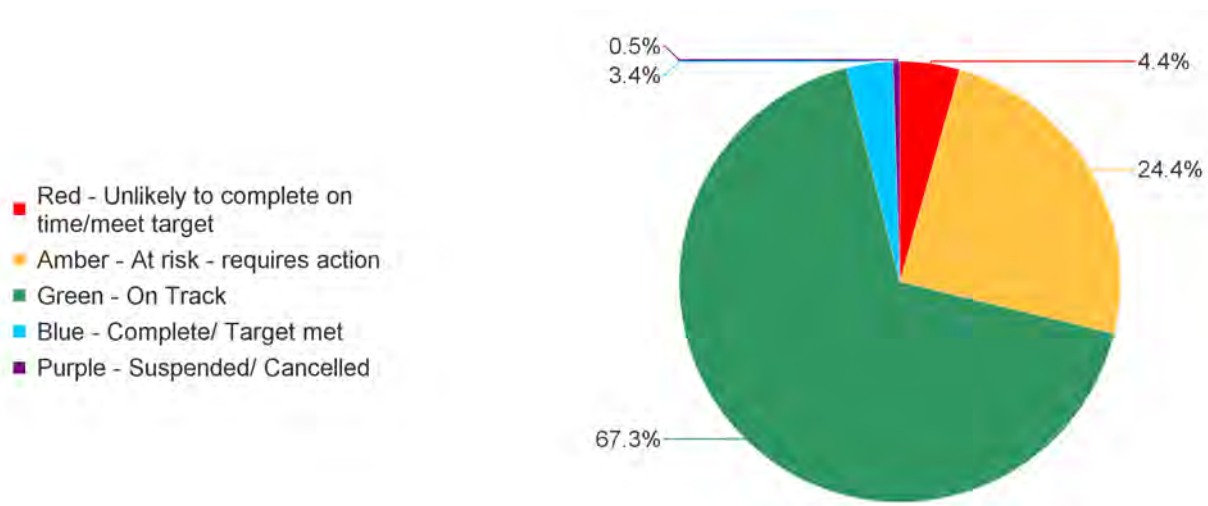
Bryan Archibald

Planning and Performance Manager

Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q2 Progress Summary

Q2 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	8	13	1		23
2. Urgent and Unscheduled Care	2	6	7			15
3. Mental Health		5	11	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		7	18	1	1	27
7. Women & Children Health	2	5	5	1		13
8. Workforce		2	16			18
9. Digital & Innovation	1	8	12			21
10. Climate		2	11			13
Other	2	6	32	2		42
To Improve Health and Wellbeing	2	9	22	1	1	35
To Improve the Quality of Health and Care Services	1	24	58	4		87
To Improve Staff Experience and Wellbeing		5	16			21
To Deliver Value & Sustainability	6	12	40	2		60
ALL			2			2
Total	9	50	138	7	1	205



Annual Delivery Plan 2024/25 - Q2 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation	Digital	Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services')	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity	Finance & Strategy	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	Digital	Ongoing	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing. Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Estates Rationalisation	Property & Asset Management	<p>Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)</p> <p>Cameron phased decants are underway as planned and on track.</p> <p>Site plans for Stratheden and discussions with Fife Council are underway and on track</p>	<p>VHK E&F/L8 bookable desks works</p> <p>Identify further hot desk hubs</p> <p>Cameron alternative clinical area identified for displaced team</p> <p>Fife Council solutions in place (Fife House & Bankhead) including IT</p> <p>Cameron phased decants</p> <p>Site consolidation/disposal plans further developed</p>	To Deliver Value & Sustainability	Green - On Track	Green - On Track
Infrastructure - Workforce	Digital	Completed work for Cameron	<p>Decommission Cameron</p> <p>Establish other hotdesking locations</p>	To Deliver Value & Sustainability	Green - On Track	Green - On Track
Non-compliant Rotas	Medical Directorate	<p>Assurance remains as moderate due to controls put in place at service level to encourage rota compliance.</p> <p>Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.</p>	<p>Approve SOPs/escalation process</p> <p>Approve and distribute new induction packs and implementation</p> <p>Approval of Wellbeing comms</p> <p>Potential Doctors mess redesign</p> <p>Rotas go live, monitoring to commence</p> <p>Communications strategy for new DDiT & Gateway EU live</p> <p>Rota monitoring begins</p>	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track
Procurement Savings within Acute Services	Acute Services	<p>21 schemes in progress, In year on track for 79%/ FYE will be 88% of target:</p> <ul style="list-style-type: none"> -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up <p>11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.</p>	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track

Annual Delivery Plan 2024/25 - Q2 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	<p>The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients.</p> <p>We work closely with the Scottish Government to have a collaborative approach to Dental body corporates.</p> <p>Ensure SDAI grants are available to GDP's in the areas of greatest need.</p>		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Children's speech, language and communication development Plan		<p>Work with Health Promotion has not been a focused priority due to other pressures in both services.</p> <p>Although relevant strategic strands have been identified, SLT colleagues have not yet been informed of the forums that exist and how to start to engage with others to develop a plan.</p>		7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		National discussions ongoing to scope Public Health response	No further progress from Q1		Amber - At risk - requires action	Amber - At risk - requires action
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		<p>A delivery plan for Fife has been developed, due to be reviewed and agreed by End of October.</p> <p>Task Group for HCV elimination in Fife has not yet been reestablished due to operational/workforce pressures. SG expectation is for elimination by March 2025.</p> <p>Finance & resource dependencies being considered as available budget insufficient to meet in year target.</p>		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Due to a change in Children's Service Manager in the H&SCP and also the lead for the ADHD review, there has been no further progress or update provided. It is hoped this will recommence as soon as possible.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	Await delivery via National Teams		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Initial application decision expected 03.10.2024 with final decision 03.11.2024.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Application submitted for the Institute of Health Equity and Public Health Scotland Collaboration Programme using the Marmott Principles.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The aim is to take the strategy to IJB within 3rd quarter and will align with the national strategy. The working group has been established and work is ongoing.	Work on the draft strategy will continue, this will include a review of the draft strategic priorities to ensure alignment with identified issues and challenges.	3. Mental Health	Green - On Track	Amber - At risk - requires action
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The refreshed National CP Guidance has meant that all processes within multi agencies have had to be reviewed and streamlined. This is transformational change and has required extensive work to put in place. we envisage all pathways to be completed and full guidance implementation by Dec 24.		7. Women & Children Health	Green - On Track	Amber - At risk - requires action
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis		Clinic provision running at 45 clinics per week. Q1 data 85% of LDP Standard. We have progressed this work on target with provision of stands as planned.	Weekly Outreach work in identified localities of deprivation and need. Work continues to develop a robust referral pathway to the service from across the FHSCP, acute & primary services. Referrals from maternity services for pregnant smokers has remained steady, there are currently 42 active caseloads for pregnant smokers, weekly clinics in the VHK maternity unit.	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group.	Identify funding source to continue NHS actions including income maximisation for pregnant women and parents of under 5s beyond Sept 2024; explore expansion to community child health services, bid submitted. Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty	7. Women & Children Health	Amber - At risk - requires action	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	Work continues on the development of Clinical Pathways and achieving the National CAMHS spec.		3. Mental Health	Green - On Track	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	Ongoing recruitment continues to ensure the service is fully staffed. The Early Intervention Service continues to ensure children and young people receive the right intervention at the right time and by the right people. The focus groups continue to be developed and will be rolled out in due course. The service has recently reviewed its RTT trajectory and introduced improvements to ensure it meets and sustains RTT by February 2025.	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access Ongoing recruitment to ensure workforce is at full capacity Fife CAMHS Early Intervention Service will develop a Parent and Carer Focus Group to identify areas of improvement to better meet the needs of families in Fife prior to referrals being made.	3. Mental Health	Green - On Track	Green - On Track
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Work remains on track to achieve our milestones outlaid in Q4 for 2024/25		6. Health Inequalities	Green - On Track	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	Contributed to End of Yr 2/Programme End Report which was received favourably at governance groups. Attended 2nd meeting of new HRPM Safety Group, contributed to discussions re dissemination of Programme End Report, ongoing EQIA requirements for HRPM work and prioritisation of future areas of work of group, including ways to demonstrate impact	Provide public health perspective on HRPM Safety Group Advise and support evaluation aspects of HRPM work	6. Health Inequalities	Green - On Track	Green - On Track
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		The Public Health Intelligence Team has continued to undertake work across all priorities including work on children and young peoples health and wellbeing, infant feeding and alcohol and drug related hospital admissions.	Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate.	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	The safety programme is progressing as planned, with key groups and engagement in place. The annual report is currently going through governance committees.	<p>Continuing to ensure safety groups have focussed delivery of agreed objectives.</p> <p>Establishment of owners within MDT to broaden buy-in and drive.</p> <p>Continued development of engagement report</p> <p>Board development session on meds safety to be delivered</p> <p>Annual report progressing through governance committees for review</p>	6. Health Inequalities	Green - On Track	Green - On Track
Develop and Enhance Children's Services		<p>Phase 2 IRD health operating model pilot PDSA completed, final phase commenced.</p> <p>Project team established to progress phased approach to health raised IRDs. Multi agency GIRFEC Guidance Training through PDS (Funded through WFWF).</p> <p>Child Wellbeing Pathway Implementation Group established to lead on the CWP refresh which aligns to the GIRFC refresh. UNCRC Incorporation Act becomes law in July 2024.</p> <p>Merging of health care and care experience community group with the Promise SLWG to progress the Promise work in NHS/HSCP Fife. Promise Plan 24-30 published by SG and being discussed at HC & The Promise merged group.</p>	Continue Roll out of multiagency training (GIRFEC)	7. Women & Children Health	Green - On Track	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referral programmes.		COHORT upgrade in progress.	Consideration and development of options for OH system procurement in line with current system contract expiry.	8. Workforce	Green - On Track	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife		The Cervical Exclusion Audit - review of all 10,409 records is complete and all participants have received letters about the audit outcome. Follow up clinics at Primary Care and Gynaecology are still ongoing. Ongoing work to recruit staff to deliver the Inequalities Action Plan and the Bridging the Gap Project.	Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit.	6. Health Inequalities	Green - On Track	Green - On Track
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.		<p>Review of vaccine preventable disease and uptake data as per annual workplan at Area Immunisation Steering Group (AISG) meeting on 03/06/24. AISG Annual Assurance statement submitted to Public Health Assurance Committee at meeting 12/06/24.</p> <p>Annual Immunisation Report submitted and presented at Public Health & Wellbeing Committee on 01/07/24 along side refreshed Immunisation Strategic Framework 2024 - 2027.</p>	<p>Submission of Annual Immunisation Report.</p> <p>Refreshed 2024-2027 Immunisation Strategic Framework.</p> <p>Submission of AISG annual assurance report to Public Health Assurance Committee.</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	EDG paper prepared on future OH Service delivery.	<p>Review and retention of bank and admin fixed term contracts</p> <p>Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife</p> <p>Examine the effects of diversification of service provision and implications on OH Team resources</p> <p>Consultation on model of OH Service delivery ongoing</p>	8. Workforce	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Home First Strategy Delivery Plan 2024-2025 has received Committee(s) approval; delivery plan also includes progress against 2023 deliverables. First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	A new NHS Fife/HSCP community transport leaflet has been produced. A refresh of the NHS Fife/HSCP travel expenses leaflet has been completed. Both leaflets are being promoted and distributed through a range of networks and are on NHS Fife and HSCP webpages. Progressing work on gathering data on travel claims.	Transport information and resources available and a system in place to measure uptake .	1. Primary and Community Care	Green - On Track	Green - On Track
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	<p>During Q2 Locality Planning Groups and short life work groups continue to manage and execute the 7 locality delivery plans. Below highlights projects that started/finished in Q2.</p> <ul style="list-style-type: none"> •Ongoing monitoring and evaluation of the KY Clubs – supporting people affected by alcohol and drug harm (Kirkcaldy and Cowdenbeath) •Home First – weekly verification to review patients with 2+ admissions or 3+ attendance to A&E in the previous 12 weeks (Levenmouth). The data collection for the ToC end 24th Sept. •Mental Health Response Car – test of change commenced in the Levenmouth Locality on 7th June for 6 months. •Local Development Officers continue to monitor the projects awarded funding from the Unpaid Carers Community Chest fund (Fife wide). •Falls Prevention initiative in partnership with Mobile Emergency Care Service and Community Safety completed test of change (Dunfermline) – recommendation to extend the pathway Fife wide. 	<p>Establish short life working groups to manage and execute the 7 locality delivery plans. Monitor and evaluate the round 1 of the community chest applications (fund for unpaid carers). Co-ordinate and facilitate the 7 locality meetings in September - review and update delivery plans.</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	On Track Group has been established and approved by the ADP Committee. TOR in place, chair appointed, process tested and approved in line with PHS guidance	Establish stand up ADP subgroup with TOR and reporting governance to ADP Committee Monitor process for efficiencies Manage action planning and implementation group	6. Health Inequalities	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health continues to provide support to the ADP on alcohol and drugs issues including in the implementation of the ADP Annual Delivery Plan, mapping the provision of alcohol services in Fife and the redesign of pathways into, through and out of residential rehabilitation. The purpose of the multi-agency exercise was to ensure system resilience in the event of an emergency involving unknown potent substances in the community.	Provide public health advice on alcohol and drugs to support Fife ADP and other colleagues. Contribute to the implementation of the National Drug Mission Priorities, MAT treatment standards and the ADP 2024-2027 strategy and delivery plan as required. Continue to advocate for prevention and early intervention. A multi-agency suspected drug related mass casualties incident exercise was held in late August 2024.	6. Health Inequalities	Green - On Track	Green - On Track
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Working groups of Food4Fife partnership have developed action plans and are implementing them. Partnership awarded Silver Sustainable Food Places Award for the Food4Fife Strategy. Community Planning partners met with Public Health Scotland and agreed systems approach to physical activity to be adopted in Fife.	Priority actions from the food strategy delivery plan to be agreed. Partnership approach to physical activity being developed with public health Scotland	6. Health Inequalities	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		BCMS dashboard is monitored by resilience team. A resilience co-ordinator job recruitment is confirmed as now approved, this will support the resilience BCMS & reporting needs.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group. Monitoring of income maximisation pathway - MW, HV, FNP, CARF		7. Women & Children Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work with partners to increase efforts to reduce the impact of climate change on our population.		<p>Invitations have been issued for interest in Sustainability Ambassador forum. Until interest is expressed and reviewed, this element will not progress. Early actions have been taken this quarter.</p> <p>Continuing to support our planning colleagues to review and submit health elements of the LDP evidence report. The evidence report is required to progress with "The place matters call".</p>	<p>Green Health Partnership funding application has been submitted with an expected outcome November 2024.</p> <p>Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan.</p> <p>Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.</p>	10. Climate	Green - On Track	Green - On Track
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	<p>Achievement of Disability Confident level 3 status</p> <p>Work ongoing to progress with employability programmes - making focus on developing the young workforce and exploring links to scope engagement making a focus on child poverty and the priority groups and areas of multiple deprivation</p> <p>Employability engagement sessions planned for September 2024 and Feb/March 2025 targeting high school pupils</p> <p>Continue working in collaboration with Fife College to progress EMERGE initiative.</p> <p>Explore routes and links to promote Community Benefits Portal</p> <p>NHS has partnered with MCR Pathways to support care experienced and vulnerable young people to realise full potential through education</p> <p>Roll out Life Chances initiative with Fife Council, develop Armed Forces Talent Programme</p>	<p>Continue to scope out opportunities whilst working through NHS Anchor strategic objectives to build upon our AI workplan.</p> <p>Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas.</p> <p>Employability engagement sessions and future programmes are being developed.</p> <p>Continue to explore opportunities and promote Community Benefits Portal to attract bids.</p> <p>Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups, this event is likely to be into 2025</p>	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1	The Fife ND service has recently rolled out a new service design. This is not yet fully operational as requiring to respond and adapt to initial issues.	<p>Co-produce and deliver pre and post diagnostic support to children, siblings and families</p> <p>Fully operationalise Triage model aligned to National ND Specification</p> <p>Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD</p> <p>Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neuro-developmental Specification. This will be achieved through the reallocation of and streamlining existing assessment pathways and the implementation of learning from partnership test of change to co-produce delivery of pre and post diagnostic support to children, young people and their families.</p>	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	Due to funding restrictions this deliverable cannot be achieved. However additional one stop shop in Kirkcaldy launched and has evaluated well. This will continue and has been sustained by a grassroots organisation	<p>Set up SLWG to focus on locality based approaches for alcohol and drug use in the Glenrothes area with support from locality and community workers, lived experience and ADP commissioned services</p> <p>Project plan development for KY Glenrothes</p> <p>Assessment of additional Kirkcaldy locality one stop shop to be conducted and hand over to grassroots organisation to continue delivery</p>	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	All capital projects are on hold.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		<p>There are a number of delayed Stage 1's within in the system Concentrated focus on reducing all Stage 1's that are over 10 days.</p> <p>New system to ensure all Stage 1's without consent are closed on day 11.</p> <p>Concentrated focus on ensuring there is a greater uptake from Services to close Stage 1's through local resolution.</p>			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		<p>PET and services have agreed to temporarily pause weekly complaint meetings to focus on more timely updates and escalation of Stage 2 complaints.</p> <p>Commence data collection within PET to review the length of time taken to draft a response letter and to focus on improvement work. This should be completed within 5 working days.</p>			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Continue to deliver the Community Listening Service.		Discussions ongoing within Directorate as to possible solutions to ensure service is maintained	Review impact of withdrawing service in light of financial constraints of continuing coordinator role. Review possible avenues how any possible gap can be filled	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Work on finalising the Mental Health & Wellbeing Strategy has re-started and contributions from PH perspective have been incorporated into draft Strategy and accompanying EQIA. Mental Health SIG still to be re-established and PH representation on this and advisory role into the evaluation framework will recommence once this group starts to meet again and Mental Health & Wellbeing Strategy is approved.	<p>Attended meetings of Mental Health & Wellbeing Strategy Working Group</p> <p>Provided PH perspective on draft Mental Health & Wellbeing Strategy</p> <p>Provided PH perspective on EQIA for strategy</p>	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Awaiting a meeting to discuss and plan a lived experience group.			Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Life Curve App to be further rolled out across Fife. Perusing ReSPECT. Scottish Government removing funding and currently arranging a meeting with SG to look at options. Ongoing discussions with digital colleagues in regards to potential solution (To support SPOA). Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	Advanced plans to test Urgent care hub within a Cluster, plans to be agreed at end of Quarter 4. Initial plans presented and endorsed by GMS implementation Group Sept 2024.	Clearly agree scope and ambitions from this work; identify potential test initiatives	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Test of 'waiting well' approach commenced in AMH Psychology	Begin testing a 'waiting well' approach to improve the experience of people who have to wait for PT. Review supervision and support for other services and agencies to increase access to high-quality interventions. Scope options for 3rd and Independent Sector commissioning to support delivery.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Working Together engagement event re-arranged for October 2024. Ongoing collaborative working for a whole system approach to infection prevention continues through LISDP. Progress of delivering strategy must be considered in line with RTP and available resources.	Continue bi-monthly LISDP Steering Group meetings HA-Executive, ICM and ICD to attend CNOD "Working Together" engagement event	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Transition to new systems are now in the preparatory phase with forms being streamlined and templates being created, however at this stage D&I have not yet been able to give a definitive transition and 'go live' date. Q2 milestones moved forward to Q4 instead.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		We have recruitment challenges in Podiatry, limiting our workforce to deliver on this milestone.		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Ongoing review of roles, especially epilepsy in view of the difficulty recruiting to the B6 post. Job evaluation is required.	Ongoing review of specialist services required. Epilepsy B6 out for recruitment, but may require an amended JD to go through job evaluation for consideration at B7.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
Support the creation of Person Centred Care Planning Principles		Challenges due to clinical pressures			Amber - At risk - requires action	Amber - At risk - requires action
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Progress has slowed in order to align with Acute Services.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Awaiting approval by EDG and NHS Fife Board- not approved at first submission. From August new model redesigned and remains in development. Acute Medical Recruitment unsuccessful for new consultant post. Work progressing to schedule unscheduled care.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services is developing a data dashboard to ensure visibility of all relevant multi-agency data, which will be used to inform KPIs and measure progress.		7. Women & Children Health	Green - On Track	Amber - At risk - requires action
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	Ongoing discussions with digital colleagues in regards to potential solution. Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Specification shared with MDT. Meeting requires to be held with MD which will inform workforce. Competing demands have delayed same. Will recover in Q3	MDT to Scope clinical demand to review / refine service specification to inform workforce. Pathways meeting to be held with MDT	3. Mental Health	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	MAT 3 could not be reviewed and other provision responding high risk events has not been included due to a failure of the referral pathway for NFO caused by an IT upgrade within SAS with a new process trialled by SAS. This has delayed until November.	New SLAs developed Phase 2 for MAT 7 and MAT 9 commenced Developing better mechanisms for capturing numerical and experiential data Experiential Plan developed with Lived Experience Panel to include feedback to ADP subgroups delivering plan Mapping of MAT Standards across other commissioned service and to include Justice Services	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs. Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of overdue review patients, review of referrals process and review of internal processes		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.82	Guide has been circulated across clinical groups and will be considered in detail in the coming months, including delivery of targeted patient reviews	Circulation of guide to key stakeholders within the Board	10. Climate	Green - On Track	Amber - At risk - requires action
Targeted actions to improve the quality of our Immunisation services	1.2	Limited progress on proposals within 2023 Strategic Review of Childhood Immunisation Programme. Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.	QI work programme	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		St Andrews staff changes and appointment of new Dean in 4Q 24/25. Meetings with new Director of Research at St Andrews. Focus of discussions has become about Sponsorship, meeting planned with leadership from St Andrews in Oct/November		6. Health Inequalities	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		All milestones completed; awaiting further information on the implementation timeline of InPhase in NHS Scotland. ICM to join NHS Fife InPhase project team Lead IPCN contributed to the national task and finish group to establish requirements for a once for Scotland eSurveillance system for IPCTs	MEG- completion of initial scoping exercise and quote for IPC Audits across NHS Fife. InPhase - Introductory meeting with NHS Fife D&I and Clinical Governance teams Completion of first Task and Finish Group for once for Scotland eSurveillance system			Amber - At risk - requires action
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		The IPCT have launched the new IPC Link Practitioner Framework across NHS Fife in September 2024, after a successful pilot at QMH. IPCT welcome the opportunity to facilitate a hub and spoke model with 1 day placements for student nurse's. Furthermore, NHS Fife IPCT were invited to deliver bespoke IPC training to over 100 second year student nurse's at University of Dundee School of Nursing Fife campus. NHS Fife IPCT are engaging with the consultation process for new LDP standards with ARHAI Scotland. Changes to the NIPCM and TBPs - postponed by ARHAI Scotland to Spring 2025.	Explore opportunities for implementing IPC Link Practitioner Framework Further develop student nurse placements with the IPCT Engagement with ARHAI Scotland for new LDP standards for CDI, ECB and SAB		Amber - At risk - requires action	Green - On Track
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Work started on the refresh of the Cancer Framework. A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps. A refreshed Framework has been created in draft format. Meetings are in the process of being arranged to review commitments		5. Cancer Care	Green - On Track	Green - On Track
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Continuity of carer streams have commenced in inpatient areas, week commencing 9 Sep. Full Implementation will be rolled out Apr-25 with new annual leave allocation. Pause on antenatal audits as implementation of RSV. Antenatal Education, positive reviews from service users.	Continuity of carer: Implementation plan has an extended date of June 26. Recruitment has taken place and vacant posts appointed to. Full implementation is expected within the timeframe. Antenatal education programme is in place and being reviewed on a regular basis Neonatal redesign - continued engagement with Regional planning team to review modelling and escalate concerns.	7. Women & Children Health	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	This work continues in order that the service can achieve full compliance.	Work with system supplier to embed supplementary questionnaire within TrakCare as part of current clinical workflow to allow recording Work with NHS Fife Information Services to ensure reporting of items from supplementary questionnaire	3. Mental Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	<p>Process maps finalised - management team will arrange sessions with the 3 localities to go through the new processes and will be embedded by end October 2024.</p> <p>New OA CMHT SOP near completion and will be ready to be shared at the policy and procedure group at the end of the year.</p> <p>New Transition of care between adult and older adult services SOP has been ratified at the policy and procedures group 18/09/2024 and will be circulated thereafter.</p> <p>3 localities - East, West and Central are all now co-located - some remedial works have just been completed in Central.</p>	<p>Continue progression of CMHT development now encompassed within scope of the Reform, Transform and Perform Framework.</p> <p>CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery</p> <p>Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/5</p> <p>Integration of SW/Third Sector as part of CMHTs</p>	3. Mental Health	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Ongoing requests for information, provided as requested for the different COVID-19 inquiries	Provide information as requested to aid the COVID-19 inquiries		Green - On Track	Green - On Track
Continued development of digital front door for patients	9.62	Waiting List Validation work completed. Digital Letters testing ongoing	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track
Continue to ensure EIC is represented in all improvement and fundamentals of care delivery groups		Ongoing	Link practitioner event for falls in September, CAIR used to show data		Green - On Track	Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service in hours, and local service out of hours.		1. Primary and Community Care	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		VAM guidance and funding unchanged. Additional recruitment to East Region Health Protection Service completed, which will support early stages of investigation and response. Community testing functions would require to be stood-up again, and being explored as part of HCID pathways.	Have additional workforce in post to support any VAM response. Draw on findings of inquiries.	1. Primary and Community Care	Green - On Track	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory. Orthopaedic waiting times reducing with no Fife patients over 102 weeks. Ophthalmology numbers remain high and focus on theatre efficiency to increase throughput. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list at end Sept 31,783 against proposed figure of 33,532	4. Planned Care	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Team to commence reviews of packages first week in October	Review of packages to comment in next quarter regarding change of equipment provided. Reducing the unit cost on target also - increase in hours provided inhouse reducing the unit cost	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework		Overall on track to deliver; update scheduled for CGC in November 24	Delivery of work plan		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Delivery of Clinical Governance Strategic Framework - Adverse Events		Adverse event lead is working collaboratively with 2 other boards as an expert advisor to devise and deliver 'Safety Learning Reviewer' foundation programme. The programme is the first step in Scotland's Health and Social Care, to provide education on human factors and a training package to assist boards to embed human factors approaches to adverse event reviews consistently.	Development of human factors approach to support Adverse Events management and proactive quality planning.		Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership	Deliverables within each workstream agreed and outline plans in place	8. Workforce	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Awaiting outcome of the work on risk appetite and on track for completion.			Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Framework at final draft stage. Shared governance model agreed, to be launched and implemented.		8. Workforce	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working across a range of specialties continues. Progression made with bariatric services and reciprocal hernia surgery with NHS Lothian.	Aim to complete recruitment for long term vascular vacancy achieved.	4. Planned Care	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Service recommendations presented to CCCS QMAQ and awaiting feedback.	Service recommendations to be presented via C&CCS QMAG initially for consideration. Cost neutral recommendations to be considered.	3. Mental Health	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	Review of draft framework with wider engagement to develop further		Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Continue to focus day surgery within QMH and scheduling of VHK day surgery kept to a minimum. No cancellations of lists within Q2 due to bed pressures		4. Planned Care	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Regular meetings with Academic Liaison Group set up. Collaborative working opportunities can be identified via this group. Connections made with University of St Andrews funding specialists for potential collaborations.	Attend meetings of the HISES Academic Liaison Group of 5 regional Universities plus 3 regional NHS Boards.	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance Theatre efficiency	4.1	Theatre efficiency on average 85%. Continue to monitor activity through Theatre Action Group monthly and minimise elective cancellation on the day. Continue to explore opportunities to increase trauma operating capacity. Actively contacting patients to ensure DNA rates remain low. Backfill of unused sessions being utilised with waiting times monies to increase cost efficiency whilst managing waiting times.	All targets for Green Theatre Project have been met. Target of reducing spend by £100K by end Q2 delivered (actual £130K).	4. Planned Care	Green - On Track	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Waiting Well workshop planned for October 2024 to promote existing work.	SLWG to convene to assess pathways and minimise duplication of work across Acute and Community.	4. Planned Care	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	This work remains ongoing and on track to achieve milestones.	Trial additional MDT roles within UCSF, including Pharmacy and Mental Health roles	1. Primary and Community Care	Green - On Track	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Continue to have low waiting times compared to Scotland average. Surveillance numbers of cancer monitoring at lowest number for some time. Telephone pre-assessment has improved patient experience and reduced unnecessary cancellations	Test and implementation of telephone pre-assessment for endoscopy patients	5. Cancer Care	Green - On Track	Green - On Track
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Increasing utilisation of block room continues	Training of anaesthetists for block usage and development of SOP to support new pathways	4. Planned Care	Green - On Track	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	All areas performing and feedback on heat map to SG shows engagement across all specialties.		4. Planned Care	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Fife Psychology Service continuing work on Trak implementation - IT advising will be implemented 16/12/24		3. Mental Health	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of works established with revised dates for phase 1 (Ward 1 to Ward 3) completed	Revise programme of work to move Ward 1 first to Ward 3 followed by Ravenscraig to ward 1. Dates established for move due to delay in redesign and works completion: March 2025	3. Mental Health	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Terms of reference for Steering Group confirmed and monthly meetings confirmed. Monthly review by Steering Group to confirm governance routes, or identify efficiencies for the group.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	CBC calls continue to increase. FNC data submitted monthly to National team in line with data definitions.	Schedule of patients TOC High priority placed on alternative pathways and support given to ANPs with GP discussion	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		EiC lead shares progress of CAIR users with HON across Acute and HSCP	Numbers reported to SG		Green - On Track	Green - On Track
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		High uptake of SICPs training sessions across Fife Care Homes Care Home IPCT over 70% of care Homes have partaken in annual IPC Assurance walkarounds	Promote SICPs training sessions to all care homes in Fife Promotion of yearly IPC assurance walkabouts to all Homes	8. Workforce	Green - On Track	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Continue to work with Clinical Governance to improve service and try to reduce amount of legal claims	Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track	Green - On Track
Local Enhanced Services Review		There is a risk that by carrying out this review, in light of wider sustainability pressures, practices stop some LES, impacting on HSCP service delivery. Working closely with practices, LMC and GP Sub-Group to conduct a full review, ensuring recommendations and action planning are fully scrutinised prior to implementation.		1. Primary and Community Care	Green - On Track	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.61	Plan agreed by Steering Group	Complete Waiting List Validation work	9. Digital & Innovation	Green - On Track	Green - On Track
Maximising Scheduled Care capacity	4.3	Overall waiting times on track with the submitted trajectories presented to FP&R in July. Backfill and additional theatre lists throughout Q2 and increase on OP activity.		4. Planned Care	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services.	3.3	Coproduction work continuing, focused on identifying potential opportunities within existing funding.		3. Mental Health	Green - On Track	Green - On Track
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins		Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Initial hubs commence middle of October 2024, with initial focus on ear care clinics Continued development of HUBS to support MOU2 .		1. Primary and Community Care	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		NHS Fife Pandemic Framework document draft in progress	COVID -19 Public Enquiry module 1 recommendations to be published		Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	On Track Rapid Action Group established more fully. All actions have commenced and are overseen by a senior leadership meeting on a monthly basis. Links to CPC supported. Continual monitoring of harm has continued. CPC training focused on risk in development and to be delivered next quarter. Changes to hospital liaison pathway agreed including use of third sector QR code and education provision changes to be rolled out	Actions within action plan to commence Regular monthly meetings of rapid action group to continue YP and children alcohol and drug use training plan for workforce to begin Thorough monitoring of data including hospitalisation rates, ED attendance and non fatal overdoses to continue	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertake IV Abs. Additional staff across Fife are now also undertaking training. DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions. Discussions are being held as to how this work can be increased.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Assessment practitioners based within hospital settings to facilitate discharge as soon as fit to leave Delayed discharges have remained at low level in 2 years DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions (FELS) - Increased capacity achieved. Drivers to technician Change management process advancing to completion.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Undertake MHUUC Project Board directed activities to develop evidence base to support development of change and improvement ideas for MH urgent care	Progress delivery of Mental Health Urgent & Unscheduled Care (MHUUC) Project to benchmark and develop options appraisal for service improvement	3. Mental Health	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Ongoing review of the Optimal Lung Cancer Pathway with improvements made and actions identified Review of the Prostate Improvement Group to revise purpose and remit.		5. Cancer Care	Green - On Track	Green - On Track
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope and contribute to areas which would benefit from Public Health research/evaluation input including inequities in palliative care, evaluating impact of green health initiative and considering ways to demonstrate impact of inclusion health framework	Contribute to discussions around evaluating impact of different areas of work being taken forward across Fife to improve the health of the Fife population	6. Health Inequalities	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Budget review submitted with some discussion re: duplication and accurate reporting from Finance Dept at University of St Andrews. Meetings with potential Cohort 4 candidates took place, 6 selected for interview	Budget reviews for Cohort 1 and Cohort 2 to submit to Wellcome Trust/DTP. Cohort 4 interviews and selection.	8. Workforce	Green - On Track	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Emergency planning metrics are currently being assessed for EPRR report metrics with Datix administrators	Meeting with risk and governance Director July 24 to agree risk profiling metrics /reporting procedure for NHS Fife	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
To meet the recommendations of the WHP by end Dec 2024	7.2	<p>Nurse led appointments have reduced menopause waiting times from 54 weeks to 15 weeks with increased nurse and consultant cover.</p> <p>Menopause educational activities in place in secondary care.</p> <p>Discussions ongoing with GPs re: new BMS on line training.</p> <p>Unable to expand EPC scanning with current clinical geography and band of EPC staff. Significant investment required to workforce. Currently good access to bereavement nurse for all pregnancy loss patients at all gestations</p> <p>All TOP patients get offered post TOP contraception. TOPS rates rising nationally.</p>	Endometriosis is now covered within the existing gynaecology OP nurse team as noted in Q1 with a specific focus on signposting to existing services for pain management to prepare for surgical journey if this is the chosen pathway.	7. Women & Children Health	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		HCSA Quarter 1 Report submitted to Fife NHS Board meeting on 25 September 2024. Initial HIS Board Engagement meeting held 9/09/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track	Green - On Track
Undertake regular waiting list validation.	4.7	Use of patient hub to contact patients to assess ongoing need for surgery.	Implementation of weekly validation report to medical secretaries.	4. Planned Care	Green - On Track	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	<p>Work started on the refresh of the Cancer Framework.</p> <p>A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps.</p> <p>A refreshed Framework has been created in draft format.</p> <p>Meetings are in the process of being arranged to review commitments</p>		5. Cancer Care	Green - On Track	Green - On Track
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Shared care remains in place, however unable to fund deliver Open Eyes locally, which has reduced our ability to fully deliver Glaucoma shared care scheme	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	Green - On Track	Green - On Track
Delivery of Research Innovation and Knowledge Strategy		Draft RIK Strategic priorities identified from Development Day Workshop session, reviewed and comments from RIK leadership team incorporated. Survey developed for input/comments from RIK Dept staff.	Draft RIK Strategic Priorities generated and available for review by RIK leadership team	9. Digital & Innovation		Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Launch of national guidance Sept 2024, EIC lead meeting with HON and lead nurses	Testing guidance			Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Ongoing	Ongoing review			Green - On Track
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	MDO protocol meeting held 29/8/24. Next review of MDO protocol due Aug 2025. Procedure for ensuring follow up on release from prison remains in date and appropriate (next review due Aug 2026)	Training sessions on MDO protocol delivered on 27/3/24, 8/4/24, 29/3/24, 2/5/24. Multiagency MDO protocol review meeting has been arranged for 29/8/24.	3. Mental Health	Green - On Track	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.		New objectives written	New objectives written		Green - On Track	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.		EPRR Framework documents are now published. Emergency planning and exercising ongoing. Business Continuity support to services ongoing.		6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	The investment for additional staff to lead on the production and delivery of awareness raising campaigns has been cut from 3 staff to just 1, with the expectation that this will increase back to 3 staff next financial year. The recruitment of a Project Worker to lead on this work was not successful in recruiting a suitable candidate. The role will be readvertised in Q3. As a result the action is behind schedule.	Plan and begin delivery of improvements resulting from Carers Experience Survey.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analysis on an ongoing basis of the existing staffing model to ensure HV pathway is being delivered.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	a review of the eligibility criteria is being led by the Principal Social Work Officer. This work is in the early stages to which we have contributed information about eligibility regarding unpaid carers and other authorities approach to eligibility criteria for unpaid carers' access to additional support.	We will review the local eligibility criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national carers strategy and national care service	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
National - eRoosting	9.1	Rosters to be rebuilt to support RWW and Finance Establishment corrections		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	A planned review of the Social Work Assistants (Carers) has started but not completed yet. The results of the satisfaction survey are being worked on and further work will take place during Q3 to progress the review of the model.		6. Health Inequalities	Green - On Track	Amber - At risk - requires action
PPD Succession Planning		In collaboration with Services, ~180 NQP recruited to B5 vacancies. Cohort 3 Assistant Practitioner now complete. 3 Return to Practice staff now in post (1 x Acute, 2 x Partnership). 5 HCSW recruited to the Open University programme (4 x Adult, 1 x Mental Health). 11 HCSW recruited to hence programme (9 x Adult, 2 x Mental Health, 1 x Learning Disability).	Review current training programme and commence regular meetings with Fife College and partner HEIs.		Amber - At risk - requires action	Green - On Track
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Most recent cohort have been retained into operational roles per plans - this ensures development of the skill mix within Pharmacy	Planning for recruitment and exploring options to create local pipeline via Modern Apprenticeships Retention of current cohort into operational roles		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Continue to deliver and enlarge on Staff Support/VBRP Project.		Ongoing collaborative work with a number of aligned services to support delivery of this project	In order to evaluate the programme, IPQR measures (e.g. Scottish Spiritual Care Patient Reported Outcome Measure) in place for Spiritual Care along with staff feedback will be used to: Establish how, through the provision of dedicated resources, the continued delivery of project has supported the development and delivery of VBRP® within NHS Fife; Evaluate the value of VBRP® to staff well being, Demonstrate how learning from and development of VBRP® was shared across the organisation, Explore how reflective practice is essential if we are to learn from what happened to develop and improve not only our future practice, but our personal and professional wellbeing too, reconnecting with the values that brought us into healthcare; Evaluation of how the implementation of offering a dedicated reflective space supports recovery and supports resilience amongst staff and; Communicate with all staff ensuring those staff groups which have not previously engaged in Phase 1 are targeted. This includes offering VBRP® on a variety of sites and days / times. Identify any barriers which may prevent certain staff teams / groups engage with VBRP® and work with Heads of Departments and service managers to overcome such barriers	8. Workforce	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	EMERGE programme commenced August 2024 in collaboration with Fife College. Life Chances programme launched in September 2024.	Implementation of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Identification of an accreditation framework underway.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	Green - On Track	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.		Rollout of SafeCare within 7 HSCP wards. Review of Acute activity necessitates rebuild of some rosters and re-alignment to finances. Pause in Acute activity until corrections completed.	BAU Team established and in place.	8. Workforce	Green - On Track	Green - On Track
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2	Work continues to be taken forward to both increase staffing across CIS and CTAC as an integrated Service and advances around Locality based teams	Workforce education strategy & training programme.	1. Primary and Community Care	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Exploring linkage between RTP and future shape / size of workforce, exploring some analytics with D&I. Revised SG Workforce Planning guidance with timescales for publication of 2025-2028 Workforce Plan publication anticipated to be issued within near future.	Review and continued development of Service level Workforce Plans.	8. Workforce	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		On track. Board continues to increase DPP numbers as a key enabler of future prescribers	PGFTPs commence on revised rotational programme Further Legacy staff commence IP course. First cohort of PSWs complete MA. Revised rotational programme for B6 and B7 Pharmacists agreed DPPs increased to 11 Increase peer review for staff on programmes.	8. Workforce	Green - On Track	Green - On Track
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		FTY pharmacists started with cohorts also completing in November. Development of internal approaches following review is ongoing. Simulation planning also ongoing. .	Foundation year trainee pharmacists start. Further completion of cohorts at end November. This new cohort will have a revised approach to prescribing education, developing towards graduate prescribers from 2025/26, around a six week block in one clinical area Board considering role of simulation in Fife		Green - On Track	Green - On Track
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1	The work remains ongoing in partnership with our commissioned third sector partners. The additional internal role for participation and engagement has been vacated. This, together with the unsuccessful recruitment noted in reference HBE2425-01, may have an impact on the delivery of this specific action which itself is secondary to the other support offered in schools to support unpaid young carers.		6. Health Inequalities	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Service redesign proposals in order to achieve financial efficiencies have been submitted for approval to SLT. Workforce tools due to be run for inpatient services in October however application of outcomes will need to reflect outcome of proposals	Establish Workforce projections and skill mix required, informed by workforce tools. Develop workforce plan, aligned to national MH workforce delivery plan and local strategy	3. Mental Health	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce review underway in the Acute Division to provide baseline data			Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Student numbers reached to go live with programme as planned. Work continues to secure full GMC approval. Recruitment for clinical educators and support staff started.	Staff recruitment to support ScotCOM programme. Collaborative working with NHS Forth Valley and Borders.		Green - On Track	Green - On Track
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	6.1	the review of the Short Breaks Service Statement has commenced. Additional investment in short breaks has been commissioned although only a third of the available investments has been commissioned due to our partners' risk assessment of deliverability with the resources available and significant sector wide recruitment challenges. We aim to secure further commitments as staff members are recruited. This is a systemic and longer term sector wide issue.	Commence a complete a review and update our short breaks service statement (SBSS).	6. Health Inequalities	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		The volunteer group have met twice (July & Sept) and have begun to build further insights into the core leadership behaviours that matter the most. Plans are emerging to set up focus groups in Nov-Jan, and to extend efforts to reach the broad network of the volunteer group.	The collaborative volunteer group will look to build on the SLG initial exploration of Our Leadership Way by; Exploring ways to gather further perspectives on the leadership behaviours that matter, matter the most; develop and take forward the initial ideas for action to form a programme of work that will underpin the leadership framework.	8. Workforce	Green - On Track	Green - On Track

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation		Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services')	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Preparatory work continues, however funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing	Progress on centralisation of procurement to VHK, including establishment of workplan and agreed dates		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity		Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.		5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.	Redesign TOC SDEC commenced	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Local implementation (phase one) continues with significant numbers of issues still to be resolved. National timeline remains unclear.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Significant focus both in Pharmacy, Digital and wider MDT on delivery of stock control system and meds rec system, from September through to Spring 2025 particularly. Timelines are challenging but plans for delivery are in place.	UAT on meds rec system following change controls Further build and train of pharmacy stock control - primary file control complete Preliminary start of HEPMA build. Project plan finalised.	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Work continues with Finance and Workforce on data availability - items being built	Work commence with availability of corporate data	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4	Work is on going to review the combined monitor (NHS & FC) spend on Mental Health. Once confirmed, this will allow us to gain greater understanding of the totality of spend against frontline services and the ability to deliver by March 2026 (noting the SG target - 10% of the boards income is given to MH services). Q3 and Q4 milestones may need to be reviewed in due course.		3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	MIU re-directions improved to 80%. Breaches have reduced by 50% compared to same time previous year	Review of overnight provision ensuring patients go attend right place New skill-mix staffing model to support minors triage and reduce waits implemented	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	Business Case moves through Primary Care Governance Delays to Docman Upgrade	Have agreed implementation plan	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Await delivery via National Teams		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.		We will continue to develop the programme of works. SG have confirmed the LCITP funding route is closed. Previously stated milestones relating to this funding will not be completed.	Full development of programme of works showing alignment to 2030 emissions targets	10. Climate	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.31	Ongoing	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	<p>Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing.</p> <p>Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	<p>SG Funding to support additional CT MR and US activity has resulted in significant improvement of waiting times with 65% of patients being seen within the 6 week target in Aug-24, up from 45% in Mar-24.</p> <p>Withdrawal of US funding from end of quarter 2 will, without locum activity, reduce department's capacity. Monthly demand exceeds core capacity by 132 patients (2,168 - 2,036). By 31 Mar-25 longest waiting time will likely exceed 15 weeks.</p>	<p>Ongoing monitoring of DCAQ, processes in place to monitor cancellations ,short notice cancellation processes in place to maximise capacity, booking guidance SOP's updated and staff training programme development.</p> <p>Collaborative work with service leads to monitor diagnostic turnaround times and assess options for optimising pathways Review of Radiology out of hours service to maximise efficiency to support hospital flow particularly in light of new models of care in medical and surgical directorates.</p> <p>Radiology OOH service currently adopts an on-call model, this requires financial investment to expand to a shift system with increased workforce to meet the out of hours demand for imaging.</p>	5. Cancer Care	Green - On Track	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		The Corporate Communications Strategy was approved by EDG in August 2024. The Communications team will now work to implement this inline with NHS Fife's Population Health and Wellbeing Strategy and Re-form, Transform and Perform objectives over the coming months and years. Supported by project communications plan and quarterly communications activity reports and evaluation.	Corporate Communications Strategy and Framework at EDG for approval on 1 Aug-24		Amber - At risk - requires action	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		The Public Participation and Community Engagement Strategy and Operational Plan were approved by the Board in July 2024. Now working to implement in support of projects associated with Re-form, Transform and Perform and coordinate activity with the HSCP Engagement Team as appropriate.	<p>Community Engagement and Public Participation Strategy and Operational plan presented to Board on 30 Jul-24</p> <p>Public Engagement Campaign launched in Sep-24 to help educate and inform the people of Fife of the pressures on the health care budget, changes that will need to be made to ensure and break-even position and opportunities around how they can help inform some of the more difficult decisions or changes to services being explored</p>		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop Strategic vision across all of Primary Care	1.2	Progress to BAU status ongoing; current SLA with being explored for best value, with possible move to formal tender by end of financial year. Phase 3 PCIP Comms Plan commenced and progressing. CTAC and CIS continue to grow connections between the services; evaluation and final implementation plans progressing. PCIP update report presented across governing bodies July-Sept.	Progress Community Link Workers workstream to a state of business as usual. Commence phase three of the PCIP Communication Plan (public facing phase). Evaluate the effectiveness of the integration between CTAC and the Community Immunisation Service.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services		21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Standard RTP reporting established with reporting calendar. Portfolio approach agreed and further work will be delivered in Q3 Programmes now established with PIDs approved by NHS Fife Board. Programme Boards now meeting fortnightly.	Monthly performance reporting established Portfolio approach agreed 4 key Programmes established with Boards		Amber - At risk - requires action	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Waste initiatives progressed so far: Exploring funding for new bins and a trial within a ward is going ahead, a blueprint will then be created for all other wards with improved recycling processes. Glass recycling is in place. Updated posters and bin labelling has been applied.		10. Climate	Green - On Track	Green - On Track
Action plan for the National Green Theatres Programme		We are on target with the CfSD bundles. The most recent bundle included rub not scrub which NHS Fife has already adopted.	Continue to make progress with implementation bundles supplied by CfSD	10. Climate	Green - On Track	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment saw 105 applicants join NHS Fife however due to finances this activity is paused for 24/25. Work continue on the ERRS model to introduce further phases of the model.	Continue to review of ERRS model to gain wider service benefits across the model	8. Workforce	Green - On Track	Green - On Track
Complete NHS Fife's Phase 2 M365 Programme		MCAS deployed	Complete implementation of additional security controls	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Decarbonisation of Fleet in line with Targets	10.41	Infrastructure Update NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installs across 7 sites within NHS Fife. We also introduced an EV charging Hub at VHK site (located at the laundry area) This will facilitate charging of our 3.5t Luton vehicles for our 2030 decarbonisation objective.	Set out plans to increase charging infrastructure using 'switched on fleet' grant	10. Climate	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	NISD Audit complete August 2024	Cyber Resilience Audit	9. Digital & Innovation	Green - On Track	Green - On Track
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	On Track - Evaluation complete and outcomes for staff and students are good. Workforce development commenced and school nurses have been trained in ABI and DBI to improve delivery and response to children and young people affected by alcohol and drug use.	Evaluate process and outcomes comparable to previous year and/or to other schools on staff confidence/knowledge and student knowledge Establish workforce development network alliance for school nursing, and third sector services delivering education, support and counselling to children and young people of school age	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		PAMS Strategy has been suspended by SG in favour of the Whole System Infrastructure Plan	Papers taken to FCIG, FP&R and the Board outlining the process for submission of part 1 to SG in January 2025	10. Climate	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	The strategy was positively received and supported at IJB on the 27th of September.	Draft Strategy will be presented to NHS Fife Board and IJB for approval via committees Commence 1st phase of 3 year delivery plan	1. Primary and Community Care	Green - On Track	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife Innovation Project Review Group Terms of Reference confirmed and meetings being set for every second month.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	To encourage local teams consider current and future atlas of variations		Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	Clear governance process, with all scheduling plans overseen via the CIS Programme Board. This sees a review of individual plans and overarching, in terms of workforce, logistics and communication. Midwifery supporting flu and covid vaccinations		1. Primary and Community Care	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	Ongoing	Key Process Review Implemented	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance the capacity and capability across the team		All procurement vacancies successfully filled. There is an ongoing development plan in place to improve knowledge and capability.			Green - On Track	Green - On Track
Estates Rationalisation		<p>Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)</p> <p>Cameron phased decants are underway as planned and on track.</p> <p>Site plans for Stratheden and discussions with Fife Council are underway and on track</p>	<p>VHK E&F/L8 bookable desks works</p> <p>Identify further hot desk hubs</p> <p>Cameron alternative clinical area identified for displaced team</p> <p>Fife Council solutions in place (Fife House & Bankhead) including IT</p> <p>Cameron phased decants</p> <p>Site consolidation/disposal plans further developed</p>		Green - On Track	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		Focus on RTP led workforce growth analysis and refining HCSA reporting to satisfy future SG requirements and High Cost Agency legislative reporting. These align to eRostering, SafeCare and Workforce Planning actions.	<p>Creation of on line Workforce information overview accessible within NHS Fife</p> <p>Review of Workforce Analytics as part of Directorate service change proposals completed</p> <p>Ongoing production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.</p>	8. Workforce	Green - On Track	Green - On Track
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Staffing turnover within the Financial Management Team has been a challenge, and it has been difficult to recruit to posts at all AFC bandings. At the commencement of Q2 we had 26% vacancies however at the end of Q2 we have identified 4 preferred candidates to 4 posts. The remaining 3 vacancies will be addressed as a priority but within vacancy panel conditions.			Green - On Track	Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024		We are undertaking targeted reviews of the use of dry powder inhalers in place of those containing propellants such as CFC, particularly for reliever inhalers, currently prescribed as metered dose inhalers (MDI). We are also exploring the potential reduction in the number of reliever MDI inhalers prescribed which are often disposed of unused/ partially used.		10. Climate	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improve sustainability of Primary Care	1.1	<p>Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) (On track to test in West of Fife)</p> <p>Test Urgent Care Hub close to Acute site to determine potential increased redirection rate (Consider this test post west of Fife test)</p> <p>Develop hub to establish MDT approach, across Primary care and community services (Consider this test post outcome of West of Fife Test)</p> <p>Develop workforce across in/out of hours (Consider SANP role in hours. Out of Hours testing Pharmacist resource in PHs and with quantify effectiveness of the role post October PH)</p> <p>Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF) (As above west of Fife TOC)</p>	<p>Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care)</p> <p>Test Urgent Care Hub close to Acute site to determine potential increased redirection rate</p> <p>Develop hub to establish MDT approach, across Primary care and community services</p> <p>Develop workforce across in/out of hours</p> <p>Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF)</p>	1. Primary and Community Care	Green - On Track	Green - On Track
Increase capability within the team to deliver service improvement and meet growing service demand		Development of the financial services team is ongoing. As of August 2024 the Direct Engagement process has gone live and the financial process has been robustly implemented.			Green - On Track	Green - On Track
Infrastructure - Workforce	9.31	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track
IPQR Review		<p>Monthly reports continue to be produced and distributed to relevant groups. Population Health metrics relating to Screening and Child Health/ Development have now been incorporated.</p> <p>Quarterly review of trajectories complete, will be ongoing. Service updates are now collated on MSTeams, no issues reported.</p> <p>Team are currently exploring use of PowerBI, undertaking a 4-week course run by KIND network.</p>	<p>Embed new process for Service Updates</p> <p>Quarterly review of trajectories/targets</p> <p>Monthly reports produced and distributed accordingly</p> <p>Incorporate agreed metrics relating to Population Health</p> <p>Agree BI tool to use</p>		Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Ongoing		9. Digital & Innovation	Green - On Track	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Mental health data group established as business as usual. Dashboard available and demand and capacity information in development	<p>Dashboard with core dataset available to access</p> <p>Demand and Capacity data available for all specialities</p> <p>All Mental Health Quality Indicators will all be reported on monthly basis</p>	3. Mental Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Outline plans to implement an approved Environmental Management System.		We have finalised our environmental policy and it has been approved by the board. It is not publicly available on our website	Have a full environmental policy approved by the board	10. Climate	Green - On Track	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel		We have launched a year round cycle to work scheme with Halfords which is already had high staff uptake	Put in place a new cycle to work scheme for staff	10. Climate	Green - On Track	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate		We hosted an online event alongside FCCAN which outlined greenspace opportunities to community groups. The event was successful and we have had many follow up discussions with community groups since.	Host a greenspace event to outline opportunities available to community groups	10. Climate	Green - On Track	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Two NHS Fife vacancies successfully filled. Dialogue continues with the consortium re further development. NHS Fife are a proactive member of the consortium board.			Green - On Track	Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance		Work is still ongoing and we are tracking usage. We are projecting the lowest use of nitrous this year since reporting began and we are tracking usage. We are introducing an alternative to Entonox in ED.	Review the use of cylinder use for Nitrous oxide and aim to reduce where possible	10. Climate	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	These will be signed off on 4th October at the HSCP Performance Board	Finalise and agree KPI Metrics	6. Health Inequalities	Green - On Track	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	Collaborative work with the resilience team and forum has been ongoing. A connection with SEPA was recently made to address the flooding at Cameron Hospital		10. Climate	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		ADP Q1 report was produced. Report was approved and tabled at EDG, Committees and Board. Submitted to SG, awaiting feedback. Adaptations were made to template to link to Corporate Objectives and relevant Strategies (where progress is reported through the PHWS progress report). Planning/Review process for System Flow was approved by Operational Group. Event held in August on MSTeams with attendees across the NHS and HSCP, write up is in progress.	Finalise Corporate Objectives for 24/25 and first CO review meeting Agree Planning/Review process for 24/25 Organise Planning/Review Event (Aug-24) ADP24/25 Q1 to be produced Ensure relevant NHS/HSCP Strategy updates are included within ADP24/25 to include in PHWS mid-year report		Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Transfer to trakcare is pending but we began planning with Digital around this .	Transfer successfully to Morse	1. Primary and Community Care	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/ employee self-service		Work continues to identify funding for new posts, systems development and a transformation of the Workforce Directorate as a whole.	Appoint new Team Leaders, develop SOP's and service now.	8. Workforce	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		Agreement to process via D&I Board		9. Digital & Innovation		Green - On Track
Refresh of the Primary Care Improvement Plan	1.1	In line National PCIP version 6; carry out extensive engagement with General Practice to delivery PCIP in line with specific needs of each Practice and cluster.		1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Change model engagement work completed and begun drafting framework.	Complete engagement work and begin drafting framework.		Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Work to develop framework for monitoring the Population Health and Wellbeing Strategy has been completed and write up of the Mid-Year Report has commenced. This will be presented to Board in Q3.	Finalise delivery framework for 2024-25 for the strategy		Green - On Track	Green - On Track

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	Fife Joint Health Protection Plan
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Duncan Fortescue-Webb, Consultant in Public Health Medicine

Executive Summary:

- This is the eighth Fife Joint Health Protection Plan, covering 2024-26.
- It has been prepared jointly by Fife Council Environmental Health and the East Region Health Protection Service (which covers four health boards including NHS Fife).
- It summarises the collaborative approach to health protection in Fife that supports both local authority and health board priorities.
- The Board is asked to endorse this updated plan.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement

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

- Safe

2 Report summary

2.1 Situation

The NHS Fife Board is asked to endorse the Joint Health Protection Plan (JHPP) for 2024-26 (Appendix 1) which has been prepared by Fife Council Environmental Health and the East Region Health Protection Service.

2.2 Background

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a JHPP which provides an overview of health protection

(communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

2.3 Assessment

This is the eighth JHPP for Fife and covers the period 1 April 2024 – 31 March 2026. It builds upon the series of plans issued each two years since 2010 when this became a requirement.

The purposes of the plan are:

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2024 – 2026.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Joint Health Protection plan supports preparedness and the protection of population health.

2.3.2 Workforce

Existing specialist resource is included within the JHPP.

2.3.3 Financial

There are no additional costs within the plan.

2.3.4 Risk Assessment / Management

The JHPP is a legal requirement. The plan optimises co-ordination of stakeholder Health Protection action and minimises the risk of uncoordinated effort.

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

An impact assessment has not been completed because the JHPP is a statutory requirement.

2.3.6 Climate Emergency & Sustainability Impact

The JHPP will not have a significant impact on sustainability or the climate emergency.

2.3.7 Communication, involvement, engagement and consultation

The plan was prepared between the east Region Health Protection Service and Fife Council Environmental Health teams.

2.3.8 Route to the Meeting

This JHPP has been developed collaboratively by Fife Council and the East Region Health.

The paper and appendices were noted at EDG on 17th October 2024 and will be considered at Public Health & Wellbeing Committee on 11th November 2024 and Fife Council Environment, Transportation and Climate Change Scrutiny Committee on 21st January 2025.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a significant Level of Assurance. The Board is asked to endorse the updated JHPP 2024-26.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife and Fife Council Joint Health Protection Plan 2024-26 (v1)

Report Contact

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**NHS FIFE and FIFE COUNCIL
JOINT HEALTH PROTECTION PLAN**

2024-2026

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Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

This plan covers the period 1st April 2024 to 31st March 2026.

The pandemic response has inevitably drawn attention away from other issues. Now is an opportunity to take stock of events and assess how best to respond to re-emerging and novel risks.

The East Region Health Protection Service (ERHPS; covering NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian) came into place in December 2023. This regional approach will provide greater resilience and ability to respond to future pressures. Each health board area continues to have its own JHPP with its respective local authority partners.

For NHS Fife, the JHPP is authored in partnership with Fife Council Protective Services, which includes the Environmental Health remit.

This is a public document and is available to members of the public on the NHS Fife website www.nhsfife.org and on request. We hope that you will find this plan to be of interest and value, and that it will contribute to protecting the health of the people who visit, work, and live in Fife.

Signed

.....
Dr Joy Tomlinson
Director of Public Health
NHS Fife

.....
Mr Nigel Kerr
Head of Protective Services
Fife Council

1. Overview

1.1 Fife Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Fife, Fife Council and Fife Health & Social Care Partnership have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.

The plan relates to the period 1st April 2024 to 31st March 2026.

The plan requires to be formally approved by NHS Fife and Fife Council.

The format of the plan meets the details of Annex D of the Scottish Government Guidance *Joint Health Protection Plans*.

The purposes of the plan are:

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2024 – 2026.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection, and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

1.2 Review of previous Joint Health Protection Plan 2022-2024

In preparing the JHPP 2024-2026, we have reviewed the JHPP 2022-2024. This identified that:

- Priorities have shifted over the last two years to recover effectively from the pandemic and changing incidence of other infectious diseases.
- The working arrangements between local partners have continued to develop to facilitate a concerted response to incident management, while being flexible enough to evolve with changing demands and circumstances.
- Areas which are still relevant and ongoing have been taken forward into the 2024-26 JHPP.

1.3 Health protection planning infrastructure

The prevention, investigation and control of communicable diseases and environmental hazards are central to the JHPP. This requires specialist knowledge and skills. These include risk assessment, risk management and risk communication, along with individual professional skills and qualifications within our staff. These specialist skills and knowledge are applicable to a wide range of incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. Health Protection expertise is also key to many elements of Risk Preparedness and Resilience capability. There are many such national and local plans.

Effective working arrangements are in place to support partnership working and use of specialist skills and knowledge between the East Region Health Protection Service and the Environmental Health Teams within Fife Council.

Lists of the plans which are common to both agencies are in Appendix 2.

1.4 Overview of NHS board and local authority population

Population

In June 2022, an estimated 371,340 persons lived in Fife, 360 more people than in 2021. This equates to an annual growth rate of 0.1% which was less than the national growth rate of 0.5%.¹ The most recent available population projections

¹ NRS (2024) Mid-2022 Population Estimates, Scotland. Available: [Mid-2022 Population Estimates Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/mid-2022-population-estimates-scotland)

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 2018.²

Children aged 0-15 years make up 17% of the population with 61,621 children estimated as living in Fife as of June 2022. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 10% aged 75 and over.¹ By mid-2028 the number of people aged under 65 is estimated to fall but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31% which will see almost a quarter (24.3%) of the population in Fife being aged 65 and over.²

The most recent census has updated all of the population figures as well as providing additional information about the make-up of Fife’s population. The 2022 census showed that the proportion of people in Fife with a minority ethnic background increased from 2.3% in 2011 to 3.9% in 2022 but remains lower than the Scottish average of 12.9%.^{3,4}

Fife Council Area by Ethnic Group by Individuals; Number and Percentages, at census date 2022

Ethnic group	Number	Percentage
White Scottish	302087	81.3%
White: Other White British	36025	9.7%
Other White	10347	2.8%
Asian, Asian Scottish or Asian British: Total	8014	2.2%
White: White Polish	5491	1.5%
Mixed or multiple ethnic groups	3312	0.9%
White: White Irish	2658	0.7%
Other ethnic groups: Total	1899	0.5%
African: Total	1355	0.4%
Caribbean or Black: Total	316	0.1%
White: Gypsy/Traveller	277	0.1%
Total	371781*	

Births

² NRS (2020) Population Projections for Scottish Areas 2018-based. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based>

³ KnowFife (2024). Available: [KF-Briefing-Census-2022-Religion-Ethnic-Group-National-Identity-Language.pdf \(fife.scot\)](#)

⁴ Scotland's Census 2022 - National Records of Scotland, Table UV201 - Ethnic group, All people. Available: [SuperWEB2\(tm\) - Table View \(scotlandscensus.gov.uk\)](#)

* This total is not the same as the 2022 population estimate as it is at the census date, in addition, small numbers in the census tables may be perturbed to avoid potential identification of individuals which can affect overall totals. PMP017: Cell Key Perturbation - EMAPS ([scotlandscensus.gov.uk](#))

2,939 babies were born in Fife in 2023, a 2% reduction in the number of babies born in Fife compared to in 2022.⁵ This continues the trend of falling numbers of births in Fife in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife fell below those of Scotland in 2022 and remain lower at 44.2 per 1000 women aged 15-44 years compared with a national rate of 44.8 in 2023.

More than half (61%) of the babies born in Fife were born to mothers aged 25-34 years, 3% 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 around two thirds whilst births to mothers aged over 40 have doubled.⁶

Deaths

There were 4,582 deaths in Fife in 2023, an increase of 22 (0.5%) compared to 2022 (4560).⁷ Thirty-five percent of these, or 1,595 deaths, were in people aged under 75 years. All-cause mortality rates in Fife were higher in 2022 than the Scottish average for all ages but lower in the under 75s.⁸

Grouped together, cancers were the most common cause of death in Fife (and Scotland) with 1,163 deaths being attributed to malignant neoplasms in 2023, 25% of all deaths. The most common cancer cause of death was lung cancer which accounted for a quarter (25%) of all cancer deaths and 6% of all deaths.

Heart disease was the next most common cause of death (14%) followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (6%). There were 106 deaths recorded in Fife in 2023 where confirmed or suspected Covid-19 was mentioned on the death certificate, a reduction from 214 in 2022.⁹

⁵ NRS List of data tables 2023. Sections 3: Births. Available: [List of Data Tables | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scot.nhs.uk/data-tables/2023/sections-3-births)

⁶ NRS births time series data, table BT7. Available : [Births Time Series Data | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scot.nhs.uk/data-tables/2023/births-time-series-data)

⁷ NRS (2024) Vital Events - Deaths. Available: [Vital Events - Deaths | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scot.nhs.uk/data-tables/2024/vital-events-deaths)

⁸ NRS (2023) Age-standardised death rates using the ESP. Available: [Age-standardised Death Rates Calculated Using the European Standard Population | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scot.nhs.uk/data-tables/2023/age-standardised-death-rates)

⁹ NRS (2024) Vital Events - Deaths. Available: [Vital Events - Deaths | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scot.nhs.uk/data-tables/2024/vital-events-deaths)

1.5 Overview of communicable diseases for 2021-23

<u>Notifiable disease/organism</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
Covid-19	56,252	39,217	1,768
Cryptosporidium	11	15	33
<i>E. coli</i> (non-O157 VTEC)	5	8	12
<i>E. coli</i> O157	6	19	8
Giardia	<5	<5	<5
Legionellosis	0	<5	6
Listeria	<5	0	<5
Lyme disease	27	21	26
Measles	0	<5	0
Meningococcal infection	0	<5	7
Mpox	0	<5	0
Mumps	0	<5	<5
Rubella	0	0	0
Salmonella	21	42	31
Shigella	<5	<5	5
Tuberculosis	7	5	18
Whooping cough (pertussis)	0	7	5

The above table gives an overview of *confirmed* communicable diseases notified to NHS Fife (as well as suspected pertussis cases). In addition to this, the Health Protection Team, Fife Council, and partner agencies were also notified of many possible and probable cases of communicable diseases that required investigation and implementation of control measures.

During the pandemic, notifications of other diseases declined markedly. Many factors are likely to have been involved, including: social and travel restrictions; increased ventilation, face covering and hand hygiene measures; and barriers to accessing healthcare.

1.6 Significant health protection incidents

Covid-19 impact on Health Protection

Health Protection continued to provide a full range of services through the pandemic. Most notably, the workforce expanded temporarily to include Test and Protect teams who provided testing and contact tracing services across Fife in collaboration with Fife Council and other partners. Alongside national bodies, local Health Protection is maintaining capacity to investigate and respond to any emerging variant or mutation of covid.

With most covid testing and contact tracing ending in April 2022, and pandemic-response activity declining, the service is now looking to learn lessons from the pandemic in order to better prepare for the future. In particular, we are developing processes to protect more vulnerable populations such as those in care homes, to minimise barriers for the wider community accessing services and advice, and to effectively respond to other emerging high consequence infectious diseases and pandemics.

Covid-19 impact on Environmental Health

The provision of Environmental Health services continued to operate throughout the pandemic, with some activities paused/reduced and resources redirected to the pandemic efforts including the support of contact tracing until its conclusion in April 2022.

An area of work that was paused due to the pandemic was food law activities, these recommenced in September 2021, taking cognisance of guidance issued by Food Standards Scotland. Since the recommencement of routine food law activities Officers have found that not all premises maintained their standards during the pandemic and several premises have required intensive intervention and/or enforcement action due to the findings on inspection.

Measles

In 2024 NHS Fife have been notified of several cases of measles, this reflects a notable increase in measles across the UK. All measles cases identified this year were discussed and risk assessed by an incident management team. Risk management measures included exclusion of individuals from work/school and health care settings, and offers of immunisation and immunoglobulin. Relevant risk communications went to a number of settings including universities, schools and health professionals.

Raising immunisation rates is still the best intervention we have to prevent individual cases and subsequent outbreaks. Most of the 2024 Fife cases were either travel related or unvaccinated contacts of a travel related case. However, we have seen cases of non-travel related measles in Fife this year and Public Health have liaised with GPs and other health professionals to raise awareness of measles symptoms, promote vaccination, and to encourage early notification. None of the cases developed into an outbreak beyond the case's own family.

Mossmorran flaring

There continues to be significant improvements at the Mossmorran complex since the flaring events in 2019 and 2020. This is clearly demonstrated in the 2023 general report for Mossmorran and Braefoot Bay. Investment in new technology together with improved monitoring and communication networks has reduced the number of overall complaints from over 1600 in 2020 to less than 50 in 2023.

The updated Constitution and Terms of Reference of the Safety Committee and Expert Advisory Groups provide a robust framework for oversight and scrutiny for Mossmorran and Braefoot Bay going forward (includes provision of general annual reports) and a solid foundation for alleviating any concerns local residents may have.

Fife Council has a dedicated web page covering Mossmorran and Braefoot Bay, containing links to reports and relevant websites ([Mossmorran and Braefoot Bay | Fife Council](#))

Avian influenza

On the 4th of July 2023 the Avian Influenza Prevention Zone which covered the whole of Scotland was lifted by Scottish Ministers following the carrying out of a risk assessment.

Whilst there have been no recent outbreaks of Avian Influenza in Fife, and the risk to human health is considered low, there are international concerns and potential for a significant incident to occur which could impact on public health. As such Fife Council, and partner agencies, continue to monitor and be vigilant in relation to Avian Influenza and its potential impacts.

Tuberculosis

Tuberculosis cases have increased sharply over recent years, with cases among those arriving from abroad and among groups who have lived in Fife for a long time. Cases often require extensive support to complete treatment and to understand transmission pathways in order to offer screening to others at risk.

Refugee Resettlement

The health protection team continue to be part of the multidisciplinary response to support refugee and asylum seeker health. This includes health screening, input to support childhood immunisations, support to access health services, and emergency dental care.

Housing Emergency

In line with some other Scottish Local Authorities, Fife Council declared a Housing Emergency in March 2024 which requires the production of a Housing Emergency Action Plan.

A Housing Emergency Action Plan Programme Board has been created and meets on a fortnightly basis to develop the Action Plan and encourage partners to participate. The Board has focused on 3 themes:

1. Maintaining Affordable Housing
2. Making the best use of existing properties

3. Enhancing housing access and prevention of homelessness

There are uncertainties around resources and finances in relation the Action Plan, and work is ongoing to better understand these, to assess options and to plan and prepare for future actions.

From a Public Health perspective, access to safe and affordable housing is essential and poor standards of accommodation can directly impact on a person's health and wellbeing.

1.7 Risks and challenges

NHS Fife and Fife Council in conjunction with other partner agencies regularly review and highlight specific high-risk facilities, events, and scenarios in Fife. Based upon these reviews a local community risk register (CRR) is produced and is used to inform local contingency planning. The local community risk register is available for the public to view on the Scottish Fire and Rescue Service website.

Pandemic preparedness

Whilst there are important differences, the influenza pandemic framework was used as the basis for drafting a Fife strategic framework applied during the Covid-19 pandemic. If further additional specific covid responses are required, or other infections become established with comparable impact, the lessons from the covid response will be valuable to preparedness and response. Work is ongoing to collate and implement lessons, including from the Scottish and UK covid inquiries.

EU Exit and Imported/Exported Food Control

Food imported into Scotland or elsewhere in the UK from outside of the UK is now covered by domestic and/or assimilated EU regulation. Fife Council's Environmental Health is responsible for enforcing the relevant legislation in relation to food stuffs imported from out with the UK (3rd country).

Imported Products of Animal Origin (PAOA) (meat, eggs, milk, fish, honey, etc) and live animals present a high level of risk as they can transmit serious human and animal diseases. They can only enter the UK at a designated Border Control Point (BCP) and are subject to pre-notification, document audit and physical checks. For products entering the UK from the EU and following several delays, this system of import checks is gradually coming into force in 2024. The Border Target Operating Model (BTOM) outlines the 3 key implementation dates through 2024, which leads to a full regime of documentary and physical checks with Export Health Certification by 31 October 2024.

At this time no ports in Fife have applied for BCP status for food POAO or High-Risk Food Not of Animal Origin (HRFNAO). Rosyth is a BCP for animal feed stuffs (not of animal origin; not temperature controlled) and responsibility for this sits with Food Standards Scotland/ Fife Council Trading Standards. There are however now BCPs in Scotland or ports with applications pending for POAO and / or HRFNAO.

Currently Environmental Health continues with responsibilities for imported food as an inland authority in terms of monitoring food sampling and actions related to intelligence and incidents. Environmental Health also continues to closely monitor guidance and the situation regarding the creation and resourcing of BCPs throughout Scotland.

Exported foodstuffs of animal origin destined for the EU and other 3rd Countries require to have an Export Health Certificate. The requirements relating to Export Health Certificates are set by the importing country.

EU Exit necessitated the registration and inspection of all fishing vessels whose catch (or part of) is destined for the EU to enable Export Health Certificates to be issued. These vessels are now part of the food law inspection programme for the Authority and continue to receive food law interventions as per their risk rating and determined frequency.

Environmental Health Certifying Officers regularly inspect consignments and issue Export Health Certificates for commodities which fall within the remit of Local Authority Certifying Officers. This includes regular issuing of Export Health Certificates for fish/shellfish, alcohol, which enable local businesses to export their products. In addition, Support Attestations are issued to enable other Local Authority Certifying Officers or Official Veterinarians to issue Export Health Certificates where the products are manufactured in Fife but are being exported from a location out with Fife and/or out with the remit of Local Authority Certifying Officers.

East Region Health Protection Service

NHS Fife and nearby Health Boards (NHS Borders, NHS Forth Valley, NHS Lothian) in the East of Scotland have joined as the East Region Health Protection Service as of December 2023. This will improve resilience and availability of specialist expertise, increase career development opportunities, and support sharing of training and development.

Environmental Health resourcing

Fife Council Environmental Health like many others across Scotland have faced continued difficulty in recruiting qualified officers such as Environmental Health Officers. Consequently, this has required a shift away from traditional thinking around Service Delivery in terms regulatory activities. The traditional model relied heavily on all activities being undertaken by Environmental Health Officers, and

Environmental Health Officers & Food Safety Officers in terms of food law. It should be noted that the current Food Law Code of Practice requires food law activities to be undertaken by qualified Environmental Health Officers and Food Safety Officers.

Protective Services, which incorporates Environmental Health, is currently looking at a review of staff development to support a grow your own initiative. A Service policy related to Continued Professional Development (CPD) has been created to help drive this forward; this was launched on 6 March 2024. It is hoped this will help utilise the alternative pathways to qualifying as an Environmental Health Officer or Food Safety Officer that have been recently created by the professional body, the Royal Environmental Health Institute of Scotland (REHIS). To date there has been significant interest across the Service.

Fife Council Protective Services also supports the introduction of the Modern Apprenticeship in Regulatory Services that is currently under development. Once created this will lead to an additional entry pathway to a career within the field of Environmental Health.

The Environmental Health (Food & Workplace Safety) Team has previously been restructured due to the difficulty in recruiting Environmental Health Officers, and in 2021 introduced the roles of Environmental Health Technician and Technical Support Officer, along with reintroducing a Trainee position back on to establishment. 2023 again saw difficulty in recruiting Environmental Health Officers, however a recruitment campaign for Environmental Health Technicians in November 2023 was very successful. As a result, four rather than two Environmental Health Technicians were recruited, along with making a temporary Enforcement Officer permanent. This was achieved by utilising the existing team staffing budget. This presented an opportunity to develop and trial an alternative delivery model, to help ensure service delivery of regulatory activities while making the best use of available resources, that enables authorised Environmental Health Officers and Food Safety Officers to focus on higher risk activities.

Outbreaks of communicable disease in care homes

Outbreaks of communicable diseases in care homes are of particular concern because of the vulnerability of residents to more severe illness than the wider population. These outbreaks often require close management from Health Protection to ensure Care Homes have access to expert advice and can implement appropriate control measures. Support is also offered by the Care Home infection Prevention and Control Team and Care Home Liaison Team both to reduce the risk of infection but also during times of outbreaks.

Immunisation delivery

Immunisation is essential in protecting our communities against vaccine preventable diseases. Delivery of the national routine vaccination schedule for children & adults is through the Fife Community Immunisation Service. In addition,

clinical specialities such as maternity services, paediatrics and sexual health services support the delivery of the selective immunisation programmes.

NHS Fife and Fife HSCP have worked collaboratively to review our Immunisation Strategic 2021-2024 framework and update it for 2024-2027. Achievements over the previous framework were the creation of an integrated vaccination workforce; establishment of a community pharmacy-based travel health service; a strategic review of the delivery of childhood vaccinations in Fife; and provision of a rapid response to emerging disease threats such as mpox and measles. The vision remains for '*A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course*', and the four high-level priorities for action have been retained but with a refreshed focus.

A key activity for 2024/25 is the roll-out of the new RSV (Respiratory Syncytial Virus) vaccine programme to protect newborns and older adults. In 2025/26 we are expecting significant changes to the vaccination schedule including the introduction of an 18-month childhood visit. The Community Immunisation Service are transitioning to a locality-based service delivery model and quality improvement and community engagement work will be further embedded into the work of the team. Improvements to national vaccination reporting (for example, provision of vaccine coverage data by ethnicity) will enhance our monitoring of vaccination uptake among the Fife population. We will also continue our vaccine preventable disease surveillance activity and evaluate our response to outbreaks when these occur. A Scottish 5-year vaccination and immunisation strategy will be published in late autumn 2024 and will inform our local action planning over the coming years.

2. Health Protection: national and local priorities

2.1 National priorities

The Scottish Government set national public health priorities with SOLACE and COSLA, and these direct public health improvement across the whole of Scotland.¹⁰ These priorities are also described in Public Health Scotland's national strategic plan¹¹ and NHS Fife's Director of Public Health Report 2020-2021.¹²

Public Health Priorities

¹⁰ Our context – public health in Scotland [Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland](#)

¹¹ A Scotland where everybody thrives: Public Health Scotland's strategic plan 2020-2023 [A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020 to 2023 - Our organisation - Public Health Scotland](#)

¹² Director of Public Health Annual Report, Health and Wellbeing in Fife 2020-2021 [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf \(nhsfife.org\)](#)

- 1: We live in a vibrant, healthy and safe places and communities
- 2: We flourish in our early years
- 3: We have good mental wellbeing
- 4: We reduce the risk of harm from alcohol, tobacco and drugs
- 5: We have a sustainable inclusive economy with equality of outcomes for all
- 6: We eat well, have a healthy weight and are physically active

Health Protection contributes to all of these priorities. NHS Fife and Fife Council have pledged to support these National public health priorities by focusing on initiatives to:

- Improving health in early years
- Ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework; and the VTEC Action Plan
- Enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV vaccine (to prevent cervical cancer))
- Improving food, water and environmental safety
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

Public Health and Environmental Health are additionally looking to support informed choices when eating out, including more information on menus about portion sizes and calories.

2.2 Local priorities

Health Protection is a core part of the services delivered by NHS Fife, Fife Council and Fife Health & Social Care Partnership, particularly through Protective Services remits (environmental health, trading standards, animal health & welfare and building standards & public safety). This is facilitated through various forums. This plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:

- Preventing the spread of communicable diseases in the community
- Improving standards of food safety
- Ensuring safe and potable drinking water supplies
- Improving health and safety standards in the workplace, including the promotion of mental wellbeing
- Ensuring adequate plans are in place to respond to incidents and emergencies
- Improving standards within the built environment
- Improving air quality and addressing historical contamination of land

In addition, several local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data, joint meetings, workshops, and stakeholder events.

The local priorities (which inform the actions now detailed in Appendix 1) will be incorporated within the operational service plans of NHS Fife, Fife Council and/or partner agencies. Where they are shared priorities, they will be delivered through effective joint working and partnership arrangements between the agencies.

To assist with statutory compliance, and as part of the national priority of promoting Good Work for All, the Workplace Team in the Health Promotion Service, Fife Health & Social Care Partnership will also help workplaces take a preventative approach in relation to mental health, specifically to:

- Promote general awareness of creating mentally healthy workplaces
- Provide support to help employers create mentally healthy workplaces
- Raise awareness of specialist support for when people become unwell and promote the employment of people with a history of mental health issues

Climate Emergency

Climate change is now recognised as the greatest global threat to health. The increased frequency of extreme weather events can reasonably be attributed to climate change. Climate change in Scotland and worldwide is now inevitable. Scotland is unlikely to be able to insulate itself against the international impact of mass human migration, global hostility and unrest caused by climate change.

During 2022/2023, an Air Quality and Climate Change co-benefits study was undertaken by Fife Council. The provisional findings of the study concluded that many of the measures being considered by Fife Council to reduce greenhouse gas emissions and reduce climate impacts will have a positive impact on emissions of air quality pollutants across the local authority area.

Indoor air quality issues will also be addressed within the Fife Council Local Heat & Energy Efficiency Strategy (LHEES) and delivery plan.

3. Health Protection: resources and operational arrangements

Staff numbers with specialist health protection skills in ERHPS and Fife Council are limited. Appendix 3 lists the resources, operational arrangements, and numbers of designated competent persons in terms of the Act current at the time of publication.

ERHPS and Fife Council's Environmental Health Team keep up to date records of their designated competent persons.

3.1 Information, Communication and Technology

Video conferencing and teleconferencing, primarily via Microsoft Teams, is widely used for communication across health boards and local authorities. ERHPS is responsible for disease surveillance. Information collected is entered onto HPZone, our clinical management system. Routinely collected surveillance data and reports are provided to Fife Council Environmental health team.

Adequate arrangements are in place for the reporting and recording of work electronically within Fife Council. However, these systems, are currently not compatible with the NHS systems.

3.2 Emergency planning and service continuity

The Fife Local Resilience Partnership (LRP) continues to develop and now includes the Fife Health and Social Care Partnership as one of its members. The chair of the LRP is shared between NHS Fife, Fife Council, Scottish Fire and Rescue, and Police Scotland.

Scottish Government employ a number of Regional Resilience Co-ordinators, who provide a consistency of approach across the resilience community in Scotland.

3.3 Inter-organisational collaboration

Communication required for routine activities includes face-to-face, telephone and electronic communications. Where needed to manage a situation effectively, a problem assessment group (PAG) or incident management meeting (IMT) is held.

Following the Covid-19 pandemic the opportunity was taken to review the liaison arrangements between Fife Council Environmental Health and NHS Fife Health Protection colleagues. This resulted in the Joint Environmental Health Liaison Group which meets four times per year, in line with its agreed terms of reference. Core membership includes Lead Consultant in Public Health (Health Protection) and Lead Health Protection Nurse Specialist from NHS Fife, along with the two Service Managers for Environmental Health for Fife Council. This can be supported by a wider affiliate membership of partners as required.

The Joint Environmental Health Liaison Group provides a strategic and operational forum to discuss environmental health related matters including for example foodborne infections and environmental hazards in Fife, enabling support to the multidisciplinary partnership to address relevant both responsive and preventative aspects of environmental health and public health.

3.4 Maintenance of competencies for Health Protection staff

ERHPS

NHS staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and revalidation requirements for NMC registration.

Fife Council

Fife Council staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development activities and record on Fife Council's systems. Officers involved in food law enforcement activities are required to undertake CPD activities in line with the Food Law Code of Practice.

Both ERHPS and Fife Council undertake internal training events, and where appropriate cross invite staff to attend. Regionalisation will support greater sharing of training opportunities.

4. Capacity and Resilience

Fife Council will utilise staff from other teams within Protective Services. However, it should be noted that Environmental Health staff and technical support is already challenged to respond in times of major demands around incidents, outbreaks, and accidents in areas they enforce within current resources. Review of capacity and resilience is on-going, particularly in response to the current pressure on all services.

Regional Health Protection workforce provide resilience to respond to a large incident, and if needed staff from the wider public health workforce will be utilised in the first instance. For more prolonged and severe incidents, staff from other teams and departments in NHS Fife will be drawn on. Regional arrangements for sharing of expertise will further improve resilience.

4.1 Mutual aid

Formal arrangements for mutual aid with other health boards in Scotland are recorded and reviewed through Resilience procedures. Regional working will complement this as processes are aligned between nearby boards, and working relationships are developed.

4.2 Out-of-hours arrangements

NHS Fife

A senior member of public health staff is available 24 hours a day, 7 days a week. Outside of office hours, this service is provided by health board competent persons who are public health consultants, and supervised training grade Public Health specialty registrars and health protection nurse specialists. The service can be accessed through Victoria Hospital switchboard on 01592 643355.

Fife Area Laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on-call microbiology team. National Reference laboratories are able to perform analysis of urgent specimens.

It is expected that a regional out-of-hours service will be established in 2025. This will provide the same level of local service as currently, and also be better able to respond to any major incidents. Updates and contact details for any new service will be shared with partner organisations.

Fife Council

From 5pm each weekday and 24 hours at weekends and public holidays (1st Monday in May, 3rd Monday in July, 3 days at Christmas and 3 days at New Year) a weekly standby rota operates for food and waterborne incidents, with contact made via Fife Council's Emergencies Helpline on 03451 550099.

5. Public feedback

NHS Fife and ERHPS

Information is provided to the public through local media and the NHS Fife website, along with written information where required. NHS Fife has a complaints and feedback system managed by the [Patient Experience Team](#).

Fife Council

Information is provided to the public through local media and the Fife Council website, along with written information where required. Fife Council has enquiries, comments & compliments e-form on its website [Feedback | Fife Council](#).

Appendix 1: Action overview

Ref	Source	Outcome	Activity descriptor	Agencies involved
1	National priority	Reduce Vaccine Preventable Diseases	<ol style="list-style-type: none"> 1. Work towards improving uptake rates across Scotland for all vaccinations. 2. Enhanced surveillance to monitor the effectiveness of current and new vaccination programmes to detect any changes in epidemiology. 3. The Vaccine Transformation Programme continues to develop, and immunisation services are moving away from GP delivery to Health Boards. 4. Eliminate Measles and Rubella in the UK by <ul style="list-style-type: none"> • Achieving and sustaining $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old) • Achieving $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) • Strengthening measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test (OFT) • Ensuring easy access to high-quality, evidence-based information for health professionals and the public 	NHSF HSCP
2	National priority	Minimise the risk to the public from Gastrointestinal infections	<ol style="list-style-type: none"> 1. Ensure that public health interventions are taken for any failing drinking water supply, whether public or private, as necessary for E. coli failures. 2. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms. 3. Monitoring of bathing water quality (designated beaches/lochs). 	FC ERHPS SEPA Scottish Water

3	National priority	Monitoring and Improving drinking water quality	<ol style="list-style-type: none"> 1. Collaboration between agencies and Scottish Water in the monitoring and improvement of public and private water supplies. 2. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017- Protective Services will ensure that the requirements of these regulations as they relate to enforcement, risk assessment and sampling are appropriately applied to supplies to ensure human health is protected from the adverse effects of any contamination of water intended for human consumption by ensuring the water meets water quality standards. 3. The Private Water Supplies (Scotland) Regulations 2006 - Protective Services will ensure that the requirements of these regulations are appropriately applied to ensure human health is protected from any adverse effects of any contamination of private water supplies. Protective Services will continue to provide a service, on request, to those with small or non-commercial private water supplies. 4. Private water supply improvement grants continue to be regulated under The Private Water Supply (Grants) (Scotland) Regulations 2006. 	ERHPS FC Scottish Water
5	National Priority	Air Quality	<ol style="list-style-type: none"> 1. FC will update its Air Quality Strategy for 2025-2030 to ensure consistency with the updated Scottish Government's Cleaner Air For Scotland Strategy (CAFS 2) 2. FC have installed PM 2.5 air monitors at key locations and work is ongoing to develop a nation-wide network to monitor small particulate matter (PM2.5) 3. Fife Council and NHS Fife will continue to work with partners in public and private sector and with communities to improve air quality. 4. Fife Council and NHS Fife will continue to work together to respond to enquiries from the public. 	FC SEPA NHSF
6	Local Priority	Contaminated Land	<ol style="list-style-type: none"> 1. FC is required to inspect its area for evidence of contaminated land. 2. To date FC has inspected almost 1700 sites representing 80% of high and medium priority sites 	FC NHSF SEPA

			<ol style="list-style-type: none"> 3. The FC Land & Air Quality Team is working on its eighteenth voluntary remedial project in eighteen years. Our achievement is believed to be unique in the UK. 4. FC's in-house contaminated land investigation programme has saved tens of thousands of pounds of public money and won prestige for Fife Council 5. FC works with NHS Fife on risk communications with sites with contaminated land uses 6. FC will update its Contaminated Land Inspection Strategy in 2024. 	
7	Local priority	Control environmental exposures which have an adverse impact on health	<ol style="list-style-type: none"> 1. Tackle the effects of antisocial or excessive noise in the communities. 2. Report on local air quality within local authority area. 3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control. 4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents. 5. Progress contaminated land strategies. 6. Sharing of information and working in partnership to reduce and control environmental exposures that may have an adverse impact on health. 	FC NHSF
8	Local priority	Resilience to respond to a Pandemic through effective multi-agency response	<ol style="list-style-type: none"> 1. Continual cycle of revision and review of business continuity, Public Health incident plans and pandemic frameworks via relevant governance committees. 2. Multi-agency pandemic exercise led by Local Resilience Partnership. 	NHSF FC
9	Local priority	Effective port health plans to provide adequate disease control measures	<ol style="list-style-type: none"> 1. Fife has seven seaports authorised (in accordance with International Health Regulations) for the inspection and issuance of ship sanitation certificates, which are used to help identify and record all areas of ship-borne public health risks. 2. A small number of cruise ships dock at Rosyth Port, and procedures are in place for dealing with cases of suspected infectious disease on board vessels in line with current guidance. 3. Ongoing review of Fife ports status in line assimilated EU 2017/625 specifically with regards to Border Control Post status. 	ERHPS FC

10	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	<ol style="list-style-type: none"> 1. Continue work with licensed trade in respect of responsible drinking and challenge 25, or similar, scheme. 2. Continue regulatory work on Age-related sales activity of cigarettes (including e-cigarettes) and other products. 3. Continue monitoring the display ban for all retail premises in respect of tobacco. 4. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults. 5. Continue the regulation of e-cigarettes, including single use vapes, to ensure product compliance. 6. Continue regulatory efforts to combat illicit and counterfeit tobacco. 7. Continue regulation of the smoking ban in enclosed and public places. 8. Monitor the implementation of the legislation on no-smoking areas outside hospital buildings. 9. Continue the regulation of e-cigarettes, including single use vapes, to ensure product compliance. 	NHSF FC
11	Local priority	Food safety priorities	<ol style="list-style-type: none"> 1. Undertake statutory duties of the Food Authority in enforcing and promoting food safety in line with the Food Law Code of Practice and Fife Council's Service Delivery Plan. 2. Work in partnership with other regulatory agencies to identify, investigate and tackle illegal / fraudulent food activities. 	NHSF FC
12	Local priority	Health and safety at work initiatives	Fife Council Environmental Health, HSE and Workplace Team, and Health Promotion Service work in partnership to promote health, safety, and wellbeing initiatives, to assist workplaces comply with relevant statutory provisions and promote good work for all.	NHSF FC
13	Local priority	Minimise the adverse impact of climate change	Sustainability and protection from climate change features within the Director of Public Report 2020-21, and Fife Council and NHS Fife will jointly develop climate change plans.	NHSF FC
14	Local priority	Housing Emergency	Fife Council declared a Housing emergency and will create an Action Plan	FC
<p>Key ERHPS – East Region Health Protection Service FC – Fife Council HSCP – Fife Health & Social Care Partnership NHSF – NHS Fife SEPA – Scottish Environmental Protection Agency</p>				

Appendix 2: Local NHS and council plans

	Plan Title
1	NHS Fife Incident Management Framework (including public health incidents)
2	NHS Fife Hospital Lockdown procedure
3	NHS Fife Severe Weather Framework
4	NHS Fife Bomb threat/Suspect Item response
5	Evacuation plans for forensic sites (in development)
6	Pandemic framework plans (NHS Fife, Fife Council (Communicable Human Disease Plan), and Local Resilience Partnership) (in development)
7	Blue Green Algae Plan
8	NHS Fife Immunisation Strategic Plan
9	NHS Fife and Fife Council Business Continuity Plans
10	Fife Council Incident Management Plan
11	Notifiable Animal Diseases Plan
12	Communicable Human Diseases Plan
13	Environmental Health (Food and Workplace Safety) Service Delivery Plan
14	Air Quality Strategy
15	Contaminated Land Strategy
16	Pollution Contingency Plan
17	Fife External Emergency Plan
18	Resilience Partnership Plans (various)
19	Local Housing Strategy
20	Scheme of Assistance
21	BTS (Below Tolerable Standards) Strategy

22	Private Sector Housing Enforcement Approach
23	Scottish Waterborne Hazard Plan
24	Scottish Water Wastewater Pollution Incidents Plan
25	Delivering Differently - Workforce Wellbeing Action Plan for Fife
26	Fife Sustainable Energy and Climate Action Plan 2020-2030

Appendix 3: Resources and operational arrangements for Health Protection

NHS Fife and its contribution to the East Region Health Protection Service

Job Title	Role and Responsibility	FTE at 1/8/2024
Director of Public Health	Strategic Lead for Public Health activities in NHS Fife.	1
Public Health Consultant (primarily focused on Health Protection)	Provide leadership and strategic oversight for health protection development and implementation. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards.	2.9
Health Protection Nurse	Contribute to the delivery activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	4.64
Public Health Scientists	Responsible for disease surveillance records and reports.	1
Head of Resilience	Provide leadership and strategic oversight for Resilience and Emergency Planning within NHS Fife.	1
Emergency Planning Officer	Ensuring NHS Fife is prepared for a major incident.	1
Administration	Provision of administrative support to ERHPS	2

Fife Council - Protective Services – Environmental Health Teams

Job Title	Role and Responsibility	FTE at 01/06/2024
Head of Protective Services	Strategic and Operational Lead for Regulatory activities including public health in Fife Council. The Head of Protective Services is a qualified EHO.	1
Service Manager Environmental Health	To lead and manage a team and co-ordinate the activities and functions of the team to ensure the delivery of a consistent, high quality and focussed service Each of the 2 Environmental Health Teams Food & Workplace Safety and Public Protection are managed by a Service Manager who is a qualified EHO	2
Lead Officers (Environmental Health, Private Housing)	To support and assist the Service Manager in ensuring the effective organisation and delivery of the statutory and non-statutory, technical, professional, and operational standards to achieve the requirements of the Team. To lead on identified work areas of the Team on a day-to-day basis. The Lead Officers are qualified EHO/FSO	6
Environmental Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	7.6
Food Safety Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	2

Technical Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	13
Environmental Health Technician / Environmental Health Technician (Food & Workplace Safety)	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	6
Animal Health Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	2
Licensing Standards Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	4
Enforcement Officers (Environmental Health)	To enforce the provisions of waste statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	3
Technical Support Officer	To provide Advanced Technical Support to facilitate and improve Service Delivery of the regulatory functions of Environmental Health including but not limited to food safety, health & safety, port health, waste duty of care and public health.	1
Trainee Environmental Health Officer	Enable the post holder to undertake training in the practical aspects of Environmental Health sufficient to enable progression towards taking the Royal Environmental Health Institute of Scotland Diploma in Environmental Health. (Can be Student or Graduate posts)	1
Environmental Health Student Placement	To enable the post holder to experience all aspects of Environmental Health with a view to them joining an accredited Environmental Health degree course and training to become an Environmental Health Officer.	1
Modern Apprentice Regulatory Services	To enable the post holder to train and develop to achieve the SCQF level 7 Modern Apprenticeship in Regulatory Services.	0

Appendix 4: Numbers of Designated Competent Persons

Under the Public Health etc. (Scotland) Act 2008, the following numbers of Competent Persons work with NHS Fife and Fife Council

NHS Fife (at 01/08/2024)

10 Consultants in Public Health
2 Health Protection Nurse Specialists

Fife Council (at 01/06/2024)

14 Environmental Health Officers

The Council policy is that professional staff are authorised by the Head of Protective Services according to competency, and experience. In addition, we have several Technical Staff as detailed in Appendix 3.

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	Prevention and Early Intervention Strategy
Responsible Executive:	Lisa Cooper Head of Service, Primary and Preventative Care Services
Report Author:	Kay Samson, Health Improvement Programme Manager

Executive Summary:

Fife Health and Social Care Partnership's ambition was to design and deliver a Prevention and Early Intervention Strategy (P&EI) that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver.

- Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years.
- This Strategy is a means of formalising our commitment to P&EI; it is a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.
- By investing time and effort in P&EI we believe we can reduce the need for costly critical services, leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently.
- Adopting a whole system approach to P&EI, stakeholders can work together to create a more proactive and responsive system that promotes wellbeing, reduces the burden on individuals and communities and improves long term outcomes.
- The Strategy adopts a Life Course Approach where P&EI can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact an individual's life.
- The Strategy will have an approved delivery plan. An underlying action plan will provide a detailed road map outlining tasks, timelines and responsibilities needed to achieve our outcomes; this ensures clarity, focus and accountability during implementation.
- This report introduces the HSCP Prevention and Early Intervention Strategy 2024 -2027 for consideration and discussion by NHS Fife Board members.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board Strategic Priority: To Improve Health and Wellbeing

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

- Person Centred

2 Report summary

2.1 Situation

This report presents to NHS Fife Board members the Fife Health and Social Care Prevention and Early Intervention Strategy 2024-2027 (see Appendix 1) for discussion.

The Prevention and Early Intervention Strategy is an NHS Corporate Objective underpinning delivery of the Population Health and Wellbeing Strategy and a key principle for public health reform nationally. The Strategy is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

2.2 Background

Prevention and early intervention is one of the Scottish Government's six key principles for public health reform sitting alongside: reducing inequalities, empowering communities, fairness and equality and intelligence and innovation.

The H&SCP Strategic Plan 2023-2026 is supported by nine transformational strategies and five enabling strategies; the Prevention and Early Intervention Strategy is one of those key transformational strategies and through the discovery phase is recognised as a first for Scotland strategic approach.

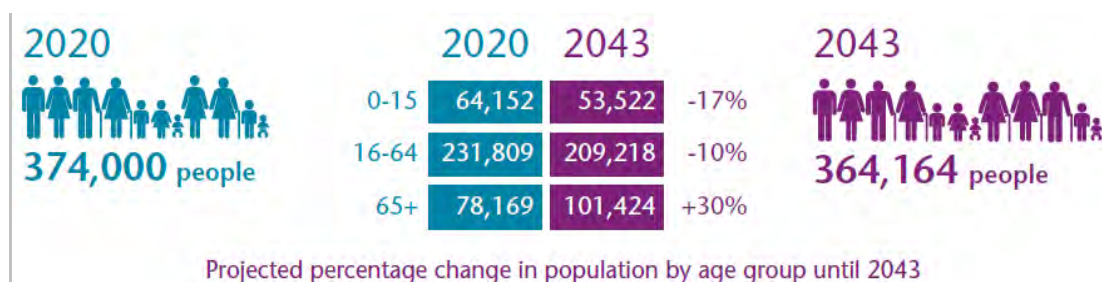
The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes. This approach is based on research and evidence showing that intervening early in the development of problems can prevent them from escalating and becoming more severe.

Prevention and early intervention efforts are often implemented in various settings such as social services, education, health care and criminal justice, to address a wide range of issues including health conditions, social problems, academic difficulties and criminal behaviour. By focussing on prevention and early intervention individuals can promote positive outcomes, improve quality of life and reduce the burden of addressing issues at later stages when they may be more challenging to resolve.

Fife H&SCP ambition was to design and deliver a Prevention and Early Intervention Strategy that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver and commission

2.3 Assessment

Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.



As illustrated, Fife's overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+).

It is recognised that Fife has a growing and ageing population, and that this is creating pressure on services across health and social care. This means that there is an increasing risk to the resources including workforce and finance to deliver health and social care as services are focussed on intensive interventions to manage complex health and social care needs. It is resource and cost effective to shift the focus to prevention and early intervention to support people in the community and to reduce reliance on residential and acute hospital care. This aligns with the HSCP strategic plans to enable people to live longer healthier lives at home or in a homely setting.

To support the design of the strategy we were keen to ensure a clear shared definition and understanding of Prevention and Early Intervention. In our discovery phase of the strategy development we identified that there was no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it meant for this Strategy it was important to understand what the public and communities understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this Strategy has allowed us to agree these broad consensus definitions that we have use in our strategy.

Prevention definition: *is about creating the conditions where people can avoid or delay the start of health or social problems arising by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.*

Prevention aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early intervention definition: *is making sure people can access the care and services they need to stop things getting worse and live a good life.*

Early Intervention involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

The Strategy is dependent on the following five priorities which have been consulted on during the public participation and engagement activity.

We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current and future requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers
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Taking due cognisance of these priorities this Strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to work alongside existing strategies without duplicating efforts. Its goal is to enhance and complement existing strategies ensuring a comprehensive and coordinated approach maximising the effectiveness of all strategies involved.

To do this we will adopt a life course approach which recognises the interconnectedness of various factors such as social, economic and environmental influences that may impact on an individual’s quality of life. It is important to recognise that this is not the starting point of Fife’s prevention and early intervention journey. There has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy 2024 – 2027 strives to create a safer, healthier and more resilient environment for all residents in Fife

This report provides the following Level of Assurance:

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

	amount of residual risk or none at all.	moderate amount of residual risk.	action to be taken.	
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2.3.1 Quality, Patient and Value-Based Health & Care

Prevention and early intervention efforts impact positively on health and prevention of disease, by embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

Prevention and early intervention activities can contribute to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as well as reducing long term costs to the health services.

The Strategy was presented and discussed at the Qualities and Communities Committee of IJB. The committee welcomed, recognised and agreed the strategic focus, positive discussion in regards to the reach of the participation and engagement plan and the co-production approach to describe a good life and how the people of Fife define this. Specific feedback in regards to the addition of transition to being a carer within the document has been completed. Specific discussion in regards to the deliverables and ability to measure impact realising while this is a 3 year plan the impact will be much further beyond applying a horizons approach. Discussion further in regards to risk and the impact of no finance resource to support and enable deliverables was recognised. Assurance was provided to committee an annual report will be presented to advise impact and outcomes of year one of the delivery plan underpinning the strategy.

2.3.2 Workforce

Implementing prevention and early intervention interventions/ activities may provide staff with opportunities to enhance their skills and knowledge. Staff may feel a sense of fulfilment in helping to prevent health and social issues and intervene early to improve individual outcomes.

By addressing issues early on, staff may experience a decrease in the number of emergencies leading to a more manageable workload.

Implementing preventative and early interventions/activities may require additional resources and staff training, potentially straining additional resources.

The strategy was presented and discussed at LPF. Members were very supportive of the strategic ambition and deliverables, recognising the aspiration and innovative approaches. LPF supported workforce as being a key enabler. There was good discussion around how the deliverables could be realised within resources available and also how workforce training and education plan would be delivered recognising capacity of services currently. Assurance was provided within year one, a clear delivery plan would be designed being cognisant and ensuring proportionate in regards to service challenges and would ensure balance with mandatory training needs while prioritising needs for access to enable up skilling of workforce in regards to P&EI activities.

2.3.3 Financial

The Prevention and Early Intervention Strategy requires a longer-term approach to embed a sustained cultural shift. There is a potential for prevention and early intervention efforts to lose focus or attentions redirected away from up streaming of care as other things take priority or precedence within a reactive or urgent care model of delivery.

It is important to recognise given the current and projected financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on effectiveness of efficiency focused programmes of work and/or deliverables.

A performance and assurance framework will evidence the impact of delivery of the strategic ambition and allow for targeted and focused improvement work through the timeline of the strategy implementation and beyond. This will be reported via the committees of the IJB to provide assurance of progress and tangible outcomes in line with best value.

When presented to the IJB Finance, Performance and Resources Committee, members commented positively on the strategy and its ambition. They supported the high level deliverables (Appendix 2) and the breadth and quality of the participation and engagement reports and how they defined a good life for the people of Fife. Discussion focused on measures and impact and assurance was provided regarding oversight off delivery of the plan and an annual report being brought back to evidence delivery against ambition of the plan. There was also discussion regarding risk and ability to deliver within limited additional resources, it was presented and supported that innovation would be the key to delivering the strategic plan.

2.3.4 Risk Assessment / Management

There are some potential risks associated with the Prevention and Early Intervention Strategy, these were presented at groups and committees including mitigating actions to manage, which were discussed and noted at each committee as per point 2 within this paper and can be available as appendix 3 on request.

This Strategy requires a longer-term approach to embed a sustained cultural shift. There is a potential for prevention and early intervention efforts to lose focus as other things take priority. In addition, in the current financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on cost saving projects.

A Prevention and Early Intervention Strategic Implementation group will be convened where identified risks will be owned, mitigated and managed. To ensure good governance of delivery, this group chaired by the Head of Primary and Preventative Care Services with wide stakeholder membership will provide oversight, assurance and escalation as the delivery plan progresses.

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

An Equality Impact Assessment has been completed as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach.

By conducting the EQIA HSCP and partner organisations can ensure that their efforts are equitable, effective and responsive to the diverse needs of the populations they serve.

Understanding the specific need and challenges faced by different groups informed the development of more effective preventative measures and interventions, ultimately leading to better outcomes for all.

The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership's equalities outcomes by addressing issues at their root and promoting fairness and equality for all.

Through implementing prevention and early intervention activities the HSCP and partner organisations can proactively identify and address potential inequalities, discrimination and barriers to access thereby promoting a more inclusive and equitable society.

The shift of focus to prevention and early intervention will impact positively on reducing health inequalities.

The Equality Impact Assessment was presented to all relevant committees to support discussion and assurance. The EQIA (Appendix 4) is available on request.

The EQIA was recognised as being exemplar in its approach by members of the HSCP strategic planning group.

2.3.6 Climate Emergency & Sustainability Impact

The exact implications under this category will be identified as part of the prevention and Early Intervention action plan.

2.3.7 Communication, involvement, engagement and consultation

To develop the Prevention and Early Intervention Strategy we aimed to communicate, involve and engage with a wide range of stakeholder from communities, carers and general public to service providers and HSCP partners and third and independent sectors.

Localities are viewed as a key enabler within delivery of the strategy and the locality action plans will ensure targeted and universal approaches to deliver the ambitions of the strategy to achieve the vision. This was supported at the Qualities and Communities Committee of the IJB.

The HSCP's Participation and Engagement Team supported the Prevention and Early Intervention Working Group through engagement activities. The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023.

The second phase of Stakeholder Engagement to support the development of the Strategy took place over a 6 week period from 12 February to 22 March 2024, online. Feedback received was used to refine and reframe aspects of the strategy.

A comprehensive two phased approach was presented to committees and groups. All members were assured and commented specifically regarding the reference to a 'good life'. The engagement plan afforded inclusive opportunity to a wide cohort of stakeholders which ensured co-production, clarity of definition and greater understanding of the strategic ambition while establishing what a 'good life' means to people, carers and communities across Fife which then allowed us to agree a strategic vision. The Prevention & Early Intervention Participation and Engagement reports (Appendix 5&6) are available on request

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.

- Senior Leadership Team – Acute 18th June 2024
- HSCP SLT Formal (Strategic) - 8th July 2024
- Prevention and Early Intervention Strategy Development Group - 15th August 2024
- NHS Fife Staff Governance Committee - 3rd September 2024
- IJB Qualities and Communities - 4th September 2024
- NHS Fife Executive Directors Group - 5th September 2024
- IJB Strategic Planning Group - 5th September 2024
- HSCP QMAG - 6th September 2024
- NHS Fife Public Health and Wellbeing Committee - 9th September 2024
- HSCP Local Partnership Forum - 10th September 2024
- IJB Finance, Performance and Scrutiny Committee - 11th September 2024
- Integrated Joint Board – 27th September 2024

The Prevention and Early Intervention Strategy was really positively received and supported by the Integrated Joint Board in September.

2.4 Recommendation

This paper is provided to members for:

- **Information and discussion** – recognising the whole system approach taken across Health and Social care and with wider stakeholders to design and agree the strategy and deliverables with a focus on shifting the balance of care and improving health and wellbeing for the people of Fife
- A **moderate level of assurance** in regard to delivery of the strategic ambitions of the plan over a 3 year programme of work reflecting the risks identified to delivery.
- Commitment to **support** the innovation required to deliver and achieve the ambition of the strategy with oversight provided by the Prevention and Early Intervention Strategy Implementation Group.
- **Note** the strategies intent in supporting the NHS Fife's population Health and Wellbeing strategic priority of prevention and early intervention

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Prevention & Early Intervention Strategy
- Appendix No. 2, Prevention & Early Intervention Delivery Plan
- Appendix No. 3, Prevention & Early Intervention Risk Register (*available on request*)

- Appendix No. 4, Prevention & Early Intervention Equality Impact Assessment (EQIA) (*available on request*)
- Appendix No. 5 Prevention & Early Intervention Participation and Engagement Phase 1 Report (*available on request*)
- Appendix No. 6 Prevention & Early Intervention Participation and Engagement Phase 2 report (*available on request*)
- Appendix No.7 Prevention & Early Intervention Strategy – Public Facing Short Version (*available on request*)

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Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

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Foreword

The Prevention and Early Intervention Strategy 2024 – 2027 is both a Corporate Objective for NHS Fife and one of Fife Health and Social Care Partnership's (H&SCP) transformational and supporting strategies within our FH&SCP Strategic Plan 2023 – 2026.

The scope of this Strategy includes Fife H&SCP, NHS Fife, Third Sector, Fife Council, the Voluntary and Independent sectors as well as communities and people themselves.

This first Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so that everyone can live an independent and healthier life now and in the future. We want to work with the people of Fife to enable individuals and communities to take every opportunity to maximise their own health and wellbeing.

We want to continue to shift everyone's focus to what more we can do to support prevention and early intervention, we are passionate about what we can do to improve the outcomes that matter to people, address inequalities and make the best use of our resources including people and communities themselves. We will achieve this by working together, and with people as proactive partners, to prevent, reduce and improve health and social disadvantage or by intervening early when problems do occur.

Our thanks go to the many stakeholders involved in developing this Prevention and Early Intervention Strategy.



Lynne Garvey, Chief Officer IJB
Director Health & Social Care



Dr Joy Tomlinson
Director of Public Health

Executive Summary

We recognise that we are facing a complex challenge where a multiagency effort is needed across the whole system to make a difference. Addressing the wider determinants of health (social, economic and environmental factors which impact on people's health) to improve the conditions into which people are born, live and work can have a positive impact on health and wellbeing but cannot be delivered by any organisation alone.

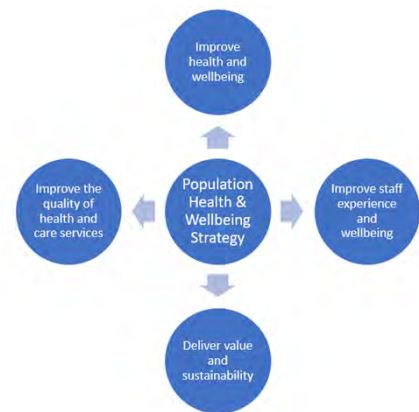
Our Prevention and Early Intervention Strategy has been written in line with Fife Health and Social Care Partnership strategic priorities and will contribute to achieving the vision;

'To enable the people of Fife to live independent and healthier lives'

We will also align to the aspirations, principles and strategic priorities of the Fife Population Health and Wellbeing Strategy (2023-2028) [Living well working well and flourishing in Fife \(nhsfife.org\)](https://www.nhs.uk/population-health-wellbeing-strategy)

Our Prevention and Early Intervention Strategy aims to;

- Strengthen integration across health, social care, fife council and third and independent sector networks to meet our key priorities.
- Include people and communities as active and equal partners.
- Prioritise self-care, with a tiered and anticipatory approach.
- Ensure the whole life course is considered within all activities which support and embed prevention and early intervention.
- Use our resources wisely and ensure a value based approach to achieve the outcomes that matter to people.
- Embed prevention and early intervention as standard practice across our whole health and social care system.
- Create, embed and sustain the right culture and conditions to enable us to undertake prevention and early intervention activity.



We believe that this strategy set's the conditions and principles for Prevention and Early Intervention now and for the future.



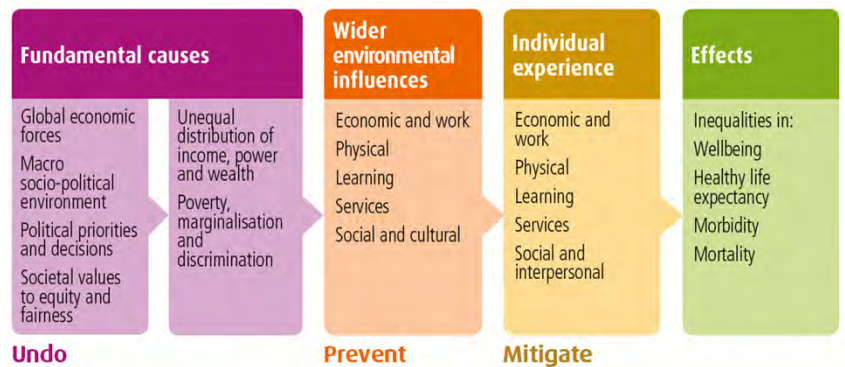
Lisa Cooper
Head of Service Primary and Preventative Care Services

Introduction

Welcome to Fife’s Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual’s access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root cause requires a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

More than a quarter of all deaths in Scotland are potentially avoidable. The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT**, **REDUCE** and **IMPROVE** health and social problems.



Background and Context

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan’s nine transformational Strategies. [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

This Strategy has been designed as a cohesive framework that links with our other key strategies. It is expected that these eight transformational strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their Strategy documents and delivery plans.



The aim of this Strategy is to detail an approach to prevention and early intervention that can be embedded across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan’s Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027




Our Vision

“
To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.
”

Our Mission

“
To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.
”

To achieve our Prevention and Early Intervention Vision, we will embed the following principles across our prevention and early intervention activity:

- 
 - We will help communities to connect and care for each other.
 - We will support local businesses, and commission health and social care services locally whenever possible.
 - We will ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.
- We will actively promote commissioning solutions that enable prevention and early intervention.
 - We will ensure that people have the information they need to manage their own health and wellbeing effectively.
 - We will develop and support new approaches, including wider use of technology, to enable wellbeing.
- 
 - We will develop a life course approach to good health and wellbeing, helping people to stay well for longer.
 - We will actively promote self-care and self-management.
 - We will work with our partner agencies to reduce inequalities and improve outcomes for the people of Fife.

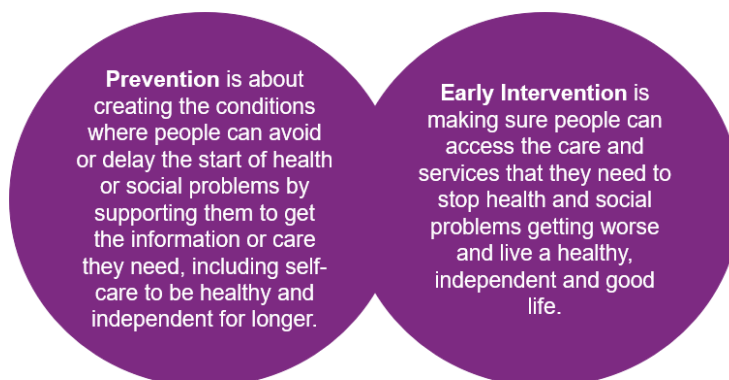
Our five [Prevention and Early Intervention priorities](#) were identified during the development of the [Health and Social Care Partnerships Strategic Plan Fife-Strategic-Plan-2023-to-2026-FINAL.pdf\(fifehealthandsocialcare.org\)](#) and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

Prevention: aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early Intervention: involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy (also referred to as **our strategy**) will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

Why invest in Prevention and Early Intervention?

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, transition to being a carer, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care,

third and independent sectors is needed to continue to support our population and to improve overall quality of life.

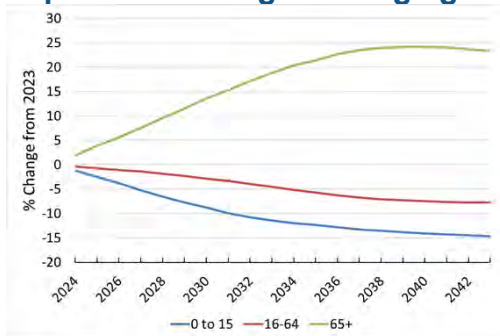
The Population Challenge

Significant changes in population structure are occurring. In the next 10 years, older people will increase by over 18% while working age people will decrease by around 5%. This could result in **greater need for services** but greater **challenges for recruiting workforce**.

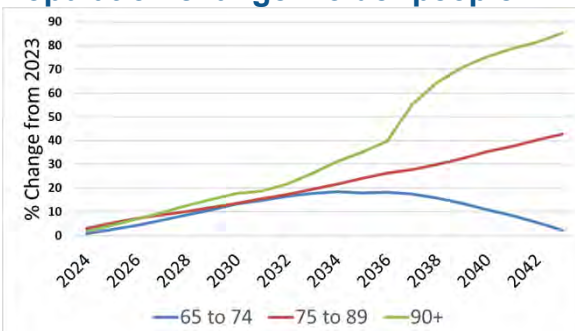
While all older people categories are likely to increase similarly over the next 10 years, longer term there will be a substantial increase in those aged 90+, with a 26% increase in 10 years rising to 85% in 20 years.

Source: Adapted from National Records of Scotland (NRS) data

Population Change – all age groups



Population change – older people



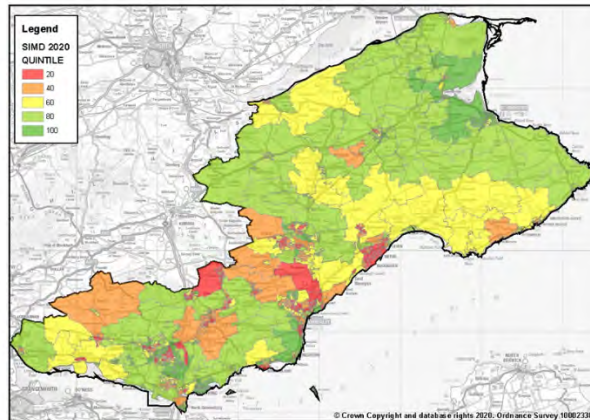
The Local Challenge

Not all parts of Fife have the same quality of health or need for services. There are significant health inequalities between the most and least deprived areas.

Those in the least deprived areas live longer (10 years for males and 8 years for females) and this is reflected across a range of health indicators. Much of these health inequalities are preventable by addressing issues early or preventing them by addressing underlying causes such as housing quality.

Some impacts of deprivation –

- Premature mortality increases 2.5x
- Alcohol related hospital admissions increases 4.8x
- Drug related hospital admission increased 19.6x



Scottish Index of Multiple Deprivation showing those areas (orange and red) with greatest deprivation

Source: Fife Strategic Assessment, from Scottish Government SIMD data

The Challenge of health loss

Ill health impacts the quality of people's lives and their need for services. Many of the causes of ill health and early death are preventable (though by no means all). Factors such as risk factors and deprivation levels are key in regard to preventable ill health and this is exacerbated as people age. This is why an ageing population presents a challenge for services.

Top Ten causes of ill health

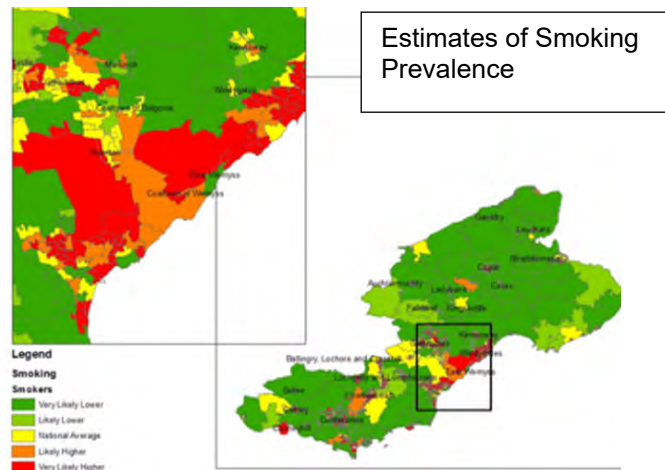
1. Low Back and Neck Pain
2. Depression
3. Headache disorders
4. Anxiety disorders
5. Osteoarthritis
6. Diabetes mellitus
7. Cerebrovascular disease
8. Other musculoskeletal disorders
9. Alcohol use disorders
10. Age-related and other hearing loss

Top Ten causes of early death

1. Ischaemic heart disease
2. Lung cancer
3. Alzheimer's disease and other dementias
4. Cerebrovascular disease
5. Other cancers
6. Drug use disorders
7. COPD (Chronic obstructive pulmonary disease)
8. Colorectal cancer
9. Self-harm and interpersonal violence
10. Lower respiratory infection

Source: NHS Fife Director of Public Health Report 2020-21

Smoking is a leading cause of preventable ill health and early death. Its association with disadvantaged communities also makes it a main contributor to the lower health seen in more deprived areas. Over 1200 deaths per year in Fife could be attributed to smoking.



Source: Fife Strategic Assessment

Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

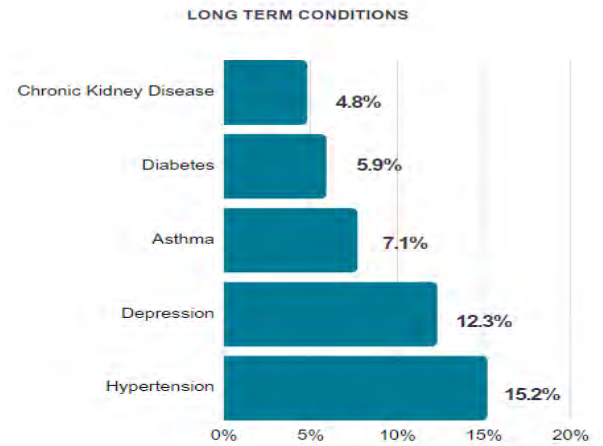
It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

What we know about Fife’s top long-term conditions

Long term conditions, also known as chronic illnesses or diseases are health conditions that persist overtime, often requiring ongoing management and treatment. This chart shows Fife’s top five long term conditions which can vary in prevalence and impact across different communities

Understanding the differences in long term conditions across communities is essential for developing targeted interventions, improving healthcare delivery and reducing health disparities

This data will allow us to develop targeted prevention and early intervention supports specific to each local area.

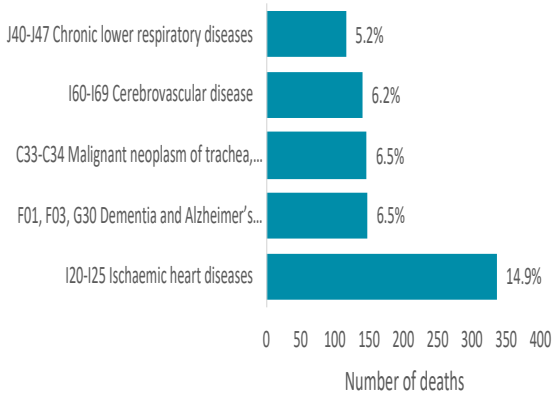


What we know about Fife’s leading causes of Mortality

The charts below show Fife’s top five leading causes of death for both males and females (data taken from 2022).

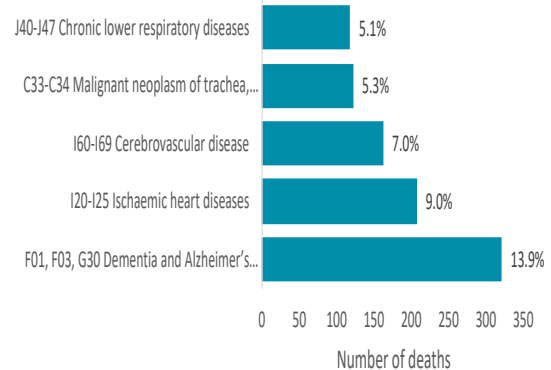
Fife Male leading causes of death 2022

2250 male deaths



Fife Female leading causes of death 2022

930 female deaths



We believe that through proactive prevention and early intervention measures our top long-term conditions and leading causes of death can be reduced, improved and in some cases are preventable. Implementing this strategy in Fife will be essential to proactively addressing social aspects, using resources effectively, promoting wellbeing and fostering collaboration.

What we have been doing so far

It is important to recognise that Fife’s prevention and early intervention journey doesn’t start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism

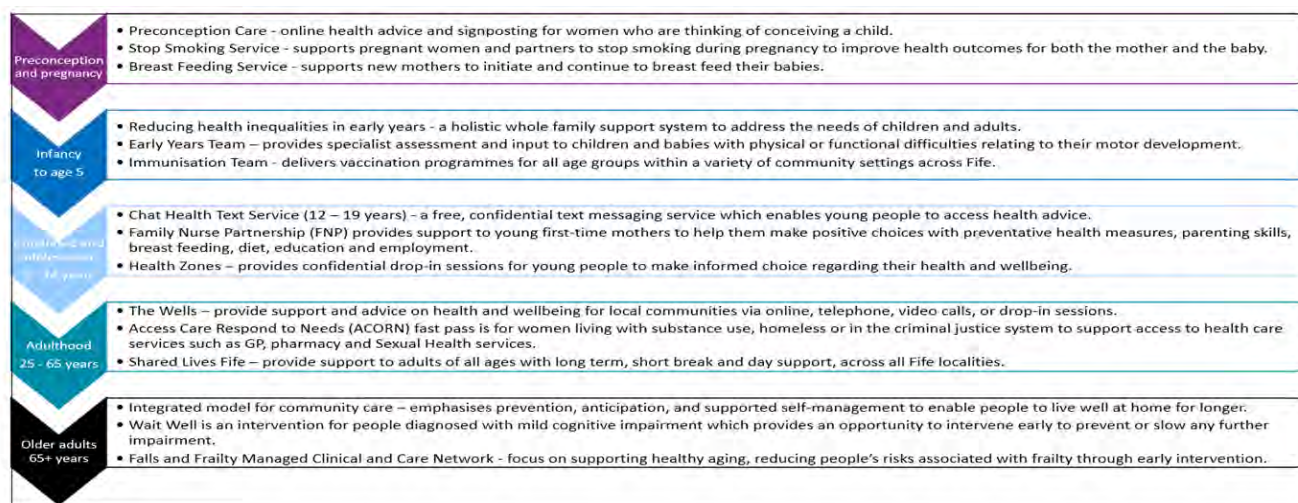
to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities. Some examples of the prevention and early intervention work undertaken;

The Third sector has been delivering a range of prevention and early intervention activities across Fife as highlighted in this diagram.

They provide a range of services and resources to help carers with their responsibilities such as information and advice to help them navigate the complexities of the care they provide. They offer guidance on accessing support services, understanding their legal rights and managing the emotional and practical challenges of being a carer. They can offer temporary relief through short breaks and respite care, this allows carers to take a break from their carer responsibilities, recharge and attend to their own wellbeing.



Further examples of work undertaken across the life course are described below:



Policy Context

By working together, a collaborative approach will enhance the effectiveness of interventions and ensures that support is tailored to the specific needs of individuals and communities.

Fife Health and Social Care Partnership has a three-year Strategic Plan 2023 to 2026 that sets out the future direction of all health and social care services delegated to H&SCP. We also have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. Details of the National Health and



Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are within our Strategic Plan.

The Partnership's Strategic Plan is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf) (fifehealthandsocialcare.org). The plan includes the following five strategic priorities.



The Prevention and Early Intervention Strategy has been developed to support the delivery of these strategic priorities by embedding them into our prevention and early intervention activity. Nationally, the care and wellbeing portfolio, which is the overall strategic reform policy and delivery framework within health and social care, also acknowledges the need to improve health and care system sustainability. A core component of the portfolio is a focus on preventative and proactive care.”

The P&EI strategy also plays a vital role in contributing to the Plan 4 Fife 2017-2027 by promoting well-being, reducing inequalities and enhancing the overall quality of life in Fife.

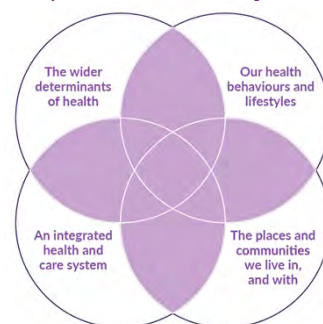


The plan has 4 Priority themes: Opportunities for All, Thriving Places, Inclusive Growth and Jobs, Community Led services. [A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife](#)

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

The P&EI Strategy will contribute significantly to the 'integrated health and care system' pillar of the framework for a Population Health System. “The creation of a health and care system focused on equity, prevention and early diagnosis is also recognised as a key pillar of the joint Scottish Government and COSLA ten year Population Health Framework, due to be published later this year.”

Kings Fund Framework for a Population Health System



In addition, within the health system, we need to focus on using our scarce resources more effectively and in a way which achieves outcomes which matter to people.

REALISTIC MEDICINE

CAN WE:



This is critical if we are to successfully deliver Scottish Government's ambition of Value Based Health and Care. We can only deliver this effectively by applying Realistic Medicine principles to support and enable patients to share decision-making about their care

What we mean when we talk about realistic medicine involves incorporating principles such as person-centred care, shared decision-making and a focus on outcomes that matter to people.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

In addition, there are a range of core preventative initiatives aimed at promoting Public Health and Wellbeing. These initiatives may include but are not limited such as immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

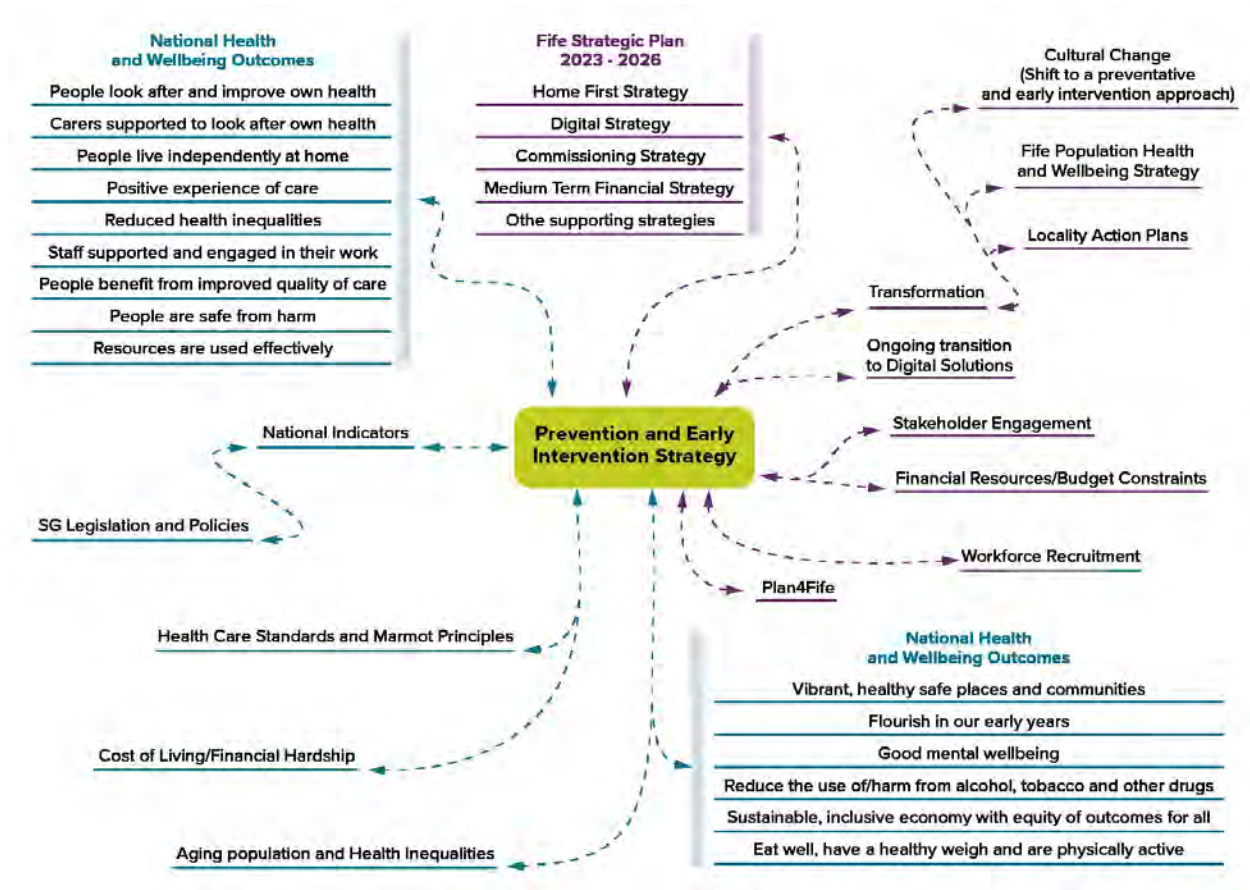
Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
<ul style="list-style-type: none"> Flu From Week 16 <ul style="list-style-type: none"> Pertussis* 	8 Weeks <ul style="list-style-type: none"> Six-in-one** Rotavirus Meningitis B 12 Weeks <ul style="list-style-type: none"> Six-in-one** Pneumococcal Rotavirus 16 Weeks <ul style="list-style-type: none"> Six-in-one** Meningitis B **diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	12-13 Months <ul style="list-style-type: none"> Hib/MenC*** Pneumococcal Meningitis B Measles, Mumps & Rubella (MMR) Aged 2-5 <ul style="list-style-type: none"> Flu 3 Years 4 Months <ul style="list-style-type: none"> Four-in-one**** MMR ***haemophilus influenzae type b, meningitis c ****diphtheria, tetanus, pertussis, polio	P1-S6 <ul style="list-style-type: none"> Flu S1 <ul style="list-style-type: none"> Human papillomavirus (HPV) S3 <ul style="list-style-type: none"> Tetanus, Diphtheria & Polio (Td/IPV) MeningitisACWY MMR (Status) 	Offered to eligible groups: <ul style="list-style-type: none"> Flu Older Adults <ul style="list-style-type: none"> Pneumococcal Shingles 	Offered to eligible groups: <ul style="list-style-type: none"> HPV Pneumococcal Hepatitis B BCG***** Including: <ul style="list-style-type: none"> people with certain health conditions people who work in health and social care people travelling abroad refugees men who have sex with men (MSM) *****bacillus calmette-guérin

Ref: Immunisation across The Life Course, Public Health Scotland

Prevention and Early Intervention Strategic Drivers

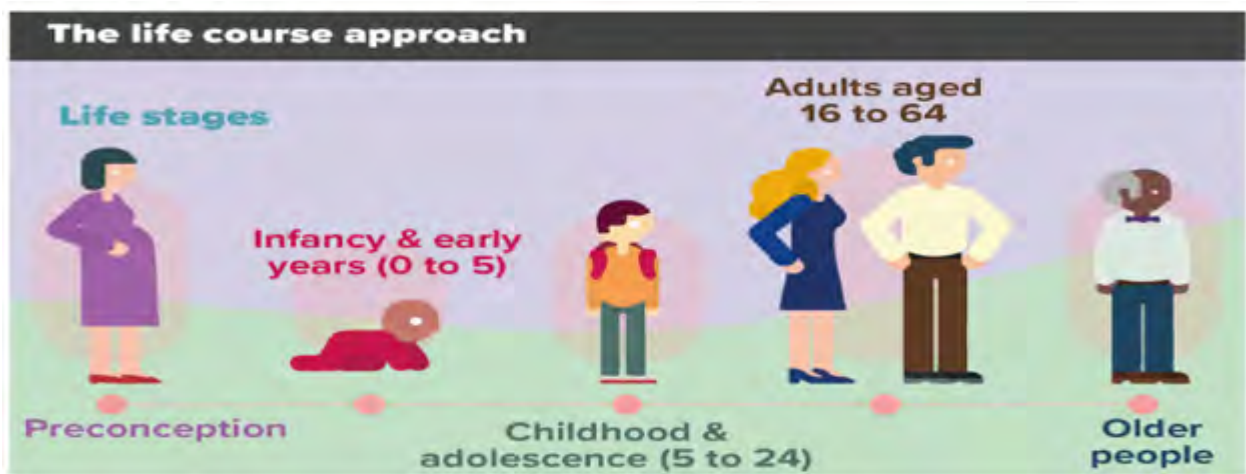
Extensive research was carried out during 2023 which allowed us to review how we are currently delivering prevention and early intervention in Fife and why this is important (see appendix IV). This supported us to understand the challenges we face and how best to address them. All information gathered was used to inform the development of this Strategy and the actions needed to meet our priorities.

The table below identifies the key internal and external drivers that shape the Prevention and Early Intervention Strategy and its priorities. Some of these drivers are discussed in further detail throughout the body of the strategy.



Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is:

'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time.'

Why a life course approach?

Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a persons' whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. (Diverse examples of prevention and early intervention approaches in Fife across the life course have been outlined on page 13). People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, transition to being a carer, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

'A good life' was terminology preferred by the public and although what was meant by this varied, common themes arose. To the public 'A good life' means;

- *Having access to health and social care*
- *Good relationships*
- *Safe environments*
- *Enough money*
- *Food and transport*
- *Feeling respected*
- *Being listened to*
- *Having a choice*
- *Feeling understood and valued*
- *Being involved in decisions about them*
- *Being given support and encouragement to help themselves*

People wanted information with clear messages, and easily accessible to them, when and where they need it without having to keep telling their story.

Relative Contribution to Health from Modifiable Factors

Marmot's eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the



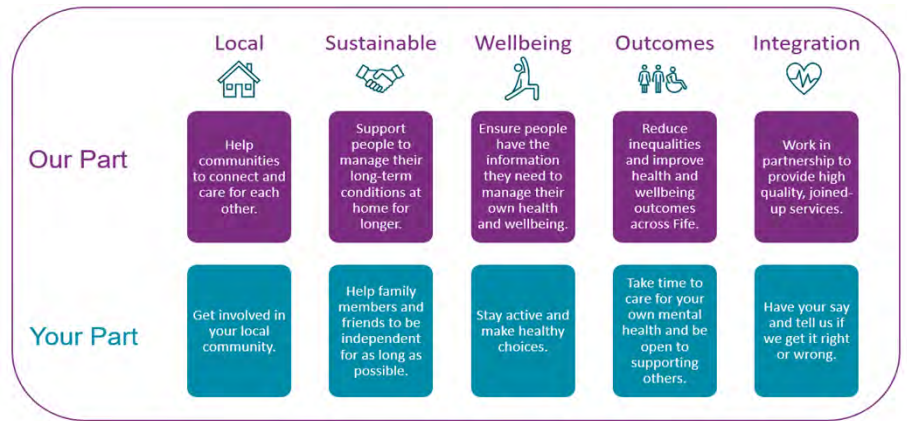
remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

Our Wellbeing Pledge Approach

To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

**Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the “us” component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.

We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.



We refer within the Strategy to ‘self-care’ as an approach for individuals to maintain their own health and wellbeing. It involves recognising one’s own needs and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By

incorporating self-care into one’s routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

The locality planning approach will support the delivery of the Prevention and Early

Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



More detail on the Partnerships locality planning approach can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/files/2023/06/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

Under the HSCP strategic plan, other key strategies of the Partnership have a priority focused on Prevention and Early Intervention as outlined in the Table below. Each strategy has specific goals and interventions, they are interconnected and work together to support holistic well-being across the lifespan.

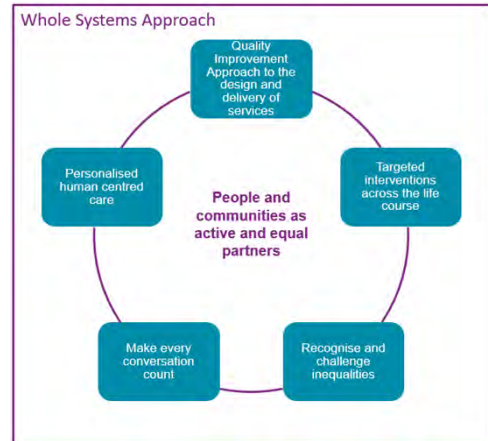
Commissioning Strategy	<i>Our approach to commissioning focuses on prevention and early intervention and promotes community-based supports over residential settings. This helps to build resilience through self-care and self-management and enables people to take better care of themselves and their families</i>
Carers Strategy	<i>Our Carers Strategy supports carers across Fife to make positive choices, improving their own health and wellbeing, and helping them to live a happy and fulfilling life alongside their caring role. This also enables the individuals who are being cared for, to remain at home and to live healthier lives for longer.</i>
Digital Strategy	<i>The Digital Strategy has been put in place to help all areas of the partnership to transform and enhance the services provided using Digital systems and solutions and to learn and share their experiences of using Digital. The Prevention and Early Intervention strategy has clear links to our Digital strategy. They are both striving to use digital more holistically to enhance and complement the face-to-face services offered by HSCP using digital technology and solutions.</i>
Home First Strategy	<i>The Home First Strategy prioritises the delivery of care in the comfort of one's own home or homely setting, reducing hospitalisation rates and enhancing quality of life. The Prevention and Early Intervention Strategy recognises that embracing the 'home first' approach will be pivotal to its success.</i>
Primary Care Strategy	<i>The Primary Care Strategy will contribute to the delivery of the Prevention and Early Intervention Strategy by supporting people to stay well and remain independent and enabling people and communities to access the right care, at the right time and in the right place</i>
Re-Imagining Third Sector	<i>The Reimagining Third Sector Commissioning project aims to ensure the preventative and early intervention services we commission, both now and in the future, are fully aligned to our strategic plan and reflect our strategic priorities, contribute to achieving our vision, are joined-up and are linked to local needs.</i>
Workforce Strategy	<i>The Workforce Strategy will act as a key enabler to shifting awareness and focus of our workforce to prevention and early intervention as a key priority and will define the workforce needed to support future challenges as well as the health and wellbeing of our own staff.</i>
Mental Health	<i>The Mental Health strategy will support people living and working in Fife to achieve their best</i>

Strategy	<p>possible mental health and wellbeing by adopting a preventative approach throughout the life-course which aims to stop mental health problems from developing, getting worse or coming back. The three types of prevention are outlined below:</p> <ul style="list-style-type: none"> - Protecting and promoting good mental health for all by giving people knowledge and tools to nurture and look after their own mental health (primary prevention) - Supporting people at higher risk of developing a mental health problem (secondary prevention) - Helping people living with mental health problems to stay well (tertiary prevention)
Drug and Alcohol Strategy	<p>Fife Alcohol and Drug Partnership (ADP) recognises four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018) and further emphasised in Drug Mission Policy 2022 – 2026</p> <ul style="list-style-type: none"> • Environmental – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use. • Targeted – specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency. • Education – drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment • Availability – raising awareness and providing evidence of the link between availability of alcohol and harm

Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife’s third and independent sector organisations are driven by a mission to address social issues and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

The strategy seeks to bring about systemic change by addressing underlying structures, policies and practices that contribute to the issue. This may involve advocating for policy reforms, implementing changes in service delivery models and promoting a culture of prevention and early intervention.

Challenges

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



Enablers

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy
- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

Actions

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

Note: *Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals*

Actions

- Awareness raising and culture change
- Workforce training
- Communications plan
- Health Promotion plan
- Person centred care
- Ongoing participation and engagement
- Use all data and feedback to inform decisions
- Map needs, services, assets and opportunities
- Anticipate who needs support and when
- Design and deliver care/services with people
- Tools and information to support self-care
- Whole system collaboration
- Leadership and coordination to drive change

Anticipated Outcomes

- P&EI is embedded into workforce practices
- Demonstrate increased activity and improved outcomes in collaboration with other strategy workstreams

receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

Delivery Plan

We have set realistic, achievable and measurable actions for the period 2024 - 2027. We highlight how these link to our priorities and if strategic and/or systematic (operational) input is needed. We also highlight key areas of prevention and early intervention activity not unique to our Strategy which are being delivered and measured by one of the eight other transformational strategies and enabling strategies (for example Digital or Performance strategies).

Our delivery plan will include a performance framework with agreed measures to evaluate, evidence and assure if the action and changes lead to improvements in the health and wellbeing of the people of Fife and if so how these improvements will be sustained and embedded into our system beyond 2027.

Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level delivery plan that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources and commissioning activity are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023-2026. To support this, the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

The Prevention and Early Intervention Delivery Plan was developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.

- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Commissioning services outside of traditional health and social care providers may need to be considered to support self-care.

Governance and Planning

Creative Leadership, co-ordination and governance will be in place to support the momentum needed to enable and progress the work required to deliver the prevention and early intervention strategy for the next three years and beyond given the long-term nature of the impact of prevention and early intervention.

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.



Appendices

- I. Glossary of Terms
- II. P&EI Participation and Engagement Report
- III. P&EI Participation and Engagement Phase 2 Report
- IV. P&EI Equality Impact Assessment (EQIA)
- V. P&EI Risk Register
- VI. High Level Delivery Plan

Appendix i

Glossary

Prevention	Identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.
Evidence based practices	Using the best available current, relevant and reliable evidence from research and practice
Early Intervention	Identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.
Interventions	Services or activities that bring about desired change or improvements in a particular situation or individuals wellbeing
Support systems	Network of people, resources and services that individuals rely on for assistance, guidance and emotional or practical support
Future care planning (Anticipatory Approach)	Predicting and preparing for future events or circumstances
Key Transitions	Significant changes / milestones that individuals experience throughout their lives <ul style="list-style-type: none">• birth to childhood to adulthood• primary school to secondary school to college• single to committed relationship to marriage to parenthood• Aging and retirement
Value based health and care	Approach that focuses on high quality health and care services that values outcomes for patients
Multifaceted	Many different elements that contribute to its overall function
Targeted support	The provision of assistance or resources that are tailored to meet specific needs of either an individual or larger group of people
CBT	Cognitive Behavioural Therapy – a type of talking therapy
Health Inequalities	Unfair and avoidable differences in health across the population, and between different groups within society
Cerebrovascular	Blood flow through the brain
Intergenerational	Activities between or involving people of different age groups
Educational attainment	Highest level of education completed by a person
Ischemic	Lack of blood supply to a body part (heart or brain) that is due to an obstruction
Malignant Neoplasm	Another term for a cancerous tumour

Performance Measures	The process used to assess the efficiency and effectiveness of projects, programmes and initiatives
Commissioning strategy	Identifying local need, allocating resources and to buy in a provider to best meet that need
Participation and Engagement strategy	Involving individuals and communities in service provision, design and working
National Care Service	Strategic direction and quality standards for community health and social care in Scotland
Holistic	Approach that considers the whole rather than focussing on individual parts
Technology first approach	Practical use of technology in business
Area profiles	Detailed descriptions about a particular locality, neighbourhood or region
Stakeholder Engagement	Involving individuals or groups who have a vested interest or 'stake' in a particular project, organisation or decision-making process
Upstream Prevention	Focuses on addressing the root causes or underlying factors of a problem or issue, rather than solely treating its symptoms or causes after they have already occurred
Human centred care	Approach to healthcare that prioritises the needs, preferences and experience of the individual receiving care

Prevention and Early Intervention Strategy

Fife Health
& Social Care
Partnership



**Delivery
Programme**

Welcome...

...to our prevention and early intervention delivery plan. In this delivery plan we have outlined the key actions that will guide our approach to embed and deliver prevention and early intervention across services and organisations.

This plan outlines our approach to identify, address and mitigate potential or actual health, wellbeing and social disadvantage problems or issues before they escalate, as well as providing timely support and interventions to individuals who may be at risk from these.




This delivery plan emphasises the involvement of our communities individually or collectively; the stakeholders and relevant partner organisations such as the H&SCP, Fife Council, and the Third and Independent sectors, to ensure a comprehensive and inclusive approach. By implementing proactive strategies and engaging in early intervention, we aim to create a safer and healthier environment for all focused on outcomes and what matters to people, their families and/or carers.

We understand that the effectiveness of our strategy will evolve over time and we provide assurance that we are committed to regularly assessing and evaluating our progress, gathering feedback and making necessary adjustments to enhance our delivery. Ensuring that this occurs in regular and frequent cycles and a performance and assurance framework will evidence delivery and impact and support us in reviewing and changing our approaches and plans as appropriate.




Our priorities: We will...	
Priority 1	ensure inclusive and equitable access to care across Fife
Priority 2	improve data collection and management, ensuring that our resources are deployed effectively
Priority 3	develop a life course approach which values and improves the health and wellbeing of both current and future generations
Priority 4	assess existing service provision and identify both current and future requirements
Priority 5	introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers



Strategy Enablers



Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 1 Priorities 1-5		Working together, services and organisations will create supportive environments that prioritise prevention and early intervention to meet the diverse and specific needs of their communities based on data and local intelligence.	P&EI is demonstrably a priority for locality working groups.	P&EI approaches become business as usual for locality planning.	P&EI is embedded in communities.				Locality plans have a focus of P&EI priorities for individuals and communities	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • Head of Strategic Planning, Performance and Commissioning • Director of Public Health • Health Promotion Service Manager
Area 2 Priorities 1-5		In partnership, we will design and deliver a communication plan to ensure that all stakeholders are well informed to enable them to lead on implementation of the Strategy within their own area and across services.	Design and deliver a communication plan that ensures all stakeholders are well informed and able to lead on the implementation.	P&EI approaches/ interventions become part of routine care across services and organisations.	Sustained cultural shift to P&EI across organisations and services.				Key measures and performance indicators will demonstrate impact of communication plan through engagement and interaction with communication plans across service areas.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health
Area 3 Priorities 1, 3 & 4		We will ensure effective leadership and management activities focused on ensuring the provision of universal services, delivered at scale and intensity proportionate to the need to reduce health inequalities.	Designing and delivering services in a way that is responsive to the varying needs of different populations.	Demonstrable data and intelligence led service delivery plans.	Levelling up across social gradient and promoting health equity across diverse populations.				Performance and assurance measures will demonstrate a reduction in demand for crisis and urgent care and improvement in population health.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health • Resilience Lead

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 4 Priorities 3-5		We will ensure that all service and organisations' specifications are aligned to and specific regarding activities which deliver the strategic direction and priorities of the P&EI Strategy.	Evidence of decision making and strategic planning within services and organisations.	P&EI would be easily and clearly identified as a service/ organisational priority.	P&EI has influenced and informed strategic, operational and business continuity planning decisions based on a culture of prevention.				An embedded review and audit cycle of service specifications will evidence service deliverables which prioritise P&EI.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Resilience Lead
Area 5 Priorities 1 & 2		Together we will remain outcome focused and work collaboratively with service users to ensure they are listened to so what matters to them and their perspectives are integrated into decision making processes so that our services remain relevant and responsive and can be tailored to meet their needs effectively.	Involving service users in the planning and implementation of services is a demonstrable priority.	Embedding the voices of those who use and those who deliver health and social care services are heard and actively used to inform the development of services and improvement plans.	Culture of listening and responsiveness that ensures that service users are at the centre of decision making processes.				Demonstrable qualitative improvement measures will be agreed and evaluated through effective participation and engagement activity.	<ul style="list-style-type: none"> • Head of Strategic Planning, Performance and Commissioning • HSCP Senior Leadership Team • Director of Public Health

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 6 Priorities 1, 3 & 5		We will work in partnership to ensure that individuals, carers and communities have the tools, including the necessary knowledge, and skills to proactively manage their own health, wellbeing and social circumstances through informed decision making.	Identify/develop tools and signposting to information so individuals can make informed decisions about their health and wellbeing and actively participate in P&EI activities.	By promoting preventative care individuals may be able to identify and address health issues before they escalate.	Changes in attitudes, beliefs, behaviours and self management practices.				Demonstrable qualitative improvement measures will be agreed and evaluated by effective participation and engagement activity.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team
Area 7 Priorities 3 & 5		In collaboration, we will design and deliver a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled to deliver prevention and early intervention priorities.	Provision of training and capacity-building opportunities for staff from all agencies to ensure they have the necessary skills and knowledge to apply it to their day-to-day practice.	More knowledgeable and competent workforce that is better equipped to address issues proactively and effectively.	Culture of innovation, collaboration and adaptability among the workforce.				Dedicated staff surveys, KPIs, audits, impact evaluation and other modes of assessment will be gathered to inform impact and success of any learning plans implemented.	<ul style="list-style-type: none"> • Principal Lead for organisational Development & Culture, • HSCP Senior Leadership Team • Fife Quality Improvement Lead • Health Promotion Service Manager
Area 8 Priority 4		We will identify, document and evaluate current and planned P&EI activity	Opportunities which enable individuals to collectively contribute to enhancing the quality of life for the people of Fife.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	More resilient and healthy environment for all.				Through audit and reporting arrangements, documentation related to service delivery, redesign and/or transformation will be assessed to evaluate impact on strategic priority of P&EI.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • HSCP Extended Leadership Team

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
Area 9 Priority 2		We will develop a performance assurance framework to support the implementation and evidence the positive impact and ambition of the Strategy.	Key performance metrics to track progress and measure impact of P&EI deliverables.	Sustained improvements in P&EI outcomes and reduced incidence of negative outcomes.	Culture of continuous improvement and evidence based decision making within communities and organisations.				A regular and consistent cycle of reporting will be evidenced via agreed governance and assurance routes within HSCP and NHS Fife.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • HSCP Senior Leadership Team • Director of Public Health
Area 10		Establish a measurement for the proportion of prevention activity against all activity, to show the shift towards prevention over time. This will be based on activities identified in Area 8.	Develop a group of indicators for both preventable and prevention activity.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	P&EI activity is embedded across organisations and services.				Specific metrics defined and agreed for the proportion of prevention activity to be tracked and reported against.	<ul style="list-style-type: none"> • Head of Service Primary and Preventative Care • Director of Public Health • Head of Strategic Planning, Performance and Commissioning

Meeting: NHS Fife Board

Meeting date: 26 November 2024

Title: Population Health and Wellbeing Strategy, 2024-25 Mid-Year Report

Responsible Executive: Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy

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

Executive Summary:

- The NHS Fife Population Health and Wellbeing Strategy 2023-28 was published in March 2023. The corporate risks to the ongoing implementation of the strategy were explored in a deep dive of this risk during summer 2023. It was agreed that to mitigate this risk a mid-year progress update would be provided along with an annual report. This would provide assurance to the board of the work to take forward the strategy.
- This paper provides the mid-year progress update for the second year of the implementation of the strategy covering the period April-September 2024.
- The paper is structured around the 12 corporate objectives which are aligned to the four strategic priorities outlined in the strategy.
- The report also includes two case studies providing examples of our strategy in action: these include findings of our evaluation of the Rapid Cancer Diagnosis Service (RCDS) and information on how we are improving care for people living with frailty at the front door of the Victoria Hospital Kirkcaldy.
- The report has been updated following discussion at the Public Health and Wellbeing Committee on the 11 November 2024 with an additional annex (appendix 3) detailing the metrics that are being monitored as part of the strategy implementation. A full update on these metrics will be provided in the 2024-25 annual report expected in spring 2025.
- This report provides Moderate Level of Assurance to the board.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

This report provides an update on all the NHS Fife Board Priorities.

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the publication of the [NHS Fife Population Health and Wellbeing Strategy](#) in March 2023, it was agreed that going forward, a mid-year progress update and an annual report summarising the progress of the strategy would be shared with the NHS Fife Board.

The 2024-25 mid-year Report has been prepared detailing the work taken forward in the first 6 months of the 2024-25 financial year. It provides moderate assurance around the ongoing work to implement the Population Health and Wellbeing Strategy.

2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on how we provide assurance on progress of implementation to the NHS Fife Board.

It was agreed to produce a mid-year report and an annual report providing a summary of progress with key achievements and impact. The first [mid-year report](#) covering April 2023-September 2023 was published in January 2024. This was followed by the first [annual report](#) covering the first full year of strategy implementation published in May 2024.

We are now in the second year of implementation of the strategy. The second mid-year report outlining the progress made in April- September 2024 is appended to this paper.

2.3 Assessment

The 2024-25 mid-year report has been prepared by reviewing a range of existing reports including Corporate Objectives Review Group, Annual Delivery Plan quarter 2 reporting and where necessary, discussion from a range of colleagues across NHS Fife. The report is structured around the following sections:

Case Studies

- Two case studies outlining examples of the work that is underway in Fife are included in the report. These include findings of our evaluation of the Rapid Cancer Diagnosis Service (RCDS) and information on how we are improving care for people living with frailty at the front door of the Victoria Hospital Kirkcaldy.

Reform, Transform, Perform

- There is an overview of our Reform, Transform, Perform framework explaining how our tactical approach to addressing our financial challenges and drive transformation of our organisation. This narrative explains the links with our strategy and how our work is aligned to RTP.

Summary of work undertaken April-September 2024

- There is a summary of key pieces of work that have been undertaken for the first 6 months of this financial year.
- This narrative has been structured around the 12 corporate objectives that were agreed by the Board in July 2024. The Corporate Objectives are aligned to the 4 strategic priorities detailed in the strategy:
 - Priority 1- Improve health and wellbeing
 - Priority 2: Improve the quality of health and care services
 - Priority 3: Improve staff experience and wellbeing
 - Priority 4: Deliver value and sustainability
- For each corporate objective we have provided context explaining how the linked work builds on what we have already been doing and/or explained why this work is important. There is then a summary on what we have done and what we are going to do for the remainder of the current financial year.
- Narrative has been kept succinct and brief with a focus on how we are realising our strategic objectives rather than a detailed description of all our work across the organisation.
- Where relevant, the linkages between the corporate objectives and the RTP programmes have been described.

Appendices

- Appendix one describes the links between the corporate objectives and RTP.
- Appendix two provides an overview of the supporting Strategies and Programmes that are aligned to the Population Health and Wellbeing Strategy.
- Appendix three provides a summary of the metrics we are tracking to support measurement of impact of the strategy. A full update of our metrics will be provided in our 2024-25 annual report in spring 2025.
- Appendix four provides a glossary of acronyms used in the report.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year report provides a high-level progress update on the work being undertaken to deliver high quality, patient centred and value-based health & care in the 2024-25 financial year, with a focus on how we are addressing the impact of health inequalities.

2.3.2 Workforce

The enclosed report provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the 2024-25 financial year in line with the commitments we have made in our Corporate Objectives, the Annual Delivery Plan and the vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will support reduced demand on our healthcare system through preventive actions which will improve the health and wellbeing of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients,

staff and communities. Following the deep dive reporting mechanisms have been agreed which include a commitment to the production of this a mid-year report each year.

We know that our ongoing work to address our financial position may have an impact on our organisational capacity to deliver all our ambitions associated with the Population Health and Wellbeing Strategy. We are actively monitoring this and, if necessary, we will update the related corporate risks.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The annual report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update makes reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation across NHS Fife and beyond.

2.3.8 Route to the Meeting

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

- Executive Directors Group, 17 October 2024
- Public Health and Wellbeing Committee, 11 November 2024
- Area Partnership Forum, 20 November 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – this paper provides moderate assurance that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.
- **Endorse** – to endorse the mid-year report for publication.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report 2024-25

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Population Health and Wellbeing Mid-Year Report 2024-2025

Living well, working well and
flourishing in Fife

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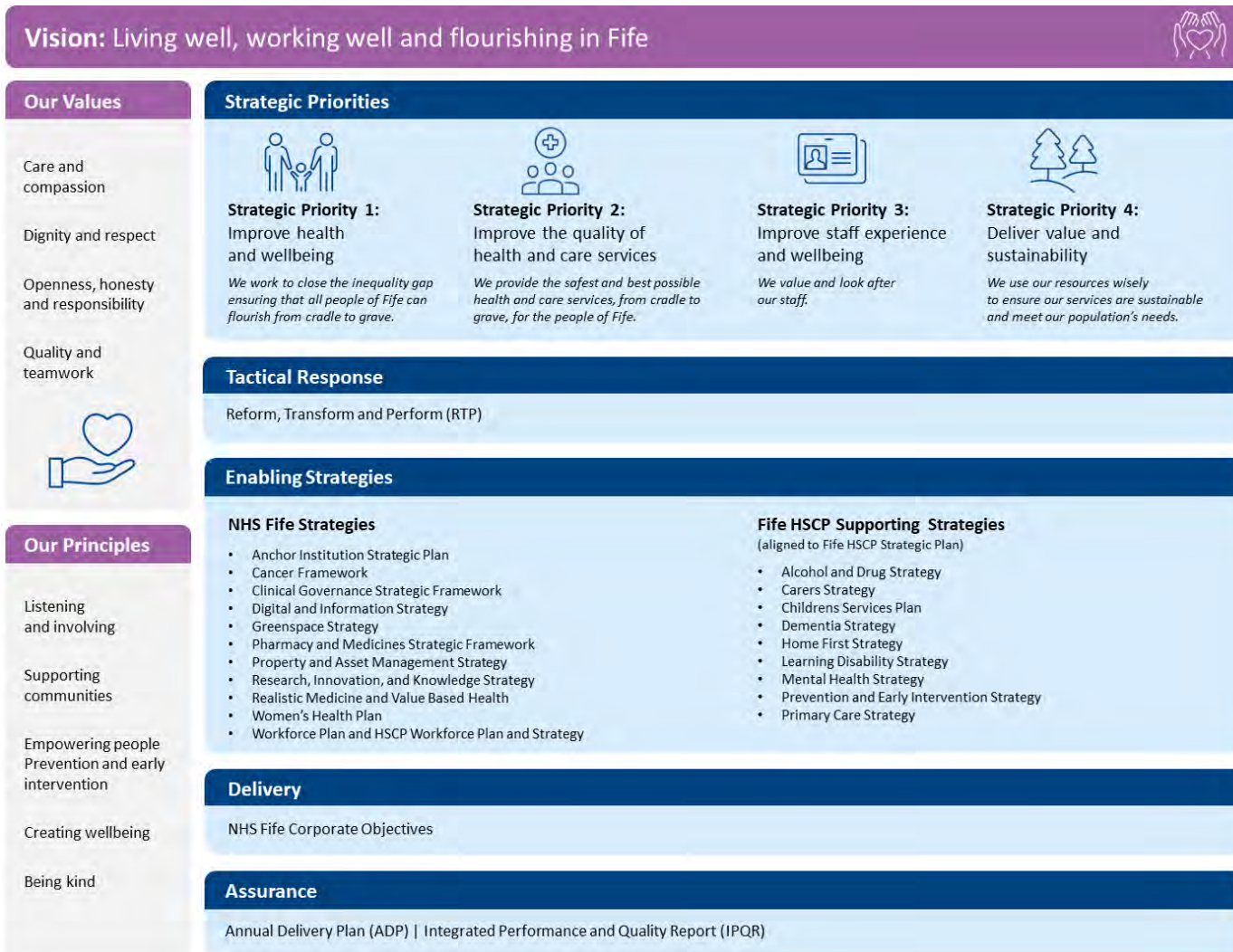
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Our strategic framework: *how we're delivering our population health and wellbeing strategy*



Introduction

We are now into the second year of implementing our [Population Health and Wellbeing Strategy](#). Signed off by NHS Fife's Board in March 2023 we are continuing to work towards the vision outlined in this strategy of *Living Well, Working Well and Flourishing in Fife*. Building on the work in 2023-24, this report provides an update on the progress we have made in the period April-September 2024.

The focus of our strategy is to ensure that we are improving population health and wellbeing, recognising where we can make an impact on the social determinants of health and address health inequalities. When we developed the strategy, recognising the high degree of uncertainty we faced, we chose to not develop detailed plans and commitments. Instead, we committed to take a more agile approach allowing us to adapt our approach as circumstances necessitated.

As we move forward both the opportunities and challenges are becoming clearer. Recognising the significant financial challenges we face as an organisation, whilst also mindful of our commitment to delivering high quality care, we have developed our Reform, Transform, Perform (RTP) framework. This is our tactical response to addressing our financial challenges, whilst in tandem, describing how we will create the conditions for us to evolve our services, empower our staff and to secure a more sustainable future. This approach is supporting closer whole system working with our strategic partners across the Fife health and care system. Our RTP Framework is firmly rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy and will accelerate progress with our transformation journey.

Updates in this report are structured around the NHS Fife Corporate Objectives. Appendix one details how these are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the NHS Fife Annual Delivery Plan for 2024/25 agreed with Scottish Government. For each corporate update we have provided context, where necessary explaining how the corporate objective builds on work already undertaken. There is then an update on what has been achieved in April-September 2024 and what we plan to do in the latter half of the financial year (October 2024-March 2025).

Additionally, there is a range of information included in appendix two which provides more detail on our strategies and programmes across NHS Fife as well as the work underway supporting implementation of our RTP Framework. Appendix 3 provides an overview of how we are measuring the impact of the Population Health and Wellbeing Strategy. We also have provided two case studies which show how we are redesigning our services in practice. The first describes the impact of the recently implemented Rapid Cancer Diagnostic Service and the what the evaluation of this service has showed. The second outlines how we are reducing admissions to hospital for our most frail patients through collaborative working across our admissions team and our Hospital at Home Service.

The breadth and range of work described in this report is a testament to the continued efforts and support all the staff employed by NHS Fife who have demonstrated their ongoing commitment to the ambitions set out in our Population Health and Wellbeing Strategy. We thank them for all the work that they do and how they allow us to care for the population of Fife.

Our work in action: *how we are making a difference to our health and wellbeing*

Evaluating the impact of the Rapid Cancer Diagnostic Service

About the Rapid Cancer Diagnostic Service

When John first visited his GP, he had vague symptoms—nothing too alarming, yet enough to concern him. His journey could have led to multiple appointments, tests, and long waiting times, adding to his anxiety. Instead, thanks to the Rapid Cancer Diagnostic Service (RCDS), John received prompt, coordinated care.

We have well established standard cancer referral pathways for patients who meet clear referral criteria. However sometimes patients present to their GP with non-specific symptoms such as vague discomfort, unexplained fatigue, or subtle changes. These symptoms might be early signs of something serious, like cancer, but they don't meet the criteria for referral to secondary care.

NHS Fife established an award-winning RCDS in June 2021, supporting patients like John, whose story we shared in the [Population Health and Wellbeing Strategy](#) (page 23). The RCDS provides primary care with an alternative route to refer patients with non-specific symptoms where the GP is concerned about the possibility of cancer. Patients referred to the RCDS receive co-ordinated examination and investigations based on their needs with rapid reporting of results.

How did we evaluate our Rapid Cancer Diagnostic Service?

The University of Strathclyde completed an evaluation of three pilot RCDS sites in Scotland, which includes the service provided in NHS Fife. A range of data was collected on the activity and performance of the RCDS for patients referred between June 2021 – June 2023. Opinions of the RCDS from patients and health professionals were also sought through online surveys and qualitative interviews. Further feedback was also gathered from [Care Opinion](#).



What did the evaluation tell us?

The evaluation of all three RCDS pilot sites found:

- 12% of patients seen over the two-year period were diagnosed with cancer.
- 6% were given a pre-cancer diagnosis, meaning they required further monitoring in case a cancer develops.
- 41% were diagnosed with a non-cancer condition.
- 41% were given the all-clear and referred back to primary care.

It also highlighted that the model delivers a **quality service at speed, is cost effective** compared to previous pathways, and **highly valued by patients and staff**. Positive patient experience is attributed to the speed of referral, reduction in waiting times for diagnostic tests, having a single point of contact and enhanced information and communication throughout the RCDS pathway.

When patients are referred to the RCDS, they receive an experience built on speed, support, and understanding. As one patient described, *'I could not have been treated with more courtesy...she [staff member] spent time trying to put me at ease.'*

Our RCDS is breaking down barriers, reaching people in Fife's most deprived communities. As shown in the figure below, most referrals into the service were made for patients living in the most deprived areas (SIMD 1). This compares positively with the Urgent Suspicion of Cancer referral route. The services were positively received by patients, with more than 96% giving the service a positive satisfaction rating of eight or more (with a maximum score of 10).

	% RCDS Referrals June 2021-June 2023 by deprivation category	% Urgent Suspicion of Cancer Referrals June 2021-June 2023 by deprivation category
SIMD Q1 (most deprived)	24.4%	20.4%
SIMD Q2	22.1%	20.6%
SIMD Q3	19.0%	21.0%
SIMD Q4	17.8%	19.6%
SIMD Q5 (least deprived)	16.2%	18.4%

What are we doing next?

Funding for 5 pilot RCDS sites cross Scotland, including Fife, has been provided until March 2025 and outcomes are continuing to be monitored.

How NHS Fife is tackling frailty

What is Frailty?

'Frailty' is a term that is used a lot but is often misunderstood. When used appropriately, it refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury¹. Frailty is progressive, negatively impacting independence and quality of life and is linked to an increased use of health and social care services. Frailty can affect people as young as 50 years old. It is projected that as our population ages, there will be an increase in those living with frailty. Consequently, there is a need to plan for clinical services to manage the increase in the frail older population.

Developing our services for our frailest patients

We have been undertaking a range of redesign to improve our services for our frailest patients. Our approach is supported by working in partnership with a wide range of organisations in Fife coordinated through the Frailty Managed Clinical and Care Network (MCCN). The network priorities include frailty prevention, early intervention and integrated support and care across Fife.

Between October 2023 and January 2024, we tested an in-reach approach in which an Advanced Nurse Practitioner (ANP) working in the Victoria Hospital Kirkcaldy facilitated the earlier discharges of patients living with frailty, with support from the NHS Fife [Hospital at Home](#).

How did we evaluate the in-reach frailty model?

During this time, 168 early supported discharge (ESD) patients transitioned from an acute setting to the Hospital at Home service, 92 of which were identified by the In reach Hospital at Home ANP and Frailty ANPs. 77% of the patients identified by in-reach were discharged on their day of admission. A total of 555 bed days were saved (based on the monthly average Length of Stay).

¹ [What is frailty? | Age UK](#)



The table below details the impact our service has made.

Month	Total Patients Identified as Early Supported Discharge by In-Reach ANP	Same Day Discharge	% Same Day Discharge	Average Monthly Length of Stay (Days)	Average Acute Bed Days Saved
October 2023	18	10	56%	7.5	75
November 2023	53	41	77%	7.7	316
December 2023	10	10	100%	8.2	82
January 2024	11	10	91%	8.2	82
Total	92	71	77%	-	555

Over the 4-month period of the test of change we have saved 555 bed days.

What are we doing next?

Following the recruitment of two ANPs, we are now expanding the Hospital at Home in-reach frailty service, enabling earlier discharge of frail patients so they can be cared for in a homely environment in conjunction with our Hospital at Home service.



Re-form, Transform, Perform

We agreed our Reform, Perform, Transform (RTP) framework in March 2024 as our tactical response to support NHS Fife to actively undertake the transformation of our organisation. It sets out how we will implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future.

This framework is rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy and serves as a tactical plan for the organisation, underpinned by our Corporate Objectives, our Annual Delivery Plan (ADP) and Medium-Term Financial Plan (MTFP).

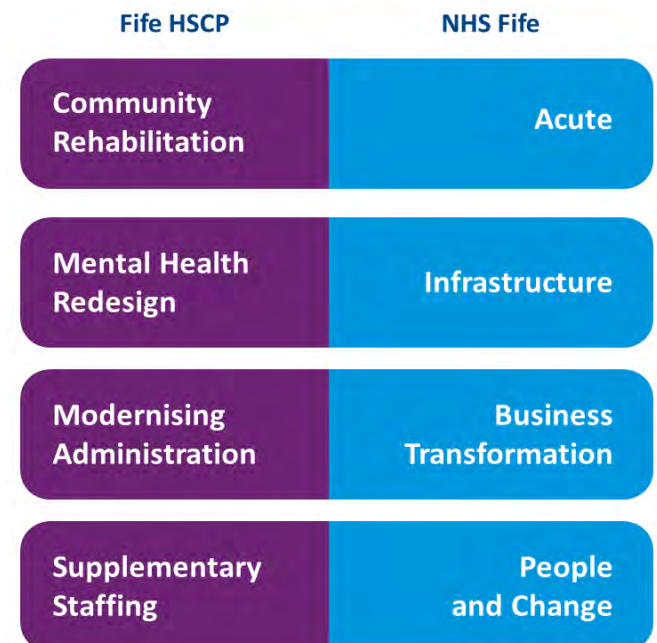
The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. In December 2023, following the Scottish Governments budget announcement, Richard McCallum, Director of Health and Social Care Finance, Digital & Governance at NHS Scotland wrote to all NHS Board Chief Executives, stating that *'The financial pressures across health and social care are by far the most challenging since devolution'*.

As a first step to begin addressing this financial challenge, our RTP Framework sets out how we will deliver £25million recurrent savings in the 2024-25 financial year. This equates to 3% of our total budget. To achieve our savings target we have identified 13 schemes. These schemes vary in scale and complexity but collectively are supporting delivery of our savings target.

The next stage of our framework is the development of our transformation strategic portfolio with a coordinated collection of initiatives, programmes and projects that align with our Population Health and Wellbeing Strategy and long-term ambitions. The portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value, and sustainability. Our four key transformation programmes are Acute, Business Transformation, Infrastructure, and People and Change. In tandem, a joint transformation plan is being prepared that will align the RTP framework with the transformation work of Fife Health and Social Care Partnership (HSCP).

This will support all partner organisations in Fife to jointly pursue high quality outcomes and value for the population of Fife. It also enables us to adapt our work to the emergent local, regional, and national context. Appendix One describes the alignment between the delivery of our RTP framework and the 2024-25 Corporate Objectives.

Aligning the NHS Fife and Fife HSCP Transformation Work



RE-FORM

We need to Re-form

- Immediate changes to how we work across the organisation
- Increased grip and control
- Principles to enable systems leadership to improve our position



Delivery of 3% efficiency target

TRANSFORM

We need to Transform

- Make changes to our services, structure and care delivery
- Develop proposals that will require choices to how we deliver services across NHS Fife
- Ensure change balances the financial position with safety, quality and performance



Delivery of additional 4% to support balance

PERFORM

We need to Perform

- Demonstrate sustainable improvements to our financial position
- Ensure our improvements are sustainable
- Realise our strategic ambition



Sustainable financial position

Strategic Priority 1: *improve health and wellbeing*

Corporate Objective 1: *we will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.*

Provision of good stable employment, particularly for the most disadvantaged in society, can address health inequalities and impact positively on the social determinants of health. In our Anchors Strategic Plan, we identified a key focus of our work would be to promote employment opportunities in Fife with a focus on progressive recruitment practices.

What we have done April- September 2024:

- Collaborating with NHS Education for Scotland (NES) and Fife College we are delivering '[EMERGE](#)'. This is targeted at Fife school pupils (aged 14–16 years) from areas of multiple deprivation, with an interest in pursuing a career in health. Participants undertake a 12-month qualification through Fife College, including a placement within NHS Fife.
- Collaborating with Fife Council to deliver 'Life Chances', supporting Community Wealth Building via 13-week placements leading to sustainable employment. Fife Council provides support and training to develop employability skills.
- Working together with Fife College we are expanding the delivery of Modern Apprenticeships to Healthcare Support Workers employed within NHS Fife. In doing so employees are gaining on the job experience with a qualification, which enhances the nursing career pathway.
- We are working in partnership with St Andrew's University to deliver the innovative Scottish Community Orientated Medicine (ScotCOM) programme. This is focussed on community based clinical teaching and providing students with comprehensive understanding of community care services. It is expected that in the longer term this degree programme will train our future community based medical workforce.
- Supporting our Anchor objectives, NHS Fife has applied jointly with Fife Council to be part of the Collaboration for Health Equity for Scotland (CHES) programme. This is being delivered in partnership by Public Health Scotland (PHS), Sir Michael Marmot and Institute of Health Equity (IHE).

What we will do before 31st March 2025:

- We will continue to facilitate placements for participants on the EMERGE and Life Chances programme. We will ensure that all plans are complete for the first cohort of the ScotCOM programme starting in autumn 2025.
- We will improve our engagement with High Schools in Fife by developing and delivering dedicated Health and Social Care Careers Events for pupils to attend at our Queen Margaret Hospital Education Centre.
- In addition, we will continue to work with the [Prince's Trust](#) to provide 4 week placements to candidates interested in Health and Social Care, aged between 16 – 30 years of age who have been marginalised or are disengaged. Prince's Trust and NHS Fife will help those on placement build both confidence and skills.

Corporate Objective 2: *we will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.*

Prevention and early intervention underpins the delivery of our Population Health and Wellbeing Strategy. It will lead to better health outcomes for people, their families, and our wider communities. We can reduce the burden of illness and reduce early deaths for our population. Getting this right will lead to benefits for our health and care system through reduced demand for services.

What we have done April- September 2024:

- Developed the Prevention and Early Intervention Strategy with input from a wide range of stakeholders. This included developing definitions of prevention and early intervention, so these are shared meaningful concepts across our Health and Care System.
- The Prevention and Early Intervention Strategy has been approved by the Fife HSCP at the Integration Joint Board in September 2024.

What we will do before 31st March 2025:

- Gain approval from the NHS Fife Board.
- Finalise and commence our year one delivery plan which will take a life course approach working alongside existing strategies recognising the interconnectedness of factors such as social, economic, and environmental influences.



Corporate Objective 3: *we will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.*

Our services are under pressure and sometimes patients are having to wait longer than we would like. [Waiting well](#) approaches enable people to support their health and wellbeing while they are waiting for their appointment, procedure, and other care. In 2024-25, we tested ways of embedding a waiting well approach in our Orthopaedics service. This showed that there are benefits of raising awareness of all the resources available. We also found that when we communicate directly with patients, using person centred approaches to understand 'what matters', this is more likely to see positive outcomes such as increased uptake of supporting services.

Through our work to date we have built close working relationships between acute services (where patients are typically waiting) and [The Well](#) (run by Fife HSCP) who run drop-in services providing free information and general advice to help people stay well and independent within their local community.

What we have done April- September 2024:

- Building on the learning in Orthopaedics, we have ensured information on waiting well is readily available on the NHS Fife Website, on the Patient Hub app, in outpatient clinics, and in letters for patients of all specialties. We have also included links to the NHS Fife [Pain Talking](#) website.
- Developed referral pathways to The Well to ensure all patients who can benefit from this service can do so.

What we will do before 31st March 2025:

- Continue to ensure that we embed and maximise use of the wide range of resources available to us including holistic community service provided by The Well.
- Develop plans and agree next steps to take forward Waiting Well. This will include consideration on how we can provide a more proactive approach to embedding waiting well into all our services, recognising that patients are more likely to utilise services following direct contact.



Strategic Priority 2: *improve quality of health and care services*

Corporate Objective 4: *we will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.*

Urgent and unscheduled care services provide any care in an emergency including during out of hours. It includes care provided by our Accident and Emergency department, minor injury units and a range of community services. Our services have experienced increasing demand with year-on-year increases in presentations to our Accident and Emergency department. This pressure is seen in our ED waiting times which have increased. In previous years we have invested in growing our capacity and undertaken redesign of our unscheduled care services. Further work is ongoing to embed changes and take forward further improvements across our health and care system to ensure that our unscheduled care services provide high quality sustainable care in the longer term.

What we have done April- September 2024:

- We have four priority workstreams underway: Flow Navigation Centre (FNC), Rapid Triage Unit, Transforming Urgent Care, and Optimising Care Home Pathways. Progress is monitored regularly through the Integrated Unscheduled Care Programme Board.
- Following the alignment of the FNC to our Acute Services Medical Directorate in 2023-24, we have seen an increase in redirections away from A&E. This means more patients are being seen in the most clinically appropriate setting for their needs and avoids long waits at A&E.
- We have identified further options for service redesign which are currently being considered in conjunction with a range of stakeholders.
- Our performance against the 4-hour standard (95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge, or transfer) is reported every month in our Integrated Performance and Quality Report (IPQR). In September 2024 was 75.4%. The most recent publication from PHS, for month of Aug-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average.

What we will do before 31st March 2025:

- We will continue working in partnership across the Fife health and care system to support the ongoing transformation of unscheduled care. This includes working with the public, primary care colleagues such as GPs, and staff side representation.

Corporate Objective 5: *We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.*

Supporting our Population Health and Wellbeing Strategy, we are developing an Acute Services Clinical Framework covering the period 2025-28. We will also prepare a delivery plan which will detail changes we want to make. Together, this will outline how we will deliver safe and sustainable acute services that meet the needs of Fife. This will guide the transformation of acute services and will be aligned to our Reform, Transform, Perform framework.

What we have done April-September 2024:

- We have begun scoping the Acute Services Framework through reviewing of existing directorate plans and strategies with a focus on the ambitions of clinical services for next three years.

What we will do before 31st March 2025:

- Through engagement with our clinical stakeholders, we will prepare a framework for sign-off by the NHS Fife Board.



Corporate Objective 6: *We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.*

[Realistic Medicine](#) and Value Based Healthcare are central to our RTP framework. The realistic medicine principles include shared decision making, personalising approaches to care, reducing waste and harm caused by healthcare, reducing unwarranted variation, better managing risk, and seeking to continually improve and innovate. NHS Fife agreed its Realistic Medicine Delivery Plan with Scottish Government and the work is continuing to deliver this.

What we have done April- September 2024:

- The Realistic Medicine Principles are being embedded as part of the RTP Medicines Optimisation scheme and our Medicines Safety Programme to ensure the safety, sustainability, and value from medicines.
- Delivering awareness raising sessions across all parts of our organisation which include promoting the TURAS module on Shared Decision Making and national campaign [It's ok to Ask](#) and the [Benefits, Risks, Alternatives and do Nothing \(BRAN\)](#) questions.
- We have tested the delivery of Quality-of-Care Reviews within acute services, and we have developed plan to scale this work up with further testing in community services from September.
- We are scoping further work around reviewing medicines and procedures of low clinical value and approaches to realistic prescribing.

What we will do before 31st March 2025:

- We will continue work already underway, embedding Realistic Medicine principles across all our work.
- Working with our frailty team to revise guidelines for Realistic Prescribing in Frailty
- Realistic Diagnostics to deliver value-based care.



Strategic Priority 3: *improve staff experience and wellbeing*

Corporate Objective 7: *We will develop a workforce staffing model in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.*

NHS Fife's workforce is essential to the delivery of high-quality services. We know that the best way to deliver high quality care is to have substantive staff that are part of our clinical teams. Our Workforce Plan (2022-25) sets out our plans for how we will develop our workforce to ensure that we deploy our staffing resources effectively and this aligns with plans to redesign and transform services. Much of this work aligns with RTP and is being managed as part of the RTP People and Change Programme and Business Transformation Programme. We are also making links with the HSCP Modernising Administration Services and Supplementary staffing programmes.

What we have done April- September 2024:

- Across all staff groups we have taken steps to move away from using supplementary staffing. Where we do need to use supplementary staffing, we have taken steps to increase the governance and scrutiny of this. For services with specific staffing challenges, we are looking at redesign to protect continued delivery of care.
- [The Health and Care \(Staffing\) \(Scotland\) Act](#) came into force on 1 April 2024. In line with the provisions of the Act we have commenced use of a range of [tools](#) to assess our staffing levels and provide assurance these are safe to meet the safe delivery of patient care.
- Commenced reviewing our staffing structures across all grades and all parts of our workforce. This will ensure that our staff maximise their impact and support delivery of everything we do. We are considering how the deployment of digital approaches can support our workforce to deliver their roles.
- We are developing workforce models for all parts of our medical, nursing, midwifery, and Allied Health Professional (AHP) workforce to project our workforce requirements in future years.

What we will do before 31st March 2025:

- Use the outputs of the work underway to inform our workforce plans going forward.
- Commence reporting of the Healthcare Staffing Programme tools via internal governance routes.
- Begin development of the board's workforce plan for 2025 to 2028.

Corporate Objective 8: *We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of Personal Development Plans and Reviews (PDPR)².*

NHS Fife is committed to improving the wellbeing of our staff, believing that this supports the ongoing retention of our workforce and positively contributes to improved patient care and clinical outcomes. Our staff governance metrics provide an insight into how well we are delivering this in practice. Recognising that there is room for improvement we are seeking to reduce sickness absence rates and increase uptake of mandatory training and PDPR. As we take this forward, we are ensuring that we deliver [Protected Learning Time \(PLT\)](#) for all relevant staff groups.

What we have done April- September 2024:

- Refreshed our data on absence management, working hours lost and trajectory information reviewed to help us understand how we are currently doing.
- Reviewed our ‘Promoting Attendance’ panels to ensure a consistent approach to the management of attendance.
- Commenced development of a refreshed core skills training programme and a blended corporate induction programme.
- Opened the Victoria Training Hub which provides a dedicated space for the provision of resuscitation, manual handling, and clinical skills training. It also includes a digital training suite. This space will support effective delivery of PLT once fully established.
- Tested the provision of a core skills compliance report which details rates of completion of mandatory training.
- At the end of September 2024 our sickness absence and PDPR completion performance was reported in the IPQR:
 - Sickness absence rate was 6.51%, a decrease from 7.47% in Jul-24. The latest benchmarking for Jun-24 shows NHS Fife to be in the mid-range of all the territorial NHS Boards.
 - PDPR completion was 42.9%, a decrease from the previous month but an increase of 1.6% on the same month in 2023.

What we will do before 31st March 2025:

- Benchmark to other NHS Boards to identify further opportunities where we can improve attendance in a supportive way.
- Deliver a Managers Essential Learning Programme designed to support new managers in their role to manage, engage and support team members.
- Provide a reporting dashboard for managers detailing team members engagement in core skills training activities and highlighting outstanding requirements.

² The PDPR is developed between an employee and their line manager. It sets out the employee’s objectives for the year ahead, any agreed development needs, and a plan for how these will be achieved.

Corporate Objective 9: *We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.*

As a priority commitment this year, we are seeking to develop our Fife Leadership Framework that has reach and relevance for all of us in NHS Fife. This puts a significant stake in the ground for Fife at a time when both performance and culture are mission critical to our ambitions and capabilities to deliver excellent care, with our people at the heart of our approach. The intention of developing Our Leadership Way is that we co-design it, so that we build confidence in the leadership behaviours that matter the most to us here in Fife. These leadership behaviours will be applicable to all of us, regardless of role, grade, or profession, we are all leaders, with a voice and responsibility to make a difference.

What we have done April- September 2024:

- Commenced our inquiry work to bring forward of 'Our Leadership Way' which seeks to develop a shared leadership philosophy for NHS Fife. This will be informed and shaped by the experiences and expectations of colleagues at all levels across the organisation.
- Formed a collaborative volunteer group who have come together to drive forward the development of Our Leadership Way. This diverse group of interested and passionate colleagues are actively creating ways to engage, inquire and inform to bring forward a leadership framework developed for Fife, by Fife.

What we will do before 31st March 2025:

- Finalise and publicise Our Leadership Way by the end of March 2025. This work will continue into 2025-26 and beyond with the aim of growing and developing our leadership capability and supporting teams to embed our shared leadership philosophy in practice.



Strategic Priority 4: *deliver value and sustainability*

Corporate Objective 10: *We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.*

The first phase of our Reform, Transform, Perform framework has been a series of savings schemes to help us secure the minimum 3% savings target. This equates to £25million of savings across our total expenditure.

What we have done April- September 2024:

- As part of the first phase of RTP, we have implemented 13 schemes which are currently in the process of being delivered with monthly reviews through our governance and assurance framework.
- As at the end of September 2024, there has been moderate assurance provided to the Board that £23.2m savings are on track. Work is ongoing at pace to close the gap to achieve the remainder of the savings target.
- We have now established a strategic portfolio with a coordinated collection of initiatives, programmes and projects which will be developed throughout the remainder of 2024-25.

What we will do before 31st March 2025:

- We will continue monitoring and delivery of the RTP 13 schemes.
- We will move towards a wider transformation portfolio, focussing on addressing medium- and longer-term challenges, alongside the ongoing urgent financial sustainability work.



Corporate Objective 11: *We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.*

Use of digital approaches is central to how we are redesigning services. To support this work, we are replacing our existing digital strategy with an updated Digital Framework. This will build flexibility into our delivery plans, underpin our RTP Business Transformation Programme, and ultimately ensure that we utilise our financial resources wisely.

What we have done April- September 2024:

- Commenced drafting our digital framework including identifying key objectives and how these align with national, regional, and local objectives (including RTP)
- Working with key suppliers, revised our programme plans and timelines to deliver prioritised digital programmes including electronic immediate discharge documentation, pharmacy stock control and Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Worked collaboratively with suppliers to identify cost savings for NHS Fife to continue to ensure best value.
- Begun scoping the Business Transformation Programme seeking to improve use of digital solutions to complete internal administration and digital functions. For example, supporting the recruitment process.

What we will do before 31st March 2025:

- Finalise and publish our Digital Framework.
- Deliver Electronic Immediate Discharge Documentation (EIDD) and continue working towards delivery of Pharmacy Stock Control and HEPMA.
- Finalise the scoping and delivery of the Business Transformation Programme.

Corporate Objective 12: *We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.*

NHS Fife, in common with other NHS Boards, recognises the climate emergency and has made a commitment to developing sustainable practices and working towards net zero. Our aim is to reduce greenhouse gas emissions from our buildings by at least 75% by 2030 compared to a 1990 baseline, by 2038 to use renewable heating systems for all NHS-owned buildings, and by 2040 for all our estate to achieve net-zero emissions (meaning overall we are not increasing levels of carbon dioxide in our atmosphere). Recognising the scale of this work, we have developed a range of interconnected strategies and programmes which support us to deliver this in a phased way.

What we have done April- September 2024:

- Published a Prior Information Notice (PIN) to test the market for fully funded renewable technology solutions (for example, Battery Energy Storage Systems (BESS), additional solar PV installations, solar car park hubs and EV charge hubs). This will support generation of renewable energy.
- Continued to reduce the impact of our waste through taking steps to actively reduce, reuse and recycle across the organisation. For example, we have NHS Fife is using 'Warp-it' to create an internal reuse network across the organisation. Since March 2024 over 500 staff members joined the platform and have recycled a range of furniture, supplies, and other equipment across the organisation.
- Reducing the impact of travel. For example, we have applied for grant funding to improve cycling infrastructure at our main sites through provision of showering and changing facilities.
- Developing plans for how we can utilise our green spaces, for example we have undertaken a detailed full site survey at Lynebank Hospital to explore the scope to create a therapeutic garden to support the Pain Management Service.

What we will do before 31st March 2025:

- Continue with the national procurement process towards development of renewable energy infrastructure.
- Exploring ways to increase our recycling rates across clinical settings.
- Continuing our work to develop our green spaces.

Appendix One: Alignment of RTP Portfolio with Corporate Objectives

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

Appendix Two: *Strategies and Programmes Update*

NHS Fife Local Strategies

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Anchor Institution Strategic Plan	2023-2028	Delivery	●		●	●	The focus of the current workplan is on Employability in collaboration with various groups. Work is ongoing to develop opportunities for child poverty priority groups, within areas of multiple deprivation.
2.	Cancer Framework	2022-2025	Delivery		●			Work has started on the refresh of the Cancer Framework and delivery plan. A draft has been developed with meetings scheduled to review the commitments of the revised framework.
3.	Clinical Governance Strategic Framework	2022-2025	Delivery		●		●	Overall on track to deliver; update scheduled for Clinical Governance committee in November 24.
4.	Digital and Information Strategy	2019-2024	Delivery				●	A closure report will be provided to NHS Fife Board in November 2024, outlining the progress associated with the Digital Strategy 2019-2024.
5.	Greenspace Strategy	2023-2030	Delivery	●			●	Agreement, via the corporate objectives, to move to a Digital Framework aligned to the Population Health and Wellbeing Strategy has been agreed and will be delivered by March 2025
6.	Pharmacy and Medicines Strategic Framework	2024-2026	Development		●			Continued partnership working with Fife Communities Climate Action Network (FCCAN) and community groups to establish opportunities.
7.	Property and Asset Management Strategy (PAMS)	2023-2030	Delivery				●	Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership.
8.	Research Innovation and Knowledge Strategy	2022-2025	Delivery	●	●		●	Draft Research Innovation and Knowledge Strategic priorities have been identified through a development workshop session.
9.	Realistic Medicine and Value Based Health	2024-2025	Delivery	●	●		●	Consideration being given to how realistic medicine can be further embedded within the RTP programme.

10.	Women's Health Plan	Ongoing	Delivery		●			Nurse led appointments have significantly reduced menopause waiting times. Menopause educational activities are in place in secondary care, with discussions ongoing with GPs regarding online training. EPC scanning expansion has been paused and a bereavement nurse led service for patients who have suffered pregnancy loss, has been well received.
11.	Workforce Plan and HSCP Workforce Plan and Strategy	2022-2025	Delivery			●		Linkages between RTP and future shape / size of workforce are being explored. Revised SG Workforce Planning 2025-2028 guidance and plan anticipated to be issued imminently.

NHS Fife Strategic Programmes Update

Strategy	Timeline	Status	Strategic Priority				Summary of Progress	
			1	2	3	4		
1.	Integrated Unscheduled Care Programme	March 2025	Delivery		●			The Integrated Unscheduled Care Programme remains on track for the deliverables set out for 2024-25. There is a focus on joint working across the Fife health and care system to develop transformed models of care, utilising learning from FNC redesign, and development of the Rapid Triage Unit. We are also analysing attendances and admissions from care home to identify opportunities for further improvement.
2.	Integrated Planned Care Programme	March 2025	Delivery		●			The Integrated Planned Care Programme remains on track for the deliverables set out for 2024-25, incorporating pathway and service improvements, with a clear focus on optimising productive opportunities, enabled by associated digital and information schemes to deliver the remobilisation and recovery of elective care. These workstreams aim to continue to develop and improve Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) usage, day surgery and theatre capacity and waiting times trajectories alongside digital improvements such as digital hub and results reconciliation.

Fife HSCP Strategies

Strategy		Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Alcohol & Drug Strategy	2024-2027	Development	●				The Alcohol and Drug Partnership have finalised the 2024 to 2027 strategy and this is supported by a delivery plan, centred around five themes from the National Drugs Mission Plan priorities.
2.	Carers Strategy	2023-2026	Delivery		●			Strategy in delivery focussed around five outcomes. Key challenges being addressed by collaborative working with external partners.eg recruitment of staff to provide support to carers.
3.	Childrens Services Plan	2021-2023	Delivery		●			Children’s Services Plan is now in delivery with 4 priorities: Closing the Equity Gap; Supporting Wellbeing; Children’s Rights; and Delivering the Promise.
4.	Dementia Strategy	TBC	Development		●			A draft Fife Dementia Strategy is in development with a target delivery for March 2025. The purpose of the strategy is to provide realistic and achievable priorities supported by an implementation plan covering a four-year period.
5.	Home First Strategy	2023-2026	Delivery		●			First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.
6.	Learning Disability Strategy	TBC	Development		●			A draft Learning Disabilities Strategy is in development with a target delivery for March 2025
7.	Mental Health Strategy	2024-2027	Development		●			A draft strategy is in development and will be supported by a delivery plan, informed from outputs from the Mental Health Services Redesign Programme.
8.	Prevention and Early Intervention Strategy	TBC	Development	●				The Prevention and Early Intervention Strategy was approved by the Fife Integration Joint Board (IJB) at the end of September and will be submitted to the NHS Fife Board for approval.
9.	Primary Care Strategy	2023-2026	Delivery		●			First Annual Report was delivered in September 2024 and provides an update of actions referenced in the delivery plan.

Appendix Three: *Assessing our Impact*

We are measuring our impact by following a selection of key metrics to measure the health and wellbeing of the population. These metrics are published on an annual basis by the [Scottish Public Health Observatory](#). We included a summary of key insights from the data in our [2023-24 Annual Report](#).

These metrics have been selected for one or more of the following reasons:

- They are routinely captured by information systems allowing us to easily report on them.
- They can be disaggregated by Scottish Index of Multiple Deprivation (SIMD), which is critical given the strategy aims to address health inequalities.
- They directly link to at least one of the four priorities of the Population Health and Wellbeing strategy; and
- They are indicators where Fife is faring worse than the Scottish average and so the scope to improve upon current performance is high.

The metrics we are tracking include:

1. Healthy Life Expectancy
2. Life Expectancy and Deprivation
3. Early Years and Young People
 - a. Child Dental Health in primary 1
 - b. Child Healthy Weight in primary 1
 - c. Teenage Pregnancies
4. Alcohol and Drugs
 - a. Alcohol specific deaths
 - b. Drug-related deaths
5. Mental Wellbeing
 - a. Mental wellbeing score, female
 - b. Mental wellbeing score, male
6. Hospital Admissions
 - a. Multiple emergency hospital admissions, aged >65 years
7. Mortality
 - a. Early Deaths from coronary heart disease (CHD), aged <75years
8. Screening
 - a. Bowel Screening Uptake
9. Smoking
 - a. Smoking during pregnancy

We will provide an update on these metrics in our 2024-25 Annual Report which is expected in Spring 2025.

Appendix Four: *Glossary of Abbreviations and Acronyms*

A&E	Accident & Emergency	IPQR	Integrated Performance Quality Framework
ACRT	Active Clinical Referral Triage	LoS	Length of Stay
ADP	Annual Delivery Plan	MCCN	Managed Clinical Care Network
AHP	Allied Health Professional	MTFP	Medium Term Financial Plan
ANP	Advanced Nurse Practitioner	NES	NHS Education for Scotland
ASD	Acute Services Division	PAMS	Property and Asset Management Strategy
BRAN	Benefits, Risks, Alternatives, and do-Nothing framework	PDPR	Personal Development Plans & Reviews
CHES	Collaboration for Health Equity for Scotland	PHS	Public Health Scotland
ED	Emergency Department	PIN	Prior Information Notice
EIDD	Electronic Immediate Discharge Documentation	PIR	Patient Initiated Review
EPC	Early Pregnancy Clinic	PLT	Protected Learn Time
EV	Electric Vehicle	PV	Photovoltaic System
FCCAN	Fife Communities Climate Action Network	RCDS	Rapid Cancer Diagnostic Service
FNC	Flow Navigation Centre	RTP	Reform Transform Perform
HEPMA	Hospital Electronic Prescribing Management Administration	ScotCOM	Scottish Community Orientated Medicine
HSCP	Health and Social Care Partnership	SG	Scottish Government
IHE	Institute of Health Equity	SIMD	Scottish Index of Multiple Deprivation
IJB	Integrated Joint Board	TBC	To be confirmed

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Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Digital and Information Strategy Review
Responsible Executive: Alistair Graham, Director of Digital
Report Author: Marie Richmond, Head of Digital Strategic Delivery

Executive Summary:

- This report provides the Board with a review of the Digital and Information Strategy 2019-2024 at the end of the strategy period.
- The paper provides a reminder of the 5 key ambitions: -
 - 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.
- Of the 49 deliverables associated with the strategy, 65% have been delivered or in progress. In addition to the 49 deliverables, an additional 76 projects were identified as requirements and included National priorities as well as local requirements. Many, but not all, of these arose during the COVID pandemic response period.
- The report outlines the approach now being developed to deliver a Digital Framework, with this work expected to conclude during the remainder of the financial year.
- The report seeks to provide the Board with a moderate level of assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priorities
 - To improve Quality of Health and Care Services
 - To improve Staff Experience & Wellbeing
 - To deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an outcome report and assurance around the Digital Strategy 2019 – 2024 “Digital at the Heart of Delivery” and updates on the decision and progression to a new Digital Strategic Framework 2025-2028.

The report is provided to the Board for Assurance.

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 opportunity and 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.

The Digital strategy 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.

Associated with these ambitions the strategy identified a total of 49 associated delivery items, aligned as follows: -

Strategic Ambition	Total Number of Deliverables
Modernising Patient Delivery	11
Joined Up Care	13
Information and Informatics	7
Technical Infrastructure	11
Workforce and Business Systems	7
Total	49

In addition to the stated deliverables included at the time of publication of the strategy, it was recognised a substantial level of “new” deliverables would be identified and required during the strategy period, these were requested either from National or from local requirements and a fuller analysis of these are detailed within the assessment.

A review was undertaken in 2023 which formed themes and re-aligned deliverables to the new Population Health and Wellbeing Strategy and associated programmes. It also considered alignment to other strategic drivers contained within the Strategic Plan for Fife (and associated Digital Strategy for Fife HSCP), Scottish Government’s Digital Health and Care Strategy, Data Strategy and Artificial Intelligence Strategy. Other items of influence include the principles of Values Based Healthcare, NHS Scotland’s Climate Emergency and Sustainability strategy and the Innovation considerations associated with our role in Health Innovation Southeast Scotland (HISES) and the Accelerated National Innovation Adoption Pathway (ANIA).

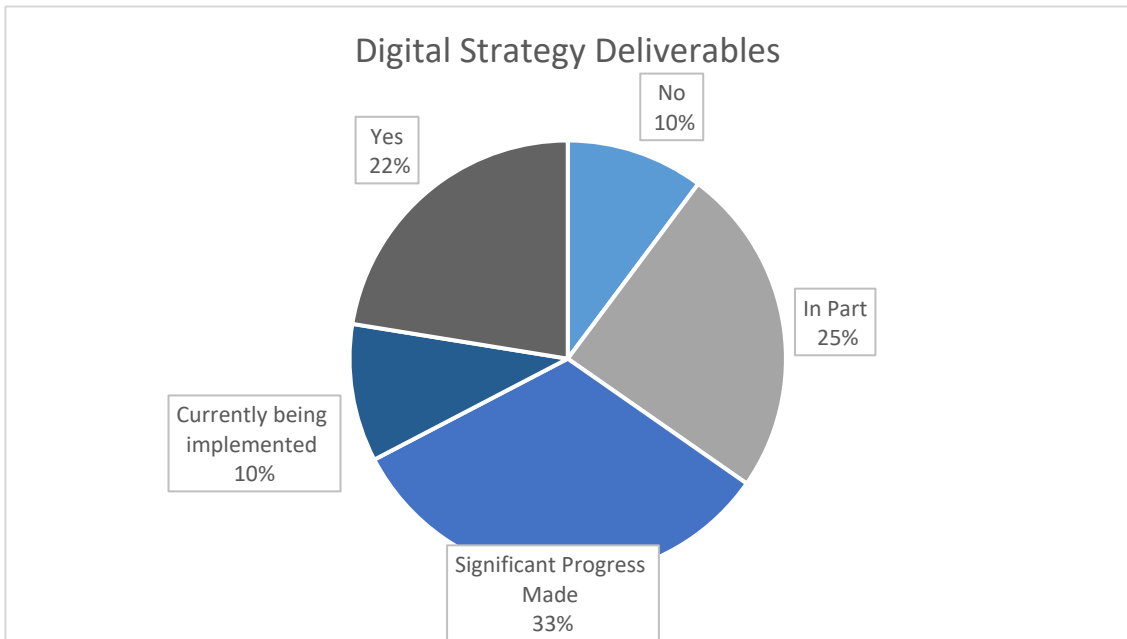
The progress spectrum used within the last update, outlined in Figure 1 below, was used to assess the level of implementation achieved for each deliverable at the strategy conclusion. The question posed is “has the deliverable been achieved?”.

Figure 1 - Deliverable Assessment



2.3 Assessment

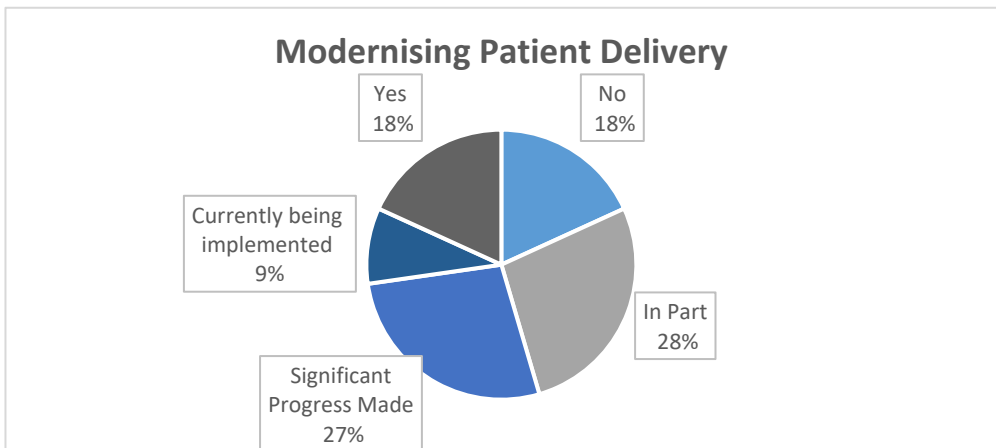
An assessment of the deliverables outlined in the strategy (as detailed in Appendix 1) was undertaken and is shown below: -



Overall delivery of the strategy has made significant progress with 65% of deliverables having been delivered or being currently implemented with significant progress made. Some deliverables have experienced delays, during the strategy period due to the impact of Covid 19 requirements, the additional deliveries that emerged and National delivery delays.

A breakdown of the individual areas is shown on the following pages.

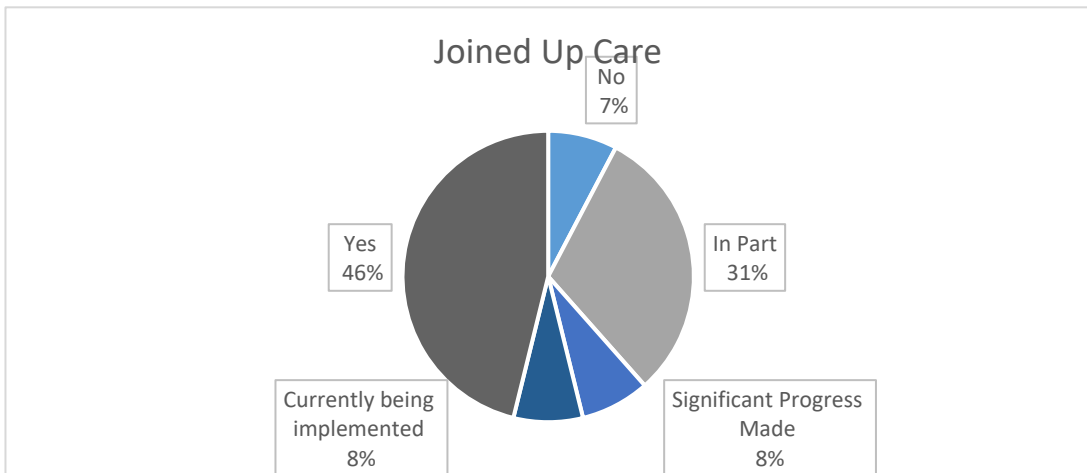
Modernising Patient Delivery



Just over half of the projects which were outlined within the plan, have either been delivered or are in the process of being delivered. The projects which have not been delivered were nationally directed and non-delivery was out with our control. The greatest progress has been in the optimisation of outpatient appointments and LIMS. We have also implemented key functionality within Patient Hub, including waiting list validation to support improved communications with patients. The areas which are in delivery will be key to our framework

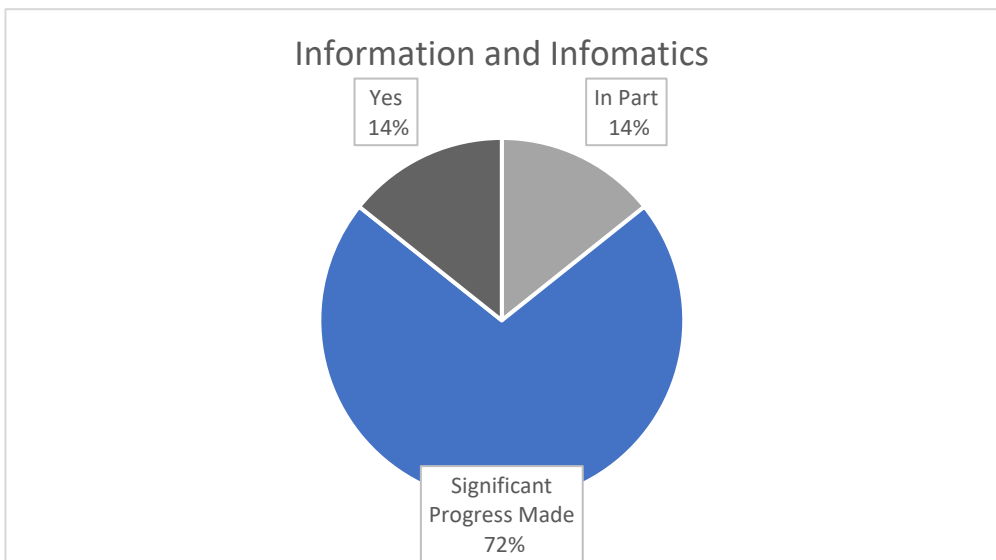
moving forward as we focus on the benefits that digital can bring both to the patient and those providing their clinical care.

Joined Up Care



46% of Joined Up Care projects have been delivered, 47% are in varying stages of delivery, with impact to timelines being largely down to either national or contractual delays. The 1 project which makes up the 7% not delivered was neurology which did not proceed at a national level. All the projects which are in delivery will be candidates for the new framework as we continue our journey towards the Once for Scotland agenda and integrated care objectives, with a maturing in data availability, to support clinical decisions at the point of care and patients investing in their health and wellbeing.

Information and Informatics

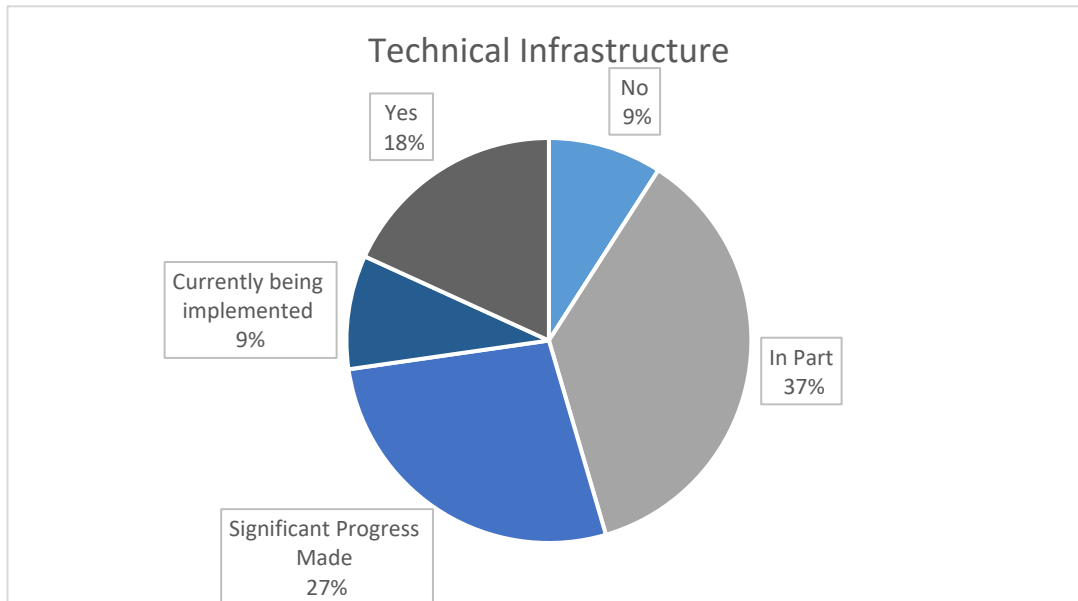


14% of projects within this area were completed. However, this area by its very nature has several projects which will remain ongoing as part of lifecycle delivery and therefore they have been assessed as either delivered in part or significant progress made. These projects will carry forward in some form into the new strategic framework, where there will be a

recognition of the importance of data to support clinical service delivery and effective patient care. Data insight, for planning, operational decision making, performance and outcome monitoring, research and innovation remain key as we develop new models of care. This insight will be particularly clear as we develop our approach to risk stratification for our patients.

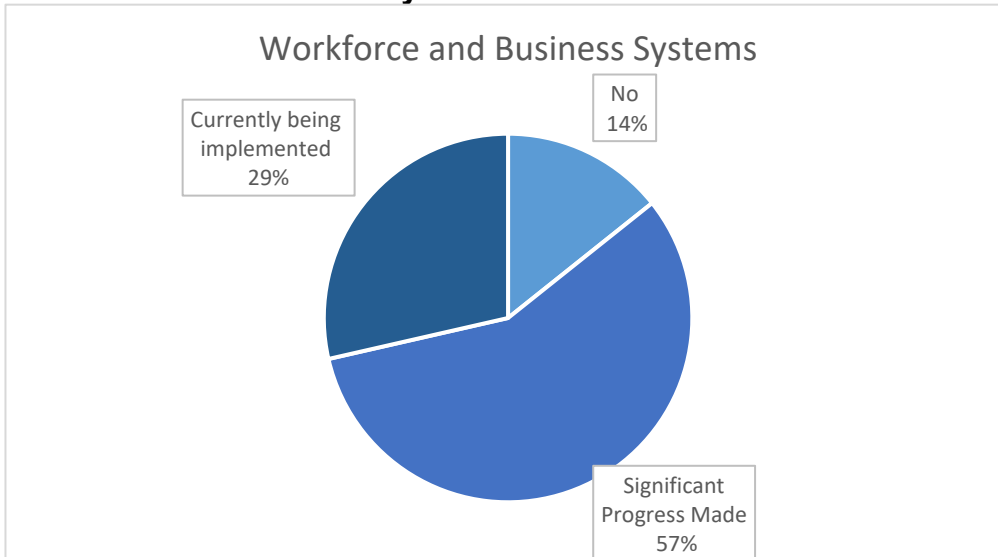
The continued development of our privacy and security programmes ensures the safe and appropriate handling of data will remain a key component of our future framework.

Technical Infrastructure



The challenges which have been experienced within this area mainly relate to the financial ability to support a sustained move from capital expenditure to one of revenue that is being driven by suppliers. This was recognised as a disruptive factor and key concern when the strategy was completed and has been identified within previous updates. While investment during the COVID period was available, the lack of recurring support puts at threat some of the improvement made. There has also been delays in the introduction of the National Digital Platform which has resulted in the 9% area of non-delivery. There has however, been significant progress in several key areas including the Cyber Essentials/NIS requirements and our alignment to the Information Commissioners Office (ICO) Accountability Framework, with a vastly improved score for 2024/25. In a similar manner to Information and Informatics the deliverables within this area will carry forward into the next framework as they are recognised as key operational activities which support the effective running of our technical infrastructure.

Workforce and Business Systems



All but one of the projects are in progress with over 57% showing significant progress, there were some delays due to National and in some cases limited resources to move areas forward at the appropriate pace. The only objective which has not moved forward in this area has been the implementation of a more virtual workforce with modernisation of ways of working, whilst this has not been achieved within the current strategy, this will be key to delivery within the next framework with a focus on how digital can support the more repetitive tasks within the NHS environment. Our workforce remains one of the largest assets within NHS Fife and this will be recognised within our next framework.

Additional Requested Deliverables

In addition to the projects which were originally outlined within the digital strategy, through the 5 years of the strategy a further 76 projects have been delivered over the 5 years since the strategy was agreed. 20 requests were additional strategic deliverables from National with the remaining 56 requested to meet the needs of NHS Fife's local priorities, strategies, or programmes. 79% of the projects have been completed fully with the remaining 21% in progress and scheduled for completion. A significant number of these were a direct result of the NHS Fife response to the pandemic and the learning during this period continues to be considered in our approach to technology adoption.

Digital receive multiple requests for support through the digital health and care requests process and this demand exceeds capacity. Improvements continue with alignment to emerging organisational or National priorities to ensure the pathway for digital delivery is clear to support the objectives and strategies within the organisation.

Strategic Framework 2025-2028

As the development of a revised strategy began, several factors were identified and changed, many of which will have a significant bearing on a strategic outcome for Digital and Information. The main areas identify include: -

- The signalling of a refresh to the national Digital Health and Care Strategy that was published in 2018.
- The development of revised governance arrangement, yet to be fully implemented, for Digital and Data within Scottish Government.
- Review of existing delivery models for digital capability at a national and regional level.
- Consideration of the existing contract arrangement for the National Patient Management System. This contract is due to expire in 2029, with an assessment on preferred options expected during the remainder of 2024/25.
- Presentation of plans to progress a national Digital Front Door and approach to an integrated care record.
- The scale of the current financial challenge.
- The development of the Re-Form, Transform and Perform Framework (RTP).

Following updates in relation to delivery and recognising the challenges which are facing NHS Fife in July through corporate objective setting and the Digital and Information Board supported the move to a digital strategic framework, given the degree of change which is forthcoming within the national arena for Digital and Data and the need to support the requirements of NHS Fife's RTP Framework.

The framework would have a more direct alignment to the schemes within the RTP, take less time to produce and provide time for the factors outlined above to be resolved or progressed.

Alignment to RTP will be a key element of the framework, with links and plans being associated with existing schemes and the emerging CHOICES submission.

The other themes within the framework will include: -

- Continued development of the Electronic Health Record (E.H.R.) and additional data sharing to ensure it becomes part of an Integrated Care Record available to all that provide care to our patients. The E.H.R. Steering group has been established, with a focus on 3 Key Objectives: - Digital transformation of the paper record, which is currently held for the patient, Prevention of any new paper being added to this record and supporting our service users through implementation and improvements to Our Digital Front Door. Successful delivery of EHR will further reduce our reliance on paper and maximise our clinical capacity.
- To develop our capacity for consultation and treatment, including the ability to continually monitor the patients who are waiting.
- To support our staff in their work by reducing the number of systems they operate, improve the systems they do use, leveraging integration, improve their available time through automation and be ready for the implementation of artificial intelligence.

- Ensure our business systems become an enabler to ensure the correct compliments of staff, with the correct skills are available in the right work setting, while being considered of financial impact and support the wider governance of NHS Fife.
- Continue to provide insight through the availability and analysis of data to support operational decision making and strategic planning.
- Ensure our infrastructure receives continual investment to guarantee its availability, performance, security, and capacity.
- Support our compliance and legislative activities in support of our Privacy Programme and Cyber Resilience Framework.
- Deliver an operating model that remains agile to emerging need and innovation yet can sustain large programmes and demand for digital change.
- Underpin the framework through details of resource models and financial plans.

Work is ongoing to deliver this framework and meetings will be held with key stakeholders over the next 4-6 weeks with the intention that the strategic framework will be presented to the Digital and Information Board in January 2025, with progression and consultation concluding by March 2025.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The aims which were clearly outlined in the Digital Strategy 2019/24 focussed on the ambitions laid out in several key strategies and plans at a local, regional, and national level. The refresh of the digital strategy allows for appropriate realignment to our revised strategies and the ambitions contained within them.

The work associated with the digital front door will provide the ability for patients, their families, and carers to contribute to their health record is a fundamental requirement to support the necessary conversations at the heart of Value-Base Health Care.

Each of the deliverables have been subject to both lessons learned, and review of benefits achieved, this has supported effective delivery moving forward with the proposed introduction of an updated framework for project delivery.

Engagement will be key to successful delivery of a revised framework, as delivery must be service rather than digitally led to ensure critical success factors are met. There will be increased focus on Clinical safety of design, operational capability, and ongoing review of digital systems.

The 3 elements above will be critical to development of the digital strategic framework 2025/28.

2.3.2 Workforce

Many of the deliverables which are in progress or have been achieved have impacted the workforce within NHS Fife. These deliverables can be challenging for teams to absorb alongside their current operational duties and therefore a key focus of the next strategic framework will be the importance of digital enablement within our workforce, and a recognition of the need to phase delivery to prevent digital fatigue. We will work closely with colleagues in Partnership and Workforce to ensure this support is well designed and considered.

The key fundamental of successful delivery is the digital workforce being capable of delivering of the innovations and ambitions set out within the new framework and this has been recognised by Digital and Information SLT and will be directly considered as part of the digital strategy refresh and outlined in the mitigating actions.

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. The scale of demand for digital solutions does not match the available funding or resourcing and so ranking is a key requirement for all initiatives. This has proven challenging over the last year with new initiatives being agreed with no funding to support local implementation and some programmes which are in progress taking substantially longer to deliver than expected. This leads to a challenge in meeting delivery needs.

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. Digital have been working to reduce this spend, and as part of the Reform, Transform, Perform (RTP) ambition within Fife have substantially contributed to savings through the dissolution of systems and improved contract and supplier management practices.

The refreshed strategic approach will be accompanied by a financial framework and note the requirement for continued support of the RTP ambition.

2.3.4 Risk Assessment / Management

The risk management approach continues to be maintained via the Corporate Risk Register, with additional risk reporting and presentation being provided to the Information Governance and Security Steering Group and Digital and Information Board.

A formal risk appetite and tolerance statement was agreed by the Steering Group and Board in 2023 which has allowed a refreshed reporting of Risk controls and mitigations.

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

Each relevant programme of work is subject to an EQIA. As part of the revised framework a refreshed Equality Impact Assessment will be conducted which will cover the overall delivery of digital solutions.

2.3.6 Climate Emergency & Sustainability Impact

Consideration of the Scottish Public Sector Green ICT Strategy forms part of the revised strategic thinking.

2.3.7 Communication, involvement, engagement, and consultation

- The Digital and Information strategy was discussed at all relevant Groups and Committees prior to sign off by the NHS Fife Board.
- The challenges outlined have been presented to the Digital & Information Board and form a consistent part of that group's workplan with regular reporting on the challenges.
- The engagement model will continue to be further developed with the Head of Digital Strategic Delivery focussing on the business relationship and engagement models.

2.3.8 Route to the Meeting

The topics have been considered by the following groups as part of its development.

- Digital and Information SLT
- Digital and Information Board
- Clinical Governance Committee

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a Moderate Level of Assurance over the delivery of the Digital Strategy 2019-2024 and provides an outline and timeline associated with the development of the Digital Strategic Framework 2025-2028.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, 2019 – 2024 – Strategic Deliverables

Report Contact

Alistair Graham
Director of Digital and Information
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Appendix 1 - 2019 – 2024 – Strategic Deliverables

Objective	Key Ambition for 2019-24	Ref	D&I Work in support of Objective	Has this objective been within our control?	Has this objective been achieved?	Candidate for Strategic Framework?
1	<p>Modernising Patient Delivery</p> <p>Ensuring we provide our patients/service users with a modern fit for purpose health care service.</p> <p>This incorporates ambitions which were laid out by the Scottish Government in "The Modern Outpatient: A Collaborative Approach 2017-2020", which aimed to provide service users with timely access to advice, treatment and support with minimum disruption when clinically appropriate.</p>	1.1	<p>Clinical Decision/Advice</p> <p>Improve through joining up and improving existing systems.</p> <p>Consultant to Consultant</p>	Yes	In Part	Yes
		1.2	Send and receive information electronically from other Health Boards.	Partially	Significant Progress Made	Yes
		1.3	<p>Digital Maturity</p> <p>Assess the digital maturity of our IT, in order to identify the priority areas for improvement.</p>	National	Significant Progress Made	Yes
		1.4	<p>Digital Hub</p> <p>Changing the way we communicate with our patients and citizens.</p>	Yes	In Part	Yes
		1.5	<p>GPIT Replacement</p> <p>Modernisation as part of a wider National programme.</p>	Partially	In Part	Yes
		1.6	<p>LIMS replacement</p> <p>Laboratory Information management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.</p>	Partially	Currently being implemented	Yes
		1.7	<p>Near Me</p> <p>Video conferencing for our service users to engage with clinicians with minimal disruption.</p>	Yes	Significant Progress Made	No
		1.8	<p>Optimisation of Outpatients Appointments</p> <p>Patient focussed/ self booking, patient initiated follow up appointments and review of clinical letters.</p>	Partially	Currently being implemented	Yes
		1.9	<p>Paperlight</p> <p>Reduce the reliance of paper with the ambition of 85% paperlight by 2022.</p>	Yes	In Part	Yes
		1.10	<p>Technology Enabled Care</p> <p>Support projects which provide care to the patient within their home environment.</p>	National	In Part	Yes
		1.11	<p>Theatres system replacement</p> <p>The system currently in use within Theatres requires replacement.</p>	National	No	Yes
2	<p>Joined Up Care</p> <p>NHS Fife continues to work on utilising digital to provide joined up services across primary, community, acute and social care to ensure all relevant information is available to those working with our service users.</p> <p>The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The contract committed to implement the recommendations of the Improving General Practice Sustainability Advisory Group report (2016), which identified a number of broad themes including effective primary and secondary care interface working. In addition, the contract committed to Health and Social Care Partnerships and NHS Boards placing additional primary care staff in GP practices and the community to work alongside GPs and practice staff to reduce GP practice workload. Implementation of digital changes and improvements to systems supports this delivery. The areas identified within this category all support the need for a more integrated care environment.</p>	2.1	<p>Bedside Risk Assessment</p> <p>Ensuring assessment of clinical risk is conducted at bedside.</p> <p>CHI Replacement</p>	Yes	Yes	No
		2.2	<p>Modernisation of Community Health Index as part of a National programme</p>	National	Significant Progress Made	Yes
		2.3	<p>Child Health Replacement</p> <p>Modernisation of the current Scottish Child Public Health and Wellbeing solution as part of a National programme</p>	National	In Part	Yes
		2.4	<p>Community System</p> <p>Replacing an end of life system (MIDIS) with a more integrated solution.</p>	Yes	Yes	No
		2.5	<p>Community Pharmacy Access</p> <p>Connecting Community Pharmacy to other NHS Fife services</p>	Yes	Yes	No
		2.6	<p>Health and Social Care Portal</p> <p>Extending use to include more services and social care services</p>	No	In Part	Yes
		2.7	<p>HEPMA</p> <p>Hospital Electronic Prescribing and Medicines Administration</p>	Partially	No	Yes
		2.8	<p>Mental Health Pathways</p> <p>Ensuring pathways are implemented within our digital environment.</p>	Yes	In Part	Consideration
		2.9	<p>Neurology Electronic Referral</p> <p>Implementation of an e-Referral system for Neurology.</p>	No	No	No
		2.10	<p>Palliative Care Plan</p> <p>Improve palliative care provision through digital.</p>	Yes	In Part	Yes
		2.11	<p>Pharmacy Redesign</p> <p>Redesign pharmacy, introduction of robotics and falsified medicines within NHS Fife</p>	Yes	In Part	Yes
		2.12	<p>Trakcare Maximum Utilisation</p> <p>Achieve maximum benefit by implementing changes requested by practitioners.</p>	Yes	In Part	Yes
		2.13	<p>Women and Children's Redesign</p> <p>Site optimisation exercise to which digital delivery of service will be fundamental.</p>	Yes	In Part	Yes

Objective	Key Ambition for 2019-24	Ref	D&I Work in support of Objective	Has this objective been within our control?	Has this objective been achieved?	Candidate for Strategic Framework?
3	<p>Information and Informatics</p> <p>Effective use of information is a key component of the Digital and Information Strategy. High quality information enables NHS Fife to plan, manage and monitor effectiveness. This ensures services are best-equipped to cater for users within Fife whilst also ensuring maximum benefit in terms of health outcomes, level of care and cost.</p> <p>Management information must be readily accessible to all those who require information at the point that they need it.</p> <p>We need to provide our staff with reporting tools and reporting solutions that are accessible and intelligible. We are committed to ensuring that our digital ambitions are robustly supported by information at the centre of delivery and ensure that these deliveries are well-planned and appropriately resourced.</p> <p>NHS Fife recently delivered an extremely successful informatics project - Fife Early Warning Score (FEWS) was the culmination of IT, reporting, and clinical rules-based expertise. This was a very successful collaborative approach and points a way forward for NHS Fife, combining clinical rules-based knowledge with information and technology to move services forward.</p> <p>Increased use of dashboard visualisations, a focus on trigger reports, and alerts generated by our Patient Administration Systems will ensure that our collective data assets are more proactive and productive.</p>	3.1	<p>Business and Health Intelligence</p> <p>This is central to business as usual processes across NHS Fife.</p>	Yes	Significant Progress Made	Yes
		3.2	<p>Convergence of Obsolete Systems and Methods of Holding Data</p> <p>convergence of data from applications which are no longer supported or are classed as at risk from cyber security</p>	Partially	In Part	Yes
		3.3	<p>Fife Safe Haven</p> <p>An invaluable resource for researchers to tackle future healthcare provision and disease management.</p>	Yes	Yes	Yes
		3.4	<p>GDPR / Data Protection Act 2018</p> <p>Ensuring NHS Fife remains compliant will GDPR, information security and any relevant governance.</p>	Yes	Significant Progress Made	Yes
		3.5	<p>Improving Data Quality</p> <p>Influence data collection standards and champion data quality as a key organisational asset</p>	Yes	In Part	Yes
		3.6	<p>Management Information Hub</p> <p>Central, accessible and intelligible resource for the organisations decision makers.</p>	Yes	Significant Progress Made	Yes
		3.7	<p>NIS and Cyber Essentials</p> <p>Ensuring NHS Fife complies with IS Legislation</p>	Yes	Significant Progress Made	Yes
4	<p>Technical Infrastructure</p> <p>A fuller picture of the technical work that is carried out is detailed within the 'Keeping Us Safe and Secure' section which outlines the Business As Usual (BAU) work that is undertaken.</p> <p>Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife.</p> <p>Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care</p>	4.1	<p>Adaptation of Revenue Based Business Model</p> <p>Suppliers are offering the best solutions and services using a revenue/ subscription based business model and we need to embrace this change.</p>	Partially	No	Yes
		4.2	<p>Always within Support Lifecycle</p> <p>Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers / contracts accordingly</p>	Partially	In Part	Yes
		4.3	<p>Balanced use of public, private cloud and on premise solutions and resilience</p> <p>Adopt a balanced and risk and merit based approach to choosing public cloud, private cloud or on premise solutions</p>	Yes	In Part	Yes
		4.4	<p>Cyber Essentials/NIS/GDPR and Information Security</p> <p>Protect against cyber attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised and governance is followed</p>	Yes	Significant Progress Made	Yes
		4.5	<p>Exit Plans for Poor Suppliers</p> <p>Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose</p>	Yes	In Part	Yes
		4.6	<p>National Digital Platform</p> <p>Relevant real time data and information from health and care records and services is available nationally</p>	No	No	Yes
		4.7	<p>PACS Upgrade</p> <p>Upgrade to Picture Archiving Communications System (PACS).</p>	National	No	Yes
		4.8	<p>Resilient and Secure by Design</p> <p>Adopt best practice systems and application architectural design principles and ensure resilience, Implement solutions which have been designed with cyber security threats and vulnerabilities in mind</p>	Partially	Significant Progress Made	Yes
		4.9	<p>Regional IT Service Management</p> <p>Rollout of system within the Region and ongoing sharing of best practice</p>	Partially	In Part	Yes
		4.10	<p>Security Upgrades</p> <p>Undertake all security upgrades</p>	Yes	In Part	Yes
		4.11	<p>Windows 10</p> <p>Ensure most up to date operating system</p>	Yes	Yes	Yes

Objective	Key Ambition for 2019-24	Ref	D&I Work in support of Objective	Has this objective been within our control?	Has this objective been achieved?	Candidate for Strategic Framework?
5	<p>Workforce and Business Systems</p> <p>We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.</p> <p>We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.</p>	5.1	<p>Consolidating GP Business Systems</p> <p>Provide the most appropriate delivery of service to primary care colleagues.</p>	Yes	In Part	Yes
		5.2	<p>e-Rostering</p> <p>Regional / National e-Rostering solution to assist with staff management.</p>	National	Currently being implemented	Yes
		5.3	<p>Framework for Attracting Youth in NHS Digital</p> <p>Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland</p>	Partially	In Part	Yes
		5.4	<p>Maximising Return On Investment</p> <p>Achieve maximum benefit from the systems which are in use</p>	Partially	Currently being implemented	Yes
		5.5	<p>Office 365</p> <p>National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform</p>	National	In Part	Yes
		5.6	<p>Printing Capability Review</p> <p>Centralising printing, to minimise costs per speciality.</p>	Yes	Currently being implemented	Yes
		5.7	<p>Virtual Workforce</p> <p>Consider modernising ways of working e.g. the use of robotics for on boarding and off-boarding of staff</p>	Yes	No	Yes

Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Sustainability & Greenspace Update Report
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Jimmy Ramsay, Head of Sustainability

Executive Summary:

- **Net Zero Progress:** NHS Fife has made significant progress in energy efficiency projects, with £1 million in savings from consumption reductions and ongoing efforts to install solar PV and other renewable technology across key sites. This workstream fully supports and aligns with the Fife Council Climate Strategy 2024, being a key player in the development of net zero for Fife.
- **Greenspace Strategy Update:** Key projects under the Greenspace Strategy, including biodiversity audits and staff engagement are on track. Ongoing work includes partnerships with Fife Council to explore allotment use and further biodiversity improvements.
- **Carbon Literacy Training:** A peer-led Carbon Literacy for Healthcare Toolkit is near completion and will launch during Carbon Literacy Action Day in November 2024.
- **Waste Management Successes:** The Warp-it system has registered over 500 staff members, generating £50,000 in cost savings, and NHS Fife has successfully met two of four national waste targets.
- **Upcoming Challenges:** Challenges include the continued reduction of nitrous oxide usage and ensuring sustainable heat systems at key sites in partnership with Scottish Water.
- **Call for Action:** Support required for the full implementation of the Environmental Management System (EMS) and consideration for future capital planning to include funding for decarbonisation and greenspace development.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is brought to the Board for awareness of the progress NHS Fife has made in relation to the objectives outlined in the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 and to provide context to our Sustainability & Greenspace Mid-Year Report.

NHS Fife has made considerable strides in relation to sustainability progress across all areas of the agenda: sustainable buildings and land, travel, goods & services, care and communities.

The Board is invited to:

- Consider the report.

2.2 Background

In 2022 NHS Scotland published their National Sustainability Strategy. Since then, NHS Fife has made great progress towards Scottish Government (SG) targets and meeting the objectives set out in the National Sustainability Strategy.

In January 2024, the NHS Fife Climate Emergency & Sustainability Board Report was published highlighting our sustainability progress as well as our ambition for the coming year. We have created a Sustainability and Greenspace Progress Report which serves as a follow-up to the 2022-2023 Annual Climate and Sustainability Board Report published in January 2024, providing a comprehensive overview of ongoing efforts to integrate sustainable practices within our operations.

This report also outlines achievements relating to our NHS Fife 2030 Greenspace Strategy. The areas of work covered in the report include Net Zero, Emissions Reduction and Energy Savings, Staff Communication and Engagement, Active Travel, Sustainable Care, Climate Change Adaptation, Greenspace and Biodiversity, Waste, Transport and Environmental Stewardship.

2.3 Assessment

Barriers

Funding has been identified as our biggest barrier to making continued progress with our sustainability agenda. Without dedicated funding, we will struggle to meet government targets to decarbonise our estate. Additionally, we require adequate funding to deliver greenspace projects that will meet the objectives of our NHS Fife 2030 Greenspace Strategy. There will therefore be a requirement to explore funding opportunities to meet the requirements of the sustainability agenda.

With regard to the Environmental Management Policy, the barriers to significant progress were identified as follows.

- Lack of staff awareness of the policy, resulting in non-compliance.
- Lack of robust organisational arrangements around policy implementation.
- Failure to implement and maintain the required procedures associated with this policy.
- No access to up-to-date sources of information, advice and guidance on EMS matters.
- The lack of dedicated expertise, time and resources for the creation of the EMS could result in a significant delay in the implementation of an EMS, which is highly time-sensitive given the seriousness of the climate emergency. To deal with this issue, the legal review and procedures will address conformance and current gaps in resources and set timely aims to rectify this.

Board Report

Following our Progress Report, an NHS Fife Climate Emergency & Sustainability Board Report for the 2024/25 financial year will be published in January 2025. This report will outline all progress that has been made over the 2024/25 financial year and outline ambitions for the following year.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Any changes that come into force for sustainability reasons must be considered carefully in terms of clinical effectiveness and any effects to service delivery. This may also include initial time commitments by employees to adjust and adapt to any changes in service procedures.

2.3.2 Workforce

Positive Impact on Workforce:

Health and Wellbeing Initiatives: Ongoing green space projects and active travel initiatives are positively impacting staff well-being. Projects such as the creation of new green spaces, cycle-to-work schemes, and promoting active travel are enhancing physical and mental health, reducing stress and promoting a healthier work-life balance.

Training and Development: The introduction of carbon literacy training offers opportunities for professional development and awareness, equipping staff with skills and knowledge that can empower them in their roles and contribute to organisational sustainability. Additionally, the Sustainability Ambassador Programme allows employees to take leadership roles, further boosting morale and engagement.

Negative Impact/Challenges:

Resource Constraints: Some sustainability initiatives may require additional staffing resources or time commitments from employees, which could lead to workload pressures, especially if current staffing levels are stretched. For example, implementing the Environmental Management System (EMS) and expanding the Waste Management System may require departments to allocate time and personnel for training and system integration, potentially impacting regular duties.

2.3.3 Financial

Positive Financial Impact:

Energy Savings: The Energy Efficiency Initiatives implemented over the last three years, including solar PV installations, LED lighting and Building Management System upgrades, have generated significant savings. NHS Fife has saved approximately £1 million in energy costs over this period. Furthermore, the Procurement Initiative (PIN) for renewable technology partnerships is projected to generate ongoing savings and potential income generation through projects such as Battery Energy Storage Systems (BESS) and Solar Car Park Hubs.

Cost Recovery from Billing Errors: The identification of errors in energy and water billing has released £280,000 to date in the current financial year, with the potential for further recoveries from ongoing investigations.

Waste Reduction Savings: The introduction of the Warp-it System has reduced waste and administrative costs, generating over £50,000 in savings since its launch.

Long-Term Investment Returns: Renewable Energy Projects, particularly solar PV installations and heat network development, are anticipated to deliver long-term financial benefits by reducing reliance on external energy providers and shielding NHS Fife from future energy price increases.

Negative Financial Impact/Challenges:

Initial Investment Costs: While the sustainability initiatives deliver long-term savings, many require upfront capital investment in light of the scarce funding from the SG. Approximately £3 million has been invested in energy-saving technologies through a combination of internal capital and government funding. Future initiatives, such as the expansion of renewable energy infrastructure, will require further financial commitment.

Ongoing Operational Costs: The rollout of the Environmental Management System (EMS) and the enhancement of waste management processes may require additional financial resources for training, system integration and ongoing operational support. Although these systems are essential for compliance and efficiency, they represent a financial commitment in the short-term.

2.3.4 Risk Assessment / Management

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

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

An Impact Assessment has not been undertaken as we are implementing SG Policy and adhering to National Strategy. Individual projects may need to be assessed through an EQIA, where appropriate.

2.3.6 Climate Emergency & Sustainability Impact

This paper directly identifies issues relating to meeting the aims of the Climate Emergency and Sustainability Strategy whilst also highlighting progress in this area.

2.3.7 Communication, involvement, engagement and consultation

Internal Communication and Staff Engagement:

Staff Awareness and Training: NHS Fife has actively promoted sustainability awareness through various communication channels. For example, the development of the Carbon Literacy for Healthcare Toolkit and the promotion of the National Environmental Sustainability Training via TURAS has engaged staff and equipped them with key knowledge about sustainability practices. Additionally, the Sustainability Ambassador Programme is being set up to promote green initiatives across departments and encourage active staff participation.

Staff Health and Wellbeing: Efforts to integrate sustainability into staff health and wellbeing initiatives, such as active travel promotions, including cycling training and E-Bike Schemes are aimed at improving employee health while supporting environmental goals. These initiatives align with our broader Sustainability Strategy and demonstrate the Board's commitment to a healthier workplace.

External Collaboration and Consultation:

Collaboration with Fife Council and Other Public Bodies: NHS Fife has been deeply involved in collaborative efforts with Fife Council, Fife College, St Andrews University, and other local organisations. The Fife ACE (Addressing the Climate Emergency) Board and joint projects such as The Big Energy Move have created opportunities for resource sharing and cross-sector co-operation. This has not only expanded the scope of our sustainability initiatives but has also fostered a community-wide impact.

Consultation and Cross-Organisational Work: On-going discussions continue with Fife Council on land use for allotments under the Food4Fife Strategy exemplify the

proactive approach taken by NHS Fife in collaborating on projects that benefit both staff and the wider community. These partnerships enable the organisation to align with local government priorities and enhance its environmental impact beyond its own estate.

Recommendation (Communication and Engagement)

To strengthen communication and engagement, we recommend that NHS Fife:

Expand Internal Engagement Efforts: Continue to support the development and implementation of the Sustainability Ambassador Programme, ensuring that each department has a dedicated ambassador to promote sustainability efforts and gather feedback from staff. This will further integrate sustainability into day-to-day operations and keep staff engaged and motivated.

Prioritise Staff Training and Wellbeing Initiatives: Fast-track the launch of the Carbon Literacy for Healthcare Toolkit and ensure that sustainability is embedded in all staff training programmes. Additionally, scale up active travel initiatives and wellbeing programs to maintain the focus on both environmental and employee health outcomes.

Strengthen Cross-Organisational Collaboration: Formalise the existing collaborations with Fife Council and other public bodies through joint working agreements to secure long-term partnerships. This will ensure that NHS Fife's sustainability efforts are aligned with broader local and regional initiatives, leveraging shared resources for maximum impact.

Broaden Public Engagement: Engage the wider Fife community through public consultations and awareness campaigns, particularly around Greenspace and Biodiversity Projects. Public-facing initiatives, such as those involving the Fife Communities Climate Action Network (FCCAN) and Tree in the Park events, should continue to be a focus for increasing community involvement and demonstrating NHS Fife's role in regional sustainability leadership.

2.3.8 Route to the Meeting

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

- Executive Director Group on 17 October 2024
- Public Health & Wellbeing Committee on 11 November 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - This report provides a moderate level of assurance
- **Discussion** - For examining and considering the implications of this report

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Sustainability & Greenspace Progress Report

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Sustainability and Greenspace Progress Report

A report outlining sustainability progress and an update to the Greenspace Strategy

Jimmy Ramsay – Head of Sustainability

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Progress Overview

This mid-year sustainability report updates the NHS Fife Board and Executive Director Group (EDG) on NHS Fife's significant progress and achievements in sustainability initiatives. It serves as a follow-up to the 2022-2023 Annual Climate and Sustainability Board Report published in January 2024, providing a comprehensive overview of ongoing efforts to integrate sustainable practices within our operations.

Our 2023-2024 Annual Report is set for submission to the EDG in November 2024 and will be published in January 2025, as per policy DL38.

Additionally, this report provides an update on the progress of the Board-approved Greenspace Strategy, highlighting the important greenspace projects that align with our commitment to fostering a healthier and more sustainable environment for our staff, patients and the wider community.

By detailing our accomplishments and ongoing initiatives, this report aims to keep the Board informed and engaged with the critical work being done to advance our sustainability goals.



Net zero, Emissions Reduction and Energy Savings

NHS Fife is playing a key role in Fife's ambitious journey towards net zero, as part of the collaborative initiative known as "The Big Energy Move." in partnership with Fife Council, Fife College, St. Andrews University and other local large organisations in Fife. We are at the forefront of addressing the increasing energy demands necessitated by the electrification of heat.

Our efforts are focused on installing renewable technologies across our sites to reduce energy consumption, cut emissions and alleviate pressure on the local grid. This approach supports the expansion of heat networks in line with Fife Council's Local Heat and Energy Efficiency Strategy (LHEES), a critical component driven by the Scottish Government.

Through these actions, NHS Fife is reducing its carbon footprint and contributing significantly to the region's sustainable energy future and Fife's Council Climate Fife 2024 Strategy by ensuring the best use of our land and assets and that these align with the most appropriate sustainability solution.



Achievements:

- Over £3 million invested in energy-saving and building improvement initiatives over three years, generating approx £1 million in savings.
- Released over £280,000 this financial year by identifying errors in energy and water billing.
- Installed 550kw of solar PV systems across multiple NHS Fife sites.
- Building fabric has been enhanced and windows upgraded to improve insulation and to increase energy efficiency.
- Building Management Systems (Heating Controls) have been upgraded.
- A heat recovery unit has been recently installed in the laundry facilities to capture and reuse heat from waste water. This has an estimated savings of £100k pa.
- Strategies have been implemented to optimise the efficiency of our air conditioning systems and large freezers and chillers.
- Lighting systems have been upgraded to energy-efficient LED technology.
- We have partnered with Scottish Water and the Scottish Government to explore heat recovery from waste water for the Victoria Hospital, Kirkcaldy (VHK) site.
- Procurement Initiative (PIN): Recently published a Prior Information Notice (PIN) to test the market for fully funded renewable technology solutions. (Battery Energy Storage Systems (BESS), additional solar PV installations, solar car park hubs and EV charge hubs).

Our procurement initiative not only aims to generate renewable energy, but to reinvest benefits into the community, eg funding renewable technology training for Fife residents as one option. This will also create income generation opportunities for NHS Fife.

We will collaborate with Fife Council to ensure sites are prioritised to align with the big energy move and their priorities for heat networks.

Staff Communication and Engagement

Implementing sustainable practices and addressing climate change within an organisation requires employees to understand what climate change is and how it affects the organisation and their job roles. In line with our 2030 Greenspace Strategy and the National Sustainability Strategy, NHS Fife has been working on providing environment and sustainability training.

We are developing a 'Carbon Literacy for Healthcare Toolkit' with Fife Council, adapted from the NHS England toolkit for Scottish context. This peer-led training typically spans for eight hours and is best delivered to groups of ten to fifteen people. The course is nearly complete and will soon undergo accreditation. We aim to launch the first session on the 'Carbon Literacy Action Day' which is on 14 November 2024. Initially, we plan to train the National Sustainability Assessment Tool (NSAT) working group, but with NSAT no longer a reporting mechanism, we will need to reassess the rollout strategy.

Achievements:

- Carbon Literacy Training: We have developed a 'carbon literacy for healthcare toolkit' in collaboration with Fife Council, tailored to Scottish context. The course is near completion and will soon undergo accreditation.



- National Environmental Sustainability Training: We have promoted the environmental sustainability eLearning course to staff which is available on TURAS to raise awareness around key sustainability concepts to NHS Scotland employees.
- Sustainability Ambassador Programme: We are currently in the process of setting up a network of Sustainability Ambassadors within NHS Fife to promote sustainability initiatives and bridge the gap between the Sustainability team and employees.
- One Young World Summit: We are celebrating the success of Yasmine Morgan, Sustainability Officer with NHS Fife, being accepted as a scholarship recipient to attend the 2024 summit in Montreal, focusing on global issues such as climate change and health inequality.
- Other Communications: The NHS Fife website has been updated with new sustainability content and sustainability pages on Stafflink are continually refreshed promoting initiatives and events throughout the year.
- We have worked closely with the Communications team to highlight Scotland's Climate Week. This will involve a range of internal and external communications; placing a particular spotlight on our Sustainability team and the range of projects we are working on.

Active Travel

NHS Fife has made significant strides in promoting active travel as part of its broader sustainability goals. Through partnerships, new initiatives and continuous engagement with staff, we are fostering a culture that supports cycling and other forms of active transportation.

Our efforts aim to reduce the carbon footprint and enhance the health and well-being of our employees.

Achievements:

- Hosted a Dr Bike event and a Cycling Awareness event at VHK in collaboration with Greener Kirkcaldy.
- Cycling training opportunities have been promoted to staff which offer beginner, intermediate and advanced levels to boost confidence and encourage cycling to work.
- We achieved the Cycling Friendly Employer award for VHK which is accredited by Cycling Scotland.
- We are in the process of implementing a new e-Bike Scheme at VHK.
- We have established the NHS Fife Active Travel Group which is open to all staff interested in active and sustainable transport.



- A year-round successful Cycle-to-Work Scheme for staff has been launched.
- Alongside Public Health Scotland, we have updated the GIS maps to include NHS Fife Active Travel isochrone maps which showcase areas within a 30-minute walk or cycle from key hospital sites. We have plans to share these with staff to encourage active travel.

Ongoing Projects:

- We are preparing for an Annual Travel Survey in partnership with Mobility Ways to monitor commuting behaviour and assess change.
- Dr Bike events, led rides and cycle training as part of a broader cycling programme are planned in the future.
- We have applied for funding from Cycling Scotland to improve and upgrade cycle storage facilities at VHK.
- We continue to collaborate with Stagecoach to increase staff discounts on bus travel, with a trial period in place to evaluate demand.
- We continue to organise events with Stagecoach at main sites to promote bus travel alongside travel surveys.
- We are identifying changing facilities and look to upgrade, wherever possible.
- We continue with the development of a Travel Strategy which is focused on active and sustainable travel.

Sustainable Care

Nitrous Programme

The national figures for the use of nitrous show NHS Fife in bad standing, however, this is due to the way the figures have been reported and the timelines of events.

The nitrous manifolds completely ceased use in October 2023 and there were several returns which appear to have affected our figures for 2023/24. The most recent report shows no piped nitrous this year.

We decommissioned the QMH manifold in summer 2023 and the VHK in October 2023. We then had to wait for the manifold cylinders to be uplifted by BOC (which happened in December) and the way that was reported has impacted our figures.

There is still use of nitrous cylinders in dentistry (mix with O₂ via machine) and Entonox (nitrous/O₂) in maternity, plaster rooms, minor injuries (legitimately).

Our pharmacy team has the full report from NSS going back a few years and plans to analyse the usage and discuss it with the specialities/medical gas committee accordingly. Work is also progressing



specifically around Entonox and usage is being tracked. We are projecting the lowest use of nitrous since reporting began. Our biggest concern at present is exposure in relation to midwifery and the use of Entonox and we are introducing an alternative to Entonox in ED imminently.

One of Fife's consultants is leading on the green ED programme and has made successful improvements already and continuing on this work to support the board with accreditation.

Some of the theatre achievements, a full list is available via a tracker.

- Promoting TIVA.
- Reduce desflurane.
- Switch from tympanic to temporal thermometer.
- Switch to reusable slide sheets (£30k saving).
- Switch to reusable BP cuffs (£43k saving).
- Neptune system in place at QMH.
- Reviewing HVAC (ventilation operating times).

Climate Change Adaptation

We are enhancing the resilience of our facilities and services by integrating climate risk assessments into our resilience plans. We work closely with the Resilience team on this matter.

We continue to enhance the green spaces around our facilities, promoting biodiversity and integrating nature-based solutions into our site management practices.

We are currently developing site management plans and updated biodiversity audits to facilitate long-term improvement and are looking at ways to better manage our outdoor space.

Achievements:

- Research has been conducted for sites at risk of flooding through NHS Scotland Climate Mapping Tool:
 - 14 coastal sites at potential risk of flooding by 2080
 - Den Burn, VHK has been risk assessed for flooding with Fife Council
- We are trialing nature-based solutions with technical surveys being carried out in conjunction with NHS Assure.
- Work continues with Sniffer who have been commissioned by CRSES (Climate ready South East Scotland) to identify risks and opportunities.



Greenspace and Biodiversity

Following the publication of the NHS Fife Greenspace Strategy, the Sustainability team has undertaken several projects to assess the Board's green estate. Following this, we looked at how to adapt and utilise these spaces to benefit staff and patients, the wider community, generate green energy and support biodiversity.

Below is a summary of key projects that meet the Greenspace Strategy's themes of energy, wellbeing, food, climate, nature and skills. We have a full action and project tracker to monitor and evaluate progress.

Achievements:

- Neil McCormick, Director of Property & Asset Management, NHS Fife joined the Fife Coast and Countryside Trust (FCCT) as a member of their Board of Directors.
- Climate literacy training has been developed for key staff within NHS Fife which will be rolled out within the coming months.
- Lynebank Hospital, Dunfermline has had a full site Greenspace consultation with staff.
- We have joined FCCAN (Fife Communities Climate Action Network).



- Engagement events have taken place with local community groups and a suite of documents has been created to enable best use of our spaces and to manage projects.
- We attended Tree in the Park along with other local organisations and businesses.
- We have joined the Dunfermline Greenspace Forum.
- The Oak Tree Planting Project have been delivered across the broad NHS Fife estate.
- A Seed Funding application has been submitted for a Pain Management Garden within one of the courtyards at Queen Margaret Hospital, Dunfermline. This will include raised beds, vertical gardens and create an outdoor exercise space for rehabilitation. The garden is planned to be fully wheelchair accessible.
- A Seed Funding application has also been submitted for Lynebank Hospital, Dunfermline to incorporate a whole site design following a recent staff consultation.
- Our greenspace management processes have been updated in conjunction with the FCCT. We continue to lower the amount of mowed grass on sites to encourage the establishment of wildflower meadows which have a higher biodiversity net benefit.

Ongoing projects

- Discussions continue with Fife Council for the best use of land owned by NHS Fife for gardening allotments. This supports the Fife Council Allotment Strategy and the Food4Fife Strategy.

- Greenspace and biodiversity audits - these will assess the way the Greenspace is currently used on our sites and what potential projects can be beneficial including techniques to support existing biodiversity and encourage new species.
- Linking into the Fife biodiversity action plan via the FCCT.
- We are hopeful that an NHS Scotland wide UK Habitat Survey will be carried out within the next year which will provide a more detailed analysis of biodiversity and encourage protection of these species.

Waste

NHS Fife is committed to improving waste management across our facilities with an emphasis on sustainability and efficiency. Our efforts include the formation of dedicated groups to enhance waste management practices, successful implementation of resource-sharing platforms and progress towards national waste targets.

Achievements:

- The Sustainable Waste Improvement Group is now established within NHS Fife, which focuses on supporting the existing waste management group to encourage the correct use of bins and raise awareness on waste management.
- The Warp-it system was launched in March 2024, which now has over 500 staff members signed up and has generated over £50,000 in savings by reducing waste and administrative costs.
- We have successfully met two out of four national waste targets, with ongoing efforts to achieve the remaining goals.
- A new Glass recycling system is in place preventing glass going into the domestic waste stream.
- Collaboration continues with Head of Nursing, NHS Fife to identify areas to target for improvement and working alongside the Programme team to run a test of change.



- New waste bins are on trial in Ward 8, VHK to assess their benefit.
- Updated posters and bin labelling have been applied. Work continues.
- Pharmacy, Dental, and GP surgeries in Fife have all been updated on the no recyclable materials which are to be placed into returns eg packaging and non-NHS products.

Ongoing Projects:

- We are exploring funding routes for new bins.
- Mandatory waste training is in the process of being put in place.
- Future roadshows are currently being put into place.
- One of NHS Fife Consultants is a lead for Green ED and has been supporting NHS Fife with initiatives, including waste.

Transport

The transport team have made significant progress with the fleet agenda.

NHS Fife has procured a further sixteen electric vehicles from March 2023. This takes our total EV quantity to fifty-eight vehicles. (fifty-five leased vehicles and three asset owned vehicles).

Achievements:

- Fleet Reduction: The Transport Department recently ran numerous utilisation reports via Questar to collate analytical data of vehicle behaviour and usage. On review, we were able to remove nine asset-owned vehicles from the profile.
- Infrastructure Update: NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installations across seven sites within NHS Fife. Ranging from single, dual 7.3kw chargers, 40Kw rapid chargers and the replacement of one public accessible 7.3kw dual charger in the Diabetic Centre.
- We have introduced an EV charging Hub on the VHK site. This will facilitate the charging of our 3.5 tonne Luton vehicles for our 2030 decarbonisation objective.
- Transport Duties - Reviewed: The Transport Department has recently reviewed all vehicle duties. We have identified and been able to merge several together. This will allow a further



reduction of two vehicles: (radiation run and stationery duty combined) and (clinical waste and waste medicine combined).

- Enterprise Car Club Relaunch: The Enterprise Car Club was relaunched in May 2024 with the introduction of monthly utilisation reports. This has and will continue to support access and usage and encourage best practice. From the data provided, we have decreased our vehicle quantity from thirty to twenty-seven.
- NHS Fleet Fuel Usage: With the further introduction of electric vehicles, NHS Fife has seen a reduction of fuel usage year-on-year from 2022-23 to 2023-24 by 21,282 litres. This equates to 52,305 CO₂e.
- Future Infrastructure: We are awaiting potential funding via Transport Scotland. This is currently being discussed at our bi-monthly Transport meetings.
- Progression continues with the setup of an EV Car Salary Sacrifice Scheme.

Environmental Stewardship

Collaborative Place Based Working

Adopting a place-based approach to climate is beneficial because it allows for tailored solutions that address a local area's specific environmental, social and economic needs. This approach encourages collaboration between public bodies, local businesses, and communities while ensuring that climate action is relevant, effective, and sustainable. It enhances resource efficiency by pooling local assets like land, transport and renewable energy and supports the development of locally appropriate climate adaptation and mitigation strategies. Ultimately, it fosters community engagement and ownership, driving more impactful, long-term results.

We are a Fife Council ACE (Addressing the Climate Emergency) Board member and have been working on six place-based collaborative priorities.

These priorities are:

- Transport, buildings, community land assets, renewable technology, climate adaptation and waste.

These priorities support NHS Fife's policy and strategy and the Climate Fife 2024 Strategy.



We are active members of many Fife-based and National Working Groups, covering all subjects within the sustainability agenda.

We attend the Regional Board meeting with Lothian and Borders and work closely on sustainability initiatives.

Environmental Management System (EMS)

An EMS is similar to that of a health and safety system or quality system but with a focus on the environment. It aims to streamline communication, improve environmental compliance and reduce the risk of climate impacts. The Environmental Management Policy, which was approved by the EDG in April 2024, has been published on the NHS Fife website.

The Policy will aid the Board in assessing its environmental responsibility across departments such as Procurement, Estates and Clinical Services and allow NHS Fife to lead the way in Scotland in delivering a sustainable health service that achieves its environmental targets, including the achievement of Net Zero. For more information see [Sustainability | NHS Fife](#).

We have started building the EMS which will enable us to monitor our legal compliance, be able to control documents, have a method of reporting and have clear audit and communication trails.

Conclusion

Overall, we have made significant strides in embedding sustainability across our operations. From promoting active travel and enhancing waste management, to increasing staff engagement and training. Our initiatives are not only aligning with national targets but are also fostering a culture of environmental responsibility within the organisation. The successes highlighted in this report demonstrate our commitment to reducing our carbon footprint, improving resource efficiency and supporting the health and well-being of our staff and community. As with any transformative journey, however, there are areas where continued effort and improvements are necessary.

The implementation of the EMS will be a critical next step in providing a structured approach to managing environmental impact, ensuring compliance and driving continuous improvement. To fully realise the benefits of this system, we will require ongoing support and collaboration from the EDG, particularly when securing the necessary resources and embedding environmental considerations into all levels of the decision-making process.

As we look to the future, the commitment of the Board and EDG will be essential in sustaining momentum and achieving our long-term sustainability goals.



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Meeting: Clinical Governance Committee

Meeting date: 1 November 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

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

The following items have been deferred and rescheduled:

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

2. Matters Arising

2.1 East Region Neonatal Services Update

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

2.2 Orthopaedic Hip Fracture Audit

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

3. The Committee considered the following items of business:

3.1 GOVERNANCE

3.1.1 Clinical Governance Oversight Group Assurance Summary

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

3.1.2 Corporate Risks Aligned to CGC

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

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

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

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

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

3.2 STRATEGY AND PLANNING

3.2.1 Annual Delivery Plan 2024/25 Quarter 2 Report

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

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

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

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

3.2.3 Cancer Strategic Framework & Delivery Plan Update

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

3.3 QUALITY AND PERFORMANCE

3.3.1 IPQR

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

3.3.2 HAIRT

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

3.3.2 Rapid Cancer Diagnostics Services (RCDS) Update

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

3.3.3 Adverse Events Improvement Plan Update

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

3.4 DIGITAL & INFORMATION

3.4.1 Briefing on the NHS Dumfries and Galloway Cyber Incident

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

3.4.2 Briefing Paper for Digital Strategic Framework Timeline Update

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

3.5 PROFESSIONAL STANDARDS

3.5.1 Medical and Dental Professional Standards Oversight Group Update

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

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

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

3.6 PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

3.6.1 Patient Experience & Feedback

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

3.7 ANNUAL /OTHER REPORTS

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

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

4. Delegated Decisions Taken by the Committee

Nil to report.

5. Issues to Highlight to the Board

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

Arlene Wood
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

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

Present:

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

In Attendance:

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

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

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

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 6 September 2024

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

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

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

5. Matters Arising / Action List

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

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

There were no matters arising.

6. ACTIVE OR EMERGING ISSUES

6.1 East Region Neonatal Services Update

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

Concern was raised regarding the process to raise concerns and verify data in advance of the RSM report being submitted to the Scottish Government, and it was reported that feedback has since been provided to the East Region Planning Team on the significant concerns regarding the report's recommendations; including an outline of concerns and recommendations, one of which was that further strategic planning work is required to be carried out within NHS Fife to enable a safe, effective and efficient level of capacity and establishment level. Clarity was provided that the second report, from the Scottish Government, will be the implementation plan.

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

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

The Chief Executive acknowledged the currently strong working relationships between NHS Fife and NHS Lothian neonatology teams.

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

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

6.2 Orthopaedic Hip Fracture Audit

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

It was reported that an extensive review was carried out on the trauma pathways within NHS Fife, and that the recommendations from that review are being worked through to improve theatre efficiency and access to emergency trauma theatre capacity. It was further reported that job planning and working practice within the Orthopaedic Team is being reviewed, including a streamline of processes, to enable efficiency within the theatres, and that the establishment of a Theatre Utilisation Group will take forward exploring additional capacity within the system. Work is also still to be undertaken to address the workforce gap within the theatre service. It was noted that there will be challenges in relation to compromises within system.

Discussion took place, and members raised concern that orthopaedic trauma is not having the same prioritisation as other emergency admissions and they did not accept that position. A request was made for timeframes around improvements to be made.

Members requested the detail of the outcomes from the PHS visit held on 4 November 2024. A further request was made for the average wait time regarding patients for theatre relating to theatre capacity. Concerns were raised relating to equity, specifically that hip fracture is higher in the 50 years plus age group and highest in the 70-89 years age group. Further detail was requested in relation to a delay past 48 hours, increasing mortality by 32%. It was agreed that a paper be brought back to the next Committee to address these points, and to include an action plan and timeframes.

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

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

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

7. GOVERNANCE MATTERS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.3 Delivery of Annual Workplan 2024/25

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan 2024/25 Quarter 2 Report

The Director of Finance & Strategy presented the report and highlighted the key metrics, noting that there are 87 deliverables aligned to the strategic priority ‘Improve the Quality of Health and Care Services’. It was noted that 10 deliverables, which were previously on track, have now moved to the ‘at risk’ category. These include the development of the community rehab care across the system, which has currently

been paused to ensure appropriate alignment across services, and the creation of the same day emergency care facility within Acute Services. It was also reported that two deliverables have been completed since the previous report, and the deliverable in relation to the development of the specialist outpatient gynaecology unit is unlikely to be completed due to the unavailability of capital funding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.3 Cancer Strategic Framework & Delivery Plan Update

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

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

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

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

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

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

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

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report – August 2024

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

It was advised that there were 44 major or extreme events in the reporting period. In relation to the inpatient falls and inpatient falls with harm, it was reported that the targets have been achieved for two consecutive months, and an overview was provided on the improvement work that has been undertaken. 37 pressure ulcers were reported for the month, which is an improvement on the previous reporting period, but is still below the target; an overview was provided on the work that is ongoing to improve the position. It was reported that the Tissue Viability Group has been

reestablished and are taking forward seven standards within the change package through three short-life working groups. An update was also provided on healthcare associated infections, with it being noted that the position for CDI is reduced, the e coli bacteraemia rate increased, and the SAB rate was zero.

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

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

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

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

9.2 Healthcare Associated Infection Report

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

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

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

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

9.3 Rapid Cancer Diagnostics Services Update

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

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

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

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

Members commended the report and the evaluation undertaken.

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

9.4 Adverse Events Improvement Plan Update

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

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

The Associate Director of Quality & Clinical Governance reported that the ethos of the approach is around creating structures and governance to allow learning in a multi professional and collaborative way and replicating the model across other areas within the system.

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

10. DIGITAL / INFORMATION

10.1 Briefing on the NHS Dumfries and Galloway Cyber Incident

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

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

10.2 Briefing Paper for Digital Strategic Framework Timeline Update

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

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

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

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

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

11. PROFESSIONAL STANDARDS

11.1 Medical and Dental Professional Standards Oversight Group Update

The Medical Director advised that the update articulates the activity of the Medical and Dental Professionals Standards Oversight Group. It was confirmed that the group is newly established, replacing the previous Appraisal & Validation Group, and now has a wider remit to include other areas.

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

12. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

12.1 Patient Story

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

12.2 Patient Experience & Feedback

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

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

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

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

13. ANNUAL REPORTS / OTHER REPORTS

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

The Medical Director reported no significant changes within the report.

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

13.2 Medical Appraisal and Revalidation Annual Report 2023/24

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

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

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

13.3 Medicine Safety Review and Improvement Report 2023/24

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

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

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

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

13.4 Prevention & Control of Infection Annual Report 2023

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

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

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

11. LINKED COMMITTEE MINUTES

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

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

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

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

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

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

11.6 Information Governance & Security Steering Group held on 17 July 2024 (confirmed)

11.7 Medical Devices Group held on 11 September 2024 (unconfirmed)

11.8 Medical and Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

11.9 Infection Control Committee held on 1 October 2024 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

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

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

14. ANY OTHER BUSINESS

There was no other business.

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

Meeting: Finance, Performance & Resources Committee

Meeting date: 12 November 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

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

Added:

- Scottish Budget Position (which will be announced on 4 December 2024)
- Draft Financial Plan for 2025/26 (January 2025)
- Financial Plan for 2025/26 (March 2025)

2. The Committee considered the following items of business:

2.1 The Committee took a significant level of assurance from the progress, development and delivery of the Bed Modelling planning tool.

2.2 The Committee took a moderate level of assurance from the Quarter 2 Annual Delivery Plan update and endorsed the return for formal approval at the NHS Fife Board and for submission to Scottish Government.

2.3 The Committee noted the recurring cost pressures set out in the 2024/25 Proposed NRAC Allocation report; considered the methodology used to assess the allocation of funding to support these pressures; discussed the proposed allocation of funding set out in table 2; noted the delegated authority of the Chief Executive to approve individual expenditure commitments up to £2m; and endorsed the proposed allocation of funding for 2024/25 and 2025/26.

2.4 The Committee took a limited level of assurance from the Financial Performance Report.

2.5 The Committee took a significant level of assurance from the Labs Managed Service Contract Performance Report.

2.6 The Committee took a significant level of assurance from the Procurement Key Performance Indicator report.

2.7 The Committee took a "moderate" level of assurance from the Reform, Transform, Perform (RTP) Performance Report.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

- 4.1** The Committee took a moderate level of assurance from the IPQR and endorsed the Quality and Care Section of the IPQR

5. Update on Risk Management

- 5.1** The Committee took a moderate level of assurance from the corporate risk register (with the exception of the financial position which provides a limited level of assurance), noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible. A proposal to split the level of assurances within the corporate risk register was agreed by the Committee.

6. Any other Issues to highlight to the Board:

Following discussion, it was agreed the Bed Modelling work and how this links to transformation should be highlighted to NHS Fife Board

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 NOVEMBER 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Member
Sinead Braiden, Non-Executive Director
Chris McKenna, Medical Director
John Kemp, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Kevin Booth, Head of Financial Services and Procurement (*item 8.5 only*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Alistair Graham, Director of Digital and Information
Ben Hannan, Director of Reform and Transformation
Patricia Kilpatrick, NHS Fife Chairperson
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management

Minute prepared by Kerrie Donald, Executive Assistant to the Director of Finance and Strategy (from recording).

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Lynne Garvey, Director of Health and Social Care, who is now a regular attendee in her new role.

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from member Aileen Lawrie (Non-Executive Member / Area Clinical Forum Representative), and routine attendees Susan Fraser (Associate Director of Planning and Performance) and Maxine Michie (Deputy Director of Finance).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 10 September 2024

The minute from the previous meeting was **agreed** as an accurate record.

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

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

5. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

The action plan will be updated accordingly.

5.1 Bed Modelling: Clinical & Financial Implications and Consultancy Work Update

The Director of Reform and Transformation spoke to the paper which provided an update on work commissioned with Buchan and Associates on whole system bed modelling and detailed some of the assumptions used. He highlighted that the key benefit from utilisation of this tool will be to inform the plan for future changes across the health and social care system. The Director of Reform and Transformation advised that work was progressing well to conclude this iteration of the model which is due to be received in the next few weeks.

The Director of Property and Asset Management offered thanks to all the clinical and directorate teams that have been involved in the exercise.

In responding to comments, the Director of Reform and Transformation confirmed that the scenarios being modelled did not consider workforce plans and would therefore need to be aligned with the wider workforce planning assumptions work being undertaken.

The Committee praised the work undertaken to date, thanking all those involved and took a **significant level of assurance** regarding the progress in development and delivery of this important planning tool.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance and Strategy presented the corporate risk paper and provided a further update in relation to the risk around Delivery of a Balanced In-Year Financial Position (risk 13). It was advised that the Integration Joint Board (IJB) had now approved a Recovery Plan and all associated actions are underway to try and reduce the forecast deficit position in-year. It was however advised that the IJB forecast position has deteriorated further and will be discussed at the IJB Finance and Scrutiny Committee.

The Director of Finance and Strategy updated members on the work to complete a refreshed risk appetite for the Board noting that a proposal will be presented to the November meeting of NHS Fife Board for consideration.

Questions from Non-Executive members were asked about Whole System Capacity (risk 6) and Access to Outpatients, Diagnostics and Treatment Services (risk 7). In relation to risk 6, the Medical Director highlighted that consideration was being given to refreshing these risk descriptions to focus more on quality and safety and ensure that the impact on outcomes for patients is also captured in relation to performance.

The Committee took a **moderate level of assurance** (with the exception of the financial position which provides a **limited level of assurance**) that all actions within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6.2 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy advised that the draft financial plan for 2025/26 will be added to the workplan for both the January 2025 and March meetings 2025.

The Director of Finance and Strategy provided a brief overview of some of the initial assumptions around financial planning for 2025/26, noting that the budget announcement in December 2024 would be critical to the financial plan assessment for the next financial year.

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan (ADP) 2024/25 Quarter 2 Update

The Director of Finance and Strategy reported that there are 60 deliverables relevant to the committee; 2 have been completed, 40 are on track for full delivery, 12 are at risk and 6 are unlikely to deliver in this financial year. Details of the deliverables that are “unlikely to complete on time/meet target” are set out on page 3 of the report.

Detailed discussion took place around business transformation where members expressed concern in relation to the pace of progress being made. The Director of Digital and Information outlined a number of bridging actions that have been put in place, including a 13 week recruitment pause mainly in relation to the administrative job family where there is evidence it is safe to do so and also a review of fixed term posts to understand what the exit strategy is for those posts. In terms of other actions, a change of approach has been agreed in relation to business administration element to focus on 3 areas around health record management, wider administration and corporate governance support arrangements and opportunities across the health and care system. It was noted that the Staff Governance Committee had escalated this issue, and a progress update will be provided at the NHS Fife Board in November.

The Chief Executive acknowledged that progress in this area had been slower than expected, but considerable preparatory work has been undertaken with a reduction in whole-time equivalent posts in this job family over the last six months. The Chief Executive also recognised the professional functions carried out by staff in these roles.

Assurance was provided that progress is being made and the executive team is committed to being bold in its ambition in relation to this which will work.

Following a query from the NHS Fife Chairperson, the challenges around delivering public dental service were discussed. The Director of Public Health referred to a recent Public Health and Wellbeing Committee development session held on 18 October 2024 which highlighted the key challenges and work ongoing in Fife, and it was agreed that the link to the recording would be shared with members.

Action: Board Secretary

A specific action within the Annual Delivery Plan regarding the importance of collaborative engagement with the Scottish Government and dental body corporates to look for opportunities to improve the position across the country was raised. Following discussion, it was agreed that the NHS Fife Chairperson and the Chief Executive would reflect on raising this issue with the Scottish Government highlighting concerns around NHS dentistry provision in Fife.

Action: Chair and Chief Executive

Members discussed the presentation of the ADP report and specifically how it triangulates and aligns with the IPQR and the Corporate Risk Register. The Chief Executive and the Director of Finance & Strategy undertook to consider this more fully with the Executive Team and report back to a future meeting.

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

7.2 Control of Entry Pharmaceutical List (Primary Care Team)

The Director of Health and Social Care provided an overview paper noting the current position in relation to the progress of NHS Fife's recovery plan to support the process of applications for new pharmacy contracts across Fife.

The Acting Director of Pharmacy and Medicines advised that the Pharmaceutical Care Services Plan was discussed at the Public Health and Wellbeing Committee and confirmed that having gone through the process to look at the provision of pharmaceutical care services, it had been assessed there is no unmet need for pharmaceutical services in Fife at this time. Thanks were offered to team for the tremendous work undertaken to progress the recovery plan, noting it had been a very challenging process but recognising the progress made to work through the applications.

The Committee took a **moderate level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Chief Executive highlighted the challenges NHS Fife are facing noting the elective programme has been impacted this week due to a very full hospital resulting in the

Director of Acute Services and Director of Nursing not being available to attend the full Committee today.

Following a query regarding benchmarking against other NHS Boards, the Director of Health and Social Care advised targets are defined locally and performance is regularly benchmarked against other health boards. It was highlighted given the current pressures faced by NHS Fife, local targets will require to be reviewed.

The Director of Health and Social Care provided an update on the Health and Social Care Partnership highlighting NHS Fife have the highest uptake in Scotland for Covid immunisations for over 75s (67%) and flu (69.3%). Mental health readmissions continue to perform below the national average, when benchmarked against other Boards. Drug and alcohol waiting times performance is at 94.5% which meets the standard. The CAMHS referral to treatment target has been maintained and achieved above 90% for the second consecutive month. Work has also been undertaken within smoking cessation to try and improve performance.

The Medical Director provided an update on cancer waiting times noting pressures remain ongoing in relation to the 62 day target and that pathways are being reviewed through consideration of other Board's improvement activity in this area.

The Committee took a **moderate level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Proposed Allocation of NRAC 2024/25

The Director of Finance and Strategy introduced the report and the assessment process used to prepare the proposed recommendation with the paper. The paper proposed the level of resource allocated on a recurring basis should be £4.7m which would allow a protected £2.5m for investment as part of the 2025/26 financial planning process.

The NHS Board Chair commented positively on the approach outlined in relation to the assessment process and indicated her support for the proposed allocation as set out in the paper.

The Committee **noted** the recurring cost pressures set out in the report; **considered** the methodology used to assess the allocation of funding to support these pressures; **discussed** the proposed allocation of funding set out in table 2; **noted** the delegated authority of the Chief Executive to approve individual expenditure commitments up to £2m; and **endorsed** the proposed allocation of funding for 2024/25 and 2025/26.

8.3 Financial Performance Report

The Director of Finance and Strategy presented the report noting that while the run-rate overspend position has improved since July and August, the position must improve further and must also deliver the 3% RTP savings by the end of financial year.

The Director of Finance and Strategy further noted since the paper was submitted, the IJB recovery plan was approved by the IJB however this still leaves a gap of c£8m in the IJB position if the recovery plan of £13.5m is delivered in full. In addition, the Director

of Finance and Strategy advised that the IJB forecast position has deteriorated from the £21.5m overspend reported in this report to £27m.

The Director of Health and Social Care highlighted that the recent deterioration in the position reflects increased costs in relation to GP prescribing and social care package commissioning. The key reasons for the increase in these areas was discussed and the Committee noted the further actions and reviews underway within the partnership to mitigate this where possible. The Director of Health and Social Care also advised members that there has been a significant reduction in banking agency staff which has been a huge improvement for the partnership.

The Chair recognised the efforts of all staff to manage the deteriorating financial position whilst continuing to provide safe service levels and the level of challenge this presents.

Following a query from J Kemp, Non-Executive Director, the Director of Finance and Strategy noted that full delivery of the recovery plan will be hugely challenging. The Director of Health and Social Care reminded members, even with the recovery plan, a minimum overspend of £8m was predicted.

Extensive discussion took place regarding potential opportunities to create additional savings across the health and care system. The Chief Executive highlighted that work is progressing to move towards a single focused plan to support transformation across the entire health care system to drive maximum value across services. Following a query, the Employee Director noted conversations are also ongoing with staff side and with the Director of Health and Social Care to support this work.

The Director of Finance and Strategy highlighted while there has been a significant focus on the IJB financial position today, it should also be noted there is a similar level of financial challenge to be managed within our Acute Service where the forecast year-end overspend is £20m.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.4 Labs Managed Service Contract Performance Report

The Director of Acute Services presented the report.

The Committee took a **significant level of assurance** from the paper.

8.5 Procurement Key Performance Indicators

The Head of Financial Services and Procurement joined the meeting and advised that the report continues to demonstrate improvements within our procurement function.

The Committee took a **significant level of assurance** from the paper.

8.6 Reform, Transform, Perform (RTP) Performance Report November 2024

The Director of Reform and Transformation highlighted the key points from the report noting the assurance levels remain as previously discussed.

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

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 2 October 2024 (unconfirmed)

9.2 IJB Finance, Performance and Scrutiny Committee held on 11 September 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

Following discussion, it was agreed the Bed Modelling work and how this links to transformation should be highlighted to NHS Fife Board

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

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

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting; Tuesday 14 January 2025 from 10am – 12.30pm via MS Teams.

Meeting: **Public Health & Wellbeing Committee**

Meeting date: **11 November 2024**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

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

The following item has been deferred and rescheduled:

- Director of Public Health Annual Report 2023/24

The January 2025 Committee meeting will be extended to incorporate a deep dive on the drugs-related deaths risk, and aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

2. The Committee considered the following items of business:

2.1 Population Health & Wellbeing Strategy

Members commented on the challenges of measuring outcomes. Consideration will be given to strengthening linkages across the reports of the various strategies and frameworks. The Committee took a "moderate" level of assurance that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.

2.2 Annual Delivery Plan Quarter 2 Report

The challenges of identifying priorities were highlighted, and consideration will be given to strengthening linkages across the various strategies and frameworks. The Committee took a "moderate" level of assurance from the report and endorsed the Annual Delivery Plan Q2 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

2.3 Anchor Institution Programme Board Update

The Committee took a "moderate" level of assurance from the work progressed by the Anchor Operational Group and noted the progression over a six-month period from our baseline metrics.

2.4 Sustainability & Greenspace Update Report

A large amount of work has been undertaken over the previous 18 months. The Committee took a "moderate" level of assurance from the report.

2.5 Delivering 'The Promise' in NHS Fife

The Committee agreed to reduce the level of assurance recommended, based on the work that is required around the future governance arrangements, and took a “moderate” level of assurance from the paper.

2.6 East Region Health Protection Service Overview

The Committee took a “moderate” level of assurance of the delivery arrangements currently in place for East Region Health Protection Service. A report will be brought to a future board meeting.

2.7 Annual Reports

There were two annual reports 2023/24 presented for assurance:

- Public Health Screening Programme Annual Report 2024 (moderate level)
- Pharmaceutical Care Services Annual Report 2023/24 (significant level)

3. Delegated Decisions taken by the Committee

3.1 Review of Committee’s Terms of Reference

The Committee considered the changes to the remit, which reflected discussions since the last meeting, and approved a final version for submission to the Board at the end of November.

4. Update on Performance Metrics

4.1 Noted slight reduction in the six-in-one immunisation, however, close to target. Take up of MMR2 remains static. Improvement work for childhood immunisation is being promoted through a programme of work, including the winter programmes. The Committee took a “moderate” level of assurance from the report and endorsed the Quality and Care section of the IPQR.

4.2 Fife Smoking Cessation Services Deep Dive

Noted the Scottish Government published its tobacco & vaping framework, which includes a five-year implementation plan with actions. Also noted various models have been put in place for delivery of the service. The Committee took a “moderate” level of assurance from the deep dive and agreed that this issue should be considered further at a future session.

4.3 Joint Health Protection Plan

The Committee took a “significant” level of assurance from the paper and endorsed the updated Joint Health Protection Plan 2024-26.

4.4 No Cervix Exclusion Final Audit

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

5. Update on Risk Management

There are five corporate risks aligned to the PH&WC. A new pandemic risk has been added.

Highlighted that the gap between deprived and less deprived is widening and evidence-based actions are being taken forward through the refresh of the Plan 4 Fife and working towards a universal approach in terms of preventative actions.

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

Risk	Actions Required
Population Health & Wellbeing Strategy	No change
Health Inequalities	Reduced slightly
Policy obligations in relation to environmental management and climate change	No change
Primary Care Services	No change
Pandemic Risk	New risk

6. Any other Issues to highlight to the Board:

- 6.1 NHS Fife was unfortunately not selected as one of the three initial Marmot sites for Scotland, but that the clear commitment to address health inequalities will continue within Fife.
- 6.2 Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Child & Adolescent Mental Health Services and psychological Therapies, outwith the meeting.
- 6.3 In terms of smoking cessation service performance, more work is required to be carried out to meet the LDP standard (target) that is set and agreed with Scottish Government. The Committee also wishes to raise awareness overall with the Board about the significance of harm from smoking.
- 6.4 There is a potential for a new Board or Committee development session covering the Scottish Government’s 10 Year Population Health & Wellbeing framework, which is due to be published in January 2025, with tobacco as a key theme.

John Kemp
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 11 NOVEMBER 2024 AT 10AM VIA MS TEAMS

Present:

John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Alistair Morris, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Pat Kilpatrick, Board Chair
Suzy Cooke, Public Health Registrar, NHS Borders (*observing*)
Cathy Cooke, Public Health Scientist (*item 9.1 only*)
Sharon Crabb, Public Health Service Manager (*item 7.3 only*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Lynne Garvey, Director of Health & Social Care
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Jimmy Ramsay, Head of Sustainability (*from item 7.4*)
Lyndsey Thomson, Employability Officer (*item 7.3 only*)
Duncan Fortescue-Webb, Consultant in Public Health (*item 8.2 only*)
Tom McCarthy-Wilson, Portfolio Manager (*item 7.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Lynne Garvey who has joined the Committee as a new member in her recently appointed role as Director of Health & Social Care. A warm welcome was also extended to Suzy Cooke, Public Health Registrar from NHS Borders, who was joining today's meeting as an observer.

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

1. Apologies for Absence

Apologies were received from member Dr Chris McKenna (Medical Director) and attendees Susan Fraser (Associate Director of Planning & Performance) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 9 September 2024

The minute from the previous meeting was **agreed** as an accurate record.

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

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

5. Matters Arising / Action List

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

5.1 Review of Committee's Terms of Reference (ToR)

The Board Secretary advised that the Committee's ToR was presented at the September Committee meeting, and that further discussion has since taken place on the specific changes that were proposed. It was reported that there is some overlap with the Clinical Governance Committee's ToR, in terms of the quality aspect of delegated services within the remit, and that further discussion will take place on the remits when all of the Board's Standing Governance Committee ToRs are considered as part of their annual review in March 2025. It was noted that there are implications in relation to the corporate risks around quality of service provision.

The Committee considered the attached changes to the remit, which reflect discussions since the last meeting, and **approved** the final version for submission to the Board at the end of November.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an update on progress of the five corporate risks aligned to the Committee and highlighted the inclusion of the new pandemic risk. It was confirmed that further detail around mitigations for the pandemic risk will come forward in due course, following discussions within East Region, and the overarching approaches at a national level, which will influence mitigation locally.

It was reported that the health inequalities risk rating has reduced slightly, due to the ratification of the Prevention & Early Intervention Strategy, and the work that has been ongoing to develop the Marmot approach. It was reported that NHS Fife was not selected as one of the three initial Marmot sites for Scotland, but that the clear commitment to address health inequalities will continue within Fife. It was highlighted that the gap between deprived and less deprived areas is widening, and it was noted that evidence-based actions are being taken forward through the refresh of the Plan 4 Fife and working towards a universal approach in terms of preventative actions within the Prevention & Early intervention strategy.

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

6.2 Delivery of Annual Workplan 2024/25

The Director of Public Health highlighted that consideration has been given to providing a mid-year report for each of the annual reports, and that the detail has been added to the workplan, including those where it would not be feasible to have a mid-year report.

The Committee agreed to the proposal to extend the January 2025 Committee meeting to incorporate a deep dive on the drugs-related deaths risk, and aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

Action: Director of Public Health / Board Committee Support Officer

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

7. STRATEGY / PLANNING

7.1 Population Health and Wellbeing Strategy 2024/25 Mid-Year Review

The Director of Finance & Strategy introduced T McCarthy-Wilson, Portfolio Manager, to the meeting, who outlined the key points of the report, as detailed within the executive summary of the paper. The Rapid Cancer Diagnostics Service was highlighted by the committee as a positive example of service improvement within the report. Suggestion was made to strengthen the aspects of participation & engagement, and achievements around digital.

It was noted that the majority of performance data is measured on a yearly basis and included within the annual report. It was agreed to reference these measurements within the mid-year report.

The importance of aligning objectives to delivery plans was highlighted. Discussion took place on the challenges and importance of balancing qualitative information, case studies and robust metrics, and capturing insights from the reporting metrics of various underpinning strategies and frameworks to measure outcomes from the overall Population Health & Wellbeing Strategy in a way that was consistent with other reports. It was noted that an early draft of the corporate objectives for 2025/26, which will be linked to the overall strategy, will be developed in the forthcoming months.

Members commented on the challenges of measuring outcomes, and therefore agreed to take a lower level of assurance than was recommended within the report. The Committee, therefore, took a **“moderate” level of assurance** that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.

7.2 Annual Delivery Plan (ADP) Quarter 2 Report

The Director of Finance & Strategy advised that of the 35 deliverables within the ADP, which are aligned specifically to improving health & wellbeing, 22 (63%) are on track. It was advised that, of the remaining 9, which are described as being as at risk, 4 have

moved into that category since the previous reporting period. It was advised that the main factor for the movement of the deliverable around improving access and uptake of vaccinations across the whole population is largely due to difficulties releasing nursing capacity over the autumn/winter months. Activity is ongoing to reduce that level of risk before the year-end. In terms of the deliverable to refresh the Mental Health Strategy and the review of existing wellbeing indicators, it was reported that work is ongoing for those deliverables. The position is likely to improve before the year-end. Difficulty was reported in progressing an increase to specialist clinics in deprived areas to achieve higher levels of smoking quits.

It was highlighted that two deliverables are categorised as 'unlikely to be completed/meet target'. The first being the challenges to increase capacity in dental services, due to the supply of dental practitioners. The second is difficulty progressing the children's speech, language and communication development plan, which is due to the pressure on services. It was reported that there is one deliverable that has been suspended in relation to developing community services for drug & alcohol services, which is due to funding restrictions. Teams are exploring other options for an outreach service.

Members questioned the impact of actions within the ADP and determining whether these actions are sufficient. Committee members raised concerns in regard to the detail provided within the ADP, noting that it was difficult to identify priorities, due to the large scale and number of deliverables. Members also noted that it is difficult to take assurance that targets will be achieved. In response, it was advised that the priorities within the ADP are all set by Scottish Government. This report provides high-level detail, and that any areas that have a significant risk or are a broader organisational concern, would be reported separately. It was also noted that, as per the discussion on the previous agenda item around triangulation, consideration will be given to capturing insights from the reporting metrics Florida the variety of other strategies and frameworks.

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

7.3 Anchor Institution Programme Board Update

Sharon Crabb, Public Health Service Manager, and Lyndsey Thomson, Employability Officer, were welcomed to the meeting to provide an update on the Anchor Institution programme of work.

It was reported that the last update to the Committee was provided in May 2024, following the development and submission of the Anchor Institution Strategic Plan and prior to submission of the baseline anchor metrics. It was advised that recent feedback from the Scottish Government was positive about the progress in Fife. A collated report on progress is being used as a comparison and for benchmarking against other NHS Scotland Health Boards, as the work of the Anchor Operational Group is taken forward. It was noted that there was one recommendation, around having a stronger focus on employability, which is being addressed.

It was advised that a six-month review has been carried out using the progression framework, and that a key finding was the level of engagement with local authorities and community planning partners, exploring joined up working. It was noted that updated self- assessment progress has been reported to the Fife Anchor Institution Programme Board.

An overview was provided on the employability work and initiatives that have been undertaken over the previous six months, which are detailed within the paper. One observation from the EMERGE programme has been much higher uptake amongst young women, there will be focus on increasing male participation in future cohorts. It was noted that there are opportunities for trainee pharmacy technicians in this area that could be usefully promoted.

The Public Health Service Manager agreed to share the Fife baseline data with the Committee.

Action: Public Health Service Manager

The Board Chair acknowledged all the hard work of the teams and thanked them for their efforts in this area.

The Committee took a **“moderate” level of assurance** from the work progressed by the Anchor Operational Group and noted the progression over a six-month period from our baseline metrics.

7.4 Sustainability & Greenspace Update Report

The Director of Property & Asset Management advised that a large amount of work has been undertaken over the previous 18 months, and that two Sustainability Officers are now in post on a permanent basis. Jimmy Ramsay, Head of Sustainability, was welcomed to the meeting and provided an overview on the key aspects of the report, noting that the report includes a deep dive into the environmental management and climate change corporate risk.

It was advised that there are teams within NHS Fife who have Sustainability Champions and that work is ongoing to collaborate with those teams and identify the wider challenges and objectives. It was noted that decarbonisation is the main challenge due to a lack of funding, and an overview was provided on the work for a whole system approach for NHS decarbonisation solutions, Fife wide.

It was reported that positive progress has been made on greenspace, and that an action plan has been developed that is linked to the Greenspace Strategy. It was also reported that positive progress is being made on the Environmental Management System.

In terms of the Sustainability Ambassadors’ network, it was advised that 35 people have signed up to date, which is positive.

Following a query, the difficulties in identifying the carbon footprint for the whole organisation was explained. It was noted that building, travel & transport are the largest contributors to the carbon footprint, and the detail will be provided in the report that will be presented to the NHS Fife Board at their November 2024 meeting. An explanation

was also provided on the specific design guide that is required to be followed for capital processes.

It was noted that the Sustainability & Greenspace Annual Report will be presented to the Committee at the January 2025 meeting.

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

7.5 Delivering ‘The Promise’ in NHS Fife

The Director of Health & Social Care provided an update on the delivering ‘The Promise’ activity and highlighted the key points from the paper, noting that the paper focuses on what is being delivered both nationally and locally. It was highlighted that work is underway in relation to targeted work for the development of e-learning for the workforce. It was noted that there is a commitment to strengthen the governance and assurance processes across the wider NHS Fife / IJB structure for this area, and to drive forward key initiatives, escalations and regular reporting.

It was noted that an updated progress framework has not yet been published by the Scottish Government, and that it may have an impact on the work that is being undertaken.

A request was made to include within the report the detail in relation to connecting the children’s social work aspects with ‘The Promise’. The Director of Health & Social Care agreed to consider including within future reporting an action plan, which includes priorities to measure progress of delivery, without duplicating governance with other high level corporate boards that are in place.

The Committee agreed to reduce the level of assurance recommended, based on the work that is required around the future governance arrangements, and took a **“moderate” level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health reported that the immunisation data within this most recent report is from June 2024, and that the publication data is slightly behind current actual performance. It was advised that there was a slight reduction in the six-in-one immunisation, compared to the previous quarter, however, the position is close to the target. In terms of the MMR2 immunisation, it was advised that the position has remained static. It was highlighted that the quality improvement work that has been taking place is detailed within the report, and that uptake for childhood immunisation is being promoted through a programme of work, including the winter programme.

It was reported that uptake for Covid and influenza immunisations at this point in the season is encouraging, particularly for priority groups in care homes.

It was advised that the IPQR is collated and based on when public health data is released, hence the data is not the most up to date. It was noted that the teams gather as much data in real time as possible.

It was noted that there is no change to the adult screening programme uptake statistics which are published nationally on an annual basis. The annual report covering all of the screening programmes will be covered later on this agenda.

The Committee took a “**moderate**” level of assurance from the report and **endorsed** the Quality and Care section of the IPQR.

8.1.1 Fife Smoking Cessation Services Deep Dive

The Director of Health & Social Care presented the smoking cessation services deep dive and provided background to the service, advising that the Scottish Government published its tobacco & vaping framework, which includes a five-year implementation plan with actions. It was noted that it was positive that vaping has been included within the Scottish Government’s framework, given the rise in the number of teenagers who partake in vaping. In terms of the prevalence in Fife, it was advised that Fife is 2.7% higher than the Scottish average, including pregnant smokers. It was noted that the number of pregnant smokers has reduced slightly over time.

It was reported that three different approaches have been put in place for the smoking cessation service, which are described in the paper. These are provided by the health promotion specialist service, who provide intensive 1:1 support, the community pharmacy support, which has a high volume of quit attempts, however, this reduces as the 12-week programme progresses. In terms of pregnancy support, it was advised that there is higher retention in this area.

An overview was provided on performance, and it was advised that more work is required to be carried out to meet the LDP standard (target) that is set and agreed with Scottish Government. This target is due for review and has not been updated since 2017. It was reported that the service is looking to increase face-to-face provision to improve the performance quit rate, and that this has been progressed in the most deprived areas within Fife, which has resulted in an increase in referrals for those on low incomes.

The challenges of benchmarking with other NHS Scotland Health Boards were highlighted, due to the differences in recording data. The example was given of differences in approach, with some areas counting vaping within their quit attempts.

It was noted during the meeting that the service is carrying a number of vacancies, and a question was raised about the impact of this on achieving target quit rates. It was advised that improving recruitment retention in specialist workforce has been highlighted from a national review, with a focus on maternity as a key priority.

The new vaping bill within the UK, which is currently going through the bill passage to become law, was highlighted, and it was noted that this will be mirrored within Scotland.

The Director of Health & Social Care agreed to provide members, via email, with further detail on areas that have not yet been explored, to improve the position.

Action: Director of Health & Social Care

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

8.2 Joint Health Protection Plan

Duncan Fortescue-Webb, Consultant in Public Health, was welcomed to the meeting.

The Director of Public Health advised that there is low residual risk that the plan will not achieve its purpose, as the model of establishing a Joint Health Protection plan has been well tested over the previous eight years. It was noted that while there are some workforce challenges, there is no immediate risk to workforce within NHS Fife.

A request was made to consider the timing of the reports being brought forward to the Committee, with it being noted that the updated plan and programme of work commenced in April 2024.

The Committee took a **“significant” level of assurance** from the paper and **endorsed** the updated Joint Health Protection Plan 2024-26.

8.3 No Cervix Exclusion Final Audit

The Director of Public Health explained that the nationally-led process was followed in NHS Fife, in terms of sending reminders to people to come forward. It was noted that the national team have received feedback on the process and experience from local Boards, and that the findings of the national audit report is anticipated will be published during 2025.

The Director of Public Health agreed to send J Bennett, Non-Executive Member, detail on the mechanisms in place, at a national level, to prevent the issue from happening again.

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

8.4 East Region Health Protection Service Overview

The Committee discussed the Single-Employer approach and Fife’s readiness to support the delivery arrangements currently in place for East Region Health Protection Service. The Director of Public Health provided an overview on the benefits realisation of the service, and agreed to provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach.

Action: Director of Public Health

In response to a question about specialist workforce retention, it was explained that the duration of the Public Health Consultant training programme is five years, with only six months in a particular sub-specialist area such as health protection Trainees who have completed the programme do not necessarily choose health protection as their specialist area of interest. Committee members sought assurance about staff perspectives within the service. It was explained that there are mixed views with staff who are involved in the service, with some concerns relating to equity issues between employees and challenges with transition. It was noted that this is an early stage in considering the single-employer approach and expert advice and input is being provided from partnership and HR leads.

Committee members sought assurance on the availability of funding for planned expansion of the workforce. In response, it was advised that Health Protection Teams and NHS Health Boards have been given an additional baseline allocation to be able to respond to future variants and mutations. This will support workforce plans and will enable resilience for the service.

Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board.

Action: Director of Public Health

The Committee took a **“moderate” level of assurance** of the delivery arrangements currently in place for East Region Health Protection Service.

8.5 Child & Adolescent Mental Health Services Update

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Child & Adolescent Mental Health Services outwith the meeting.

Action: Director of Health & Social Care

8.6 Psychological Therapies Standard Update, including Improvement Plan

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Psychological Therapies outwith the meeting.

Action: Director of Health & Social Care/Director of Public Health

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Public Health Screening Programmes Annual Report 2024

Cathy Cooke, Public Health Scientist, was welcomed to the meeting.

A query was raised in relation to the issue highlighted with the report around the availability of audiology staff in relation to newborn screening, and it was advised that a further two additional audiologists have since been trained, which is expected to eliminate any further issues in that area.

The targeted work around breast and bowel screening was highlighted, and it was reported that there are challenges around slippage, particularly for breast screening.

It was advised that the public health screening programmes are nationally led. The Committee agreed to reduce the recommended level of assurance, due to the difficulty in reflecting a significant level of assurance across all six programmes, and thus took a **“moderate” level of assurance** from the report.

9.2 Pharmaceutical Care Services Annual Report 2023/24

The Acting Director of Pharmacy & Medicine advised that there is a requirement for NHS Scotland Health Boards to publish a pharmaceutical care service annual report. It was advised that, following an assessment using a range of critical data analysis, and

significant public engagement through the Health & Social Care Partnership, it has been identified that there is no unmet need for pharmaceutical care services within Fife, and that a focus is to continue improving the quality of service to our patients.

It was further reported that there is a separate nationally defined process around control of entry for new pharmacies and a separate report will be presented to the Finance, Performance & Resources Committee.

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

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Public Health Assurance Committee held on 21 August 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

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

It was agreed that two matters be escalated to NHS Fife Board, via the Chair’s Assurance Report, as detailed below.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

It was agreed to highlight to the NHS Fife Board the smoking cessation service performance, and to raise awareness overall about the significance of harm from smoking. It was also agreed to highlight the potential for a new Board or Committee development session covering the Scottish Government’s 10 Year Population Health & Wellbeing framework, which is due to be published in January 2025, with tobacco as a key theme.

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

13. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 13 January 2025 from 10am – 12.30pm via MS Teams.

Meeting: Staff Governance Committee

Meeting date: Tuesday 5 November 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee's Workplan is on track and updated for each meeting of the Committee.

2. The Committee considered the following items of business:

2.1 The Committee took a '*moderate*' level of assurance from the Equality, Diversity and Human Rights update, noting the establishment of the new LGBT+ Network, the plans to link with Fife Council / HSCP's Neurodiversity Network, the new Workforce Equality Sub Group and the new NHS Scotland Anti-Racism guidance, which will form the basis of future NHS Fife plans.

2.2 The Committee took a '*moderate*' level of assurance from the Improved and Safe Working Environment / Health & Safety Quarterly update, noting the reviewed and updated Manual Handling Policy and that the NHS Fife Ligation Risk Policy has been updated to be a Fife wide document. Improvements to facilities which support the provision of a safe environment for both staff and patients and in training arrangements for fire safety, manual handling and violence & aggression were noted, alongside regular incident statistic reporting to the Area and Local Partnership Forums.

2.3 The Committee took a '*moderate*' level of assurance from the Attendance Management updates provided, noting the on-going efforts of the Attendance Management Oversight Groups in this area. Further details are included in the minutes.

2.4 The Committee received a detailed update and took a '*moderate*' level of assurance from the report on the various Employability initiatives in train within the Board, including for example, Modern Apprenticeships, King's Trust placements, Life Chances work opportunities, the Armed Forces Talent Programme and planned health specific careers events. This activity supports our Anchor ambitions and mitigates future workforce planning and delivery Risks.

2.5 The Committee took a '*moderate*' level of assurance from the update provided from the People & Change Board, including the controls in place Supplementary Staffing savings achieved to date, progress with the implementation of Direct Engagement, the actions to implement changes to junior doctors' rotas to facilitate compliance and on the plans for a Voluntary Severance policy. Information on recurring pay pressures and on the work in respect of the Non-pay elements of 2023/2024 pay award were also noted by the Committee.

2.6 In addition, the Committee heard feedback on a number of very informative and assuring Annual Reports, including Nursing, Midwifery and Allied Health Professionals, Volunteering, Medical Appraisal and Revalidation and the Occupational Health Service, all of which demonstrate a breadth of clinical and professional activity within the Board.

3. Update on Performance Metrics

The Committee took a '*moderate*' level of assurance from the IPQR update provided:

- A reduction in the Board's reported sickness absence rates from 7.47% in July to 6.51% in August 2024, which is therefore unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.
- A 1.6% decrease in the PDPR metrics (42.95% as at September 2024), so not anticipated to meet the reduced local PDPR target of 60% by 31 March 2025.
- Improvements in the last reported ISD vacancy rates for M&D and N&M staff were noted, with a slight increase in the AHP rate.

4. Update on Risk Management

The Corporate Risk report was not presented to the meeting, given the limited changes to the content of the workforce related risks and the comprehensive People & Change Board update provided.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
November 2024

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 5 NOVEMBER 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Jane Anderson, General Manager, Women & Children's Clinical Services (*observing and for Item 6.3*)
Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF (*deputising for Lynne Parsons*)
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Jenni Jones, Associate Director of Culture, Development & Wellbeing (*part-meeting*)
Ben Hannan, Director of Reform & Transformation
Alison McArthur, Employability & International Recruitment Co-ordinator (*for Item 7.4 only*)
Debbie McGirr, NHS Fife Speak Up / Whistleblowing Coordinator (*observing*)
Margo McGurk, Director of Finance & Strategy (*deputising for Carol Potter*)
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director (*part-meeting*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sue Ponton, Head of Occupational Health (*for Item 10.4 only*)
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current workforce pressures.

The Chair extended a warm welcome to Lynne Garvey, who was attending her first meeting as the newly appointed Director of Health and Social Care. A special welcome was also extended to Debbie McGirr, NHS Fife's newly appointed Speak Up/ Whistleblowing Coordinator, who was attending the Staff Governance Committee as part of her induction activities. It was noted that Vicki Bennett, H&SCP LPF, was deputising for

the Employee Director, who was in attendance, but may be required to leave the meeting intermittently.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1. Apologies for Absence

Apologies for absence were received from members Carol Potter, Chief Executive, Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion and Sinead Braiden, Non-Executive Member & Equality & Diversity Champion.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 3 September 2024

The minutes of the meeting held on 3 September 2024 were **agreed** as an accurate record.

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

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 25 September 2024.

5. Matters Arising / Action List

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

6. GOVERNANCE MATTERS

6.1 Update on Equality, Diversity and Human Rights

The Chair invited the Director of Nursing to speak to the report, which provided an update on the work being undertaken to support the Board's Equality and Diversity agenda.

Providing an overview of the various programmes of work, the Director of Nursing highlighted the support for International Recruits, Employee Networks, Fife Pride, Speak Up Week, the planned implementation of the NHS Scotland Anti-Racism Guidance, development of Transgender Policies for staff and patients, the work of the Equality Workforce Sub-Group and workforce monitoring data.

The Committee noted that the NHS Fife Equality Outcomes Report for the period 2021 to 2025 was currently being finalised and that discussions regarding the Equality Outcomes Plan for 2025 to 2029 had commenced. It was agreed that the

Workforce-related Equality Outcomes, which had been drafted as part of the 2025 to 2029 Plan, would be shared with the Committee after the meeting.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised of the successful launch of the LGBTQ+ Network and provided an update on plans being developed to support the management of the network going forward. It was intended that lessons learned from Employee networks that are currently operating will be used to inform plans to re-establish the Diverse Ethnicity Network early next year.

The Committee was apprised of positive collaborations that had resulted in an invitation to all NHS Fife staff to participate in the Neurodiversity Network being established by Fife H&SCP. It was noted that the first meeting is due to take place in December 2024.

The Committee **took a 'moderate' level of assurance** from the report and **noted** the work being undertaken to support the Board's Equality, Diversity and Human Rights agenda.

6.2 Improved and Safe Working Environment / Health & Safety Quarterly Report

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was informed that Fire Advisors will now operate under the Health & Safety Department and that, following discussions with H&SCP, the department will also assume responsibility for providing Violence & Aggression training across the Board. Reiterating the importance of training, an overview of the statistics detailed in the H&S Quarterly Incident Report (which included Sharps, Slips, Trips and Falls, Violence & Aggression, Musculoskeletal, Patient Self-Harm and RIDDOR) was provided. Indicative of an emerging pattern, it was highlighted that 88% of Violence & Aggression incidents are reported to occur within H&SCP areas, with a significant number of these incidents taking place within specific mental health wards. It was confirmed that Incident statistics were also reported to the Area and Local Partnership Forums.

Whilst describing the challenges associated with manual handling training uptake, it was emphasised that staff need to be supported to be released from their day-to-day jobs to promote attendance. The Committee was informed that the Board is now accredited to participate in the Scottish Manual Handling Passport Scheme, which ensures that employees will be trained to a national standard, and that staff from other participating Public Sector bodies who join NHS Fife will not need to be trained again, provided their training is in date.

The Employee Director and J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, commended the level of detail provided in the paper. In response to a query from the Chair, the Director of Health & Social Care offered assurance on the governance pathways in place for escalating, when required, H&S incidents which occur within the Partnership. The Director of Health & Social Care agreed to consider how H&SCP H&S information can be reported into the Committee going forward.

Action: Director of Health & Social Care

Whist commenting favourably on the reporting culture in relation to Health & Safety incidents within the organisation, the Director of Property & Asset Management advised that the Board was considering the benefits of implementing a more user friendly reporting system.

The Committee **took a 'moderate' level of assurance** from the update and from the Health & Safety Quarterly Incident Report for the period June to August 2024.

6.3 Attendance Management Update

The General Manager, Women & Children's Clinical Services, spoke to the paper in her capacity as Co-Chair of the Absence Management Oversight Group.

It was noted that Staff Absence had increased from 6.51% in August to 7.07% in September. The Committee was updated that, following a recent Area Partnership Forum, three teams which fall into the high priority areas for Staff Absence within Critical and Complex Care have been identified and managers within these services have committed to exploring the causes for absence and undertaking a Test of Change to support improvements. A progress update will be provided to a future Committee meeting.

Areas with improved attendance figures were highlighted, with due consideration being given to good practice that could potentially be adopted in teams with higher than expected absence rates. It was noted that benchmarking work undertaken with other Boards has indicated that the main variance appears to be in the handling of long-term absence. It was clarified that some Health Boards use policy triggers whilst others use a target setting approach to manage absence. A meeting has been scheduled with Staff Side colleagues to examine the possibility of moving to a target setting approach and to consider how recommendations from the benchmarking exercise can be utilised to reduce absence.

Reference was made to the Heat Map in Appendix 2, which illustrated Staff Sickness Absence against the Scottish Index of Multiple Deprivation Score by postcode and there was discussion as to how this information could be triangulated with other data to provide a wider understanding of Staff Absence.

The Head of Workforce Resourcing & Relations advised that learning gathered from a "What Matters to You" survey, undertaken as part of a multifactorial review conducted by the H&SCP, was being explored to understand how the results could potentially be used across the whole system.

Discussions took place on the importance of having the appropriate level of resources within the HR function to support staff and managers in all aspects of promoting attendance. The Director of Workforce advised that a paper highlighting the resources available within the Workforce Directorate to support the organisation was due to be presented to the Executive Directors' Group later in November.

The Committee **took a 'moderate' level of assurance** from report and the ongoing activity aimed at delivering and sustaining a reduction in sickness absence.

6.4 Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the Annual Workplan 2024/2025, since it was last presented to the Committee on 5 September 2024.

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

7. STRATEGY / PLANNING

7.1 Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Non-Compliant Rotas, Voluntary Severance, Recurring Pay Pressures and the Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award.

To ensure the most effective use of resources, a decision had been taken to stand down the Supplementary Staffing Group. The Committee noted that this workstream now falls under the scope of the People & Change Board. It was highlighted that Supplementary Staffing costs within the Board's retained staff have reduced from an average monthly spend of £1.75 million in 2023/2024 to around £1 million in 2024/2025. In response to a query from J Kemp regarding the net savings achieved, the Director of Finance & Strategy advised that the September 2024 report reflected a net saving of £2.4 million in the first half of the financial year. J Kemp commented that it would be helpful for future iterations of Supplementary Staffing savings updates to be detailed at a net level.

The Committee noted that the Direct Engagement model of Locum engagement, which had been rolled out in early August 2024, has realised savings to date of £109,503 across NHS Fife (Acute and H&SCP). Additional work is being undertaken to increase compliance rates, which are currently at 50%, with the aim of meeting a stretch target of 90% by January 2025, to maximise the savings potential.

The Director of Workforce reported that, at the time of writing, three out of four doctors' rotas are compliant. Additional processes are being put into place to reinforce the requirements for adherence to rest-break policies and protected time, so that rotas are more robust and sustainable going forward.

Discussions are ongoing for plans in relation to voluntary severance as well as to address the challenge of pay pressures. Decisions at a national level are awaited to move forward with the implementation of the Non-Pay elements of the 2023/24 Agenda for Change Pay Award, specifically in relation to the Reduced Working Week and Band 5 Nursing Review.

The Director of Workforce expressed sincere thanks to all stakeholders for their commitment and dedication to deliver improvements within the above workstreams.

The Director of Reform & Transformation commented favourably on the progress that had been made with regard to the Whole Time Equivalent review overseen by

the People & Change Board and how this would support workforce planning assumptions for 2025/26.

The Committee **took a 'moderate' level of assurance** in relation to the work being undertaken by the People & Change Board.

7.2 Annual Delivery Plan 2024/2025 Quarter 2 Report

The Director of Finance & Strategy spoke to the report, which detailed the Quarter 2 update on the progress of the Annual Delivery Plan (ADP) 2024/2025.

Whilst highlighting key aspects of the report, the Committee was informed that of the 200 deliverables included in the 2024/2025 ADP, 21 are aligned to the Strategic Priority to improve Staff Experience and Wellbeing. Reference was made to Appendix 1 of the report, which illustrated that, as of September 2024, 16 of these deliverables have been assessed as being 'on track' and five are 'at risk'. The Committee was offered assurance that none of the 'at risk' deliverables are unlikely to be completed.

The Committee **took a 'moderate' level of assurance** from the report and **endorsed the ADP Q2 return**, prior to formal approval by the NHS Fife Board and onward submission to the Scottish Government.

7.3 Employability Initiatives & Programmes Update

The Head of Workforce Planning & Staff Wellbeing introduced the paper, which provides an overview of the Employability initiatives and programmes being developed within the Board.

The Employability & International Recruitment Co-ordinator provided a comprehensive overview of this programme of work as detailed in the paper, which included plans to host Health & Social Care Careers Events, two in March and two in September 2025. It was noted that seven pupils are currently on the EMERGE programme and efforts are underway to arrange placements for these pupils in NHS Fife. The Committee was advised that, with the support of the Committee Chair, a donation had been received from the Raymond Fernie Foundation, which would be utilised to purchase uniforms and sundry items to support pupils who have been offered placements in NHS Fife as part of this programme.

A number of other initiatives were also highlighted including Foundation Apprenticeships, partnership with Motivation Commitment and Resilience (MCR) Pathways, the Youth Recruitment Pathway (which includes a collaboration with The King's Trust), Fife Council Community Wealth Building 'Life Chances' programme, Targeted Modern Apprenticeships, engagement with the Department for Work & Pension (DWP), Work Placements and the Armed Forces Talent Programme.

The Committee commended the partnership working evidenced across the whole system between NHS Fife, H&SCP, Fife Council, DWP and other bodies and how this links with the Board's aspirations as an Anchor organisation. The Director of Communications & Engagement extended an offer of support to ensure that the various programmes were appropriately publicised across the organisation's internal and external communication networks and channels.

The Committee **took a ‘moderate’ level of assurance** from the report, including the implications of the current Employability initiatives and how these align with the Board’s Corporate Objectives and Anchor Institution ambitions.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board’s performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

The Committee was informed that that Sickness Absence as at September 2024 was 6.5%, however, this figure had since increased to 7.1%. PDPR performance had reduced from 44.5% to 42.9% and vacancy rates for Medical & Dental had improved from 6.2% to 2.8%. Nursing & Midwifery vacancy rates had seen a marginal reduction from 3.8% to 3.5%, whilst there had been an increase from 3.7% to 5% in Allied Health Professionals (AHPs) vacancy rates. The Director of Workforce highlighted the impact of ongoing service pressures on the metrics reflected in the IPQR.

The Director of Acute Services drew the Committee’s attention to current significant operational pressures owing to increased admissions within the Emergency Department and Admissions Units. These challenges were further exacerbated by ongoing efforts to manage the implementation of service redesign. Noting that the operation was currently compromised on a number of fronts, it was advised that an escalation would be made to the Chief Executive.

The Director of Health & Social Care highlighted the high level of absence due to stress, particularly in Community Care settings, where critical need had seen a dramatic increase from 40 to 150. It was reiterated that the system was under intense pressure, compounded by the ongoing financial challenges.

In response to a query from V Bennet, H&SCP LPF, regarding the decline in PDPR metrics, the Director of Workforce and Associate Director of Culture, Development and Wellbeing recognised the importance of PDPR, but highlighted the importance of taking a balanced view as to how this can be managed, in light of the significant operational pressures being faced by the organisation.

The Committee **took a ‘moderate’ level of assurance** from the report, acknowledging the operational pressures impacting the organisation at the present time and **endorsed** the workforce section of the IPQR.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Professional Standards Update

The Chair invited the Medical Director to speak to the report, which summarised the approach being adopted by NHS Fife to enhance management of the Professional Standards for Doctors and Dentists.

A comprehensive overview of the remit and governance structures linked to the workstreams that fall within the purview of the newly established Medical and Dental Professional Standards Oversight Group was provided.

The Committee noted the scope of activity, which included Medical Appraisal and Revalidation, Consultant and SAS Doctor Job Planning, all aspects of Undergraduate Medical Education, Post Graduate Medical Education, including Rota Compliance, Deanery visits and Medical Workforce strategic planning.

The Committee **took a 'moderate' level of assurance** from the report in relation to the work of the Medical and Dental Professional Standards Oversight Group.

9.2 Treated Fairly & Consistently: Workforce Policies Update

The Head of Workforce Resourcing & Relations spoke to the report, which provided an update on the Workforce Policy development work being undertaken by the HR Policy Group.

Reference was made to Section 2.3 of the report, which detailed the policies that have been reviewed and updated by the HR Policy Group. It was advised that a soft launch of the Once for Scotland refreshed workforce policies under phase 2.2 would take place between October 2024 and January 2025. A self-assessment of the policies was currently being conducted in partnership, and awareness sessions would be arranged during December 2024 and January 2025, to support Board readiness. The new suite of policies would be implemented from February 2025.

The Committee **took a 'significant' level of assurance** from the report, which confirms the work undertaken by the HR Policy Group in support of the Once for Scotland Workforce Policies Programme.

9.3 Staff Governance Standard 2023-2024: Assurance of Compliance

The Head of Workforce Resourcing & Relations spoke to the report, which reflected the content of the draft Staff Governance Standard 2023/2024 Assurance of Compliance Return, required to be submitted to the Scottish Government by 6 December 2024.

Reference was made to Annex A, which detailed the Draft 2023/2024 Assurance Statement, and Annex B, which contained information requested by the Scottish Government in relation to Bullying and Harassment, Whistleblowing and Retire and Return data within the Board.

The Committee **took a 'significant' level of assurance** from the report, **approved** the draft Staff Governance Standard 2023/2024 Assurance of Compliance (Annex A) and **noted** the progress on the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report, which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Committee's Workplan.

9.4 Appropriately Trained: Core Skills / Mandatory Training, PDPR Uptake and Protected Learning Time

The Associate Director of Culture, Development and Wellbeing spoke to the report, which provided an update in relation to the organisation's Core Skills training compliance, PDPR and ongoing activities to support the implementation of the Protected Learning Time policy (PLT).

It was reported that, as at September 2024, overall Core Skills training compliance was 60%, reflecting a 7% increase since May this year. The Committee noted that targeted support offered across Workforce, Finance, Estates & Facilities and H&SCP has resulted in the positive outcomes evidenced in the report. Core and Mandatory training resources are currently being reviewed by the Core Skills Short Life Working Group, with the aim of delivering a refreshed programme by the end of March 2025. This programme will include a blended Corporate Induction programme and combined Core Skills training sessions, in addition to updated eLearning resources. Consideration is also being given to how more face-to face training can be delivered, whilst making employee attendance as easy as possible. Work to develop a dashboard report for managers in eESS/OBIEE is in the testing phase and will be available to managers by the end of 2024.

It was highlighted that 163 managers have attended PLT Lunchtime Byte sessions, with 95 scheduled to attend before the end of November 2024. Overall, feedback from attendees has been positive. Team contributions to national workstreams in relation to PLT, including development of a Training Passport, measures for success and system modifications are ongoing.

The Committee noted that PDPR engagement levels have seen a reduction from 44.5% in July to 42.9%, against the corporate objective of 60%. It was agreed that careful consideration needs to be given as to how increased engagement levels can be supported in the context of current significant operational pressures.

In response to a request from the Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), the Associate Director of Culture, Development and Wellbeing welcomed the suggested participation of Trade Union colleagues in future Corporate Inductions, with the aim of providing employees an understanding of partnership working and Trade Union recognition in the NHS Fife.

The Committee **took a 'limited' level of assurance** from the report detailing the work currently underway to support Core Skills Training compliance, PDPR and PLT in NHS Fife.

9.5 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, to provide an update on this area of work.

Whilst sharing feedback from conversations that took place with staff during the walkabouts conducted during the recent Speak Up Week, J Kemp emphasised the importance of direct management engagement and communication with staff,

particularly when implementing changes as part of the RTP agenda, in order that the impact on employees and their wellbeing can be considered.

In response to a comment from the Speak Up / Whistleblowing Coordinator, the Director of Acute Services recommended that feedback and outcomes from Speak Up Week be shared with staff to demonstrate that their voice has been heard and to reinforce speaking and listening as a normal part of the organisation's culture. It was agreed to consider further how this feedback could be communicated in future Whistleblowing reports.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.6 Whistleblowing Quarter 2 2024/2025 Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee noted that there has been one whistleblowing concern raised during the previous quarter, which remains under investigation but close to resolution at Stage 2, while two anonymous concerns have been raised during the second quarter. There have been no articles within the local press highlighting new issues of a Whistleblowing nature. Key points in the Quarter 2 report were highlighted, including the activities during Speak Up Week and the commitment demonstrated by the Board's Senior Leadership Group, via individual pledges to support a Speak Up culture within the organisation. Going forward, it was intended to develop a schedule of events throughout the year, aimed at encouraging staff to speak up.

The Committee was updated on the dedicated Speak Up email and phone line that had been set up, as well as plans to utilise a contact tracker to record all staff engagement, so that themes could be identified going forward. The work being undertaken by the Whistleblowing Oversight Group was also highlighted.

The Speak Up / Whistleblowing Coordinator was invited to provide an overview of her new role and remit.

The Committee **took a 'moderate' level of assurance** from the update provided in the Quarter 2 Whistleblowing Performance Report.

9.7 Whistleblowing Champion Update

There was no update provided, due to apologies tendered by K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Nursing, Midwifery & Allied Health Professionals (NMAHP) Annual Reports 2023/2024

The Chair invited the Director of Nursing to speak to the report, which provided an assurance that all Nursing, Midwifery and Allied Health Professionals (AHPs) in

NHS Fife are up-to-date and practising to the appropriate regulatory and professional standards.

In relation to AHPs, the Committee was advised that 88% have completed supervision whilst there has been 81% engagement with Personal Development Planning. An overview of the Nursing & Midwifery registration and revalidation process was provided, which encompassed a review of Practice hours, Continuous Professional Development related feedback, written Reflective Accounts and Reflective Discussion.

The Committee **took a 'significant' level of assurance** from the 2023/2024 NMAHP Annual Reports.

10.2 Volunteering Annual Report 2023/2024

The Chair invited the Director of Nursing to speak to the report, which outlined the important contributions of volunteers in NHS Fife and the challenges of maintaining and expanding the services provided by this group.

The Committee was informed that efforts are ongoing to recruit additional volunteers, with 200 individuals currently going through the recruitment process.

In response to a query from the Chair regarding the possibility of utilising employability initiatives to recruit volunteers, the Director of Nursing advised that collaborative work with Fife Voluntary Action Group in this area was ongoing.

The Committee **took a 'Significant' level of assurance** from the 2023/2024 Volunteering Annual Report.

10.3 Medical Appraisal & Revalidation Annual Report 2023/2024

The Medical Director spoke to the report, which provided an update on the Appraisal and Revalidation activity required to be completed every five years by all Doctors in Primary and Secondary Care, as stipulated by the General Medical Council (GMC).

The Committee was advised that doctors in NHS Fife are up to date and practising to the appropriate professional standards. It was noted that the recruitment of Appraisers in Secondary Care remains a challenge, due to the pressures in Job Planning.

The Committee **took a 'significant' level of assurance** from the report, noting that NHS Fife continues to support doctors to comply with the GMC requirements in relation to Appraisal and Revalidation.

10.4 Occupational Health and Wellbeing Annual Report 2023/2024

The Head of Workforce Planning & Staff Wellbeing introduced the report, which provided an overview of the 2023/2024 Occupational Health Service activities, highlighting key successes and challenges.

Emphasising resource pressures and the increasing demand for services, the Head of Workforce Planning & Staff Wellbeing invited the Head of Occupational Health to speak to the report.

The Committee noted that there had been a 59% increase in demand across all core services and that the department has lost 20% of its resource since 2019 due to high levels of staff absence, loss of significant posts such as the OH Physician, Administration Team Lead and experienced Bank staff, all of which have had a significant impact on the service.

The Head of Occupational Health provided a comprehensive overview of the services provided, including the requirement to respond to unplanned activities such as outbreaks, establishment of a combined Occupational Therapy Service to address mental, physical and fatigue management issues, provision of mental health support via the OH Mental Health Nurse, reduction in waiting times for Staff Counselling Services and development of a robust Management Referral Triage process. Ongoing challenges were described as increased demand, reduced resources, conflicting priorities and high DNA and cancellation rates, particularly with regard to immunisation appointments. It was clarified that whilst this posed a risk, staff vaccination is not mandatory, and efforts are ongoing to improve attendance.

Priorities for 2024/2025 were highlighted, which included the introduction of a new OH software platform that would potentially reduce DNA and cancellation rates, improvement in musculoskeletal pathways and accessibility for staff and increasing the visibility of the Service among employees.

The Committee commended the work of the Occupational Health Service whilst acknowledging the challenges being faced by the Service.

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

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Area Partnership Forum held on 18 September 2024 (unconfirmed)
- 11.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 August 2024 (unconfirmed)
- 11.3 Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 (confirmed)
- 11.4 Health & Safety Sub Committee held on 6 September 2024 (unconfirmed)
- 11.5 Medical & Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

13. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 26 November 2024

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

14. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

15. DATE OF NEXT MEETING

Tuesday, 7 January 2025 at 10.00 am via MS Teams.

Meeting: NHS Fife Board

Meeting date: 26 November 2024

Title: Review of Public Health & Wellbeing Committee's Terms of Reference

Responsible Executive: Joy Tomlinson, Director of Public Health

Report Author: Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper provides the suggested text of an updated remit for the Public Health & Wellbeing Committee, as endorsed by the Public Health & Wellbeing Committee. Further discussion has also taken place with the Committee Chair and Executive Lead to confirm the extent of these changes, noting further review of the remit will take place in March as part of the annual review cycle.
- Proposed changes (tracked within) relate to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.
- This closes the outstanding action for the Public Health & Wellbeing Committee to review its Terms of Reference following earlier discussion at its March 2024 meeting, with further reflection to be undertaken by the new Committee Chair via routine agenda planning / workplan review, to ensure any gaps in reporting are addressed.

1 Purpose

This report is presented to the Board for:

- Decision

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter each May.

2.2 Background

The current Terms of Reference for the Public Health & Wellbeing Committee were last reviewed in March 2024, as per the above cycle. At that discussion, it was suggested a further in-depth review should be undertaken of the Committee's remit and workplan, and that has now been undertaken, with the input of the new Board Chair and Committee Chair. The main changes tabled initially to the September meeting reflect enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.

At the Committee's September meeting, there were queries raised about the extent of the proposed changes and if these should explicitly mention quality. Further discussion since that date between the Committee Chair, Director of Public Health and incoming Director of Health & Social Care, along with review of the quality aspects of the Clinical Governance Committee's area of remit, has helped clarify the wording proposed in the current draft.

The proposed changes enclosed in this paper would be an in-year adoption, given that the next cycle of formal review is over four months away.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' approval, with suggested changes tracked for ease. Following endorsement by the Board, the Board's Code of Corporate Governance will be updated accordingly.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference ensures appropriate governance across all areas and that effective assurances are provided to the Board.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Board Chair, Committee Chair, Lead Executive Director and both the Interim and Incoming Director of Health & Social Care and their input is reflected within. Discussion on the paper was undertaken at the Public Health & Wellbeing Committee's September meeting that led to further discussions on the wording related to the Board and IJB's respective roles and whether 'quality' should be included in the remit. The current wording reflects those follow-up discussions on the Board / IJB roles and reflects the fact that quality is already included in the remit of the Clinical Governance Committee. The attached wording was approved by Public Health & Wellbeing Committee at their November 2024 meeting.

2.4 Recommendation

This paper is provided for

- **Approval** – for the Board to approve the proposed changes to the Committee's remit.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Public Health & Wellbeing Committee's revised Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~ 26 November 2024

1. PURPOSE

- 1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.
- 1.2 To exercise scrutiny and challenge over the delivery performance of a range of services, [including those delegated by the Board to the Integration Joint Board](#), for which NHS Fife is accountable to Scottish Ministers.
- 1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.
- 1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

2. COMPOSITION

- 2.1 The membership of the Public Health & Wellbeing Committee will be:
 - Four Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or Area Clinical Forum)
 - Employee Director
 - Chief Executive
 - Director of Finance & Strategy
 - Director of Nursing
 - Director of Public Health
 - Medical Director
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the lead Executive officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Director of Property & Asset Management
- Associate Director, Planning & Performance
- Board Secretary

2.3 The Director of Public Health shall serve as the lead Executive officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three members are present, two of whom should be Non-Executive members of the Board. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Non-Executive Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Public Health & Wellbeing Committee is:

- To agree key areas of focus within the public health priorities that will be taken forward every–each year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic and delivery plans are-is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the performance and risks relating to primary care and community services are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to

address any areas of concern or where performance is not in line with national or local standards or targets.

- To receive assurance that the performance and risks relating to mental health provision are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national or local standards or targets.
- To support the work of the Anchor Institute Programme Board and receive updates on progress and outcomes.
- To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy.
- To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.
- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
- To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.

5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and thereafter to the Board.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

- 7.1 The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	Mid-Year Report from Area Clinical Forum (ACF)
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Aileen Lawrie, ACF Chair

Executive Summary:

This is the second Assurance Report being provided by the ACF to the Board via NHS Fife Clinical Governance Committee.

There is ongoing recent work being undertaken by the Chair of the ACF to increase the profile of the Forum among clinicians and Board members.

The ACF Focus this year has included:

Quality, Patient and Value-Based Health & Care Workforce,
Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

This report provides a "Moderate" Level of Assurance on the ACF activities this year

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities:
 1. To Improve Health & Wellbeing
 2. To Improve Quality of Health & Care Services

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides assurance to the Board that the ACF has fulfilled its remit.

2.2 Background

2.2.1 This is the second Assurance Report being provided by the ACF to the Board via NHS Fife Clinical Governance Committee. There is ongoing recent work being undertaken by the Chair of the ACF to increase the profile of the Forum among clinicians and Board members. This Assurance Report is part of the commitment from the Board to assist the ACF in this action.

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

2.2.3 The ACF is supported by nine Area Professional and Advisory Committees and Cognate Groups:

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

2.2.4 The nine Chairs and nominated representatives of the Area Professional and Advisory Committees will form a multi-professional ACF.

2.2.5 Membership

Membership of the ACF is currently comprised as follows:

Name	Role / Designation
Aileen Lawrie	Chair
Ailie McKay	ACF Vice Chair / Allied Health Professions Clinical Advisory Forum
Dr Chris McKenna	Medical Director / Area Medical Committee
Dr Susie Mitchell	General Practitioner / GP Subcommittee
Aileen Boag	Lead Pharmacist / Area Pharmaceutical Committee
Jackie Fearn	Consultant Clinical Psychologist / Clinical Psychology
Robyn Gunn	Head of Laboratory Services / Healthcare Science
Amanda Wong	Director of Allied Health Professionals / Clinical Director
Nicola Robertson	Director of Nursing, Corporate / Nursing & Midwifery Workforce Planning Group
Emma O'Keefe	Consultant in Dental Public Health / Area

	Dental Committee
Stephen Halstead	Specialist Optometrist / Area Optical Committee Chair

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

2.2.7 Meetings

The ACF met on three occasions during the reporting period, from February 2024 to November 2024, on the undernoted dates:

- 8 February 2024
- 4 April 2024
- 1 August 2024

2.2.8 The attendance schedule is attached at Appendix 1.

2.3 Assessment

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The ACF is a source of support to the wider multidisciplinary team and has been approached to support staff who had concerns regarding the proposed redesign of infant feeding support within the community setting. The ACF Chair is working closely with partnership colleagues and colleagues within community to ensure there is robust engagement with teams and families regarding any proposed changes to service provision and seeking assurance that this feedback will be considered when planning future service provision.

2.3.2 Workforce

Scottish Health and Care Staffing Act: The Act aims to ensure safe and effective staffing levels across health and social care settings. The ACF has recognised the need for a strong clinical voice in the discussions around the workforce strategy with particular reference to staff to patient ratios in ensuring safe and effective care. The

ACF provide feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The ACF now receive regular feedback from the Director of Nursing on the development of the implementation of the Act and have been asked to provide professional feedback on the barriers to implementation of the Act locally.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

Discussion with the ACF members has highlighted the importance of educating staff regarding equality, diversity & inclusion, and shared learning opportunities. During discussions it was noted that there may be the potential for a national approach to anti racism, and that this will be explored as a national equality outcome that every Health Board will look to progress in the next four years. Close engagement with the Equality & Human Rights Lead within NHS Fife has led to a set of specific equality outcomes in maternity and neonatal care within NHS Fife for 2025

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Public Participation Strategy: The Director of Communications & Engagement provides progress reporting to the ACF members. In terms of next steps, implementation of the strategy is primarily aimed at support of some of the immediate Reform, Transform, Perform work that is being undertaken. The forum members were able to highlight the challenges on staff time through implementing change, particularly due to staffing levels. An overview was provided on the action plan, including expected timescales for projects, it was advised that an audit will be carried out for service user groups. There will be representation from ACF as Engagement Champions moving forward.

Population Health & Wellbeing Strategy Annual Report & Annual Delivery Plan/RTP:

NHS Fife's Population Health and Wellbeing strategy set out four strategic priorities: to improve health and wellbeing; to improve the quality of health and care services; to improve staff experience and wellbeing; and to deliver value and sustainability.

An organisational strategy has been enabled with a focus on Re-form, Transform and Perform to ensure continued organisational sustainability. Re-form will necessitate immediate changes in working practices across the organisation, Transform will focus on evolving our services, structures, and care delivery, and Perform will focus on sustainable improvements throughout the organisation. The forum receives regular updates from the Director for RTP and there is opportunity for the various clinical groups to input into the development of the RTP strategy. This ensures that the clinical

voice is recognised and considered. The ACF are organising a development session with their Associate Director of Planning and Performance for the New Year for the ACF members to ensure the ACF members have understanding of planning and performance proposals and that the clinical voice is taken into account at each planning stage.

Scottish Government Rehabilitation Plan (2022): This plan underpins the work within NHS Fife around Home First and aspects of the community hospital modelling. The ACF receives regular updates on progress of the Plan from the Director of Allied Health Professions. An oversight group is being considered to ensure that the principles within the framework are upheld and the ACF will have representation on that group.

2.3.8 Route to the Meeting

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

- 8 February 2024
- 4 April 2024
- 1 August 2024

2.4 Recommendation

This paper is provided to members for:

- Assurance – This report provides a **“Moderate” Level of Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Attendance Register

Report Contact

Aileen Lawrie

Area Clinical Forum Chair

Email: aileen.lawrie@nhs.scot

**NHS Fife ACF Attendance Record
1 February 2024 to 1 November 2024**

	07.02.24	04.04.24	01.08.24
MEMBERS			
Aileen Lawrie , Chair	R	R	R
Ailie McKay , Speech and Language Therapy SLT Operational Lead & Vice Chair	R	R	X
Aileen Boags , Lead Pharmacist			R
Jackie Fearn , Consultant Clinical Psychologist	R	R	X
Donna Galloway , Women Children & Clinical Services General Manager	X	X	X
Robyn Gunn , Head of Laboratory Services	R	X	X
Stephen Halstead , Specialist Optometrist			R
Ben Hannan , Director of Pharmacy & Medicines	X	R Item 5.1	
Chris McKenna , Medical Director	X	R	R
Susannah Mitchell , General Practitioner	X	X	X
Janette Keenan , Director of Nursing	R	R	R
Emma O'Keefe , Consultant in Dental Public Health	X	X	X
Nicola Robertson , Associate Director of Nursing	R	R	R
Amanda Wong , Director of Allied Health Professions	R	R	R
IN ATTENDANCE			
Isla Bumba , Equality & Human Rights Lead		R	
Susan Fraser , Associate Director of Planning & Performance	R Items 5.2 & 6		R Item 5.3
Kirsty MacGregor , Director of Communications & Engagement			R Item 5.2
Tom McCarthy , Portfolio Manager	R Items 5.2 & 6		
Lynne Riach , Senior Programme Advisor (HIS)	R Item 5		
Rhona Waugh , Head of Workforce Planning & Staff Wellbeing			R Item 1 – 5.1

Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Area Partnership Forum (APF) Mid-Year Assurance Report
Responsible Non-Executive: Lynne Parsons, Employee Director
Report Author: Lynne Parsons, Employee Director

Executive Summary:

- This report provides assurance to the NHS Board that the Area Partnership Forum has fulfilled its remit to the mid-year point of the current financial year.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide a mid-year and an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance.

This report is a mid-year report to provide assurance to the Board that the Area Partnership Forum has fulfilled its remit.

2.2 Background

The recent work undertaken by Co-Chairs and members of the APF has been to increase the profile of the Forum. This report is part of the commitment from the Board to assist the APF in this action and this is the first mid-year assurance report being provided by the APF to the Board.

2.3 Assessment

The mid-year assurance report is an appendix to this paper, which indicates the span of business considered by the APF and draws out any areas of concern to be highlighted.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The APF is the principal vehicle for partnership working and reports into the Staff Governance Committee which ensures the five strands of the staff Governance standard are embedded throughout the organisation as we strive to be an exemplar employer

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Each of the Committee’s sub-groups have considered their mid-year annual statements of assurance at recent meetings.

2.4 Recommendation

The paper is provided for:

- **Assurance** – For Members to take significant assurance that the forum has delivered on its remit mid-year in the reporting year.

3 List of appendices

The following appendix is included with this report:

- Appendix 1, Area Partnership Forum Mid-Year Assurance Report

Report Contact

Lynne Parsons
Employee Director, Co-Chair APF
Email lynne.parsons@nhs.scot

MID-YEAR STATEMENT OF ASSURANCE FOR NHS FIFE AREA PARTNERSHIP FORUM

1. Purpose

- 1.1 The purpose of the Area Partnership Forum is to ensure that the views of the workforce are properly and fully considered by the NHS Board, an Area Partnership Forum (APF) must be put in place to inform and influence the Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce. The Area Partnership forum will ensure that staff, through their accredited representatives are involved in strategic decision making.
- 1.2 The Area Partnership Forum is supported by two Local Partnership Forums:
- Health & Social Care Partnership Local Partnership Forum
 - Acute and Corporate Directorates Local Partnership Forum

2. Membership

- 2.1 During the financial year to 31 March 2025, membership of the Area Partnership Forum comprised, at date of writing the mid-year review as below: -

Name	Role / Designation
Lynne Parsons	Employee Director (Co-Chair)
Carol Potter	Chief Executive (Co-Chair)
Sharon Adamson	Royal College of Nursing
Jennifer Bell	Chartered Society of Physiotherapists
Vicki Bennett	British Dietetic Association
Helen Caithness	Royal College of Nursing
Claire Dobson	Director of Acute Services
Kevin Egan	UNITE
Fiona Forrest	Acting Director of Pharmacy & Medicines
Lynne Garvey (started 04.11.24)	Director of Health & Social Care
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Benjamin Hannan	Director of Reform and Transformation
Paul Hayter	UNISON
Joy Johnstone	Federation of Clinical Scientists
Jenni Jones	Associate Director of Culture, Development & Wellbeing
Janette Keenan	Director of Nursing
Angela Kopyto	British Dental Association
Chu Lim	British Medical Association
Roddy MacEwan	British Orthoptic Society
Kirsty MacGregor	Director of Communications & Engagement
Wendy McConville	UNISON
Neil McCormick	Director of Property & Asset Management
Margo McGurk	Director of Finance & Strategy
Christopher McKenna	Medical Director
David Miller	Director of Workforce
Benjamin Morrison	Royal College of Podiatry
Louise Noble	UNISON
Joanna Pickles	British Medical Association
Sandra Raynor	Head of Workforce Resourcing & Relations
Wendy Rowbotham	GMB
Caroline Somerville	UNISON
Jane Surtees	Royal College of Nursing

Joy Tomlinson
Andrew Verrecchia
Rhona Waugh

Director of Public Health
UNISON
Head of Workforce Planning & Staff Wellbeing

2.2 The Area Partnership Forum may invite individuals to attend meetings for agenda particular items determined by the Co-chairs. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Partnership Forum have met to date during the financial year to 31 March 2025 on three occasions, on the undernoted dates:

22 May 2024
24 July 2024
18 September 2024

4. Business

4.1 **Area Partnership Forum inclusion and engagement:** the work continues by the Chair and Co-Chair to increase engagement with key stakeholders and widen attendance both on management and staff side on a regular basis to the forum.

4.2 **Population Health and Wellbeing Strategy:** the strategy has sought to support the development of a vision for NHS Fife in the coming years. The strategy underpins NHS Fife ongoing recovery from the Covid-19 pandemic and begins to address a range of current and emergent challenges. The Area Partnership Forum recognised the importance of engagement in the strategy development and offered to be involved in providing feedback as and when required. The Area Partnership Forum now receives regular updates and feedback regarding the progress of the strategy.

4.3 **Scottish Health and Care Staffing Act:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Partnership Forum have offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Partnership Forum now receive regular feedback on the development of the implementation of the Act.

4.4 **Reform, Transform & Perform:** The Area Partnership Forum receive regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Partnership Forum Co-Chairs have received a presentation to the group on the current initiatives being planned and receives regular updates at each forum.

4.5 **Non-Financial Aspects of the AFC Pay Deal 2023 / 2024:** The Area Partnership Forum receive regular updates on the reduced working week, band 5 nursing review and protected learning time. The Area Partnership Forum have offered feedback regarding the current challenges being experienced around the reduced working week and are provided with regular updates on the implementation of the first 30 minutes.

5. Risk Management

5.1 The provision of a multi professional perspective on the development of the Annual Workplan for the Area Partnership Forum and the strategic objectives of the NHS Board.

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

5.3 Through the Area Partnership Forum Co Chair, being fully engaged in NHS Board business.

5.4 Supporting the NHS Board in the conduct of its business through the provision of multi professional advice

6. Other Highlights

6.1 The current Co-Chair of the Health & Social Care Partnership Forum is vacant and there is a current live process requesting nominations to fill the vacant position.

7. Conclusion

7.1 As a Co-Chair of the Area Partnership Forum during financial year 2024-25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Area Partnership Forum has allowed us to fulfil our remit to date. As a result of the work undertaken during to the mid-year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

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

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



Signed:

Date: 13.11.24

Lynne Parsons, Co-Chair

On behalf of the Area Partnership Forum

Meeting: NHS Fife Board

Meeting date: 26 November 2024

Title: Whistleblowing Quarter Two 2024/25 Report

Responsible Executive: Carol Potter, Chief Executive

Report Author: Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Executive Summary:

- This report provides an update on the one Whistleblowing concern raised during the previous quarter, which remains under investigation at Stage 2 at the time of writing.
- Two anonymous concerns have also been raised during the quarter. There have been no articles within the local press highlighting new issues of a Whistleblowing nature.
- Detail is provided within the report on the activities of the Whistleblowing Oversight Group, which had its second meeting in July and took forward a number of pieces of related work aimed at improving our Whistleblowing processes and communication.
- A moderate level of assurance is suggested, reflecting the fact that transition of Whistleblowing to the Corporate Governance function remains ongoing, with a new part-time Speak Up / Whistleblowing Co-Ordinator having started in post at the end of September 2024, to progress this work further.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- NHS Board Strategic Priority: To Improve Staff Experience and Wellbeing

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

- Safe
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2 Report summary

2.1 Situation

The National Whistleblowing Standards (the Standards) require NHS Boards to report any whistleblowing concerns received. This report provides the Board with the details on whistleblowing concerns submitted during the second quarter of 2024/25 and seeks to provide assurance that NHS Fife is meeting the Standards by investigating any concerns raised.

2.2 Background

The [Standards](#) have been in place since 1st April 2021 and these detail how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the Board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. The 2024/25 Annual Report will be produced in May 2025.

In order to have the totality of whistleblowing activity across the organisation, this report covers whistleblowing concerns received, any anonymous / unnamed concerns submitted, notification of any local press articles related to whistleblowing / staff concerns, and data covering whistleblowing training undertaken by staff during Quarter 2, namely 1 July to 30 September 2024.

Detail is also provided on the work being overseen by the new Whistleblowing Oversight Group, which met for the second time during the quarter. The Group is helping support improved reflection on key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and, more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2.3 Assessment

Whistleblowing Concern Reporting

During the second quarter of 2024/25, NHS Fife received no Whistleblowing concerns from within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received two Anonymous / Unnamed Concerns during the second quarter.

Local Press Coverage

During the first quarter, there were no new concerns from staff highlighted in local press coverage.

Training Module Data

All staff, including managers, are regularly reminded to complete the appropriate training for their role, and included in the mandatory training for NHS Fife is the Turas module providing an oversight on Whistleblowing. Whistleblowing training continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Mandatory training data is reviewed quarterly, including at the Staff Governance Committee and the Board, with any appropriate actions considered.

Appendix One provides full details of the information above.

It is suggested that this report provides a Moderate Level of Assurance:

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

This rating reflects the fact that work is ongoing to improve the organisational support around Whistleblowing activity, including outreach to staff to encourage speaking up through Whistleblowing channels. The start of a new Speak Up / Whistleblowing Co-ordinator role is expected to improve the assurance in this area over the reporting year.

2.3.1 Quality, Patient and Value-Based Health & Care

A quality system is a system that learns. Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The NHS Scotland Staff Governance Handbook sets out the highest levels of governance that are afforded to all staff. By providing a culture that supports the appropriate raising

and investigation of concerns, NHS Fife ensures colleagues are afforded these high levels of governance.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion and Dignity and Respect. They also support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of Openness, Honesty and Transparency indicate the importance of this.

2.3.3 Financial

There is no direct financial impact.

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous / unnamed concerns is an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety, and effectiveness of services.

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

This paper does not relate to the planning, deliver or a change in service. There are no decisions that would significantly affect any one group.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the Meeting

The Whistleblowing Oversight Group has considered a draft of this report at its meeting on 17 October, and it has also been shared with the Chief Executive, Non-Executive Whistleblowing Champion and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group will review this report at its meeting on 7 November (the timing of the present meeting cycle does not allow for management review prior to submission via the Board governance structure).

The prepared quarterly report will also be considered in the November 2024 meeting cycle by the Staff Governance Committee, Area Partnership Forum and NHS Fife Board.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – this report provides a moderate Level of Assurance, reflecting the fact that work is ongoing to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up.

3 List of appendices

The following appendices are included with this report:

Appendix No. 1 – Q2 2024/25 Whistleblowing Performance Report

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

Appendix 1 – Whistleblowing Report Q2, July to September 2024

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report demonstrates our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received during Quarter 2

There were no Whistleblowing Concerns received during Quarter 2.

3. Whistleblowing Concerns Received during Quarter 1 – Reasons for Extension to Investigation

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instance (for example, staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the period in which a response is provided.

A Stage 2 Whistleblowing concern, submitted in Quarter 1 of 2024/25, has required two extensions to be approved by the commissioning officer, due to the complexities of the investigation, the multiple providers involved and number of interviews requiring to be undertaken. The Whistleblower has been advised of the need to extend the timescales, receiving relevant correspondence regarding the progress of the ongoing investigation into their concerns. At the time of writing, the expected closure of the concern is estimated to be the end of October 2024.

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	-
Days at Stage Two	100 days (as at 25 October)
Closed date	Still open
Service Area(s)	Complex and Critical Care Services

Additional Detail:

Does this whistleblowing concern include an element of any of the following?
Conduct
Does this whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No

How was the whistleblowing concern received?
Received by e-mail
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No
Date concern logged on Datix
06/06/2024
Date the event occurred (if known)
Not known
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
-
Outcome - Investigation (Stage 2)
Still open
Findings
Currently under investigation
What key themes and trends were identified in relation to this whistleblowing concern?
Currently under investigation

4. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 1

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken and lessons learned at this time. A further update will be provided in the next report.

5. Anonymous / Unnamed Concerns Received

The Standards do not allow for concerns to be raised anonymously, nor can they be considered by the INWO. However, it is considered good practice for the Board to follow the whistleblowing principles and investigate any concerns raised, in line with the Standards, as far as they can.

NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

Two Anonymous / Unnamed Concerns were received during Quarter 2, which is the same number received in the previous quarter:

Quarter 2 1 July 2024 to 30 September 2024	Theme	Division	Service
Anonymous Concern 1	Fraud	HSCP / Corporate	Primary & Preventative Care / Procurement
Anonymous Concern 2	Patient safety / quality of care / culture	Corporate	

The Board's Fraud Liaison Officer has reviewed the first anonymous concern, since it related to alleged fraudulent activity / corruption. No matters of concern have been identified, but a report has been logged with NHS National Services Scotland Counter Fraud Services to enable further external enquiries if necessary. An independent review of the second concern is underway at the time of writing, with the investigation necessarily limited by nature of the partial detail given in the original anonymous communication.

Staff have other avenues / opportunities to raise concerns both anonymously and named and are supported to either resolve the concern or to use formal routes. As we progress through delivery of our Reform, Transform and Performance (RTP) programme, additional routes are available for staff to raise pertinent issues, including the submission of information via an anonymous form or by email to a generic email box. Staff using these methods are supported to resolve their concern or directed to the Whistleblowing process, should that be applicable.

At meetings of the Area Partnership Forum and System Leadership Group held during the quarter, encouragement was given to staff to publicise and utilise the various channels available for staff to speak up safely, to allow any concerns to be investigated appropriately.

The Director of Acute Services and Director of Health & Social Care also have different opportunities for staff to raise concerns, via regular face-to-face contact with all levels of staff.

In the second quarter, these have included:

- Specific walkabouts, involving senior leaders and staff-side colleagues, to speak directly to staff in public / clinical-facing roles;
- a programme of workshops to discuss the re-imagining of Acute Services at the Victoria Hospital, as part of the RTP programme; and
- Monthly meetings of extended Senior Leadership Team (SLT).

6. Local Press Coverage During Quarter 2

There were no new Whistleblowing / unnamed staff concerns reported in local newspapers during Quarter 2. However, there were a number of follow-up articles published in relation to a concern originally raised and reported in Quarter 1, highlighting a concern raised by a staff member about the availability of gender-specific changing areas for staff within NHS Fife.

Responses to each article was provided by the Communications team, using their normal processes for responding to media enquiries.

7. 'Speak Up Week', 30 September to 4 October 2024

A series of events were held across a number of sites to promote [Speak Up Week 2024](#). A series of walkarounds, involving the Non-Executive Whistleblowing Champion and Staff

Health & Wellbeing Champion, senior management and clinical staff, staff-side colleagues and our newly appointed Speak Up / Whistleblowing Coordinator, took place on 1 and 2 October, reaching a wide range of clinical-facing staff and professional support services across the Victoria Hospital and Queen Margaret Hospital sites. Relevant content to promote the Speak Up message was published each day of the week on our employee app, Stafflink, accompanying a series of videos explaining to staff the various processes in place for colleagues to raise any issues or concerns they might have within the workplace. Members of the Board’s Senior Leadership Group also completed their own [individual pledges](#), shared and publicised on our employee app, where each committed to making a difference in their own teams, by encouraging a culture of psychological safety, where concerns can be raised by staff, whatever their position, without fear of any detriment.

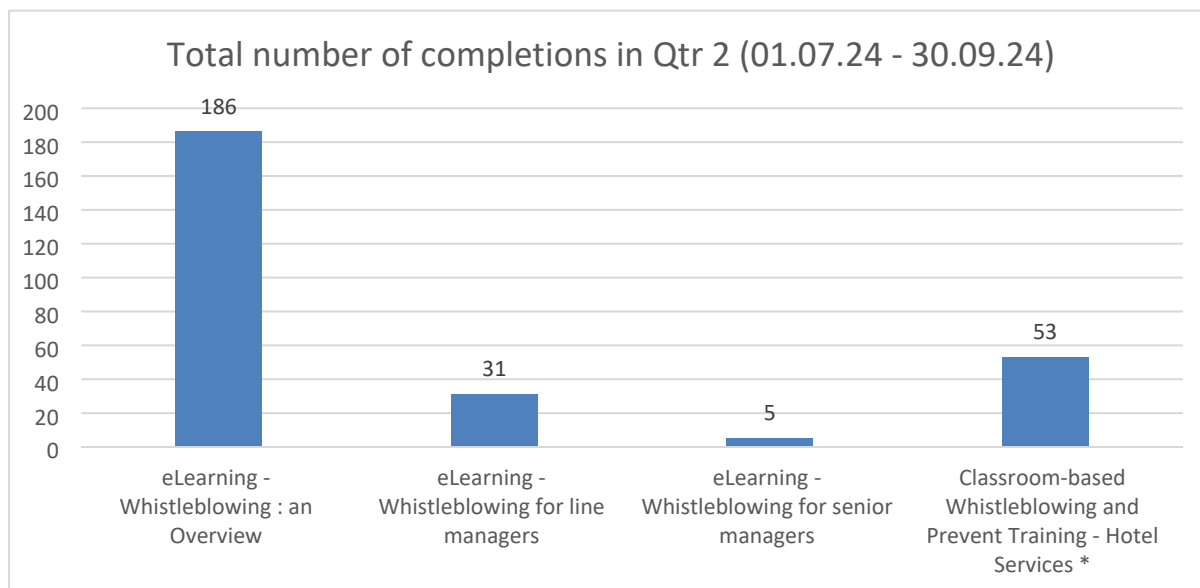
8. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. A questionnaire has recently been approved by the Whistleblowing Oversight Group, to gather this information voluntarily, which will be available in the format of either an electronic Word file (for submission to a generic address) or via an anonymous online form submission. Feedback from Confidential Contacts on the type of support they are regularly helping staff with is also in the process of being introduced. At the conclusion of any Stage 2 Whistleblowing Concerns, an opportunity to speak to the Whistleblowing Champion in confidence is offered.

The launch of a single point of contact email address (fife.speak-up@nhs.scot) also gives the opportunity to seek feedback from those who have contacted staff seeking advice and support, and a short survey is being designed to capture this going forward.

9. Whistleblowing Training Data

Staff are encouraged to complete training in Whistleblowing, with the ‘Overview’ module part of the Board’s mandatory training offering. The data for training undertaken during Quarter 2 is summarised below:



*Hotel services job family includes domestics, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module, 6,676 staff have now completed the module. This represents an increase of 186 staff since the last quarter.
- For the Whistleblowing for line managers module, 448 staff have completed the module. This represents an increase of 31 staff since the last quarter.
- For Senior Manager module, 639 staff have completed the module. This represents an increase of 5 staff since the last quarter.
- 127 staff members have also completed classroom-based training in Whistleblowing / Prevent. This represents an increase of 53 staff since the last quarter.

10. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife has now transitioned from the Workforce Directorate to the Corporate Governance & Board Administration function, for 2024/25 reporting year onwards.

A new part-time (0.5 WTE) role of a Speak-Up / Whistleblowing Coordinator began in post on 27 September. Standalone resource, separate from the HR function, aims to provide the necessary independence from staff conduct and disciplinary processes to support effective Whistleblowing promotion and encourage staff to raise concerns, confident these will be considered with no detriment to them and in line with the Standards. The post is intended to provide dedicated resource to improve the Board's promotion and co-ordination of its Whistleblowing processes. It is being introduced particularly to create dedicated capacity, to support the delivery of key strategic and operational priorities, at both the local level and in relation to the postholder's respective national commitments as the Board's INWO Liaison Officer. Similar posts are in place in other Boards, and the creation of such a role in Fife has already helped enhance and expand the support in place to enable the Board's compliance with the National Whistleblowing Standards.

Specifically, the new role is in the initial stages of enhancing operational support for Whistleblowing activity, including leading on ongoing support for Confidential Contacts, more outreach work with staff and clinical teams (building on a successful Speak Up Week), and dedicated resource to support all staff with navigating the Whistleblowing process.

The new Whistleblowing Oversight Group, chaired by the Chief Executive, held its second meeting in July, with meetings to be scheduled quarterly thereafter. The Group has an important role in discussing how the Board can strengthen its Whistleblowing processes, particularly around organisational learning from concerns raised and enhanced level of reporting via the governance structure. A number of new documents and enhancements to internal processes have been approved by the Group, and these are currently being rolled out with the introduction and support of the new Speak Up / Whistleblowing Coordinator role.

11. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

Meeting:	NHS Fife Board
Meeting date:	26 November 2024
Title:	NHS Fife - Risk Appetite Statement
Responsible Executive:	Margo McGurk, Director of Finance & Strategy, NHS Fife
Report Author:	Alistair Graham, Director of Digital and Information Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

Executive Summary

- The Board risk appetite was previously reviewed and agreed in June 2022.
- It was felt that a robust review of the current risk appetite statement within the current operating framework of NHS Fife was necessary.
- Through Board development sessions we aimed to develop a consensus on risk appetite against strategic ambitions, the corporate risk register and risk descriptors.
- Members are asked to consider and **approve** the Risk Appetite statement.

1 Purpose

This report is presented for:

- Discussion
- Approval

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board risk appetite was previously reviewed and agreed in June 2022. It was felt that a robust review of the current risk appetite statement within the current operating framework of NHS Fife was necessary. Through Board development sessions we aimed to develop a consensus on risk appetite against strategic ambitions, the corporate risk register and risk descriptors.

2.2 Background

NHS Fife's Risk Management Framework acts as a key reference point for NHS Fife staff and non-executive directors in identifying, reporting, and managing organisational risks. It sets out the principles, core processes, responsibilities, and accountabilities for this aspect of our corporate governance.

The Board has overall responsibility for internal control within NHS Fife. The Board discharges this responsibility by:

- determining the acceptable level of risk for the organisation: its 'risk appetite'
- maintaining an awareness of the risk exposure and risk profile of the organisation
- receiving an update on the Corporate Risk Register at appropriate intervals
- approving major decisions affecting the organisation's risk profile or exposure
- seeking assurances from the Audit and Risk committee as to the operation of the risk management structures within NHS Fife, and
- approving any changes or improvements to key elements of its processes and procedures for risk management.

Through meetings of the Executive Team, and Board Development Sessions, consideration was given to how risk appetite is described in the organisation. Previous measures had used a three-point scale of low, moderate and high.

- Low – Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultra-safe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities.
- Moderate - Prepared to accept modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation.
- High - Willing to consider and / or seek all delivery options (original / ambitious / innovative) and accept those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk.

A four-point model has now been proposed:

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

Additionally, it is important to ensure alignment with our strategy development work and our RTP programme. NHS Fife’s Population Health and Wellbeing Strategy (2022-2027) has established an organisational purpose to support people “Living Well, Working Well and Flourishing in Fife”.

It is understood that it is not possible to eliminate all inherent risks in the delivery of health and care and Boards must be willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve.

2.3 Assessment

Current Risk Appetite

Previously the Board considered the level of risk it is prepared to tolerate and where appropriate treat to ensure delivery against the agreed four strategic priorities within the strategy, this is described below.

Improving health and wellbeing

The Board currently has a high-risk appetite in this domain.

We are willing to consider original, ambitious, and innovative delivery options and accept those worth the highest likelihood of outcomes in influencing improvements in population health. We will proactively engage and involve stakeholders in the design and delivery of services to meet their needs and explore transformational and sustainable change to align with our strategic ambition in this domain.

We will seek to maximise our influence on tackling social determinants of health through our ambitious strategy, and through contributing to the local population as an Anchor institution.

Improving the quality of health and care services

The Board currently has a moderate risk appetite in this domain.

We acknowledge that healthcare operates within a highly regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory sources. We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic, operational imperatives.

Our focus is on delivering core health and care services safely. However, with the opportunity of potentially improved outcomes, where appropriate controls are in place, the Board may decide to accept risk and adopt innovative approaches in pursuit of these.

Improving staff experience and wellbeing

The Board currently has a moderate risk appetite in this domain.

We acknowledge the standard of expectations placed on the Board and individuals in relation to Staff Governance Standards with no intent to deviate, and we are committed to Partnership working.

Our Workforce Strategy identifies the current and anticipated future workforce challenges the Board needs to address and defines the type of organisation and employer we aspire to be. We acknowledge the innovation required to attract and retain the right people with the right skills and values to deliver our strategic ambition.

Delivering value and sustainability

The Board currently has a moderate risk appetite in this domain.

We acknowledge our requirements to adhere to Standing Financial Instructions, and financial statutory duties, as well as maintenance of robust financial controls, including our statutory responsibility to maintain the financial balance and sustainability of the organisation.

In relation to investments, we understand we are accountable for the delivery of best value and efficiency in resource allocation. Therefore, capital investment and planning to enhance and develop services will require to demonstrate 'value added'. Realising benefits and efficient resource allocation are key drivers in making financial decisions and opportunities.

We recognise our ambition to achieve 'Net-Zero' status in line with Scottish Government direction. We realise this will require changes to the way we work and deliver services to maximise our reduction in our carbon footprint and maximise benefit to the environment.

Suggested New Risk Appetite

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

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

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

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

Corporate Risks Aligned to Hungry risk appetite: -

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	<p>Improving health and wellbeing</p> <ul style="list-style-type: none"> 1) Population Health and Wellbeing Strategy 2) Health Inequalities 4) Policy obligations in relation to environmental management and climate change 5) Optimal Clinical Outcomes 21) Pandemic Risk
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Corporate Risks Aligned to Open risk appetite: -

<p>Open</p> <p>Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).</p>		<p>Improving the quality of health and care services</p>	<p>Improving staff experience and wellbeing</p>	<p>Delivering value and sustainability</p>
		<p>6) Whole System Capacity 7) Access to outpatient, diagnostic and treatment services 8) Cancer Waiting Times 9) Quality and Safety 10) Primary Care Services 19) Implementation of Health and Care (Staffing) (Scotland) Act 2019</p>	<p>11) Workforce Planning and Delivery 12) Staff Health and Wellbeing</p>	<p>13) Delivery of balanced in year financial position 14) Delivery of recurring financial balance over the medium-term 15) Prioritisation & Management of Capital funding 17) Cyber Resilience 18) Digital and Information 20) Reduced Capital Funding</p>

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Elevating the profile of risk management in NHS Fife will further support delivery of our strategic priorities through improved operational governance and better alignment with the Population Health and Wellbeing Strategy and associated work streams.

2.3.2 Workforce

Effective management of workforce risks will support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Confirming the risk appetite of the Board a key enabler to progressing an effective risk management framework and culture in the organisation to support the achievement of the strategic priorities.

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

An impact assessment has not been conducted however all significant decisions of the Board include an assessment against risk appetite and will involve an impact assessment at programme or initiative level.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

Development of the refreshed risk appetite statement has involved engagement with the EDG and the NHS Fife Board.

2.3.8 Route to the Meeting

- Board Development Session 8 April 2024
- Board Development Session 25 June 2024
- EDG 7 November 2024

2.4 Recommendation

Members are asked to:

Consider and **approve** the Risk Appetite statement.

3 List of appendices

- Appendix 1 Risk Appetite Statement November 2024

Report Contact

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NHS Fife Risk Appetite Statement

November 2024

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

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

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

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

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

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

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

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

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

Meeting: NHS Fife Board
Meeting date: 26 November 2024
Title: Pharmaceutical Care Services Report 2023/24
Responsible Executive: Fiona Forrest- Acting Director Pharmacy and Medicines
Report Author: Aileen Boags- Lead Pharmacist Public Health and Community Pharmacy Services

Executive Summary:

- The annual publication of the Pharmaceutical Care Services Report (PCSR) fulfils a requirement set out in NHS (Pharmaceutical Services)(Scotland) Amendment regulations 2011 for NHS Boards.
- Using data from a range of sources, the report assesses any unmet need and gaps in provision of the core services delivered by community pharmacies.
- This year's report, covering financial year 2023/24, recommends that there is currently **no unmet need** identified and notes that across all localities in NHS Fife, provision of service from community pharmacies has increased.
- The recommendation in the report is supported by feedback from a 5 week period of public consultation.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Pharmaceutical Care Services Report (PCSR) for 2023/24 has now been produced and is presented to the committee for assurance following public consultation.

2.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

A public engagement period of 4-6 weeks is usually provided giving consultees an opportunity to comment on the draft PCS report. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through both NHS Fife and HSCP Participation & Engagement Teams. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

2.3 Assessment

The 2023/24 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within Community Pharmacies have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2023/24 report recommends that there is **no unmet need** within NHS Fife currently, however notes the need for continued monitoring.

Findings from the public consultation were positive and support the commentary in the report regarding travel times and access to community pharmacy. It is clear from the feedback obtained that the public are aware of some community pharmacy services, however there is scope to increase awareness of others.

Moving forward, it is the intention to develop this report into a forward looking plan which will link in with relevant NHS Fife and HSCP strategy documents.

This report provides the following Level of Assurance:

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

	amount of residual risk or none at all.	moderate amount of residual risk.		
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2.3.1 Quality, Patient and Value-Based Health & Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care, aligned to the vision of “the right care, in the right place, at the right time”.

2.3.2 Workforce

The report describes the current workforce capabilities and challenges within Community Pharmacy, including independent prescriber capabilities.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. The PCS report demonstrates that delivery of community pharmacy services can help to reduce health inequalities and ensure access to healthcare within local communities.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

- Public engagement via NHS Fife Participation & Engagement – 23rd September -18th October 2024

2.3.8 Route to the Meeting

- Pharmacy Senior Leadership Team- 28th August 2024
- Area Pharmaceutical Committee- 18th September 2024
- HSCP SLT- 28th October 2024
- Public Health and Wellbeing Committee- 11th November 2024

2.4 Recommendation

NHS Fife Board are asked to accept a **significant** level of assurance regarding the provision of pharmaceutical care services in Fife.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Pharmaceutical Care Service Report Final 2023/24

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Pharmaceutical Care Services

October 2024

Report

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Executive Summary: Pharmaceutical Care Services (PCS) 2023/24 in NHS Fife

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2024 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services, delivered by community pharmacies, that exist within NHS Fife to serve this population. Using data from a range of sources, the report seeks to identify any unmet need in the provision of these services and where improvements may be required to ensure the Board can meet its obligation that all patients have reasonable access to pharmaceutical care services.

There are 86 contracted community pharmacies in Fife. Between June 2023 and November 2023 one large pharmacy group exited the UK market, however all of their contracts in Fife were taken over and existing service provision was maintained and further expanded. Community pharmacies are well distributed across Fife and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition, the report has not identified unmet need for new community pharmacies across Fife, although service delivery through existing community pharmacies will continue to be reviewed and examples of best practice shared.

A public engagement period of 5 weeks was undertaken, giving consultees an opportunity to comment on the draft PCS report 2023/24. A survey was distributed via the Fife HSCP Participation and Engagement Team which sought views of the population in relation to accessibility of community pharmacies as well as the services provided. Responses to the survey support the detail in the 23/24 PCS report.

It would appear that overall, there are no identified gaps in provision of pharmaceutical services in NHS Fife, however, continuous improvement work will be undertaken to support ongoing development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

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Introduction

The primary function of the Pharmaceutical Care Services (PCS) report is to assist in identifying any unmet need for pharmaceutical services delivered via community pharmacy within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be considered

NHS Fife contains seven Localities within its Health and Social Care Partnership (HSCP). The latest data on the population of these areas is indicated in [Table 1](#).

Locality	Population
Fife	374,730
Levenmouth	37,888
Glenrothes	49,824
NE Fife	74,685
Cowdenbeath	41,767
Dunfermline	59,584
Kirkcaldy	60,472
SW Fife	50,510

Table 1:
Population of NHS Fife and its localities

Source:
[Know Fife Community Profiles | KnowFife](#)
(data published Oct 22)

1.2. NHS Fife Population Descriptions

The March 2022 census data shows that Fife had a population of 371,781, a slight fall in the previous estimate in 2021 of 374,730. This is the third highest population out of all 32 council areas in Scotland.

1.2.1. Fife Population: Age Distributions

According to the March 2022 census, children aged 0-14 years make up 15.5% of the population with 57,715 children living in Fife. The majority of the population in Fife (63%) is aged 15-64 years, whilst 21% of the population is aged 65 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1:
Locality populations



Variations in population age structure can be seen across the seven localities (Figure 2).

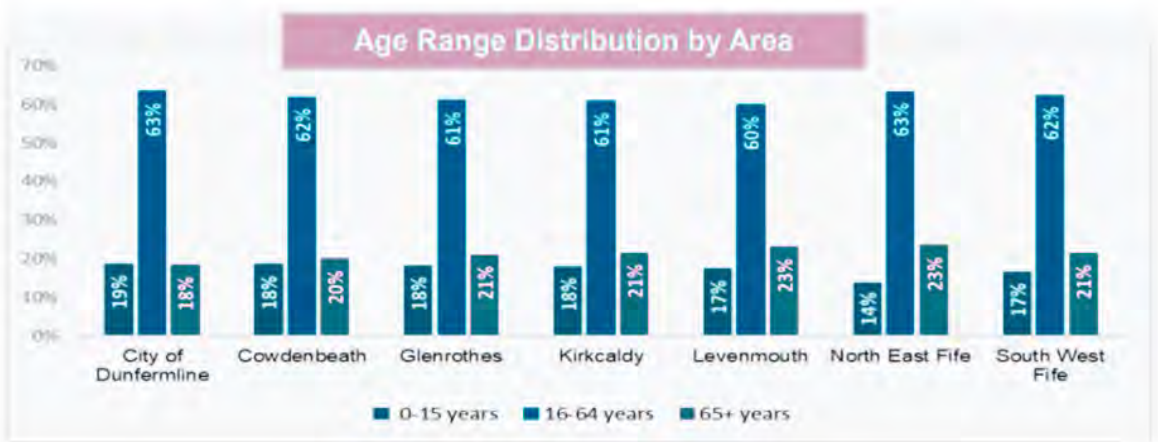
Figure 2:
Population breakdown by age

	Number of People	% of Population
0-14 years	57,715	15.5%
15-64 years	234,039	63.0%
65+ years	80,010	21.5%

Source: Know Fife

Figure 3 shows that two of Fife’s seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline’s older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3:
Age structure of Fife



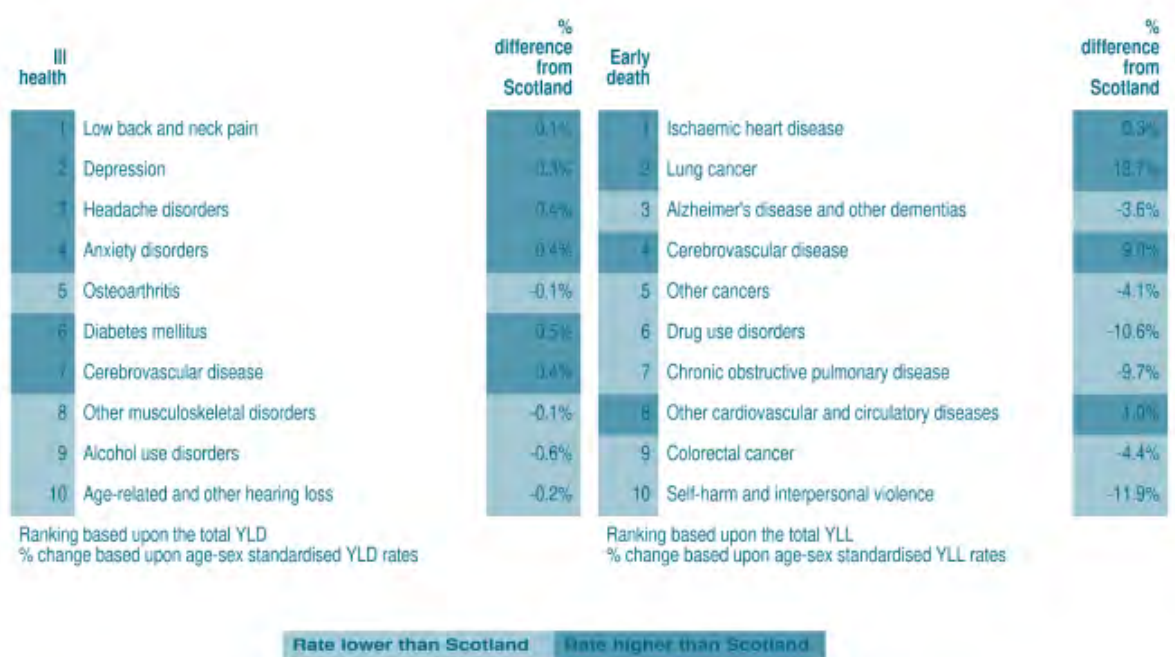
Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid- 2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

Burden of Disease

Burden of Disease studies assess how ill-health and early death (due to illness or injury) prevent populations from living longer lives in better health. These studies can help to understand the diseases and injuries that cause the biggest health loss in the population and how these change over time. Figures from the 2019 Scottish Burden of Disease study, which was subsequently updated in September 2022, 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. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the population of Fife.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.

Table 2:
Leading individual causes of ill-health and early death



Source:
PHS Scottish Burden of Disease Study 2019

The most recent Scottish Burden of Disease study provided estimates of burden of disease by deprivation. This was done for three regions in Scotland- North, East and West rather than smaller geographical areas due to uncertainty of the data. The data for the East region is shown overleaf.

Figure 4:

Leading individual causes of ill-health and early death by proportion in most and least deprived quintiles

Burden of disease data is helpful as we consider the development of locally negotiated services which community pharmacies may provide.

1.2.3. Further Population Information

The most up to date population information for the NHS Fife Health Board Area, including statistics relating to births, deaths and ethnicity can be found at the following links:

- ScotPHO - Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, HSCP and locality geographies. Available at https://scotland.shinyapps.io/ScotPHO_profiles_tool/
- General Registrar of Scotland website which presents population and demographic information. Available at <https://www.nrscotland.gov.uk/statistics-and-data>
- The Scottish census website SCRoL. Available at <http://www.scotlandscensus.gov.uk/> which provides social and demographic information and includes the published 2022 Scottish census results.
- Information on the health of the NHS Fife population can be found in the Director of Public Health Annual Report [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](#) (nhsfife.org)
- Burden of Disease - [Scottish Burden of Disease Study 2019 \(scotpho.org.uk\)](#)

Current Pharmaceutical Services in NHS Fife

2. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at March 2024.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

At the end of March 2024, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighboring Health Boards. There is no standard as to the number of populations that should be served by a pharmacy; however population per Community Pharmacy in Fife is similar to other boards and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 2:
Community
pharmacies in NHS
Fife (March 2024)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3,788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: [PCA\(P\)\(2007\)28](#) Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.1.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers (IP). Implementation of the national Pharmacy First Plus service in 2020 allows delivery of a common clinical conditions service in community pharmacy. The table below shows current numbers of IPs in Fife- there has been an increase of 8 active prescribers in 23/24. Inactivity is due to extended leave and maternity leave.

Table 3:
Community pharmacist numbers training or trained with prescribing rights
(March 2024)

Number of Pharmacists
31
18
5

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in Table 4.

Table 4:
Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy, but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

Of the 265 respondents to this year’s public engagement survey, 87% said that their travel time to a community pharmacy was less than 15 minutes. 55% of respondents drove to their community pharmacy with a further 42% saying that they walk. This data is in line with previous national research.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening ([NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. The last year has seen an overall increase in provision with 3 pharmacies increasing to open 5.5 days per week. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5:
Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)

	Open 5 full days per week (closed Saturday)	Open 4.5 days Mon - Fri then half day Saturday	Open 5.5 days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	3	51	21	6

NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife (UCSF) Centres, which is where prescriptions written on a Sunday are generated from.

The information from the public engagement exercise noted that 81% of respondents found their pharmacy’s opening hours to be convenient. Of the 19% who answered that their pharmacy’s opening hours were not convenient, in the main this was due to closure over lunch time, after

work and at the weekend. In particular it was noted that access to pharmacy was more difficult at these times for those who do not drive.

2.3. Community Pharmacy Services - Core Services

Core services form part of the nationally agreed Community Pharmacy Contract meaning that all contractors on the Board’s Pharmaceutical List must provide these services.

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counseling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing the most recently published data shows, 7,496,220 prescription items were dispensed in NHS Fife in 2022/23, an increase of 3.34% on the previous year. This compares to a national increase of 3.5%. See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years which data is available for.

In terms of awareness of dispensing services, the public engagement survey noted that 97% of respondents were aware that community pharmacies are a location that prescriptions can be collected from.

Table 6:
Volume of prescription items dispensed in Fife over period April 2018 to March 2023

Financial Year	No. of prescription items dispensed
2022-23	7,496,220
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950

2.3.2. Medicines: Care and Review

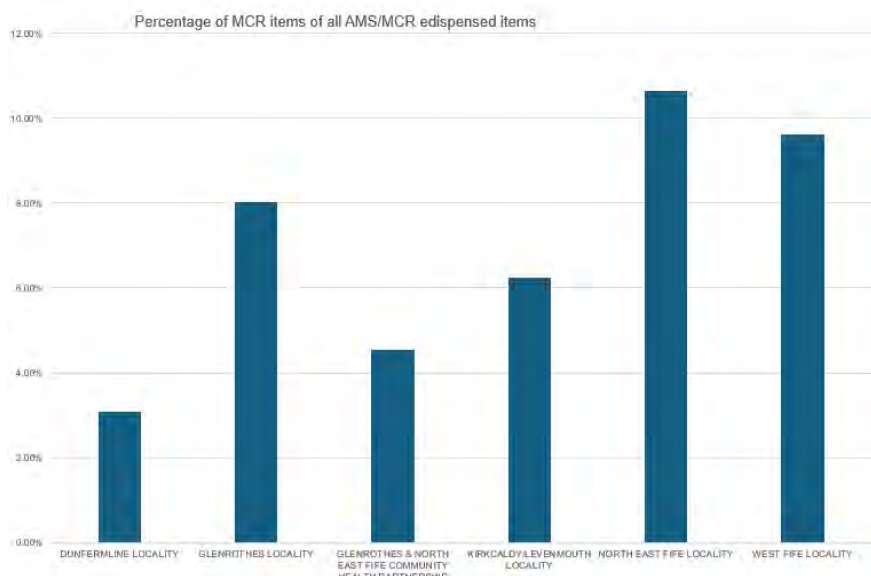
Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 51 GP practices (98%) generating serial prescriptions with 85 (98%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions. Public engagement suggests that only 52% of respondents were aware of the MCR service. Of those that were aware, 55% had been registered by their community pharmacist.

Figure 4 shows the number of patients receiving a serial prescription by prescribing locality.

Figure 4:
Patients receiving a serial prescription by locality at March 2024



2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service, they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 25,595 patients receive a Pharmacy First consultation monthly which is an increase of 18.6% on the previous year. These consultations result in an average of 7,297 patients per month receiving treatment.

There are several national Patient Group Directions (PGDs) available allowing pharmacists to provide treatment for urinary tract infections, impetigo, shingles, skin infections and hayfever. This means that patients who would normally require a GP consultation for treatment can attend their pharmacy instead.

Table 7 shows the number of Pharmacy First PGD items dispensed in 23/24.

Table 7

PGD	No. patients treated
Urinary Tract Infection	5,8646
Skin Infection	1,427
Impetigo	551
Shingles	187
Hayever (note only available from August 23)	129

Data shows that 64% of patients who accessed Pharmacy first in 23/24 are in SIMD quintiles 1,2, or 3. Figure 5 shows a breakdown of Pharmacy First use by SIMD quintile and gender.



Of the 265 responses received to the public engagement survey, 86% were aware of the Pharmacy First service with 55% having used the service. Of the 55% of people who had used the service, 62% reported that they had received treatment with 17% being referred to a GP and 15% getting advice. The remaining 6% reported 'other' as the outcome.

2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

- The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public
- Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material
- Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish
- Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service:

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife. It should be noted that throughout 23/24 varenicline was unavailable therefore the service centered around provision of NRT.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 23/24, 75% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 25% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most

deprived data zones, was 473. Fife did not achieve the LDP target in 23/24 however there were 272 successful 12 week quits in this population in 23/24, 53% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife.

Community pharmacies continue to issue over 90% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 391 supplies of EHC are made by community pharmacists each month which is an increase of 8% on the previous year.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021 means that Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 594 supplies of bridging contraception were made between April 2023 and March 2024, a 10% increase on the previous year.

2.2.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service. There were 720 supplies made under this service in 23/24.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a Pharmacy Care Record (PCR), and carry out an initial health check with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy. On average 755 patients per week are aided to access medicines through this service. there are 1,667 items per week supplied under this service.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition, other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 23 pharmacies providing this service with an average of 488 items prescribed under this service per month between February 2023 and March 2024. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.4.5. Emergency Naloxone Provision

The Scottish Drug Deaths Taskforce, which was set up in 2019, made a recommendation that all community pharmacies should hold naloxone for administration in an emergency. To realise this ambition, funding was made available in 2023 which supported all community pharmacies to hold two naloxone kits for use in an emergency. All pharmacies in Fife now participate in this service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 8:
Numbers of Community Pharmacies providing Additional Services (at April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take Home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1. Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well- established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient’s stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand. There are now 41 pharmacies across Fife participating in this service and further uptake continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients.

The key services provided are:

- ♦ Dispensing of specialist palliative care medicines
- ♦ Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- ♦ Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

853 JIC boxes were provided via community pharmacies in 23/24. Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 23 and March 24 there were 61 patients who received treatment for Hepatitis C via community pharmacy, an increase of 52% on the previous year.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service. Between April 23 and March 24, 244 people received treatment for chlamydia via community pharmacy, a 4% increase on the previous year.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the "Free Condoms Fife" Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife have taken part in successful NHS influenza vaccination service campaigns over the last four flu seasons delivering over 38,000 vaccinations over the four years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home. The community pharmacy service is now seen as an integral part of NHS Fife's Winter Vaccination Programme.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2023 and March 2024, 3,716 citizens received a travel vaccination consultation in a community pharmacy and 5,187 vaccines were administered, an average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required.

2.5.10 Public consultation and engagement

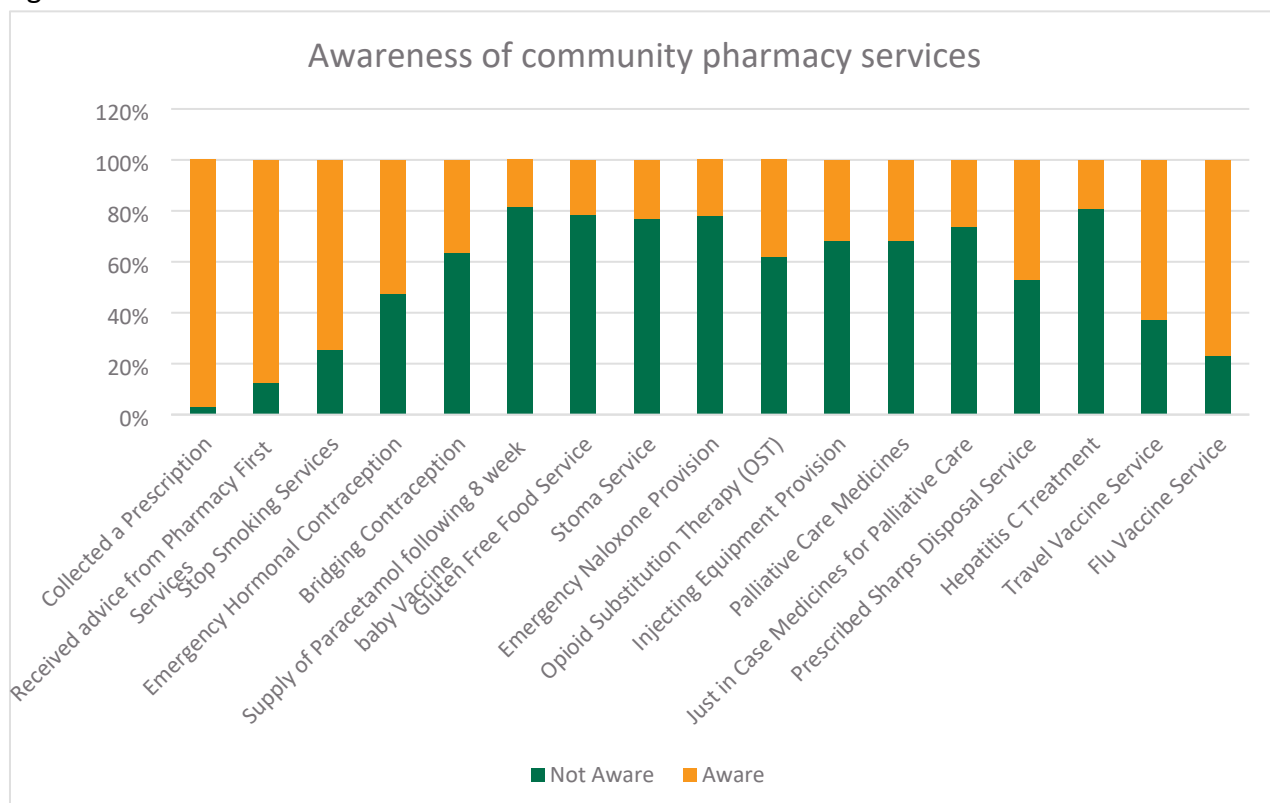
Over the 5 week public engagement period a total of 267 responses were received. Equality, diversity and inclusion data can be seen in Appendix 2.

The survey asked members of the public for their views on:

- Access to community pharmacies (see section 2.2.1)
- Travel time to community pharmacies (see section 2.2.1)
- Awareness and convenience of opening hours (see section 2.2.2)
- Awareness of services offered by community pharmacies (both core and additional)

The survey showed that while the majority of people who responded were aware of Pharmacy First (a core service), awareness of the other services offered via community pharmacy was variable. It should be noted that the engagement survey was not targeted to specific groups or service users which may account for some of the variability in awareness of services (see Figure 6). Future work will be carried out to engage with groups who may use specific services to better understand awareness.

Figure 6



Analysis of Pharmaceutical Needs within NHS Fife

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny. In 23/24, community pharmacies across all localities in NHS Fife increased the provision of care as show in Table 9. Further work will be undertaken to understand the variation between localities, however it should be noted that the Kirkcaldy locality has had the biggest change in the contractor landscape with 8 of the 13 changing owner in 23/24.

Table 9:

Number of patients receiving treatment under Pharmacy First PGDs (PF PGD), Public Health Services (PHS) or Unscheduled Care (UC) 23/24 vs 22/23

Locality	No.pts receiving treatment on PF PGD, PHS or UC 23/24	% increase vs 22/23
Levenmouth	6,921	3.8%
Glenrothes	8,021	15.6%
NE Fife	10,846	4.4%
Cowdenbeath	6,167	4.9%
Dunfermline	7,486	6.4%
Kirkcaldy	8,784	20.5%
SW Fife	4,868	0.4%

3.1. Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the

region and appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacists to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

Recent data indicates a significant reduction in the number of unexpected closures in community pharmacies, however infrequent unexpected closures do remain and this will continue to be monitored.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, there will be ongoing work to monitor the level of activity under the PGDs and encourage local referral pathways between GP Practice and Community Pharmacies.

3.4.4. Public Health Services

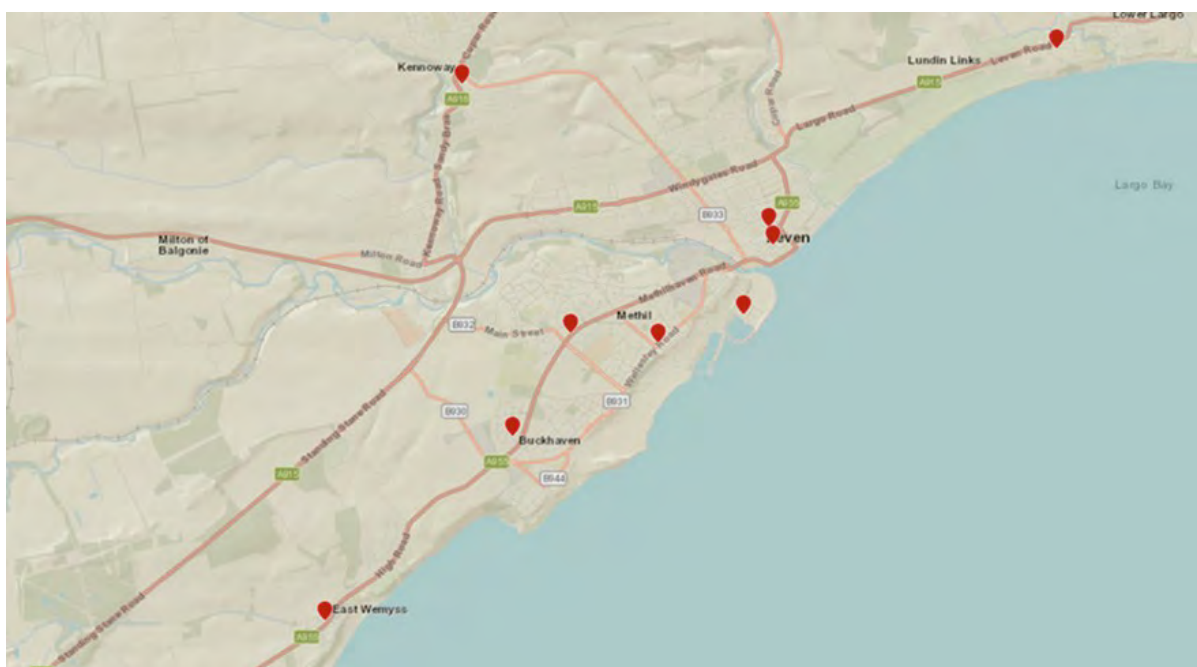
Public Health Services provided as part of the core Community Pharmacy contract continue to be

supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need identified.

3.5. Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population. No gaps have been identified in current service provision under these services, however this will continue to be monitored.

Appendix 1A



There are 10 Pharmacies in the Levenmouth locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA			
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			✓
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

There are seven GP Practices in the Levenmouth locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20108	MUIREDGE SURGERY	KY8 1HJ	198,849
20856	KENNOWAY MEDICAL GROUP	KY8 5JZ	80,036
21257	SCOONIE MEDICAL PRACTICE	KY8 4ET	551
21261	SCOONIE MEDICAL PRACTICE	KY8 4ET	269,793
21281	AIRLIE MEDICAL PRACTICE	KY8 4ET	2
21505	METHILHAVEN SURGERY	KY8 1HU	85,739
21524	AIRLIE MEDICAL PRACTICE	KY8 3RS	205,906

In total there were **840,876** items prescribed by the seven GP Practices in Levenmouth. Of these prescribed items, **836,915** were dispensed within Fife. Of the items dispensed in Fife, **742,288 (88.69%)** were dispensed within Levenmouth locality.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,236	216,533	25.93%
CARDIOVASCULAR SYSTEM	11,470	175,708	21.04%
GASTRO-INTESTINAL SYSTEM	12,265	82,203	9.84%
ENDOCRINE SYSTEM	7,742	74,215	8.89%
RESPIRATORY SYSTEM	9,426	66,843	8.00%

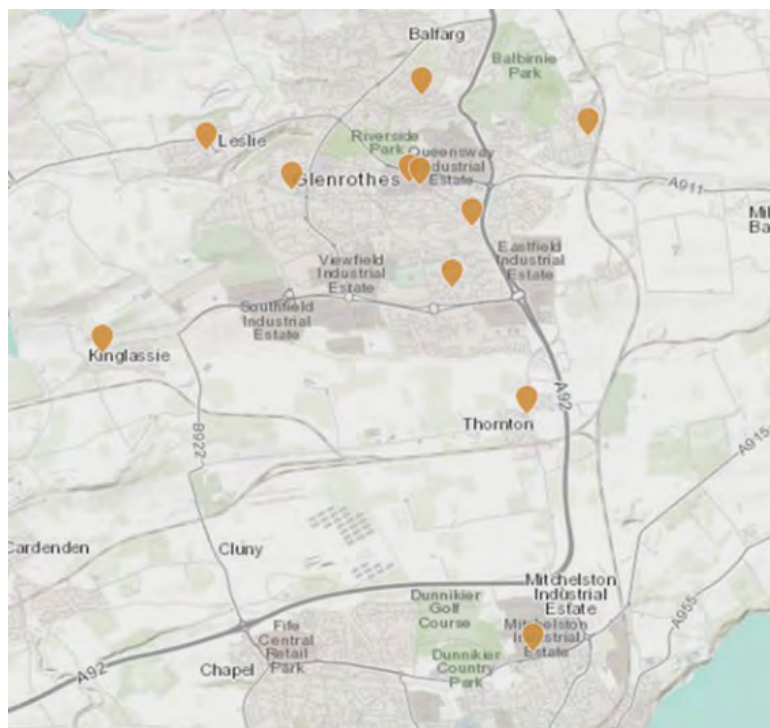
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5,669	13,762	73.02%
Public Health Service	599	3,789	20.10%
Urinary Tract Infection	607	707	3.75%
Health Board Local Service	183	360	1.91%
Skin Infection	132	142	0.75%
Impetigo	53	53	0.28%
Shingles	17	20	0.11%
Hayfever	10	10	0.05%
COVID (likely to be incorrect code used)	4	5	0.03%
Total	6,921	18,848	

A total of 6,921 unique patients received 18,848 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1B



There are 10 Pharmacies in the Glenrothes locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
DEARS PHARMACY & TRAVEL CLINIC	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 OXA			
DEARS PHARMACY & TRAVEL CLINIC	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20606	THE LOMOND PRACTICE	KY6 1HL	212,114
20611	NORTH GLEN MEDICAL PRACTICE	KY7 6SX	179,766
20630	THE GLENWOOD PRACTICE	KY6 1HL	127,389
20659	COS LANE SURGERY	KY7 4AQ	191,779
20663	ROTHES MEDICAL PRACTICE	KY7 4RH	168,679
21153	LESLIE MEDICAL PRACTICE	KY6 3LQ	118,266
21454	MARKINCH MEDICAL PRACTICE	KY7 6ER	105,509
		Total	1,103,502

In total there were **1,103,502** items prescribed by the seven GP Practices in Glenrothes. Of these prescribed items, **1,097,383** were dispensed within Fife. From the items dispensed in Fife, **987,136 (89.95%)** were dispensed within Glenrothes.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	22,141	271,282	24.64%
CARDIOVASCULAR SYSTEM	15,543	237,973	21.61%
GASTRO-INTESTINAL SYSTEM	16,345	108,511	9.85%
ENDOCRINE SYSTEM	10,379	103,024	9.36%
RESPIRATORY SYSTEM	12,731	86,802	7.88%

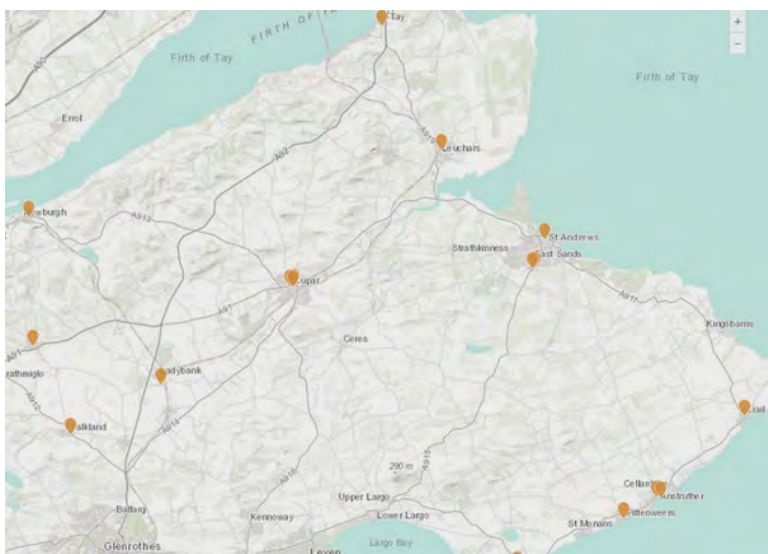
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,277	14,525	66.31%
Public Health Service	659	4,832	22.06%
Health Board Local Service	330	1,163	5.31%
Urinary Tract Infection	816	967	4.41%
Skin Infection	247	273	1.25%
Impetigo	62	70	0.32%
Shingles	36	38	0.17%
Hayfever	26	28	0.13%
COVID (likely to be incorrect code used)	2	4	0.02%
Nicotine Replacement (likely to be incorrect code used)	2	3	0.01%
Healthy Start Vitamins (likely to be incorrect code used)	2	2	0.01%
Total	8,021	21,905	

A total of **8,021** unique patients received **21,905** items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1C



There are 18 Pharmacies in the NE Fife locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
ROWLAND PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
DEARS PHARMACY & TRAVEL CLINIC	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓

There are 11 GP Practices in the NE Fife locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20004	ANSTRUTHER MEDICAL PRACTICE	KY103FF	117,619
20057	AUCHTERMUCHTY PRACTICE	KY147AW	107,593
20409	EDEN VILLA PRACTICE	KY154JN	127,851
20413	BANK STREET MEDICAL GROUP	KY154JN	120,628
21101	HOWE OF FIFE SURGERY	KY157JS	80,778
21204	PITCAIRN PRACTICE LEUCHARS & BALMULLO	KY160DZ	79,103
21558	NEWBURGH SURGERY	KY146DA	76,367
21609	TAYVIEW MEDICAL PRACTICE	DD6 8DJ	153,963
21736	COAST HEALTH	KY102LG	92,746
21825	BLACKFRIARS MEDICAL PRACTICE	KY168AR	75,231
21830	PIPELAND MEDICAL PRACTICE	KY168AR	158,487
		Total	1,190,366

In total there was **1,190,366** items prescribed by the 11 GP Practices in North East Fife. Of these prescribed items, **1,161,056** were dispensed within Fife. From the items dispensed in Fife, **1,138,897 (98.09%)** were dispensed within North East Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	21,775	314,847	23.60%
CENTRAL NERVOUS SYSTEM	28,044	288,883	21.65%
ENDOCRINE SYSTEM	15,289	139,781	10.48%
GASTRO-INTESTINAL SYSTEM	21,635	130,865	9.81%
RESPIRATORY SYSTEM	16,237	92,368	6.92%

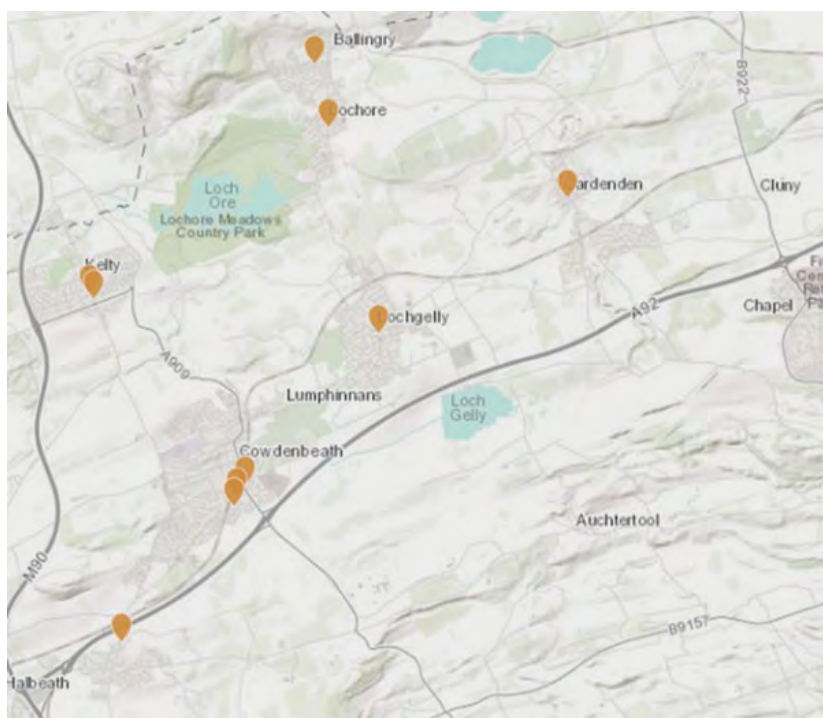
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8,257	16,550	60.39%
Public Health Service	1,016	8,022	29.27%
Urinary Tract Infection	1,161	1,342	4.90%
Health Board Local Service	401	881	3.21%
Skin Infection	281	297	1.08%
Impetigo	110	121	0.44%
Nicotine Replacement	55	78	0.28%
Shingles	61	62	0.23%
Hayfever	41	45	0.16%
COVID (likely to be incorrect code used)	3	5	0.02%
Healthy Start Vitamins (likely to be incorrect code used)	3	4	0.01%
Total	10,846	27,407	

A total of **10,846** unique patients received **27,407** items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1D



There are 12 Pharmacies in the Cowdenbeath locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		

There are eight GP Practices in the Cowdenbeath Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20254	WALLSGREEN MEDICAL PRACTICE	KY5 0JE	74,545
20305	COWDENBEATH SURGERY	KY4 9DH	242,579
20358	CROSSGATES MEDICAL PRACTICE	KY4 8DF	70,873
20803	KELTY MEDICAL PRACTICE	KY4 0AE	150,644
21384	MEADOWS PRACTICE	KY5 9QZ	132,667
21421	BENARTY MEDICAL PRACTICE	KY5 8DA	128,182
21440	DR K THOMPSON	KY5 9QZ	57,248
21469	LOCHGELLY MEDICAL PRACTICE	KY5 9QZ	75,028
		Total	931,766

In total there was **931,766** items prescribed by the eight GP Practices in Cowdenbeath. Of these prescribed items, **917,559** were dispensed within Fife. From the items dispensed in Fife, **866,869 (94.48%)** were dispensed within Cowdenbeath.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,197	274,330	25.53%
CARDIOVASCULAR SYSTEM	13,647	239,205	22.26%
GASTRO-INTESTINAL SYSTEM	14,615	103,530	9.63%
ENDOCRINE SYSTEM	9,310	96,584	8.99%
RESPIRATORY SYSTEM	12,544	86,215	8.02%

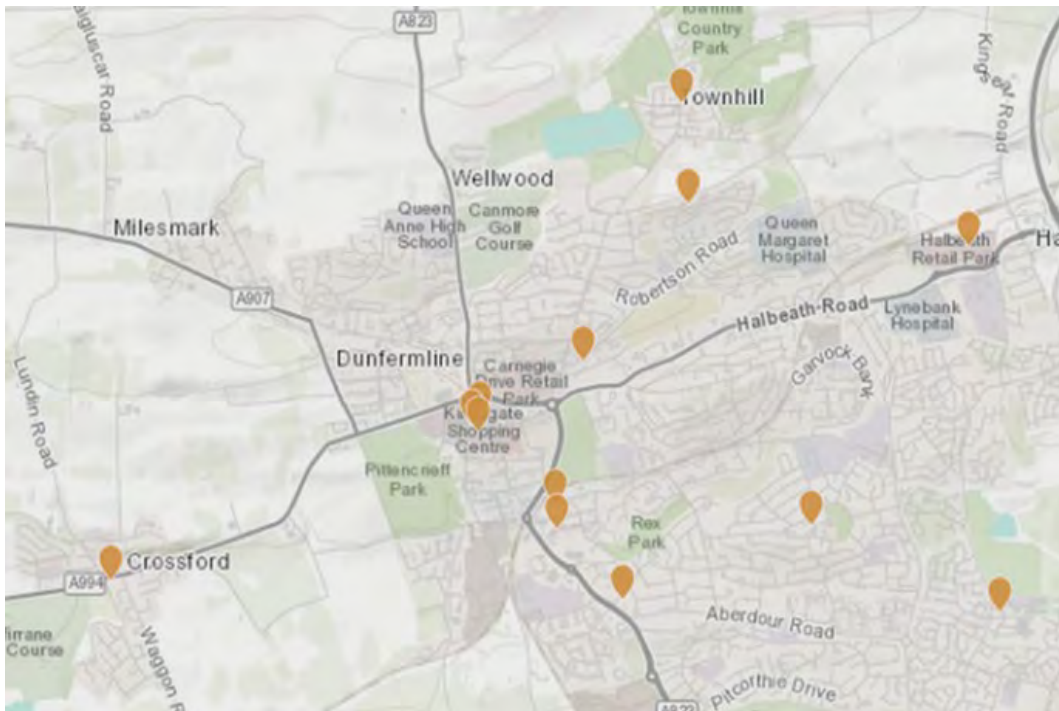
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,580	9,131	56.65%
Public Health Service	750	5,326	33.04%
Urinary Tract Infection	689	773	4.80%
Health Board Local Service	178	579	3.59%
Skin Infection	143	151	0.94%
Impetigo	86	91	0.56%
Shingles	33	35	0.22%
Hayfever	13	24	0.15%
COVID (likely to be incorrect code used)	7	9	0.06%
Total	6,167	16,119	

A total of **6167** unique patients received **16,119** items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1E



There are 13 Pharmacies in the Dunfermline locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓	✓	✓
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
GRAEME PHARMACY	43 BELYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
ROWLANDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓

There are seven GP Practices in the Dunfermline Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20451	NETHERTOWN SURGERY	KY114TF	171,522
20466	NEW PARK MEDICAL PRACTICE	KY120BL	194,273
20471	HOSPITAL HILL SURGERY	KY113BA	135,050
20485	MILLHILL SURGERY	KY114JW	155,948
20490	BELLYEOMAN SURGERY	KY120AE	176,686
20502	LINBURN ROAD HEALTH CENTRE	KY114LT	96,536
21755	PRIMROSE LANE MEDICAL CENTRE	KY112ZL	164,930
		Total	1,094,945

In total there was **1,094,945** items prescribed by the seven GP Practices in Dunfermline. Of these prescribed items, **1,086,712** were dispensed within Fife. From the items dispensed in Fife, **986,693 (90.80%)** were dispensed within Dunfermline.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,978	284,933	23.11%
CARDIOVASCULAR SYSTEM	19,044	268,408	21.77%
ENDOCRINE SYSTEM	13,417	122,291	9.92%
GASTRO-INTESTINAL SYSTEM	20,470	116,606	9.46%
RESPIRATORY SYSTEM	15,404	88,015	7.14%

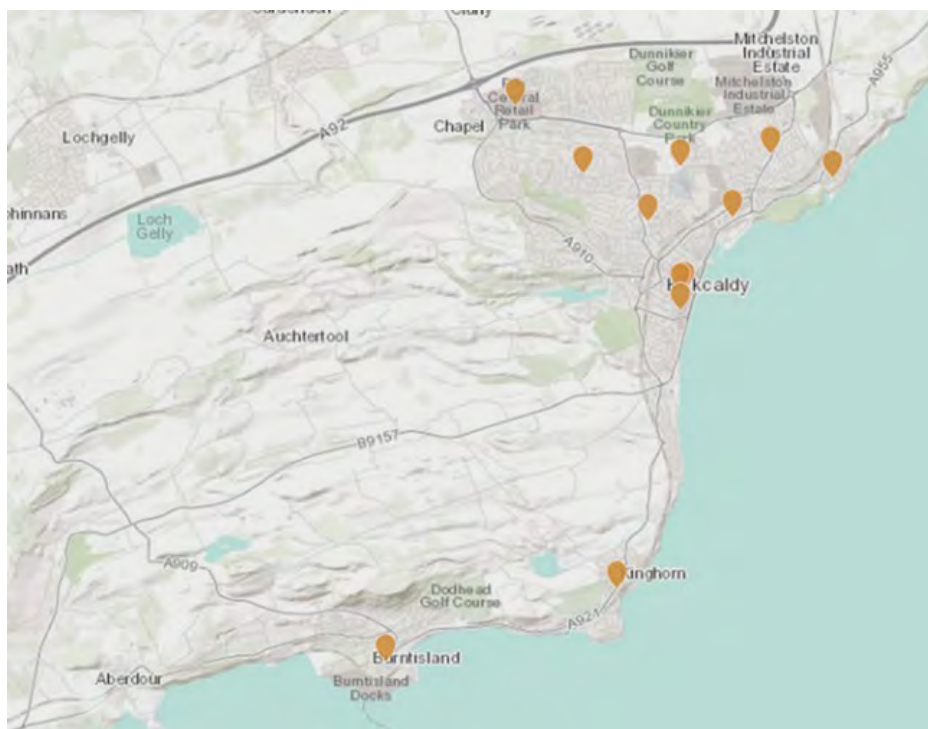
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,774	8,197	41.50%
Public Health Service	1,065	7,598	38.47%
Health Board Local Service	294	2,062	10.44%
Urinary Tract Infection	1,171	1,339	6.78%
Skin Infection	325	351	1.78%
Impetigo	107	116	0.59%
Shingles	58	60	0.30%
COVID (likely to be incorrect code used)	9	14	0.07%
Hayfever (likely to be incorrect code used)	10	14	0.07%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.01%
Total	7,486	19,752	

A total of 7,486 unique patients received 19,752 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1F



There are 13 Pharmacies in the Kirkcaldy locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG		✓	
EDEN PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL		✓	
DEARS PHARMACY & TRAVEL CLINIC	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
WELL PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
DEARS PHARMACY & TRAVEL CLINIC	18 HIGH STREET, KIRKCALDY, KY1 1LU			
DEARS PHARMACY & TRAVEL CLINIC	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
PATHHEAD PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
WELL PHARMACY	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓		
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓

There are 10 GP Practices in the Kirkcaldy locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20151	BURNTISLAND MEDICAL GROUP	KY3 9DF	92,596
20184	THE LINKS PRACTICE	KY3 9DF	32,923
20907	KINGHORN MEDICAL PRACTICE	KY3 9RT	61,239
20950	NICOL STREET SURGERY	KY1 1PH	48,098
20964	DRS MCKENNA, MURPHY & MCCALLUM	KY1 2NA	125,614
20979	BENNOCHY MEDICAL CENTRE	KY2 5RB	155,240
20983	ST BRYCEDALE SURGERY	KY1 1ER	123,246
20998	PATH HOUSE MEDICAL PRACTICE	KY1 2PG	313,191
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	KY1 2NA	125,117
21011	DRS FORDYCE, LEMPKE & PARISH	KY1 2NA	111,327
		Total	1,188,591

In total there were **1,188,591** items prescribed by the 10 GP Practices in Kirkcaldy. Of these prescribed items, **1,174,047** were dispensed within Fife. From the items dispensed in Fife, **1,119,713 (95.37%)** were dispensed within Kirkcaldy.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	28,650	349,375	25.04%
CARDIOVASCULAR SYSTEM	20,426	309,607	22.19%
GASTRO-INTESTINAL SYSTEM	21,182	139,572	10.00%
ENDOCRINE SYSTEM	13,759	129,570	9.29%
RESPIRATORY SYSTEM	15,130	96,157	6.89%

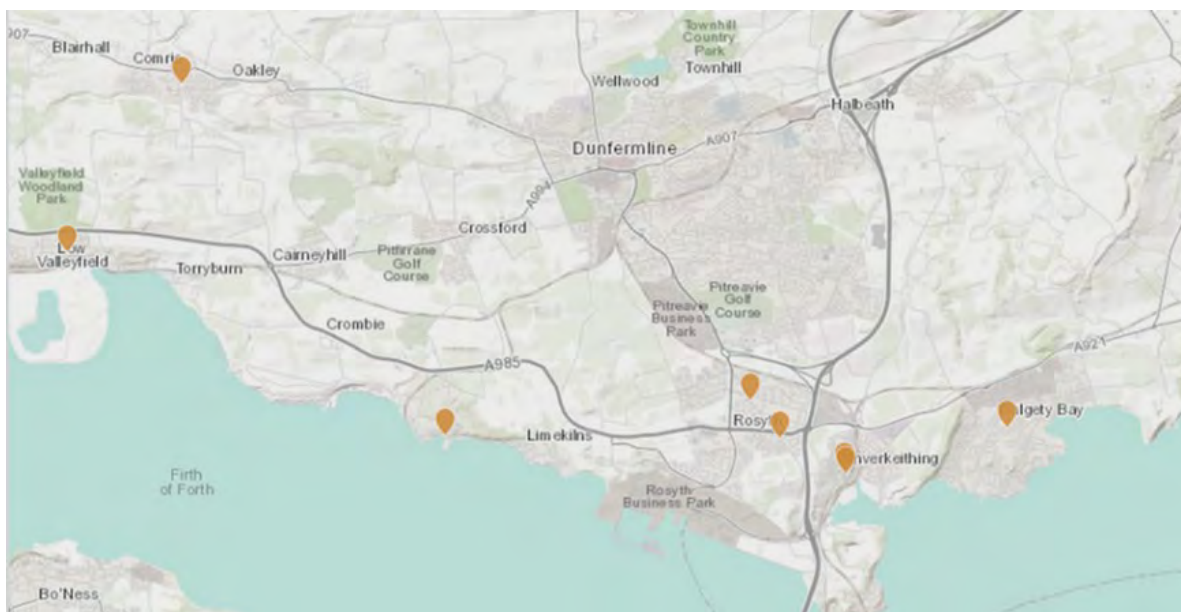
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,707	15,374	66.21%
Public Health Service	907	5,716	24.62%
Urinary Tract Infection	925	1,090	4.69%
Health Board Local Service	254	705	3.04%
Skin Infection	156	168	0.72%
Impetigo	82	88	0.38%
Shingles	31	33	0.14%
Hayfever	27	30	0.13%
COVID (likely to be incorrect code used)	8	14	0.06%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.00%
Total	8,784	23,219	

A total of 8,784 unique patients received 23,219 items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1G



There are 10 Pharmacies in the SW Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH	✓	✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are five GP Practices in the SW Fife Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20729	VALLEYFIELD MEDICAL PRACTICE	KY128SJ	78,206
20752	INVERKEITHING MEDICAL GROUP	KY111NU	312,241
21308	CHARLESTOWN SURGERY	KY113ED	70,009
21613	OAKLEY MEDICAL PRACTICE	KY129QH	162,445
21760	PARK ROAD PRACTICE	KY112SE	105,422
		Total	728,323

In total there were **728,323** items prescribed by the five GP Practices in South West Fife. Of these prescribed items, **714,157** were dispensed within Fife. From the items dispensed in Fife, **565,552 (79.19%)** were dispensed within South West Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	12,082	188,915	23.80%
CENTRAL NERVOUS SYSTEM	16,126	169,837	21.40%
ENDOCRINE SYSTEM	8,183	78,874	9.94%
GASTRO-INTESTINAL SYSTEM	12,525	77,602	9.78%
RESPIRATORY SYSTEM	9,381	56,156	7.08%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3,771	7,494	54.93%
Public Health Service	523	5,157	37.80%
Urinary Tract Infection	495	544	3.99%
Health Board Local Service	64	233	1.71%
Skin Infection	143	147	1.08%
Impetigo	51	52	0.38%
Shingles	13	13	0.10%
COVID	2	2	0.01%
HAY	2	2	0.01%
Total	4,868	13,644	

A total of 4,868 unique patients received 13,644 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

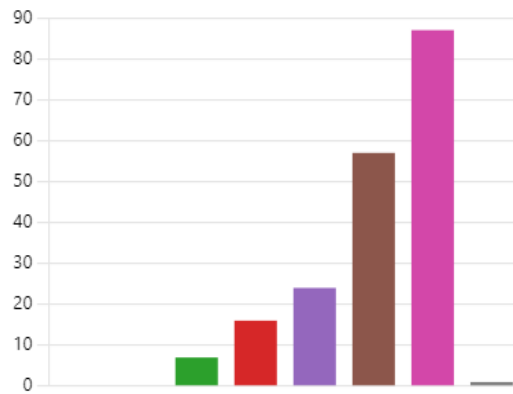
(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 2 Equality, diversity and inclusion data

Of the 267 survey responses received, 190 (72%) completed the equality, diversity and inclusion questions contained in the survey. Responses are summarised below:

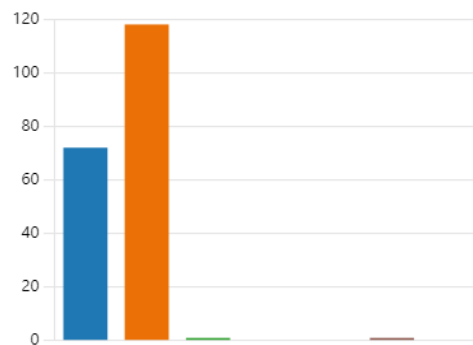
Age

Under 18	0
18-24	0
25-34	7
35-44	16
45-54	24
55 - 64	57
65 and older	87
Prefer not to say	1



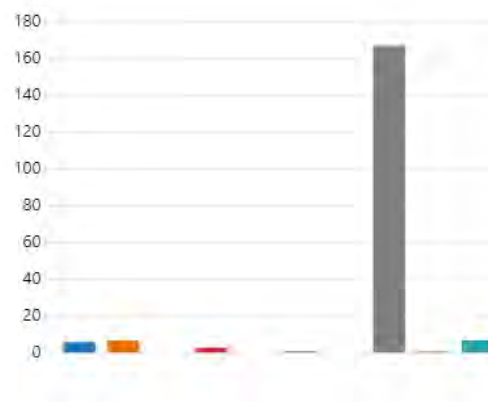
Gender

Man	72
Woman	118
Trans-man	1
Trans-woman	0
Non-binary	0
Identity not listed	1
Prefer not to say	0



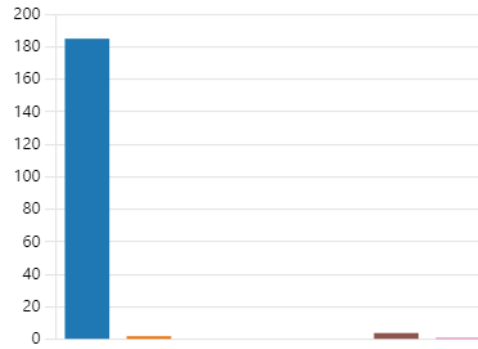
Sexual Orientation

Asexual	6
Bi-sexual	7
Fluid	0
Gay man	3
Lesbian	0
Pansexual	1
Queer	0
Straight / Heterosexual	167
Identity not listed	1
Prefer not to say	7



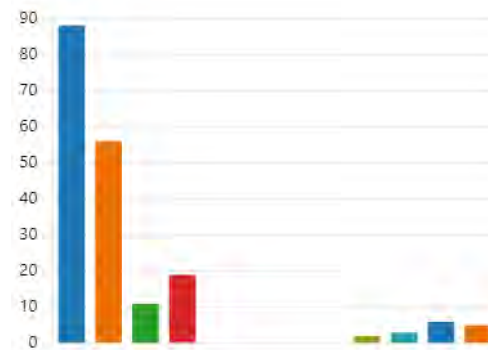
Ethnicity

White	185
Mixed or multiple ethnic groups	2
Asian, Scottish Asian or British A...	0
African, Scottish African or Britis...	0
Caribbean or Black	0
Other ethnic group	4
Prefer not to say	1



Religious Belief

None	88
Church of Scotland	56
Roman Catholic	11
Other Christian	19
Muslim	0
Hindu	0
Buddhist	0
Sikh	0
Jewish	2
Pagan	3
Prefer not to say	6
Other	5

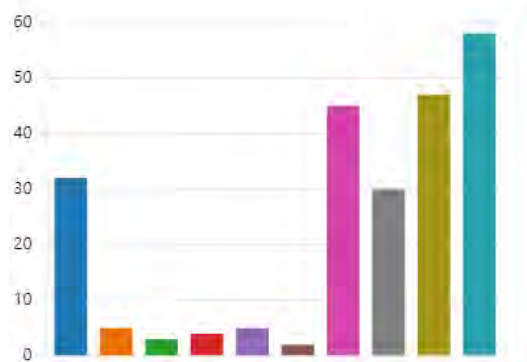


Health Condition and/or a Disability

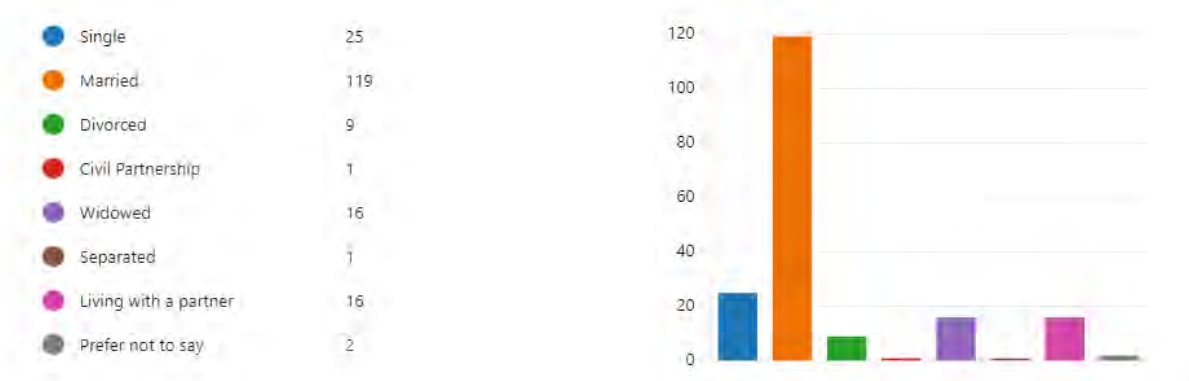
Yes	128
No	59
Prefer not to say	3



Deafness or partial hearing loss	32
Blindness or partial sight loss	5
Full or partial loss of voice or dif...	3
Learning disability (a condition t...	4
Learning difficulty (a specific lea...	5
Developmental disorder (a cond...	2
Physical disability (a condition th...	45
Mental health condition (a cond...	30
Long-term illness	47
Disease or condition (a conditio...	58



Relationship Status



References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)




[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)

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EAST REGION PROGRAMME BOARD

(Meeting on 26 April 2024)

No issues were raised for escalation to the Board.

East Region Programme Board

Date: Friday 26th April 2024
 Time: 14.00 – 15.30
 Venue: Via Microsoft Teams



MINUTES

Present:

C Potter (Chair)	Chief Executive, NHS Fife
C Campbell	Chief Executive, NHS Lothian
C Briggs	Interim Director of Regional Planning, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
P McLoughlin	Interim Head of Regional Planning, East Region
M Carr	Chief Officer Acute Services, NHS Lothian
L McCallum	Medical Director, NHS Borders
S Fraser	Associate Director of Planning, NHS Fife
A White	West Lothian HSCP Director
A Bone	Director of Finance, NHS Borders
A Carter	HR Director, NHS Borders
L Huckerby	Interim Director of Acute Services, NHS Borders
J Butler	Director of HR, NHS Lothian
S Errington	Head of Planning & Performance, NHS Borders (for J Smyth)
C McKenna	Medical Director, NHS Fife
D Miller	Director of Workforce, NHS Fife
M McGurk	Director of Finance, NHS Fife
L Jones	Director of Quality and Improvement, NHS Borders
J Keenan	Executive Director of Nursing, NHS Fife
T A Miller	Employee Director, NHS Lothian
B Hannan	Executive Director, NHS Fife / Director of Reform, Transform Perform
M Porteous	Finance Manager, East Region / NHS Lothian
T Gillies	Medical Director, NHS Lothian
C Marriott	Director of Finance, NHS Lothian

In Attendance

S Garden	Director of Pharmacy & Medicines, NHS Lothian (for Item 4.3)
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Apologies:

R Roberts	Chief Executive, NHS Borders
C Myers	Chief Officer, NHS Borders
A MacDonald	Executive DoN, Midwifery & AHPs, NHS Lothian
M Barrow	Joint Director of HSC, NHS Lothian

		ACTION
1.	Welcome	
2	Apologies for Absence	
	C Potter welcomed everyone to the meeting and noted the slightly shortened timing of the meeting (90 minutes). It was also noted that this	

	would be C Campbells final ERPB meeting before retirement and members thanked him for his valuable contributions. Apologies were noted as above.	
3.	Items proposed for Approval or Noting without further discussion	
3.1	Minutes of Previous Board Meeting – 26th January 2024	
	The minutes of the meeting held in January 2024 were approved as an accurate record. All actions are covered within the agenda.	
3.2	Update Against Ongoing Regional Work Programmes	
	<p>P McLoughlin advised that the paper circulated provides a brief summary on some of the ongoing regional workstreams and highlighted that, in relation to the best start neonatal intensive care programme, there is a delay in obtaining the final data modelling report on demand and capacity. This was commissioned by SG via an external agent and was due in February 2024. It was released to regional chief executives at the end of March 2024 for comment. There are a number of fundamental issues to be resolved before this can be finalised. All regions within Scotland have fed back and there are some common issues. The neonatal approach is a national model, being regionally implemented and therefore the next steps are heavily dependant on following finalised and agreed findings from this data modelling and service modelling. It is likely that given this, there will be some alterations to the national programming. P McLoughlin has a meeting scheduled with Scottish Policy colleagues in May 2024 to discuss this, along with colleagues from West and North Scotland. There is also an East Region NICU oversight Group being held in June 2024, by which point it is hoped to have both the modelling report and refreshed timetable.</p> <p>The Thrombectomy programme regional roll out has gone well and regional referrals are coming in Monday to Friday. The hub at the Royal Infirmary has moved to a 7 day service and in light of this, it was agreed at the last Thrombectomy delivery group that some work, in principal, would be undertaken to ascertain requirements for a 7 day, day time, basis.</p> <p>Regarding the Child Protection MCN, we are working towards a national network and have now reached stage 2 with NSD and are working collaboratively across the 3 regions to stand up an interim steering group structure. This will focus on requirements to build the national MCN.</p> <p>Regional Eating Disorders Oversight Group (REDOG) met recently and a conversation has been held regarding the service model for REDU. It was agreed that over the Summer 2024 work would be undertaken to review the service model and will bring this reviewed model to REDOG in October.</p> <p>Regarding Innovation, T Gillies advised that she has now taken over from Tim managing the team to provide some continuity and is unsure where supporting S&V initiative for the team has come from as they have CSO directed work to complete and are trying to ensure focus on</p>	

	delivering things of added value. T Gillies is meeting Anna next week to pick up issues regarding the regional innovation space.	
4.	Items for Discussion	
4.1	Overview of East Region Board ADP's 2024/25, and Financial Plans	
	<p>NHS Borders</p> <p>S Errington provided a high level summary presentation with A Bone providing details around the financial plan. The main programme areas were noted, and that are flagged within 12 month workplan, as firstly the focus on a longer term workforce strategy with a reduction in headcount, to reduce by 300 in borders. A reduction in estates / sites by around 20%, exploring digital opportunities, review community hospital model, targeted population health & prevention programme, redesign of front door and associated pathways, development of hospital at home to reduce inpatient based beds and closure of surge beds. Lastly review mental health bed base to optimise inpatient processes to reduce operating costs.</p> <p>Within the Service Sustainability template, 'fragile' services were categorised into 3 categories: High Priority for Borders, Sustainability issues but not high priority, happy to engage in conversation but not currently a fragile or high priority.</p> <p>A Bone noted fundamental questions that need to be answered as a health board and that some of this is noted within the ADP. A main question is around the role of the general district hospital in terms of core and non-core treatment. Equally the role of community hospitals and the closure of community hospitals. Regarding remote and rural implications, would have 4 less GP practices within region if operating at the average list size for Scotland. Headline numbers noted as a £40 million deficit, which is only going up, and savings of £14 – £15 million identified within plan, which is double ever delivered within the board. Borders have been given a brokerage limit for 2024/25 and is £10 million away from current projections.</p> <p>NHS Fife</p> <p>S Fraser provided ADP presentation with M McGurk providing details around the financial plan. The priorities were noted as the delivery of Reform, Transform and Perform (RTP) portfolio, medium term financial plan and alignment to Population Health and Wellbeing Strategy.</p> <p>Top service priorities are Mental Health services, urgent & unscheduled services (front door), planned care/ waiting times and radiology.</p> <p>M McGurk noted the challenging financial outlook, £54 million deficit for 2024/25, and some of the key contributing factors. High risk areas noted as surge reduction, planned care and SLA and external Activity. For the larger transformational changes, alternative investment will be needed. Originally advised that Fife would qualify for a brokerage of £5million, however following additional consequentials, this was utilised and therefore have no brokerage.</p> <p>B Hannan noted initial focus on 3 primary areas: workforce, bed modelling and business transformation.</p>	

	<p>NHS Lothian</p> <p>C Briggs provided ADP presentation with C Marriott providing details around the financial plan. The key points of focus noted as financial sustainability (Gap £140million, Financial plan agreed by SGHSCD), Performance Management- what we will not do and Capital limitations / management of risks (Primary Care, National Treatment Centre, Edinburgh Cancer Centre, Princess Alexandra Eye Pavilion)</p> <p>C Marriott advised recovery plans are in place for around 2.9% / £53Million and that delivery true efficiency is usually between £25 - £30million. For the 7% financial improvement, 3% is around efficiency/ doing the same for less and 4% service impact / doing less for less. The Plan B for Lothian has 4 components: Non-committed monies, Committed monies- constrained, Formula capital and Major capital.</p> <p>There is commonality from each area as well as localised issues. We cannot lose sight of the long term purpose of the NHS in terms of what we are here to do i.e. addressing health inequalities.</p>	
<p>4.2</p>	<p>Towards a More Commissioned Approach to Supporting & Strengthening Sustainable Service Delivery in the East Region</p>	
	<p>P McLoughlin advised that essentially this is to open up discussion regarding what regionality can add to the boards programme of action. The paper circulated builds on a number of discussions in the region over the last few months, regarding developing a standard and systematic approach to supporting sustainability and greater regional collaboration, and proposes a specific East region approach and process to identify and take forward options for sustainability. The existing regional governance and legislative framework are outlined within this paper and a 4 stage approach and timeline. This would allow collective identification of areas with potential for greater regionalisation and benefit. The front runners could then be scoped further and fed back to ERPB in August. ERPB would then be asked to consider some initial areas for progression to a fuller outline business case. It is challenging to keep on top of the 3 broad board level programmes and it was therefore proposed to recruit a fixed term programme manager to assist support coordination and action.</p> <p>J Butler queried whether there is a need, given the current position, to commit to additional resource and whether there could be a different way to look at this through existing planning teams. D Miller agreed.</p> <p>L Huckerby voiced support of the outlined framework and that it is necessary. T Gillies noted uncertainty of focus and how to get to a position of added value. There are complexities across the models of service which may take someone a quantity of time to understand the issues faced.</p> <p>C Potter queried whether we want to work together in a regional context or not and if so, what does that look like in terms of the programmes of work being looked at and how we are going to do that, perhaps P McLoughlin with the DoPs discussing whether it's an extra</p>	

	<p>person or pulling in people from existing teams. More about the function that is being described within the paper.</p> <p>C Marriott noted that 2024/25 is about financial survival and what the things are that can be stopped or paused. This needs to be paramount in the regional space also. C Briggs noted that, regarding national context, it is a cluttered landscape at present and difficult to understand. ADPs would be needed back from SG before consideration / agreement could be reached. Also in terms of resources, C Briggs advised that pulling staff in from existing areas would mean them stopping other elements of work.</p> <p>A Bone referred back to comments around immediate financial challenges in the short term and is unsure how to regionally collaborate to drive short term benefit in finances, this is more long term regarding what can be achieved here. Collaboration should be considered to agree policy influence with SG and recognising what we are good at within the region space- shared management of risks. Looking forward, there are vulnerable services that we want to try to sustain but there is also economies of scale and where we can work collaboratively to undertake something once on a regional basis i.e. shared services. L Jones noted the need to identify areas of mutual gain and would be keen to look at large cost base areas where if delivered at scale across the region could drive down cost for all. Perhaps picking one corporate service i.e. ED, SACT, Labs where there has been some success elsewhere and scope the potential gain then discard if the gain isn't big enough to warrant the effort.</p> <p>C McKenna referred to the completion of the sustainability templates section of the paper and queried whether this should be considered collectively to understand whether there are benefits to gain from this. For example Paediatrics has been raised in Fife and Lothian and Haematology in Lothian and Borders but not Fife and is unsure why this is the case as it is an issues for Fife also. This led to queries whether the template is accurate.</p> <p>C Potter summarised the financial challenges and the longer term sustainability issue in every sense. In particular specialties, from the timelines set out within the paper, identify 2 – 4 areas that we can agree and where there is a role for MDs / Acute Directors and P McLoughlin to agree the priorities to be test the framework and move some of this work forward. P McLoughlin agreed to pick up some further scoping with DoP colleagues.</p>	<p>P McLoughlin</p>
<p>4.3</p>	<p>Regional Formulary – Sustainability & Value</p>	
	<p>S Garden noted the East region formulary is a success and we are the first region across Scotland to implement it. There is a commonality in all of the plans around robust efficiency programmes i.e. Acute, Primary Care but queried whether there is more that could be done i.e. clinical guidelines. The paper circulated describes what is currently in place and the journey so far. The establishment of a small sustainability and value medicines team for the region is being considered to create some additional capacity and expertise. Progress has been made and a pre East Region Formulary Committee Challenge Panel to look at the</p>	

	<p>particular formula applications for the region. This Panel will provide advice into applicants but also the East Region committee and will assist with some of the decision making through a standardised approach. There is some workload attached to this and this is part of the ask here. A more proactive approach across the region would be beneficial and having early conversations with clinicians around where they see that medicine fitting into practise. In addition to this it is hoped to look further into medicine utilisation. Public Health Scotland have led on a prototype piece of work however this was paused due to their capacity and other priorities. There is lots of potential with this and opportunity for good data sets.</p> <p>There is an ask of around 80 pharmacists, 5 data analysts and 4 administrators, which are full time costs. It is unclear at present if all of this will be needed however staff with expertise have been considered behind the scenes as it may be about utilising staff already in the system with the required level of skill rather than brining in new staff.</p> <p>T Gillies noted the challenge from previous years around the benefit of the Regional Formulary. The benefit is to deliver one formulary across the 3 Boards and this is a step that would begin to give value out of this. Key to note it is not cutting across processes that are in place and the work coming out of medicines utilisation will identify pieces of work to feed through to those processes rather than providing the doing. The summary back at 6 months will highlight the pieces of work that have fed in. This provides a clear mechanism around the financial and capacity cost.</p> <p>C McKenna noted that during previous discussions, medicines was an area in which agreed collaboration was approved and there is a real commonality around this. It was queried whether this work will take us to the 4% of the 7% saving? S Garden advised that this would be the aim, to go for the 4% additionality saving, and that the stock take at 6 months will review how much of this can be delivered. Part of the plan will be a digital sustainable solution / dashboard for Boards to use</p> <p>L McCallum noted support of this and that the 6 month review is helpful and will be reassuring. 1.20.24</p> <p>ERPB members agreed to support this.</p>	
5.	Any Other Business	
	No Further business was noted.	
6.	Dates of Future Meetings (All now 2-3.30pm)	
	2 nd August 2024 25 th October 2024	

FIFE HSCP INTEGRATION JOINT BOARD

Meeting on 26 July 2024

No issues were raised for escalation to the Board.



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 26 JULY 2024 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) Fife Council –David Ross (DR), Lynn Mowatt (LM), David Alexander (DA), Margaret Kennedy (MK), Dave Dempsey (DD), Rosemary Liewald (RLie), and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Sinead Braiden (SB) Janette Keenan (JK), Director of Nursing, NHS Fife Chris McKenna (CM), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trades Union Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Fiona McKay (FM), Interim Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Jennifer Rezendes (JR), Principal Lead Social Work Officer Lynn Barker (LB), Associate Director of Nursing
Attending	Jillian Torrens (JT), Head of Complex and Critical Care Services Lynne Garvey (LG), Head of Community Care Services Roy Lawrence (RLaw), Principal Lead for Organisational Dev. & Culture Vanessa Salmond (VS), Head of Corporate Governance Amanda Wong (AW), Director of Allied Health Professionals, NHS Fife Cara Forrester (CF), Communications Adviser Chris Conroy (CC, representing Lisa Cooper Head of Primary & Preventative Care Services) Lesley Gauld (LG), Team Manager Elizabeth Crighton (EC), HSCP Organisational Dev. & Culture Specialist Ruth Bennett (RB), Health Promotion Service Manager Jacquie Stringer (JS), Service Manager Localities and Community Led Support Carol Notman (CN), Personal Assistant (Minute)

No.	TITLE	ACTION
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1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	
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Arlene Wood, IJB Chair welcomed everyone to the Extraordinary Integration Joint Board meeting and wished to thank Cllr Graeme Downie for all his support as Vice Chair of the Committee over the last few years and wished him well in his new role as MP for Dunfermline & Dollar.

Apologies have been received from Joy Tomlinson, Lynne Parsons, Benjamin Hannan, Graeme Downie, Jackie Drummond, Lisa Cooper, John Kemp, James Ross, Colin Grieve and Mary Lockhart

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

Arlene Wood confirmed that there were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 31 MAY 2024 & EXTRAORDINARY MEETING ON 24 JUNE 2024

The Minute and Action Note from the meetings held on 31 May 2024 & 24 June 2024 were both approved as an accurate record.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Fiona McKay who provided the Chief Officer Update noting that this was her first update and wished to thank everyone for their welcome and in particular the Senior Leadership Team for their support as she commenced her role as Interim Chief Officer.

Fiona advised that NHS Fife Addiction Services at Cameron Hospital in Windygates and third sectors partners commissioned by Fife's Alcohol and Drug Partnership played host to Christina McKelvie the Scottish Government's Alcohol Policy Minister on 9th July 2024 and the team were commended for their efforts made towards the Medication Assisted Treatment (MAT) Standards.

Fiona advised that communication has been received from the Care Inspectorate regarding their National Review of Social Work Governance and Assurance in Fife and advised that briefing will shortly be issued to IJB Members.

Fiona noted that Audit Scotland has released their report on IJB and Growing Pressures and encouraged all to review the document noting that the Committee may wish to investigate the report in more detail during a future Development Session. In addition, Fiona was pleased to advise that Fife has been highlighted for the good work that has been undertaken in the Care at Home Collaborate.

Fiona confirmed that Balgonie Ward at Cameron Hospital hosted a visit by the Cabinet Secretary for Health and Social Care, Neil Gray MSP on 23rd July 2024.

5 COMMITTEE CHAIR ASSURANCE REPORTS

Arlene Wood advised that the Committee Chair Assurance Reports are to provide enhanced governance arrangements to the IJB on Committee Business and noted that the contents of these reports have been discussed at the Audit & Assurance Committee 27 June 2024, Finance, Performance & Scrutiny Committee on 3 July 2024, Quality and Communities Committee on 5 July 2024 and the Strategic Planning Group on 9 July 2024.

Arlene Wood introduced Vanessa Salmond who presented these reports advising that these will be a standing item on the agenda going forward. Vanessa noted that in the absence of Graeme Downie who chaired the Strategic Planning Group, Roy Lawrence agreed to chair the July meeting but confirmed that a new chair will be identified prior to the next meeting.

Arlene Wood then invited in turn Dave Dempsey, Chair of Audit and Assurance Alastair Grant, Chair of Finance, Performance & Scrutiny, Sinead Braiden, Chair of Quality & Communities and Roy Lawrence who chaired the Strategic Planning Group to comment on discussions at the Committee before questions from Board members.

Dave Dempsey noted that the Item 5.1, Section 3 relating to Update on Risk, will be a constant message as the Committee is looking at the trajectory for the risks. He noted that with regards Section 5 relating to the Escalations/ Highlights to the IJB, he anticipated that there would be further discussion going forward regarding the committee's role in the Governance of Finance.

Alastair Grant advised that there was nothing to escalate from the summary but confirmed that there had been discussion regarding the lessons learned review that had been undertaken to identify potential root causes of the outturn position for 2023-24 and the impact this has for 2024-25.

Sinead Braiden advised that there was nothing to escalate from the summary and confirmed that the Qualities & Communities Committee had reviewed the deep dive review of Contractual/Market Capacity Risk and noted that the committee commended the work undertaken for the Children's Service's Annual Report and Fife ADP work.

Roy Lawrence noted that the only escalation from the Strategic Planning Group was regarding the resignation of the current Chair. Arlene Wood confirmed that a new Chair will be in sought prior to the next round of committee meetings.

The Board took assurance that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.

6 STRATEGIC PLANNING & DELIVERY

6.1 Community Led Support Service Progress Report

This report was discussed at the Quality and Communities Committee on 5 July 2024 and is presented to provide assurance that the partnership is progressing, expanding and measuring the impact of the Community Led Support Services.

Arlene Wood introduced Fiona McKay who presented this report and advised that she was delighted to table the report that focusses on the work undertaken in the Community and in Localities and introduced Jacquie Stringer who is the Manager for the Service.

There was discussion around whether people had the ability to self-refer to the Community Led Support Service and the variation there is in referrals between Localities. Jacquie Stringer confirmed that all can do self-referrals except for Link Fife. Jacquie noted that the team were active in collecting data on

referrals and noted that some localities are smaller than others and noted that showing the percentage per locality would provide an alternative picture.

The work undertaken by The Wells Team was commended and the recommendation if surplus funding was to become available that consideration be given to increasing the opening hours of The Wells as the service provided is hugely beneficial and could reduce the pressure on other services.

The Board were assured that Community Led Support Services continue to expand, measure impact and are connected to all the HSCP Portfolios – Primary & Preventative Care Services, Community Care Services, Complex & Critical Care Services, Business Enabling and Professional Leads. In addition, they noted the further report the Senior Leadership Team in the Autumn to support the proposal for a CLSS Staffing/Funding Model for 2025-26.

7 LIVED EXPERIENCE & WELLBEING

7.1 Lived Experience – Third Sector Partner Community Support

Arlene Wood invited Lynn Barker to introduce the Lived Experience Video. Lynn Barker advised that the video was from Community Support from a Third Sector Partner and wished to thank Jackie for sharing her remarkable story.

Kenny Murphy noted that Link Living is just one of the many Third Sector Partners and was pleased that the video shows the transition that people can make from being a service user to volunteer to possible staff member.

8 INTEGRATED PERFORMANCE

8.1 Finance Update

This report was discussed at the the Local Partnership Forum on 2 July 2024 and Finance, Performance & Scrutiny Committee on 3 July 2024.

Arlene Wood introduced Audrey Valente who presented this report highlighting that it was the first monitoring report for the 2024-25 Financial Year and the paper presents a challenging financial forecast with a projected overspend of £24m as at May 2024. Audrey noted that included within this overspend was £18m projected non delivery of savings, in addition to this due to the movement in budget a further £6m savings is required to ensure that financial balance is reached.

Audrey highlighted given the challenging financial position there is an increased risk that the risk share will require to be implemented and confirmed that the Senior Leadership Team are aware of this and wished to provide assurance that enhanced scrutiny has been put in place with increased frequency of meetings with Chief Officer, Chair of Boards and the Chief Executives of both Partners. Audrey advised that the financial risk on the risk register will be reviewed going forward and this will be reflected in the next cycle of reports.

Audrey wished to assure the Board that the Senior Leadership Team will be developing a recovery plan ensuring that sustainability remains a priority.

Arlene Wood invited in turn Fiona McKay, Co-chair of the Local Partnership Forum and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Fiona McKay confirmed that the Local Partnership Forum were

aware of the position and supportive of the work being undertaken. Alastair Grant advised that the Finance, Performance & Scrutiny Committee had reviewed and made some suggestions but noted that situation was an evolving story.

There was discussion around the projected savings and if there were any that were not going to be achieved by the end of the financial year. Audrey confirmed that it is a timing issue and she anticipated that 90% will be achieved but advised that it will be challenging and that the Senior Leadership Team were doing all they could to achieve the savings.

There was discussion around reducing the number of Agency and Locum Staff and Audrey confirmed that the service has achieved savings in medical and supplementary staffing, and it was an absolute priority for the Partnership to reduce the spend for Bank and Agency staff.

There was discussion around the areas that have the biggest overspend and the implications if these were pulled back into line with their budget what this would look like as it is important to know what the Partnership can afford to do and articulate this to both Partner Organisations. It was noted that a predicted £24.3m overspend is concerning, Audrey gave an example of challenges that the service has with meeting its targets such as surge beds which required to remain in operation to support the whole system approach.

Arlene Wood queried the Board approving the projected outturn, Audrey Valente noted although the projected outturn is likely to change the Board is being asked to approve the current financial position. Following this explanation the Board confirmed they were assured that there was robust financial monitoring in place and noted the projected outturn position as at May 2024.

8.2 Annual Performance Report 2023 to 2024

This report has been discussed at the Local Partnership Forum on 2 July 2024, Finance, Performance & Scrutiny Committee on 3 July 2024, Quality and Communities Committee on 5 July 2024 and the Strategic Planning Group on 9 July 2024.

Arlene Wood introduced Fiona McKay who presented the report advising that the Annual Performance Report highlights performance from all Portfolios within the Partnership and is required to be submitted to the Scottish Government by 31st July 2024 following receipt of approval from the Board.

Arlene Wood invited in Fiona McKay, Chair of Local Partnership Committee, Alastair Grant, Chair of Finance, Performance & Scrutiny, Sinead Braiden, Chair of Quality & Communities and Roy Lawrence who chaired the Strategic Planning Group to comment on discussions at the Committee before questions from Board members.

Fiona McKay advised that there were no concerns raised by the Local Partnership Forum, Alastair Grant advised that the Finance, Performance & Scrutiny Committee had noted the comprehensive report and Sinead Braiden advised that the Quality & Communities committee were content to remit the report requesting an amendment which has been action, Roy Lawrence noted

that the Strategic Planning Group were content with the report noting that the suggested amendments had been taken into consideration.

Arlene Woods queried the reference throughout the document to the coronavirus pandemic, Chris McKenna confirmed that the correct description would be Covid-19 Pandemic. Fiona McKay noted that this could be amended within the report prior and noted a further amendment within the financial element will be made prior to submission to Scottish Government.

FMcK

The Board confirmed that they were assured that Fife Health and Social Care Partnership is meeting its legislative requirements and approved the annual performance report 2023-2024 following the amendments suggested above being made.

9 GOVERNANCE & OUTCOMES

9.1 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

This report is provided to the Board for Assurance and has been discussed at the Quality and Communities Committee on 5 July 2024.

Arlene Wood introduced Ruth Bennett who presented the report highlighting that Creating Hope Together is the New Scottish Suicide Strategy which was published in September 2022 and is a 10-year strategy. Ruth advised that there was the requirement for local board areas to develop and deliver a local version of the national 30-point action plan. In February 2023 a Fife-wide event was organised and attended by over 100 participants. The draft Fife Suicide Prevention Action Plan went through a consultation process where it received 240 responses from across all seven Fife localities, this highlighted 3 gaps within the Action Plan which was subsequently amended to incorporate the recommendations from the consultation feedback.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at the Committee before questions from Board members. Sinead Braiden confirmed that there had been good discussion, and the Qualities and Communities Committee were content to remit the Action Plan to the IJB.

The breadth of links with third sector partners within the communities was noted and commended and agreed that although difficult to quantify performance the action plan was a vitally important piece of work.

The Board confirmed that they were assured of the process to develop the Fife Suicide Prevention Action Plan 2023-2025 in accordance with national strategic requirements and that a robust Fife Suicide Prevention Action Plan has been designed as a result of the process and will be implemented with oversight by the Mental Health Strategy governance structure.

10 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

10.1 Fife Alcohol and Drug Partnership Annual Report and Survey 2023/24

This report has been discussed at the Quality and Communities Committee on 5 July 2024.

Arlene Woods introduced Fiona McKay who presented this report highlighting that the key priorities for the ADP Strategy are outlined within Point 3.2 of the SBAR.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at the Committee before questions from Board members. Sinead confirmed that the Quality & Communities Committee were very impressed of the work undertaken by the ADP whilst acknowledging the huge societal issues there are currently with drugs and alcohol within Fife.

Concern was raised with the number of new drugs available targeted at youths and Jillian Torrens confirmed that the service receives alerts of any new known drugs, and these are shared with partner agencies.

There was discussion around the recording errors for waiting times and whether this was a Fife issue or a national reporting issue. Jillian Torrens confirmed that it was a local issue, and the team were focussing on ensuring that going forward the recording would be correct.

The Board discussed and approved the Alcohol and Drug Partnership Annual Report and Survey and approved the Annual Report and Survey. The Board also approved the Survey to be submitted to the Scottish Government.

10.2 Local Partnership Forum Annual Report 2023-24

This report has been discussed at the Local Partnership Forum on 2 July 2024.

Arlene Wood introduced Fiona McKay who presented this report. Fiona McKay advised that this report is for discussion and approval prior to publication on the Health and Social Care Website. Fiona wished to thank Roy Lawrence for writing the Annual Report on behalf of the Local Partnership Forum. Roy Lawrence advised that the committee had been involved in the development of the document.

Arlene Wood invited Fiona McKay, Co-Chair of Local Partnership Committee, to comment on discussions at the Committee before questions from Board members. Fiona confirmed that the Committee were thankful to Roy for bringing the report together and the report has also been tabled NHS Fife's Area Partnership Forum who had been supportive of the document.

There was discussion regarding staff governance standards, and it was noted there is no mention of these within the report the question was asked whether they addressed at the meetings. It was noted that these are specifically for NHS staff members and Fiona McKay confirmed that there is a Whistleblowing Report with input from the Human Resource Teams from both Partner Organisations.

The Board discussed the Local Partnership Forum Annual Report 2023-24 and confirmed that they were supportive of the report being published on the Health and Social Care Partnership Website.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP

Arlene Wood advised that the minutes of the following Governance Committees were provided for information:

- Audit and Assurance Committee – 17 May 2024
- Finance, Performance & Scrutiny – 15 May 2024
- Quality & Communities Committee – 10 May 2024
- Local Partnership Forum – 14 May 2024
- Strategic Planning Group – 2 May 2024

11 AOCB

Arlene Wood noted that there had been a request that consideration be given to returning the IJB Meetings to being face-to-face. It was noted that the current format is the hybrid style where members can opt to be present in the Committee Room or via Teams.

It was agreed that Vanessa Salmond would distribute a questionnaire to allow all members to submit their preferred option.

VS

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 30 AUGUST 2024

INTEGRATION JOINT BOARD – FRIDAY 27 SEPTEMBER 2024

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 6 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Anne Haston, Non-Executive Member
Colin Grieve, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive

In Attendance:

Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Jamie Doyle, Head of Nursing (*deputising for Norma Beveridge*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance (*item 8.1 only*)
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)
Neil McCormick, Director of Property & Asset Management (*items 1 – 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Fiona McKay, Interim Director of Health & Social Care
Nicola Robertson, Director of Nursing, Corporate
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Gavin Simpson, Anaesthetics Consultant (*item 9.5 only*)
Amanda Wong, Director of Allied Health Professionals
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member.

The Chair also extended a warm welcome to Lynne Parsons, Employee Director, who has joined the Committee as the Interim Area Partnership Forum representative, replacing Liam Mackie, who has been seconded to the Royal College of Nursing.

The Chair advised that Nicola Robertson, Lynn Barker, Norma Beveridge and Amanda Wong have re-joined the Committee as regular attendees, and they were each welcomed to the meeting.

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

1. Apologies for Absence

Apologies were received from members Kirstie Macdonald (Non-Executive Whistleblowing Champion), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Kirsty McGregor (Director of Communications & Engagement) and Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 12 July 2024

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

4. Chair's Assurance Report Presented to Fife NHS Board on 30 July 2024

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

5. Matters Arising / Action List

The Committee agreed to the removal of the RAG status for the numbers of adverse events within the Integrated Performance & Quality Report (IPQR).

It was confirmed that further detail around mental health is included within the IPQR, and the Chair requested that mental health incidents, in terms of the most common themes, be added to the next iteration of the IPQR.

Action: Interim Director of Health & Social Care

It was also confirmed that the detail around the reducing restrictive practice improvement work, and the impact this work has on use of restraint, physical violence and self-harm, has been added to the IPQR.

5.1 Reinforced Autoclaved Aerated Concrete (RAAC) Update

The Director of Property & Asset Management noted that the update provided gives the detail of the final survey results undertaken to identify RAAC within the NHS Fife estate. It was reported that, of the seven blocks where RAAC has been discovered, four blocks are stable and annual monitoring will be undertaken to ensure no deterioration of the condition of the material. Three areas require further attention, and, for these, risk assessments have been undertaken and appropriate mitigations put in place. It was highlighted that two additional areas, one at Adamson Hospital and one at Glenrothes Hospital, have now been identified as containing RAAC, since the previous report, and assurance was provided that there is no risk to patients or staff. It was noted that there is no requirement for a business continuity plan for RAAC separately and that this is being built into existing service continuity plans.

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

5.2 Briefing Paper: Alcohol and Drug Death Reviews in Fife

The Medical Director advised that the briefing paper sets out the current position and plans to address the backlog of alcohol & drug death reviews. It was reported that the prevalence of drug and alcohol deaths remains a significant issue in Scotland, and that, following the spike in 2023 of drug deaths in younger people, a separate whole system review was carried out, which was multi-agency.

It was reported that the main challenges for carrying out reviews is due to available resource, and the plans to address these challenges are detailed in the paper. Following a query from the Chair, it was advised that the resource challenge is due to the high number of incidents that require to be reviewed, and assurance was provided that the team are closely monitoring the number of reviews coming forward. Further assurance was provided that the review process is robust.

It was confirmed that there is third sector representative within the multi-agency review group and that the group is aligned to the Alcohol Drug Partnership, with delivery services inputting into reviews.

The Medical Director agreed to provide a further paper to the Committee around the improvements and measures for cluster reviews.

Action: Medical Director

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

5.3 Reform, Transform, Perform - Acute Services Redesign Programme Phase 1

The Director of Acute Services reported that the initial three priority areas of the redesign programme are the formation of an Integrated Acute Respiratory Unit, the establishment of a Same Day Emergency Care (SDEC) model, and the redesign of surgical admission pathways. It was advised that this work will be undertaken with immediate effect, and that Phase 1 will conclude by the end of March 2025. Further detail was provided on the programme, with it being noted that this is a clinically driven and multi-disciplinary process.

An overview was provided on the metrics that are in place for monitoring quality indicators throughout the change process. Assurance was provided that they will be closely monitored.

Following questions, the risks and mitigations associated with the formation of the Acute respiratory unit were highlighted. It was reported that workforce and enhancements will form part of the next phase of the programme, and that the focus for the forthcoming months is around co-location and maximising current assets and resources.

The Chief Executive acknowledged and thanked the Director of Acute Services, Deputy Medical Director and their teams for all their hard work.

The Committee took a “**moderate**” **level of assurance** in relation to Phase 1 of the Acute Service Redesign Programme and **endorsed** the programme from a quality & safety perspective.

6. ACTIVE OR EMERGING ISSUES

The Chair advised the Committee that there are no active or emerging issues.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Oversight Group (CGOG) Assurance Summary from 20 August 2024 Meeting

The Associate Director of Quality & Clinical Governance provided an overview on the assurance summary and advised that the CGOG accepted the draft Duty of Care Policy & Procedural Guidance, with a final version going to their next meeting. It was advised that an update and an improvement plan, in relation to the Scottish National Audit Programme, through Public Health Scotland, will come to the Clinical Governance Committee in November 2024. It was also advised that the output for the hip fracture audit work will come forward to the Clinical Governance Committee. Assurance was provided that a review has been completed on trauma services within NHS Fife, and that improvement options are being worked through.

An overview was provided on the new standardised investigation template for complaints that has been rolled out across the whole system.

Following a query from the Chair, it was advised that there is no concern for the mortality rates reported for cardiac arrests, which were within expected ranges.

The Associate Director of Quality & Clinical Governance was pleased to report that an excellent piece of work around a support pathway for staff involved in adverse events received unanimous support from the CGOG.

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

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

The Associate Director for Risk & Professional Standards provided an update on the corporate risks aligned to the Committee and reported that the mitigations for the quality & safety risk have been updated, and that a Board Development Session was recently held on organisational learning.

The Medical Director provided background detail to the Clinical Optimal Outcomes risk and advised that, through discussions at the Committee’s meeting in March 2024, and through discussions at the Risk & Opportunities Group and the Executive Directors Group, there is an opportunity to develop a revised risk. A comment was made that the Optimal Clinical Outcomes risk description is broad and requires more focus. The importance of ensuring that the corporate risks aligned to the Committee are clear on the quality & safety aspects was discussed. It was noted that once the Board’s risk appetite is agreed, a review of all the corporate risks will be carried out.

The Medical Director agreed to take forward a mapping exercise in terms of the risks aligned to the Clinical Governance Committee, what is being measured and any gaps. The Committee **agreed** that a revised Optimal Clinical Outcomes risk be brought back to the Committee in November 2024.

Action: Medical Director

The Committee **endorsed** a recommendation to the NHS Fife Board for the removal of the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to be tracked instead as an operational risk. It was advised that any changes or proposals around off-site sterilisation would be managed through the Reform, Transform, Perform programme of work.

Action: Medical Director

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

7.3 Corporate Calendar – Proposed Clinical Governance Committee Dates 2025/26

The Committee **agreed** to the proposed Clinical Governance Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024. It was noted that there will be advanced planning for Committee Development Sessions, and these dates will be communicated in plenty of time to members.

7.4 Delivery of Annual Workplan 2024/25

The Director of Quality & Clinical Governance highlighted the addition of the Patient Story at each meeting, and the additions of the Cancer Waiting Times risk, access to outpatient, diagnostic and treatment risk, and Whole System Capacity risk, to the workplan.

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback to our acceptance letter of the Annual Delivery Plan and the Quarter 1 Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with the Scottish Government that 78 actions are part of strategic priority to improve quality of health and care services. It was further reported that eight actions were marked as red, which are unlikely to be completed on time or meet the target within the reportable year. These include two actions related to the Clinical Governance Committee, namely: Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and Development of a new outpatient specialist Gynaecology Unit. It was confirmed that

there is no immediate risk that needs to be escalated in terms of the Gynaecology Unit and that there is ongoing work around providing that service in the future. It was advised that future annual reporting of the Annual Delivery Plan will also include actions from the Reform, Transform, Perform workstreams.

Following a question, it was reported that we are currently on track with our trajectories for the radiology mobile funding, although it is anticipated that there will be no funding for Quarter 2, which will be a significant risk.

The Committee **endorsed** submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government and took a **“moderate” level of assurance** from the report.

8.2 Scottish Healthcare Associated Infection Strategy 2023-25 Update

The Director of Nursing provided an update on the progress of the Scottish Healthcare Associated Infection Strategy 2023-25, as detailed in the paper, and noted that there are no outstanding matters for the Committee.

The Committee took a **“significant” level of assurance**, noting the national work is continuing.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report (IPQR)

The Director of Nursing reported on the clinical governance aspects of the IPQR and advised that there were 38 extreme adverse events reported in June 2024. It was advised that incidents of pressure ulcer developing on the ward was the most reported major or extreme incident, followed by cardiac arrest. It was reported that the Clinical Governance Oversight Group, at their June 2024 meeting, approved a refreshed approach to the adverse event trigger list, which aligns with the Health Improvement Scotland framework. Ongoing challenges continue for the clinical teams for significant adverse event reviews (SAERs), and that once the adverse event trigger list is embedded, it is anticipated that volume of SAERs will reduce. Improvement plans for SAERs were also highlighted.

Further information was requested in relation to major adverse events in the category of 'Other'.

Action: Associate Director of Quality & Clinical Governance

In terms of inpatient falls, it was reported that the total for June 2024 was 203, which equates to a rate of 7.38 and exceeds the target, though remains within our control limits. It was noted that work is ongoing in relation to the Scottish Patient Safety Programme around the definition of a fall.

It was advised that work is ongoing around pressure ulcers, which was noted as being outwith the target. The majority of pressure ulcers are within Acute Services. It was also advised that the Tissue Viability Improvement Group are meeting regularly to discuss best practice. It was reported that organisational learning will be trialled as part of a cluster review across Acute Services.

The position for healthcare associated infections was highlighted, and following a question, it was advised that work is underway for a cluster review around infections, and the Director of Nursing agreed to provide an update, once available.

Action: Director of Nursing

The Interim Director of Health & Social Care provided an update on the mental health quality indicators and reported that a lot of work is being carried out to ensure that the ligature incident risks are minimised.

The Medical Director agreed to follow up on the Hospital Standardised Mortality Ration (HSMR) data, noting that the latest data within the report is from December 2023.

Action: Medical Director

The Committee took a **“moderate” level of assurance** from the performance data reported to the meeting.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and highlighted that the surgical site surveillance continues to be suspended nationally, and that some surgical site surveillance continues to be carried out locally. Assurance was provided that there are local systems and processes in place with regards to identification of surgical site inspection in the three surveillance categories. It was also highlighted that there have been no new inspections during the reporting period, and that a notice of a safe delivery of care inspection will commence in the maternity units in January 2025. The national cleaning services specification and estates monitoring position was highlighted as achieving green status.

An overview was provided on outbreaks, and it was noted that the ward closure position is normal for the reporting period. It was also noted that a cluster review was carried out the previous year for Staphylococcus aureus Bacteraemia (SABs), and that ongoing surveillance is carried out to prevent infections. Assurance was provided that NHS Fife has the lowest rate of SABs in Scotland.

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

9.3 Medical Devices Update

The Medical Director provided an update and advised that the paper provides detail in relation to NHS Fife’s response to the requirements of a medical devices framework and policy. Due to the implementation of the UK Medical Device Regulations (UMDR), a robust governance process is required to be put in place and matters by exception will be reported to the Clinical Governance Committee. It was noted the regulatory framework from the UMDR is awaited, and that the foundations for good governance will be worked through, until the framework is in place.

The Associate Director of Quality & Clinical Governance reported that the Scan for Safety implementation date is September 2025, and that the focus of that work will be on orthopaedics, ophthalmology, interventional, radiology and cardiology. Patient information and supporting documentation will also be developed at that time.

The Deputy Medical Director provided an overview on accessing Scan for Safety and advised that a short-life working group is taking forward the recommendations. The completion date is early 2025, which NHS Fife is on track for, and a report will go to the Medical Devices Group and escalated appropriately.

Action: Medical Director

It was advised that any associated corporate risks will be considered through the various governance routes.

The Committee took a **“moderate” level of assurance** that a detailed plan will be produced for the Medical Devices Group, which will address the points in the National Framework.

9.4 Organisational Learning Update

The Associate Director of Quality & Clinical Governance noted that a recent Board Development Session was held on organisational learning, and that the update documents progress to date, including feedback received from the session. It was noted that next steps are being considered through the Organisation Learning Leadership Group. It was confirmed that membership of the group has recently been reviewed and includes a digital representative.

The Chair requested that all health settings are referred to as ‘Point of Care to Board’, as opposed to ‘Ward to Board’, to ensure we include all healthcare settings.

Action: Associate Director of Quality & Clinical Governance

The Committee took a **“moderate” level of assurance**, with 2024/25 being used as the year to focus on laying foundations on which to build upon this work.

9.5 Deteriorating Patient Improvement Programme

The Chair welcomed Gavin Simpson, Anaesthetics Consultant, to the meeting, who spoke to the paper. It was advised that the deteriorating patient improvement programme is to build a safety net across the Health & Social Care Partnership and Acute Services Division for deteriorating patients through maintaining standards and processes to a high degree of quality that can detect, communicate and escalate deteriorating patients, should they continue to be unwell.

Background detail was provided on the increase in cardiac arrests, and an overview was provided on the analysis that has been carried out and improvement work, which is detailed within the paper. It was noted that performance is being regularly measured, and that a structured framework will provide a focus on improvement work over the next 12 months.

J Bennett, Non-Executive Member, requested the inclusion of the measurement framework in the next update to Committee and also requested further detail on the data for cardiac arrests. It was agreed this would be progressed outwith the meeting.

Action: Associate Director of Quality & Clinical Governance

The Committee took a **“moderate” level of assurance** and **supported** the continued focus on this work for the remainder of 2024/25 and for 2025/26.

9.6 Neonatal Mortality Review Health Improvement Scotland (HIS) Report

The Medical Director advised that, in 2022, the Minister for Public Health, Women's Health and Sport commissioned HIS to take forward a review in response to this significant increase in neonatal mortality. It was advised that the report details our response to the HIS report and the main findings of the national review were outlined. It was noted that the improvement plan is currently being considered by the Acute Clinical Governance Committee.

Clarity was provided that there is a standardised reporting method for neonatal deaths. It was advised that there were initially some inconsistencies within the proforma. Assurance was provided that adverse event reviews are extremely detailed.

An explanation was provided on the quality controls for grading outcomes, with it being noted that there are debates from staff around determining the correct level, particularly the higher level gradings. Assurance was provided that the Medical Director, Director of Nursing and Acting Director of Pharmacy review the proformas for consistency.

It was advised that a draft plan is being worked through for the 'Best Start Programme for Scotland', and an update will be brought to the Committee in due course.

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

10. DIGITAL / INFORMATION

10.1 Digital and Information Strategy 2019-24 Update

The Director of Digital & Information reported that the update details the agreement to delay the refresh of the five-year digital strategy and move to a short-term digital framework, which has been agreed by the Digital Information Board and also has formed part of the corporate objectives for this year. It was advised that the short-term framework has a focus around the Reform, Transform, Perform (RTP) programme of work and is also aligned to the medium-term financial plan. Suggestion was made to extend the duration of the strategy, alongside having the new framework. It was noted that the RTP strategy has a number of underpinning frameworks, including Digital & Information.

It was further reported that the change to the strategy was due to a new Scottish Government model of governance being established, and it was advised that Board Chief Executives are shortly meeting to consider the Blueprint for NHS Scotland Digital.

An overview was provided on the features from the short-term framework that sit within the associated digital & information corporate risk.

It was confirmed that the newly launched Health & Social Care Partnership Digital Strategy has been referenced within the new short-term framework in terms of planning and associated deliverables.

The Chief Executive provided the rationale for moving from a refreshed strategy to a framework, with the aim of having one NHS Fife strategy with associated frameworks with priorities for delivery. It was agreed a summary regarding the 2019-2024 strategy would be provided to the NHS Fife Board at its next meeting, to record the completion of this part of the work.

Action: Director of Digital & Information

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

10.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Summary Update

The Medical Director explained that the HEMPA programme has been renamed to Digital Medicines Programme, as it encompasses three distinct areas: HEMPA, pharmacy stock control system, and electronic discharge documents. Supplier and delivery issues were highlighted, and it was noted that there is an impact on staff due to delays.

The Acting Director of Pharmacy & Medicine outlined the challenges from the supplier of the pharmacy stock control system, advising that a ‘go live’ date is likely to be February 2025. It was noted that there are risks to this, which are currently being worked through.

The Committee took a **“limited” level of assurance** in terms of the supplier and their ability to delivery by the stated timeframe. The Committee took a **“significant” level of assurance** of the actions by NHS Fife staff, digital pharmacy and medicines medical teams to support this.

10.3 Information Governance & Security Steering Group Update

The Director of Digital & Information provided an update and advised that the Information Governance & Security Steering Group accountability and assurance framework is presented on a quarterly basis to the steering group, and that this work aligns to the Information Commissioner's Office audit and our commitment to the public sector cyber assurance framework, which is audited through the NHS Education for Scotland audit on an annual basis. An improved outcome for this year's audit was highlighted.

An overview was provided on the key priorities, which are aligned to the current risk profile, and include policy & procedure alignment, continued development of training and awareness for issues around information governance & security records management. The Director of Digital & Information agreed to provide more explicit detail, in terms of level of activity, for any escalations from the Information Governance & Security Steering Group and reports to the Committee.

Action: Director of Digital & Information

Following a question, it was confirmed that performance measures are in relation to technical controls.

The Committee **noted** the progress being made across the Information Governance and Security domains and took a **“moderate level of assurance”** from the governance, controls and improvement plans in place.

10.4 St Andrews Community Hospital Security Breach Update & Action Plan

The Director of Digital & Information provided background detail on the security breach at St Andrews, and the detail of the learnings from the incident are provided in the paper, along with the action plan.

It was advised that training compliance is regularly audited through various governance routes, and that NHS Fife currently comply with the information governance & security mandatory training, which is a three-year cycle. It was also advised that the work of the Information Governance & Security Steering Group is focussed on providing opportunities for individual learning.

The Director of Nursing highlighted the importance of checking staff identification to limit the risks of a similar incident occurring.

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

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Story

Due to time constraints at the meeting, the presentation slides were circulated to the Committee, with comments/feedback welcomed.

11.2 Patient Experience & Feedback

The Director of Nursing advised that patient complaints now form part of the monthly Integrated Performance & Quality Report. In terms of stage two complaints, it was reported that clinical pressures continue to impact on the ability to respond within key timeframes and that work is ongoing to look at solutions for early direct dialogue with complainants. It was noted that there is a lot of positive work being undertaken.

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

11.3 The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions

The Director of Nursing advised that the Patient Rights Annual Report will be presented to the NHS Fife Board at their September 2024 meeting, before it is published.

It was agreed to hold a Development Session on The Patient Rights Directions.

Action: Director of Nursing / Board Committee Support Officer

The Committee took a **“significant” level of assurance** from the report and **“endorsed”** recommendation for NHS Fife Board approval.

12. PROFESSIONAL STANDARDS

12.1 Advanced Practitioners’ Review Update

The Director of Nursing provided an overview and reported that currently there are 49 whole time equivalent Advanced Nurse Practitioners within the Acute Services Division, and 36 whole time equivalents within the Health & Social Care Partnership. The challenges for protected non-clinical time to support achievement of the four pillars were outlined. It was reported that, due to the complexities of the role, the Nursing & Midwifery Council will be approving recommendations to develop an approach to regulate advanced practice.

The Director of Nursing agreed to provide further information in relation to the insights regarding the challenges for continuous professional development. C Grieve, Non-Executive Member, offered to speak to the Director of Nursing outwith the meeting in relation to the Staff Governance aspects of the update.

Action: Director of Nursing

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

12.2 Allied Health Professional Assurance Framework Update

The Director of Nursing noted that the Allied Health Professional Assurance framework will also be presented to the Staff Governance Committee.

The Director of Nursing agreed to provide further detail in future reports, reflective of that provided within the Allied Health Professionals framework. It was noted that this would strengthen assurance to the Committee, whilst acknowledging the ongoing challenges with provision of protected time

Action: Director of Nursing

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

13. ANNUAL REPORTS / OTHER REPORTS

13.1 Care Opinion Annual Report 2023/24

The Director of Nursing advised that the report provides positive detail on our performance for care opinion. A positive comment was made in relation to using volunteers to capture patient experience. The Chair requested a snapshot of the actions taken in response to care opinion.

Action: Director of Nursing

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

13.2 Controlled Drug Accountable Officer Annual Report 2023/24

The Acting Director of Pharmacy & Medicines advised that the report outlines the actions that have been undertaken over the previous year and demonstrates the significant and extensive work that has been carried out across the whole system, with a multidisciplinary approach, to ensure that controlled medicines are used safely and securely.

The governance routes were outlined, and it was highlighted that comprehensive assurance assessments are undertaken every six months across 100 clinical areas that hold controlled medicines, with action plans developed for areas of improvement,

along with training and resources to support staff. It was confirmed that progress of action plans is monitored on a biannual basis, and that there is oversight via the various governance routes.

An overview was provided on the incident data, with it being noted that any instances that are graded as major undergo a significant adverse event review.

It was reported that an organisational action plan has been developed over the previous year, and focuses on attractive drugs, which are at risk of diversion. It was also reported that a monthly review of the dashboard is undertaken on a monthly basis to identify any themes or areas for concern.

In terms of the quality & safety of prescribing for patients, it was confirmed that this work is overseen through our High Risk Pain Medicine Safety Group.

The Committee took a **“significant” level of assurance** with regard to fulfilment of the responsibilities of the Controlled Drug Accountable Officer.

13.3 Review of Deaths of Children & Young People Annual Report 2023/24

The Director of Nursing provided background detail to the report, noting that this is the second annual report being presented to the Committee.

It was confirmed that a local action plan and recommendations are being taken forward through the Child Death Oversight Panel, and, at their previous meeting, a request was made to refresh the action plan. Discussion took place around the complexities of multi-agency work in sensitive areas such as this.

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

11. LINKED COMMITTEE MINUTES

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

11.1 Area Clinical Forum held on 1 August 2024 (unconfirmed)

11.2 Area Medical Committee held on 11 June 2024 (confirmed)

11.3 Area Radiation Protection Committee held on 9 May 2024 (unconfirmed)

11.4 Clinical Governance Oversight Group held on 20 August 2024 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 19 June 2024 (unconfirmed)

11.6 Fife IJB Quality & Communities Committee held on 5 July 2024 (unconfirmed)

11.7 Infection Control Committee held on 7 August 2024 (unconfirmed)

11.8 Medical Devices held on 12 June 2024 (unconfirmed)

11.9 Medical & Dental Professional Standards Oversight Group held on 9 July 2024 (unconfirmed)

11.10 Resilience Forum held on 13 June 2024 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

14. ANY OTHER BUSINESS

There was no other business.

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

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 10 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Member
Sinead Braiden, Non-Executive Director
John Kemp, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director
Carol Potter, Chief Executive

In Attendance:

Patricia Kilpatrick, Board Chair
Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Fiona McKay*)
Susan Fraser, Associate Director of Planning & Performance (*item 7.1 only*)
Ben Johnston, Head of Capital Planning & Project Director
Jillian Torrance, Head of Complex & Critical Care (*item 8.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member.

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from members Chris McKenna (Medical Director), Joy Tomlinson (Director of Public Health), and routine attendee Fiona McKay (Interim Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. **Minute of Previous Meeting held on 16 July 2024**

The minute from the previous meeting was **agreed** as an accurate record.

4. **Chair's Assurance Report Presented to NHS Fife Board on 30 July 2024**

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

5. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

The Director of Acute Services reported that there is a significant overlap around the clinical outcomes risk and whole system capacity risk, and that both risks are being reviewed in terms of the articulation of the risk descriptor in relation to the pressures within the system and the potential harm or detriment to patients.

In terms of the action in relation to local targets within the Integrated Performance & Quality Report, it was agreed that this action can now be closed.

The action plan will be updated accordingly.

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance & Strategy highlighted a proposal to split the level of assurances within the corporate risk register and explained that the majority of the corporate risks are at a target level of moderate, and that actions are being taken forward. It was noted that the risk assurance level for the financial risks would only be limited. The Committee agreed to the proposal.

It was highlighted that the target level for the whole system capacity risk has moved from moderate to high, to reflect the current challenges across the system. It was also reported that the access to outpatients' diagnostics and treatment services target level has moved to high, following confirmation of funding.

It was advised that, following the financial position being presented to the NHS Fife Board, the financial risks will be updated for the next iteration of the report, to reflect the reduced overall gap in the financial position as a result of the most recent new medicines fund allocation.

The Committee took a **"reasonable" level of assurance** from the information presented, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

6.2 **Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2025/26**

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Director of Finance & Strategy advised that a review of the Scottish budget position (which will be announced on 4 December 2024), and the financial plan for 2025/26, will be added to the workplan for January 2025 and March 2025, respectively.

Action: Board Committee Support Officer

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 SG Feedback Response & Quarter 1 Update

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback to our acceptance letter of the Annual Delivery Plan and the Quarter 1 update on progress Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with the Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which are unlikely to be completed on time or meet the target within the reportable year. These include five that relates to the Finance, Performance & Resources Committee, namely: surge capacity around the delivery of the laboratory system, LIMS system, business transformation programme, hospital pharmacy redesign and the SLA external activity. It was noted that the Reform, Transform, Perform programme of work actions will be included in the next iteration of the Annual Delivery Plan and response to the Scottish Government.

It was highlighted that the majority of objectives are set by the Scottish Government's recovery drivers, and that the local and national targets are also included with the Annual Delivery Plan, to provide an overall position.

A comment was made in relation to the risk around the radiology plan and the impact on quality & performance. In response, it was advised that the performance activity for radiology is more positive than expected, due to the additional investment from the Scottish Government. It was also advised that due to having more capacity, particularly in ultrasound and mobile vans, this has supported our waiting times.

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

7.2 Integrated Planned Care Programme Report

The Director of Acute Services advised that the report provides a comprehensive overview of the programme of work of the Integrated Planned Care Programme. The key points from the report were highlighted, and it was advised that significant progress has been made across a number of specialities, in relation to ACRT and PIR high impact tools, and that there is further work required to complete pathways, before moving to

business-as-usual in 2025. Theatre optimisation was highlighted, and it was reported that there have been improvements in terms of our capacity and pre-assessment. The work carried out through the Health & Social Care Partnership, in terms of health inequalities, was outlined.

Following a query in relation to advanced clinical referral triage and patient-initiated review, in terms of outpatients, it was advised that the report outlines the specialities in terms of the use of ACRT and PIR tools. It was noted that there have been early adopters in relation to engaging with the ACRT, and other specialities that have been reluctant. It was advised that the Planned Care Programme are focussing on getting as many conditions and different specialities into the programme, as possible. It was explained that PIR has been positive for patients.

The Director of Acute Services explained the issues with the patient flow from NHS Lothian to the National Treatment Centre, and the solutions that are being worked through to improve the situation. It was noted that our waiting times include Lothian patients, and that there are more patients waiting over two years for treatment, than was anticipated.

A presentation on planned care performance was provided. Assurance was provided that trajectories are moving forward for endoscopy targets, however, had been affected by the requirement to review return patients. Comments were made in relation to including return patients in the activity data which are not currently included to provide an overall view of the position, and the Director of Acute Services agreed to consider this for the next report.

Action: Director of Acute Services

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

7.3 Primary Care Strategy – Annual Report 2023/24

The Head of Primary and Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The key points from the report were highlighted, and it was advised that there was a strategic focus on recovery, quality and sustainability.

The challenges around primary care services in terms of demand and resources to deliver effective sustainable services, was highlighted. An overview on the Primary Care Improvement Plan was provided, and it was advised that there are financial risks in relation to resources to deliver the plan, and that innovation is continually sought.

It was reported that a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year two of the strategy.

The Director of Property & Asset Management provided an update on premises for primary care, noting that small improvement works have been carried out over the previous years. It was advised that Scottish Government approval of capital investments for new premises within Kincardine and Lochgelly is awaited, and that some upgrades have been done to those premises, meantime.

The challenges around delivering public service dentistry were discussed, and it was advised that work is ongoing to improve supporting the position in this area, including working within the resources available and being innovative in delivering targeted treatments within budget, and from a financial perspective, there is no risk. It was advised that opportunities to influence locally, in line with regulations, is being explored. Following a query, it was advised that access to dental services sits within the primacy care risk register, and that a separate corporate risk for dentistry, is being explored.

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

7.4 Project Hydra

The Director of Property & Assessment Management reported that the project is being carried out with a Private Finance Initiative (PFI) provider, and at no cost to the Board. Assurance was provided that the project is progressing well, with it noted that monthly meetings take place with contractors, and that there have been no major issues, to date. In terms of the interface within the Acute Service team, around the accident & emergency entrance, it was reported that there had been little, to no impact on clinical services.

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

7.5 Whole System Infrastructure Planning

The Head of Capital Planning & Project Director highlighted the points addressed within the executive summary of the paper. An overview was provided on potential capital that may be available from April 2025, which could come from the submission of an interim Business Continuity maintenance only investment plan which Scottish Government have directed NHS Fife to submit in January 2025, which is now a current focus to ensure NHS Fife is in a good position to mobilise should funding become available.

Extensive discussion took place, and an explanation was provided on the regional co-ordination for long term capital projects, which will form part of the service planning through a Scottish Government platform and is being considered for all NHS Scotland Boards. It was reported that plans will be agile and reviewed in terms of being able to accommodate future changes and will include seeking out opportunities to move beyond backlog maintenance.

The importance of the clinical strategy and under pinning frameworks were highlighted, and it was noted that investment in digital infrastructure will be an important aspect in terms of changing the way in which people interact with the NHS.

It was reported that plans for January 2025 around maintenance of existing estate, will address some of the backlog issues, and that significant improvements could be made, if funding were to be available. It was noted that a whole system programme initial agreement will form the second part of the planning, from January 2026.

The Chair congratulated the Director of Property & Asset Management and Head of Capital Planning & Project Director for all their hard work.

The Committee took a **significant level of assurance** from the update.

7.6 NHS Fife Procurement Strategy 2024 – 2029

The Deputy Director of Finance highlighted the key areas covered within the strategy and advised that the strategy is linked with the annual report, which was discussed further under agenda item 9.1. It was noted that once the strategy has been approved, it will be shared across NHS Fife.

An overview was provided on the work that is ongoing alongside the Anchor Institute, who are leading on some aspects, and it was reported that there has been a significant improvement in the alignment of this work.

The Committee took a **significant level of assurance** from the report, and “**endorsed**” recommendation to NHS Fife for approval and publication.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an update on emergency access and delayed discharge and noted that there continues to be significant pressure on the system and that work is ongoing. It was reported that there continues to be a gap between demand and capacity, and that the priorities are with urgent referrals and urgent suspicion of cancer. The additional activity of funding from the Scottish Government was underway in June 2024, and it was advised that the focus is on longest waits, and work to drive out productive opportunities was ongoing.

Jillian Torrens, Head of Complex & Critical Care, was welcomed to the meeting, and provided an update on psychological therapies performance. It was reported that there are ongoing issues in terms of demand outweighing the capacity that is available within the system, and that engagement continues nationally, with support from the Scottish Government’s Mental Health Director.

Following questions, it was advised that there is a strong link with education through the Child & Adult Mental Health Services (CAHMS) and the Psychological Therapy Services. The Head of Complex & Critical Care agreed to provide the data for the waiting list numbers for CAHMS, and following a request, also agreed to provide further detail on the quality of care and incidents of physical violence. It was noted that performance in these areas sit within the Public Health & Wellbeing Committee.

Action: Head of Complex & Critical Care

The Head of Primary and Preventative Care Services provided an update on the performance for immunisation, reporting that there is a specific programme of quality improvement work to manage performance for the 6 in 1 and MR2 vaccines.

Concern was raised for areas that are underperforming against our planned trajectories. In response, it was advised that the national targets for planned care, are not in line with our local targets, due to the backlog as a result of Covid-19, and that trajectories will be adjusted, subject to funding.

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

8.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report and highlighted that the financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.

A query was raised in relation to the directions issued by the Fife Integrated Joint Board (IJB) to NHS Fife to transfer funding of £4.1m to Fife Council for Social Care Services. It was explained that the financial planning assumptions underpinning the directions were set at a point in time and have now materially changed. It was confirmed that NHS Fife are financially challenged by the directions, given the significant overspend within the Health delegated budget. The Director of Finance and Strategy highlighted to transfer funding would overstate the overspend in health delegated budgets and understate the overspend in social care budgets adversely affecting the level of transparency to the overspends across the IJB.

Following robust discussion on the directions issue, and it was noted that appropriate challenge and support has been put forward in relation to the overspend within the Health & Social Care Partnership. There was further discussion on joined up working between NHS Fife and the local authority to reduce costs and adopt a whole system approach. It was noted that a single transformation plan is being developed and is currently in discussion through various groups. The Head of Prevention & Preventative Care provided assurance that there is an ambition from the Fife Health & Social Care Partnership for joined up working with NHS Fife, including the development of the single transformation plan, and the Director of Finance & Strategy provided assurance from a transparency and disclosure perspective that the level of overspend will be collectively managed.

The Chief Executive supported the approach described, for joined up working on the totality of the £21m financial challenge, that is shared between NHS Fife and the local authority.

An overview was provided on reducing supplementary staffing, noting that there was a national direction to stop all agency work before October 2024, and that a response has been submitted from every Health Board in Scotland to advise that this would not be possible due to the current staffing position. Assurance was provided that a large amount of work is underway to reduce supplementary staffing spend.

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

8.3 Reform, Transform, Perform (RTP) Performance Report September 2024

The Director of Reform & Transformation highlighted the key points from the report and confirmed that there has been considerable progress to date, including further assurance on delivery to agreed plans for individual schemes. It was also advised that five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. For those cases where schemes are not delivering, contingencies have been identified and reported via financial reporting mechanisms. It was reported that the NHS Fife Board continues to meet asks from the Scottish Government on consideration and incorporation of nationally proposed workstreams, and that there is assurance that the local programme is operating with appropriate breadth and scope.

It was reported that there is a lot of work being carried out in terms of the transformation aspects, and that each of the four elements of the portfolio are being taken through the relevant committees, with an amalgamated update going forward to the NHS Fife Board at their September 2024 meeting.

The Chair praised the efforts of everyone involved in the Reform, Transform, Performance programme of work, and thanked everyone for all their hard work.

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

8.4 Reform, Transform, Perform (RTP) – Infrastructure & Change Update

The Head of Capital Planning & Project Director provided an update on the infrastructure & change aspects of the RTP programme of work and advised that an Infrastructure and Change Programme Board has been formed to provide oversight in terms of the governance around the various projects for estates, bed modelling and sustainability, along with providing support to the other RTP workstreams, as required. An overview was provided on progress of the workstreams, and the site option appraisal work that is ongoing for Cameron and Stratheden Hospitals, as detailed within the paper. Assurance was provided that joined up working is being carried out with Primary Care, Community Hospitals, Mental Health Services and the local authority.

It was reported that the Infrastructure & Change Programme has identified £1.8m of £2m potential savings, to date, and an overview was provided on progress.

The clinical and financial implications for bed modelling, were highlighted, and a request was made for further detail, to include a high level of detail around the consultancy work. It was agreed to add bed modelling to the workplan for the November 2024 meeting.

Action: Head of Capital Planning & Project Director / Board Committee Support Officer

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

8.5 Procurement Key Performance Indicators

The Deputy Director of Finance advised that the report continues to demonstrate improvements within our procurement function over the previous years, and their role as key business partners across the whole system.

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

9. ANNUAL REPORTS

9.1 Annual Procurement Report 2023

The Deputy Director of Finance presented the report and advised that the report was reviewed by the Procurement Governance Board in July 2024, and recommended the report for approval, and for distribution to the Finance, Performance & Resources Committee.

It was advised that the purpose of the report is to meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, and that the content and presentation of the report aligns with the requirements prescribed by the legislation.. An overview was

provided on the contents of the report, and it was highlighted that procurement spend is a fundamental financial control.

The Committee took a “**significant**” level of assurance on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities and **endorsed** the report for NHS Fife Board approval.

10. LINKED COMMITTEE / GROUP MINUTES

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

10.1 Fife Capital Investment Group held on 21 August 2024 (unconfirmed)

10.2 Procurement Governance Board held on 31 July 2024 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 3 July 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

There were no issues to escalate to NHS Fife Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Tuesday 12 November 2024 from 10am – 12.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 9 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:

Pat Kilpatrick, Board Chair
Elizabeth Butters, Fife Alcohol & Drugs Partnership (ADP) Service Manager (*item 10.1 only*)
Lisa Cooper, Head of Primary & Preventative Care Services (*deputising for Fiona McKay*)
Esther Curnock, Deputy Director of Public Health (*deputising for Joy Tomlinson*)
Tom Donaldson, Public Health Registrar (*observer*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Duncan Fortescue-Webb, Consultant for Public Health (*item 6.1.1 only*)
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Shirley-Anne Savage, Associate Director for Risk & Professional Standards (*item 6 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member. A warm welcome was also extended to Tom Donaldson, Public Health Registrar, who was joining today's meeting as an observer.

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

1. Apologies for Absence

Apologies were received from members Alistair Morris (Non-Executive Member), Dr Chris McKenna (Medical Director), Dr Joy Tomlinson (Director of Public Health) and Fiona McKay (Interim Director of Health & Social Care).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 12 July 2024

The minute from the previous meeting was **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

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

5. Matters Arising / Action List

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

Development Sessions

Following a suggestion, it was agreed to hold the two outstanding development sessions (Child & Adolescent Mental Health Services and Psychological Therapies, and Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards) as separate sessions.

Action: Board Committee Support Officer

Marmot Framework

The Board Chair requested that a copy of the Board's submission to the Marmot Framework be circulated to the Committee in advance of its submission by the end of September 2024.

Action: Director of Public Health

5.1 Review of Committee's Terms of Reference (ToR)

The Board Secretary reported that a review of the Committee's ToR has been carried out following earlier discussion at the March 2024 Committee meeting. The changes related to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of quality and performance, particularly those within Primary Care and Mental Health, for which the Integrated Joint Board (IJB) sets the strategic priorities.

The Board Secretary highlighted the importance of the Committee's workplan, in ensuring that the full remit of the Committee is included within that plan and covered throughout the reporting year. It was noted that a review of the workplan will be undertaken on a rolling basis as agendas for future meetings are set.

Discussion took place, and the following comments were noted for further consideration within the draft text:

- To consider the wording in terms of the 'quality' and 'performance' aspects
- To consider the wording within section 1.2, in terms of the 'direction of delegation to the Board by the Integrated Joint Board', to ensure it confirms with legislation.

- To consider explicitly stating that the Committee will have oversight for the delivery of the Population Health & Wellbeing Strategy delivery.

The Committee **considered** the attached changes to the remit and the Chair **agreed** to finalise outwith the meeting, before onward submission to the NHS Fife Board for further consideration and approval.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Chair welcomed the Associate Director for Risk & Professional Standards to the meeting, who provided an update on the four corporate risks aligned to the Committee.

It was reported that the target date for the Population Health & Wellbeing Strategy corporate risk has been amended to 31 March 2025, to ensure alignment with the Reform, Transform, Perform (RTP) programme of work. This risk remains at the current level of moderate.

In terms of the health inequalities corporate risk, it was advised that the target date has been amended to 31 October 2024, and that the current risk rating is expected to remain once the Prevention & Early Intervention Strategy has been ratified this month and thereafter will be aligned to the health inequalities corporate risk.

An update was provided on the policy obligations in relation to environmental management and climate change, which is managed through the Annual Delivery Plan, and it was reported that ten of the deliverables are on track, with one deliverable at risk.

It was reported that, in terms of the Primary Care Services risk, which is managed through the Primary Care Governance & Strategy Oversight Group, that there are 41 actions, with 25 that have been completed. The remainder are on track.

It was advised that work is underway to discuss further and agree the Board's risk appetite in the forthcoming weeks.

An update was provided on the new emerging risk in relation to drug related deaths, and it was advised that discussions are ongoing and are in the early stages. It was advised that it is essential to include this risk within the corporate risk register, noting that this area is not covered by any other corporate risk. Suggestion was made to link in with the Integrated Joint Board's risk register, to avoid duplication, and for opportunities to share assurances for risk mitigation as a whole system.

It was suggested that there were public health risks around surveillance and health protection that weren't necessarily population risks that may be considered for the corporate risk register. The Deputy Director of Public Health advised that a wider set of Public Health risks were reviewed routinely by the Public Health Assurance Committee and minutes were shared with this group, with escalation where required.

Action: Associate Director for Risk & Professional Standards

Following discussion on the challenges within Fife around population dental provision, the Head of Primary & Preventative Care agreed to discuss further with the Medical

Director in relation to adding a potential corporate risk around dental services or strengthening this within the existing Primary Care risk.

Action: Head of Primary & Preventative Care

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

6.1.1 Pandemic Preparedness Risk Deep Dive

The Chair welcomed Duncan Fortescue-Webb, Consultant for Public Health, to the meeting, who joined to provide an update on the pandemic preparedness risk.

Background to development of the pandemic preparedness risk was provided, and it was advised that the risk description has had oversight from the Executive Directors’ Group and Clinical Governance Committee. It was explained that the risk has been developed with the approach recommended from the World Health Organisation and their prep framework, to ensure that all areas are covered.

An explanation was provided on the definition of biological threats. Following a query in relation to co-dependences, the Consultant for Public Health agreed to add to the risk descriptor the extent of our co-dependences and constraints.

It was noted that as the UK and Scottish Covid Inquiries progress, associated recommendations and management actions for the pandemic preparedness risk will be reviewed, updated and changed accordingly. The importance of monitoring lessons learned from the national Covid Inquiry exercises was highlighted.

The Public Health teams were thanked for all their hard work.

The Committee took a **“limited” level of assurance** from the addition of the pandemic preparedness risk onto the Corporate Risk Register. The Committee also **agreed** the ‘pandemic preparedness’ risk description and identified management actions within the deep dive review, as set out in the appendix, and noted that these will evolve over time.

6.2 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2025/26

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Board Committee Support Officer highlighted that the Climate Emergency & Sustainability risk, Greenspace Strategy Update and Joint Health Protection Plan, have all been deferred to the November 2024 meeting.

The Committee agreed to remove the Health Promoting Health Service Annual Report 2023/24 from the workplan, with it being noted that this report has not been requested

from the Scottish Government. A further update on how this was being captured within business-as-usual processes was provided later on the agenda.

Following discussion, it was agreed that the Immunisation Annual Report, including Strategic Framework 2024–27, remains as one report to include both adult and children, and that any issues would be escalated accordingly to the Committee.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback on the Annual Delivery Plan and the Quarter 1 Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which indicates these are unlikely to be completed on time or meet the target within the reportable year. These include one that relates to the Public Health & Wellbeing Committee, namely: increasing capacity for providing in-house routine and urgent dental care.

Assurance was provided that actions relating to the Reform, Perform, Transform programme of work will be captured and reported as appropriate.

Following a question around the impact of the amber and red risks in relation to population public health related risks, the Associate Director of Planning & Performance agreed to include mitigation actions on any aspects that are at risk within the red and amber categories.

Action: Associate Director of Planning & Performance

The Committee **endorsed** submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government.

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

7.2 Prevention & Early Intervention Strategy

The Head of Primary and Preventative Care Services advised that the Prevention & Early Intervention Strategy is presented in draft for members’ comment. It was reported that significant work has been undertaken through core and wider stakeholder groups, through a discovery and design phase for the Prevention & Early Intervention Strategy.

It was reported that the strategy sits as one aim of the nine key enabling strategies of the Health & Social Care Partnership, and that it is a critical objective for the Population Health & Wellbeing Strategy 2023-28 to improve health & wellbeing for the population of Fife to provide the quality of health & care services. It was noted that delivery of the

strategy requires a whole system approach, and that the strategy has been framed in line with the Marmot Principles.

It was advised that the strategy is a life course approach, and that significant engagement has been carried out with our communities, further detail on which is provided within the appendix.

Discussion took place, and an overview was provided on the key deliverable aspects specific to child health & wellbeing and mental health indicators, with it being noted that the Stakeholder Design Group will move to an Implementation Oversight Group within year one of delivery, and that an action plan will be developed with appropriate measures. The importance of innovation due to the funding restraints was highlighted, and further detail is included within the key deliverables.

The Head of Primary & Preventative Care Services agreed to share the three-year high level delivery plan with the Committee, and an overview was provided on the deliverables and key enablers contained within the plan.

Action: Head of Primary & Preventative Care Services

It was noted that an Annual Report will come back to the Committee in due course, on progress of the strategy.

The Committee **supported** the strategy and agreed to consider the three-year high level delivery plan outwith the meeting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

8.1.1 Development of Public Health Indicators

The Associate Director of Planning & Performance introduced the IPQR, advising that additional metrics have been introduced to the report that are related to the remit of the Committee.

The Deputy Director of Public Health provided an update on the screening and immunisation data, noting that three screening indicators have been added to the report. In terms of breast screening, it was advised that performance is at the highest level since 2011, however, is still below the 80% target. It was noted that there is a backlog in meeting the three-year rolling target, and that inequalities and improvement work is ongoing. An update was also provided on performance for bowel screening and AAA screening.

The Deputy Director of Public Health also provided an update on performance for immunisations from the latest quarterly published data. It was advised that a large amount of work has taken place for the MMR2 vaccination, and that a strategic review of childhood vaccines was carried out and reported to the Immunisation Programme Board in October 2023, and followed a series of improvement actions are in progress. As part of the improvement work, it was noted that professional links have been strengthened between the immunisation team and health visitor team. An overview was provided on the childhood programme in terms of immunisation records.

Clarity was provided that the mental health quality indicators are around ligature instances of self-harm and instances of restraint, and that it had been previously agreed these would not be part of the public health IPQR indicators but would be taken to the Clinical Governance Committee.

The Head of Primary and Preventative Care Services reported that the new indicators for the Health & Social Care Partnership are around child health & wellbeing and a further indicator to understand mental health readmission does not yet have a trajectory set. It was advised that, through improvement plans, these new indicators are being worked through within the Health & Social Care Partnership.

A question was raised as to why cervical cancer indicators had not been included along with the addition of the other screening indicators as it was a big population and a locally delivered service. It was advised that it was likely that the data available did not align with the principles for selection as outlined in the accompanying paper on the development of public health indicators.

The Associate Director of Planning & Performance agreed to discuss with the Director of Public Health the issues with the cervical screening indicators.

Action: Associate Director of Planning & Performance

Concern was raised for the psychological therapies position in terms of not delivering against our local trajectory, and the Head of Primary & Preventative Care provided assurance that an improvement plan is being developed and will be brought back to the Committee.

Action: Head of Primary & Preventative Care

The Committee took a “**moderate**” level of assurance from the inclusion of the new Public Health Indicators within the IPQR.

8.2 High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report

The Acting Director of Pharmacy & Medicines presented the report, advising that the programme is now complete, a year earlier than expected. Background detail was provided on the establishment of the programme as one of our corporate objectives in 2022, in response to national and international growing concern about the adverse events and harm to patients, when high risk pain medicine is used ineffectively or inappropriately. An overview was provided on the aim of the programme, and it was advised that the report outlines the key deliverables and outcomes, and the next steps for transitioning the programme to business-as-usual to ensure a continued focus on pain management and safer use of high risk pain medicine.

It was reported that a risk has been identified in relation to the full benefits of the programme not being realised, and that the High Risk Pain Medicine Safety Group have identified mitigations and are aligning the programme of work under the prevention & early intervention strategy, and identifying mitigating actions to take forward which will have maximum impact and minimum resource to NHS Fife. The launch of the ‘Pain Talking’ website was highlighted, which has gained significant interest.

Discussion followed, and it was highlighted that NHS Fife is above average in terms of prescribing high risk pain medicine, and that there has been a continued increase in the use of high risk pain medicine across Scotland. It was noted that there has been improvement to the NHS Fife baseline data, and the benefits to the programme were outlined. In terms of auditing the compliance of prescribing these medicines, an explanation was provided around monitoring, and it was noted that a Patient Safety Group has been established, for that continued focus. It was reported that there continues to be a variation in prescribing, which is being targeted through improvement work and taken forward through the High Risk Pain Medicine Safety Group. An overview was also provided on the constraints of patient pathways, and it was noted that patients are encouraged to access self-management resources through the 'Pain Talking' website, and that specialist input is provided where necessary. The Committee took a **“moderate” level of assurance** from the report.

9. INEQUALITIES

9.1 Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24

The Deputy Director of Public Health advised that the Tackling Poverty & Preventing Crisis Report complies with our legal duty to work with local authorities to produce a child poverty report on a yearly basis under the Child Poverty Act. It was noted that this is the second joint report that has been provided, and that it covers anti-poverty work for both adults and children in Fife, and describes the progress made and priorities for 2024/25. The benefits of partnership working were highlighted, including the training aspects for staff and income maximisation projects that have been taking place. The Deputy Director of Public Health agreed to ensure partners were made aware of potential community grant opportunities through the Fife Health Charity

Action: Deputy Director of Public Health

Following questions, it was explained that, for the unclaimed benefits aspects, there is a requirement for a partnership approach for the benefit maximisation campaigns to be successful, and the importance of the training model was highlighted to ensure that reaching people is effective. It was also noted that the Tackling Poverty & Preventing Crisis Delivery Board has oversight on the implementation of the strategy and delivery plan, and that governance was provided by Fife Partnership Board.

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

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Alcohol & Drugs Partnership (ADP) Annual Report and Survey 2023/24

The Chair welcomed the ADP Service Manager to the meeting, who spoke to the report. It was advised that the report covers two parts, with the first part covering local progress on activity, outputs & outcomes in terms of improvement work, and commissioning our approach towards elements of the national standards, particularly for the MAT standard. The second part of the report is a survey detailing funds and progressed activity against national priorities, and that the survey was a requirement from the Scottish Government.

An overview was provided on the contents of the report, and it was advised that the majority of the report focusses on our system of care towards recovery, and an overview was provided on the improvements that have been made this year, in terms of delivery against all ten national MAT standards, which were assessed by Public Health Scotland. A brief overview was provided on the new strategy for 2024-27, which has been developed, and it was reported that a communication strategy is in development.

Discussion followed, and it was reported that the Scottish Government has made a commitment to increase capacity of beds in terms of residential rehab across Scotland. It was advised that a national framework is being developed, which would likely increase the number of residential rehab facilities available to Fife.

In terms of risks to the service going forward, it was advised that certain areas of delivery will be protected and reprioritised, as required. It was advised that prevalence data is expected to be available in early 2025, and the study will be carried out through Public Health Scotland.

The Director of Reform & Transformation agreed to share the alcohol-specific death work that was carried out through the Alcohol & Drugs Partnership Subgroup.

Action: Director of Reform & Transformation

It was noted that a Committee Development Session is being arranged for the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

The Committee **supported** the Alcohol & Drugs Partnership Annual Report and the survey, for submission to the Scottish Government.

10.2 Health Promoting Health Service Annual Report 2023/24

The Head of Primary & Preventative Care Services advised that the majority of work is led by the Health Promotion Service based within the Health & Social Care Partnership, and that the report is being presented as part of the annual reporting locally around the Health Promoting Health Service, which aims to support the development of a health promoting culture and embed effective health practices within the hospital setting. It was noted that there is currently no national guidance around local reporting, which was suspended in April 2024; however, the work has continued locally.

Discussion took place, and the Head of Primary & Preventative Care Services agreed to review the appendix, in terms of where the outcomes and indicators sit, and noted that work being taken forward is an approach and not a specific service.

Action: Head of Primary & Preventative Care

The Committee **agreed** to the Health Promoting Health Service becoming business-as-usual, subject to review of the embedded outcomes and priorities.

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

10.3 Primary Care Strategy Year 1 Report 2023/24

The Head of Primary & Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The challenges around primary care services in terms of demand and resources to deliver effective sustainable services was highlighted. An overview was provided on the contents of the report, and it was noted that 60% of the improvement actions have been completed in year 1, with the remainder appropriately carried forward to year 2.

It was reported that, as part of the deliverables, a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year 2 of the strategy.

The challenges around dentistry were highlighted, and it was advised that a deeper dive will be carried out to improve supporting the position in this area.

The Head of Primary & Preventative Care Services agreed to provide the Committee with the Performance Assurance Framework, which has been ratified at the Primary Care Governance Strategic Group and includes quality indicators.

Action: Head of Primary & Preventative Care Services

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

11. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

11.1 Equality and Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

11.2 Public Health Assurance Committee held on 12 June 2024 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

14. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 11 November 2024 from 10am – 12.30pm via MS Teams

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 3 SEPTEMBER 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion
Lynne Parsons, Employee Director

In attendance:

Lynn Barker, Head of Service, Community Care Services, H&SCP (*for Item 6.1 only*)
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP
(*deputising for Fiona McKay*)
Susan Fraser, Associate Director of Planning & Performance
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Ben Hannan, Director of Reform & Transformation
Margo McGurk, Director of Finance & Strategy (*deputising for Carol Potter*)
Brian McKenna, Workforce Planning Lead (*for Item 7.2 only*)
Neil McCormick, Director of Property & Asset Management (*part-meeting*)
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary (*part-meeting*)
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current workforce pressures.

The Chair extended a special welcome to Neil McCormick, Director of Property & Asset Management, who would now be a regular attendee at Committee meetings.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1. **Apologies for Absence**

Apologies for absence were received from members Carol Potter, Chief Executive, Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), and attendees Claire Dobson, Director of Acute Services, and Fiona McKay, Interim Director Fife Health and Social Care Partnership.

The Chair advised that, in the absence of a nominated deputy for the Co-Chair, ASD & Corporate Directorates LPF, the meeting was not quorate. However, since there was only one item on the agenda for decision (Item 6.6), it was agreed that this agenda item would be tabled offline, to allow the meeting to go ahead.

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on Tuesday 9 July 2024**

The minutes of the meeting held on 9 July 2024 were **agreed** as an accurate record.

4. **Chair's Assurance Report presented to Fife NHS Board on 30 July 2024**

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 July 2024.

5. **Matters Arising / Action List**

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

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Staff Governance Committee, including Deep Dive: Nursing & Midwifery Workforce**

The Chair invited the Director of Workforce to speak to the report, which provides an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 9 July 2024.

Referring to Appendix 1, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 {Implementation of Health and Care (Staffing) (Scotland) Act 2019} remains at moderate, with the level reduced from 12 to 9.

The Chair requested that Appendix 2 of the report be updated to reflect the most recent version of the Risk Assurance Principles.

Action: Director of Workforce

As part of the Deep Dive into Nursing & Midwifery Workforce, the Head of Community Care Services, H&SCP, shared an informative presentation on the role, remit and workforce planning efforts being employed in the General, School and Health Visiting Nursing Cohorts in Fife.

The Committee took a “**Moderate**” level of **assurance** that all actions within the control of the organisation are being taken to mitigate the Corporate Risks aligned to the Staff Governance Committee, as far as it is possible to do so.

6.2 People & Change Board Update

The Director of Workforce presented the report, which provides an update on the ongoing activities of the People & Change Board in relation to Junior Doctor Rota Compliance, Supplementary Staffing, Vacancy and Sickness management and Whole Time Equivalent (WTE) reduction, in addition to supporting the non-pay elements of the 2023/24 Agenda for Change pay deal.

The Committee was provided with a comprehensive overview of the specific efforts in each area of this programme of work, the overall challenges associated with delivery, the importance of identifying and utilising data correlation and the potential savings expected to be realised from the work being progressed in relation to reductions in Supplementary Staffing across NHS Fife.

Robust discussions took place on the complement of initiatives being explored and engaged to make NHS Fife an attractive place to work for medical staff, including, amongst others, efforts to address the root cause of rota imbalances, implementation of rest breaks, upgrading of mess facilities, early escalation of rota gaps and training compliance.

The Committee took a ‘**Moderate**’ level of **assurance** from the report and the updates provided in relation to the work being undertaken by the People & Change Board.

6.3 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper and provides an update on the work being undertaken by the Attendance Management Oversight Group.

It was noted that the sickness absence rate had risen to 7.17% in June, compared to 7.11% reported in May 2024. The Committee was advised of the activities being commissioned to share learning from practices adopted by a team identified within Acute Services that had seen improved staff attendance, alongside the review of a team that would fall into the “high priority” area detailed in Appendix 1, to understand what actions could be taken to compare approaches and achieve improvements.

The Committee was advised that learning gathered from a Heat Map reflecting potential linkages between absence data and the geographical location of staff would be brought back to a future Committee. Reference was also made to the array of mitigating attendance management activities described in the report, which

are being employed in conjunction with the work of the Staff Health & Wellbeing Group.

The Employee Director commended the review of individual managers' approach to attendance targets, as well as the compassionate management of attendance across the organisation. It was noted that the issues that had been raised by staff-side colleagues were being reviewed.

In response to a question from the Chair, the Head of Workforce Resourcing & Relations clarified that bereavement, reported to be a significant contributor to staff absence, was primarily related to personal life rather than workplace bereavement. The reasons for the use of 'other' as an absence code were explained, with an assurance that services are being encouraged to reduce the use of this generic code.

The Director of Workforce emphasised the importance of establishing linkages between data sets and how these could be utilised to inform the overall Population Health & Wellbeing Strategy.

The Committee took a '**Moderate**' level of **assurance** from the report and the updates provided in relation to the work being undertaken by the Attendance Management Oversight Group.

6.4 Supplementary Staffing RTP Update

The Chair invited the Director of Nursing to speak to the report, which provided assurance to the Committee on the work being undertaken by the Supplementary Staffing Group to deliver a safe and sustainable reduction in the employment of high-cost agency staff.

It was highlighted that annual supplementary staffing costs have exceeded £20 million for the last two financial years. The Committee was advised of the Scottish Government's mandate to NHS Scotland Health Boards via the Supplementary Staffing Task and Finish Group to ensure that the commissioning of agency staff was by exception only, by October 2024, in addition to the delivery of other mitigating actions. It was noted that the Scottish Executive Nurse Director Group had challenged the timeline of this deliverable, noting that it was out-of-sync with the entry of newly qualified practitioners to the nursing workforce, usually occurring between September and January each year.

The Director of Nursing provided an overview of the measures being taken to reduce the reliance on Supplementary Staffing, including the recruitment of internationally educated nursing staff, initiatives to attract newly qualified practitioners, maximising the usage of the Staff Bank, utilisation of a ready reckoner to assess the most cost-efficient way to cover unfilled shifts, a review of weekly data to identify high spend areas and bed remodelling, amongst other strategies. It was advised that the cessation of the use of registered agency staff in Surgical and Women and Children's Services, as well as non-registered staff across all areas, had been in effect from 1 April 2024.

The Committee was encouraged to note that the introduction of these measures had resulted in a bottom-line improvement within the Health Board retained budget

of £1.1 million for the period from April to July 2024, with a £278,000 improvement in the Health Board delegated budget within the current financial year.

In response to a question from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, the Director of Nursing and the Director of Finance & Strategy confirmed the expectation that the bottom-line improvement in this area would continue to move in a positive direction.

The Committee took a **'Moderate'** level of **assurance** from the report and the updates provided in relation to the work being undertaken by Supplementary Staffing Group.

6.5 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 1 Report

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provides a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA.

The Committee was also advised of work underway to gather evidence for inclusion in the first formal Annual Report and the recent submission of the Board's first High-Cost Agency return to the Scottish Government. It was noted that the Local Implementation Group continues to meet monthly and has found benefit from utilising an MS Forms Questionnaire for gathering information from services, to assess their preparedness for the implementation of the Act.

The Committee took a **'Moderate'** level of **assurance** from the report, **noted** that the reporting is an iterative process which will evolve and that the second internal quarterly HCSA report will be received following the end of Quarter 2, along with the second quarter HCSA high-cost agency report, in December 2024.

6.6 Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026

Noting that the meeting was not quorate, the Chair requested that the Staff Governance Committee dates for 2025/2026 be circulated virtually for decision.

Action: Executive Assistant to the Director of Workforce

6.7 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report, which noted self-explanatory updates to the Annual Workplan 2024/25 since it was last presented to the Committee on 9 July 2024.

Following discussions that had taken place with Digital & Information colleagues, the Chair requested that the Workplan be updated to reflect that Development Sessions on the eRostering/SafeCare demonstration and the Risk Summary Dashboard Reporting Tool be scheduled in early 2025.

Action: Director of Workforce

The Committee took a **'Moderate'** level of **assurance** from the update provided in relation to the delivery of the Annual Workplan 2024/2025.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/2025 Quarter 1 Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which details the Board's response to feedback received from the Scottish Government (SG) in relation to the Annual Delivery Plan (ADP) for 2024/25, as well as a Quarter 1 update on the progress of the 2024/25 ADP.

It was advised that of the 194 actions included in the ADP, 20 are linked to the Strategic Priorities covered by this Committee in relation to improving Staff Experience and Wellbeing. There are eight deliverables that are unlikely to meet target, none of which relate to Staff Governance.

The Committee took a '**Moderate**' level of **assurance** from the update provided in the 2024/2025 Annual Delivery Plan, Q1 Report and the Board's response to the feedback received from SG in relation to the Annual Delivery Plan for 2024/25

7.2 Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. A summary of the salient points detailed in the paper was provided.

The Committee was advised that whilst revised Workforce Planning Guidance from SG is yet to be received, it is expected that neither the statutory requirement nor the technical guidance support would significantly alter current processes.

Reference was made to key dates and milestones reflected in the paper in relation to the Board's initial submission of the Workforce Plan (2025-2028) to SG by June 2025, as well as publication of the approved Plan on the NHS Fife website by October 2025.

The Committee took a '**Moderate**' level of **assurance** from the report **noting** that the Workforce Plan (2025-2028) will be developed and published in accordance with the revised guidance.

7.3 EMERGE Programme - NHS Fife / Fife College Partnership

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provides an update on the launch of the new EMERGE programme, being delivered in partnership with NHS Fife, Fife College and National Education for Scotland and which supports the Board's Employability agenda, Anchor Institution ambitions and the Population Health & Wellbeing Strategy.

It was advised that the programme would comprise a 12-month qualification through Fife College, including a work placement in the Board. As part of an interactive learning approach, students will have the opportunity to create a portfolio of evidence to showcase individual learning throughout their qualification.

The Committee was advised that the next EMERGE meeting in October 2024 was scheduled to take place at Levenmouth Academy, where there would be an opportunity to meet with students who have joined the Programme. It was intended

that an Employability Paper describing wider related activities would be brought to the next Staff Governance Committee.

Action: Head of Workforce Planning & Staff Wellbeing

In response to a query from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, in relation to programme attrition rates, the Head of Workforce Planning & Staff Wellbeing advised that lessons learned from the previously high drop-out rate reported in a similar Programme launched at Levenmouth Academy had been used to inform the design and delivery of the current programme, making it more interactive and student driven.

Whilst acknowledging the programme as being a proud achievement for NHS Fife, the Director of Workforce commended the efforts of all stakeholders involved in the development, delivery and support of this initiative. The Head of Workforce Planning & Staff Wellbeing offered appreciation to Alison McArthur, Employability and International Recruitment Coordinator, and Lyndsey Thompson, Employability Officer, for their hard work in achieving the progress to date.

The Committee took a '**Moderate**' level of **assurance** from the report and **considered** and **endorsed** the content of the EMERGE programme.

7.4 Prevention and Early Intervention Strategy

The Chair invited Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report. It was highlighted that the Strategy, in addition to being an NHS Fife Corporate Objective, was one of the nine transformational strategies within the H&SCP's 2023-2026 Strategic Plan, a key enabler of the NHS Fife Population Health & Wellbeing Strategy, as well as one of the six key principles of Health Reform mandated by the Scottish Government.

The Committee was advised that there had been significant public engagement in the design and delivery of the overall Strategy over the next three years. Reference was made to Appendix 2 of the report, which detailed the 10 Programme deliverables, of which workforce was emphasised as a key enabler. The Committee noted that a Strategic Implementation Group would be convened to facilitate oversight of the programme and that a detailed Action Plan would be shared to provide assurance of progress, as the initiative moves forward.

It was acknowledged that having a robust Primary Care Strategy was an important foundation in supporting the delivery of this programme. The Medical Director underscored that this initiative was being mobilised with existing resources and that no additional financial investment had been received.

Whilst commenting favourably on the Strategy, the Director of Communications & Engagement pointed out that the Welcome and Priority Area two of the Delivery Plan omitted reference to engagement with NHS Fife and requested that the report be amended to reflect this, so that the public could be appropriately assured that the Strategy had been endorsed by their local Health Board.

Action: Head of Service, Primary and Preventative Care Services, H&SCP

In response to a query from the Director of Reform & Transformation in relation to staff training, it was advised that a training plan would be agreed with stakeholders

and shared with the Committee, seeking to balance the ongoing challenges of service delivery and workforce capacity.

The Committee took **assurance** from the approach adopted for the design of the Prevention & Early Intervention Strategy, **noted** and took **assurance** from the Delivery Plan and **reviewed** the Draft Strategy and supporting documents.

8. NHS FIFE PROJECTS / PROGRAMMES

8.1 Primary Care Implementation Plan 2024/2025 Progress Update

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report, which provided an annual update on the delivery of the Primary Care Improvement Plan (PCIP), which underpins the delivery of the 2018 General Medical Services Contract.

It was emphasised that workforce and financial pressures continue to remain the two main constraints in the Implementation of the Plan. An update on the nationally directed workstreams was provided, highlighting the Vaccine Transformation Programme, Pharmacotherapy Service and Community Treatment and Care (CTAC). It was advised that whilst there are still challenges nationally around the service specification for Pharmacotherapy, local efforts to build the service were ongoing, enhanced by the development of a multidisciplinary team. The Committee also noted that CTAC is currently delivering 86% of the General Medical Service (GMS) Memorandum of Understanding 2 requirements, as compared to 62% last year.

The Committee was apprised that a new programme endpoint of March 2026 had been agreed with (GMS) stakeholders as the target for achieving delivery of the plan for Fife. Reference was made to the relationships established with the GMS Implementation Group and the positive negotiations around transitional payments which had supported a more effective deployment of resources, in addition to the funding envelope which was expected for 2024/2025.

Whilst acknowledging the hard work of the Primary Care Team and other stakeholders in the delivery of the PCIP, the Medical Director stressed that the GP cohort regarded the delivery of the GMS contract as a failed plan, owing to significant funding and workforce gaps.

The Committee took a **'Moderate'** level of **assurance** from the work being progressed to meet the intention of the GMS Contract via the 2024/2025 Primary Care Improvement Plan.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board's performance in relation to Sickness Absence, PDPR and Vacancy rates.

Noting an increase in the Board's reported sickness absence rates from 7.11% in May to 7.17% in June 2024, it was anticipated that the local trajectory and target of

6.5% by 31 March 2025 was unlikely to be met. Similarly, a 0.4% reduction in the PDPR metrics (43.7% as at May 2024) indicated that the Board was not predicted to meet the reduced PDPR target of 60% by 31 March 2025.

In light of the above performance levels, the Committee agreed that the assurance level of this report should be downgraded from 'moderate' to 'limited'.

It was also agreed to review the measurement and reporting of performance in relation to vacancy rates, in conjunction with how this would fit into the larger picture of organisational performance moving forward.

Action: Chair/Director of Workforce/Associate Director of Planning & Performance/Head of Workforce Planning & Staff Wellbeing

The Committee **examined** and **considered** NHS Fife performance as summarised in the IPQR and took a "**limited**" level of **assurance** from the report.

10. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

10.1 Involved in Decisions: iMatter Report

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which outlined iMatter outcomes for 2024 and the planned next steps to increase employee engagement.

The Committee was encouraged to note that engagement levels this year have reached 64%, showing a decrease of 2% over 2023, however, still exceed levels of national outcomes, expected to be 58%. The Employee Engagement Index (EEI) was noted as 76, a decrease of one point compared to 2023.

The Committee was informed that teams were now in the Action Planning stage of the iMatter Survey, the deadline for which was 16 September 2024. A summary of key activities being implemented to support this aspect was provided, which included EDG role modelling, motivational videos from Directors, redistribution of the iMatter support pack to managers, MS Teams Information Sessions, promotion of iMatter and Team Action Plan requirements via StaffLink and H&SCP platforms, email messages to managers and iMatter Team presence at key staff forums, amongst other efforts.

The Committee took a '**Significant**' level of **assurance** from the update provided regarding the progress of the Board's 2024 iMatter Campaign.

10.2 Well Informed: Communication & Feedback

The Chair invited the Director of Communications & Engagement to speak to the report, which provided an overview of the introduction of an annual Staff Internal Communications Survey, expected to help shape the organisation's internal communications strategy going forward.

It was advised that the Survey is expected to be launched on 30 September 2024 and will run for a period of 6 weeks online, with paper copies available for staff with no email access. The purpose of the Survey is to understand how staff receive news, their thoughts on tone and accessibility of language, identify barriers, how

informed they feel, their opinions on how the organisation could improve its internal communications offering and their thoughts on staff feedback mechanisms. An Action Plan would be drawn up based on the collated results of the survey.

It was advised that this initiative complements the ongoing communications activity with iMatter and annual data will help to identify trends and benchmark against activity to ensure the delivery of best value to meet the evolving needs of various staff groups across the organisation. It was expected that an update would be brought back to the January 2025 meeting.

The Chair emphasised the importance of ensuring that the Action Plan is seen to be visibly deliverable for staff that engage in the initiative.

The Committee took a **'Moderate'** level of **assurance** and **noted** the update provided regarding the launch of the Annual Staff Internal Communication Survey.

10.3 Wellbeing Champion Update

In the interest of time, J Kemp, Non-Executive Member & Staff Wellbeing Champion deferred this time to the Head of Workforce Planning & Staff Wellbeing's report, in order that the Committee could be provided with a more comprehensive update at the next agenda item.

10.4 Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing provided an overview of Staff Health and Wellbeing activities detailed in the paper, as well as an update on the recent actions taken to support the wellbeing of Doctors and Dentists in training.

The Committee was advised that refurbishment plans for the Doctors' mess are progressing, following a successful bid for funding from Fife Health Charity. Reference was made to the Menopause sessions offered to staff, Lifestyle Medicine Podcasts currently being recorded with input from the Communications Team and plans to roll out Values Based Reflective Practice sessions in the Board, in conjunction with a plan for developing an accreditation pathway in this area, amongst other initiatives. The Committee was also informed of plans to host a Staff Wellbeing Conference in March 2025.

J Kemp, Non-Executive Member & Staff Wellbeing Champion, commended the Staff Health and Wellbeing activities evidenced in the paper and enquired whether premises could be identified for Peer Support, noting that Staff may potentially find it easier to access this service if there was a dedicated space. The importance of reviewing Staff Psychological Support waiting times in line with the cost-benefit of employing additional resources to support employee wellbeing and attendance activity in an area where sickness absence levels were significant was noted. The Head of Workforce Planning & Staff Wellbeing offered to explore this further with the Psychology Team, to review what opportunities, if any, were available to secure additional value from this vital staff support service.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took a **'Moderate'** level of **assurance** from the report and **noted** the update provided on the Board's Staff ongoing Health & Wellbeing activities.

10.5 Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member and the Board's Equality & Diversity Champion, to provide an update on ongoing activities to support Equality & Diversity within the Board.

The Committee was informed of the programme of work, being undertaken by the Quality & Communities Committee, led by the H&SCP in partnership with NHS Fife and Fife Council, which included an 18-month project to improve workplace inclusion and staff experience, whilst exploring all aspects of equality. It was noted that one of the established outcomes of the project is neurodiversity and its inclusion in the workplace.

The Committee was also updated that the development of the NHS Fife Trans Policy had been paused, following growing media coverage and public debate. It was expected that a further review and consultation of this policy will be conducted throughout Winter 2024-2025 and which would incorporate learning over the past year.

It was advised that the Scottish Government mandated Equality Outcomes and Mainstreaming Plan, which requires the Board to evidence that it is working to advance equality in all areas across NHS Fife, is due for renewal in early 2025. The Committee was also informed of the Scottish Government stipulation for every Health Board in Scotland to have an Anti-Racism Strategy by March 2025.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10.6 Whistleblowing Champion Update

In the interest of time, Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, deferred this time to the Head of Corporate Governance & Board Secretary, to present the Whistleblowing Quarter 1 2024/2025 Performance Report.

10.7 Whistleblowing Quarter 1 2024/2025 Performance Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee was advised that there had been one Whistleblowing concern raised during Quarter 1, which currently remains under investigation at Stage 2. Reference was also made to the update reflected in the report on the lessons learned from a case raised originally in 2023/24, which has now been recategorized as a partially upheld concern and last year's Annual Report amended appropriately.

The Committee noted that two anonymous concerns were raised during this quarter, and three articles within the local press highlighted issues of a Whistleblowing nature.

The Committee took a '**Moderate**' level of **Assurance** from the report and **noted** that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff, to encourage speaking up.

10.8 Whistleblowing Oversight Group Assurance Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, in the absence of the Chief Executive.

As reflected in the minute of the meetings held in April and July 2024, work being undertaken by the Whistleblowing Oversight Group was highlighted. This included establishing Terms of Reference for the Whistleblowing Oversight Group and the newly formed Whistleblowing Decision Team. The Committee was updated on materials that had been developed to publicise Whistleblowing Processes and Contacts for staff, with the support of the Board's Internal Communication Team.

To promote staff engagement with the Whistleblowing Programme, it was noted that J Kemp, Non-Executive Member and Staff Wellbeing Champion, and K Macdonald Non-Executive Member and the Board's Whistleblowing Champion, had agreed to participate in walkarounds during 'Speak Up' Week. It was confirmed that the newly appointed Speak Up / Whistleblowing Coordinator was due to commence in post at the end of September 2024 and that a 'Speak Up Mailbox' and 'Dedicated Voice Line' were being established to provide additional support to staff seeking to raise concerns.

Noting the level of anonymous concerns reported and the challenges associated with providing feedback to staff who raise anonymous concerns, K MacDonald reiterated the importance of offering staff the appropriate level of assurance that they will be supported if they speak up. Thanks were expressed to all stakeholders involved in progressing the work of this Group.

The Committee took **assurance** from the Whistleblowing Oversight Group Assurance Report.

10.9 Improved and Safe Working Environment

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was updated on the mitigations being progressed in relation to the management of Reinforced Autoclaved Aerated Concrete (RAAC) in the Board's estate. It was advised that all blocks have now been assessed for the likelihood of containing RAAC and all 29 blocks that had met the criteria for further assessment have now been surveyed. Of the seven blocks where RAAC had been discovered, four blocks are stable and require annual monitoring, to ensure there was no deterioration of the material, and three areas require further attention. Risk assessments have been undertaken of the areas which require further attention and appropriate mitigations put in place. It was advised that the RAAC found in Glenrothes Hospital and Adamson Hospital Cupar was assessed as being in good condition and therefore did not pose a significant risk.

It was explained that the Scottish Government is in the process of developing guidance and is considering creating a framework to provide external support for monitoring buildings which contain RAAC. Long term mitigation plans would include either replacing the RAAC as part of ongoing maintenance, or withdrawing buildings from use in line with the whole systems infrastructure plan.

The Committee was assured that there is no immediate risk to patients, staff, or visitors as the RAAC that has been discovered is either stable or identified risks have been mitigated.

The Committee took a '**Moderate**' level of assurance and **noted** the update provided in the report.

11. ANNUAL REPORTS / OTHER REPORTS

11.1 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024

Due to apologies given to the meeting by the Director of Acute Services and staff-side colleagues, the Chair proposed that the Committee take assurance from the information detailed in the report and submit any queries to the Responsible Executives directly.

The Committee took **assurance** from the Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024.

11.2 Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report.

Whilst highlighting key themes, it was noted that the report celebrates the positive work undertaken in relation to joint partnership arrangements, acknowledging staff achievements as an integral contribution to the overall efforts of the past year.

The Committee took **assurance** from the Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 12.1 Area Partnership Forum held on 24 July 2024 (unconfirmed)
- 12.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 20 June 2024 (unconfirmed)
- 12.3 It was noted that the Unconfirmed minute of the Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 was not received.
- 12.4 Health & Safety Sub Committee held on 2 July 2024 (unconfirmed)
- 12.5 Equality & Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

12.6 Medical & Dental Professional Standards Oversight Group held on 9 July 2024
(unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

It was confirmed that the downgrading of the assurance level in relation to the Board's IPQR Summary from 'moderate' to 'limited' due to the unlikelihood of achieving local targets would be submitted as an escalation to the NHS Fife Board by the Planning & Performance Team.

Action: Associate Director of Planning & Performance

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

There were no matters identified for escalation to the NHS Fife Board.

14. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 September 2024

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

15. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

16. DATE OF NEXT MEETING

Tuesday 5 November 2024 at 10.00 via MS Teams.