

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**

PK

10:10 - 10:10 **4.**
0 min **MINUTE OF PREVIOUS MEETING HELD ON 30 JANUARY 2025**

(enclosed) *PK*

 Item 4 - Minutes 20250130 Final.pdf (12 pages)

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

(enclosed) *PK*

 Item 5 - Action List.pdf (2 pages)

10:10 - 10:25 **6.**
15 min **CHAIRPERSON'S REPORT**

6.1.
Chairperson's Update

(verbal) *PK*

6.2.
Board Development Session - 19 February 2025

(enclosed) *PK*

6.3.

Board Committee Membership from 1 April 2025

(enclosed) PK

Item 6.3 - SBAR Board Committee Membership.pdf (4 pages)

Item 6.3 - Appendix 1 Board Standing Committees - April 25.pdf (1 pages)

10:25 - 10:45

7.

20 min

CHIEF EXECUTIVE'S REPORT

7.1.

Chief Executive Up-date

(verbal) CP

7.2.

Patient / Staff Story

(presentation) CP

10:45 - 11:30

8.

45 min

GOVERNANCE

8.1.

NHS Scotland Blueprint for Good Governance Improvement Plan Update

(enclosed) GM

Item 8.1 - SBAR Blueprint Action Plan.pdf (5 pages)

Item 8.1 - Appendix 1 NHS Fife -Improvement plan update.pdf (1 pages)

8.2.

Whistleblowing Quarter Three 2024/25 Report

(enclosed) GM

Item 8.2 - Q3 Whistleblowing Report 24-25 Board.pdf (15 pages)

8.3.

Health and Care (Staffing) (Scotland) Act 2019: Quarter 3 and Annual Report 2024/25

(enclosed) DM

Item 8.3 - SBAR Health and Care (Staffing) (Scotland) Act 2019 – Quarter 3 and Annual Report 2024-25.pdf (9 pages)

8.4.

Equality Outcomes Final Report 2021/25 and Interim Equality Outcomes Plan 2025/29

(enclosed) JK

Item 8.4 - SBAR and Reports Equality Outcomes.pdf (28 pages)

8.5.

Draft Fife NHS Board Annual Workplan 2025/26

(enclosed) GM

- Item 8.5 - SBAR Draft NHS Board Workplan 2025-26.pdf (3 pages)
- Item 8.5 - Annual Board Workplan 2025-26.pdf (3 pages)

11:30 - 12:10
40 min

9. STRATEGY & PLANNING

9.1.

NHS Scotland: Health Board Collaboration and Leadership

(enclosed) CP

- Item 9.1 - SBAR Board NHS Scotland Health Board Collaboration and Leadership.pdf (6 pages)
- Item 9.1 - Appendix - DG Letter.pdf (2 pages)

9.2.

NHS Fife Leadership Framework 'Our Leadership Way'

(enclosed) DM

- Item 9.2 - SBAR NHS Fife Leadership Framework 'Our Leadership Way'.pdf (23 pages)

9.3.

Anchor Institution Update

(enclosed) JT

- Item 9.3 - SBAR Anchor Institution Update.pdf (8 pages)
- Item 9.3 - Appendix 1 Anchor Institution Update - March 2025.pdf (26 pages)
- Item 9.3 - Appendix 2 Anchor Institution Update - March2025.pdf (15 pages)

9.4.

Progress Report on Decarbonisation of NHS Fife Fleet

(enclosed) NM/BJ

- Item 9.4 - SBAR Decarbonisation of NHS Fife Fleet.pdf (5 pages)

12:10 - 13:00
50 min

10. PERFORMANCE

10.1.

Integrated Performance & Quality Report - January 2025 Position

(enclosed) CP

- Item 10.1 - SBAR IPQR Board March 2025 v0.2.pdf (12 pages)
- Item 10.1 - IPQR Position at January 2025 v1.0.pdf (37 pages)

10.2.

Finance Performance Report at January 2025

(enclosed) MM

- Item 10.2 - SBAR Financial Performance Report at January 2025.pdf (23 pages)

10.3.

Reform, Transform, Perform Q3 Performance Report

(enclosed) BH

- Item 10.3 - SBAR Reform, Transform, Perform Q3 Performance Report.pdf (6 pages)

📎 Item 10.3 - Appendix 1 Reform, Transform, Perform Q3 Performance Report.pdf (33 pages)

10.4.

Annual Delivery Plan 2024/25 Quarter 3 Update

(enclosed) BH

📎 Item 10.4 - SBAR Annual Delivery Plan 202425 Q3 update v1.0.pdf (5 pages)

📎 Item 10.4 - NHS Fife ADP 202425 Quarterly Report Q3 Summary v1.0.pdf (34 pages)

10.5.

Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training and Personal Development Plan Review Compliance Rate

(enclosed) DM

📎 Item 10.5 - SBAR Compliance with Personal Development & Performance Reviews and Mandatory Training Performance Update Report.pdf (8 pages)

13:00 - 13:15

15 min

11.

STANDING COMMITTEE REPORTS

11.1.

Governance Committee Chairs' Assurance Reports:

PK

11.1.1.

Audit & Risk Committee Report and Minute dated 13 March 2025 (unconfirmed)

(enclosed) AGrant

📎 Item 11.1.1 - A&R Chair's Assurance Report.pdf (2 pages)

📎 Item 11.1.1 - Audit & Risk Committee Minutes (unconfirmed) 20250313.pdf (9 pages)

11.1.2.

Clinical Governance Committee Report and Minute dated 7 March 2025 (unconfirmed)

(enclosed) AW

📎 Item 11.1.2 - CGC Chair's Assurance Report 20250307.pdf (4 pages)

📎 Item 11.1.2 - Clinical Governance Committee Minutes (unconfirmed) 20250307.pdf (10 pages)

11.1.3.

Finance, Performance & Resources Committee Report and Minute dated 11 March 2025 (unconfirmed)

(enclosed) AM

📎 Item 11.1.3 - FPR Chair's Assurance Report Presented to NHS Fife Board on 25 March 2025.pdf (2 pages)

📎 Item 11.1.3 - Finance Performance & Resources Committee Minutes (unconfirmed) 20250311.pdf (6 pages)

11.1.4.

Public Health & Wellbeing Committee Report and Minute dated 3 March 2025 (unconfirmed)

(enclosed) JKemp

📎 Item 11.1.4 - PH&WC Chair's Assurance Report 20250303.pdf (3 pages)

📎 Item 11.1.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20250303.pdf (9 pages)

11.1.5.

Staff Governance Committee Report and Minute dated 4 March 2025 (unconfirmed)

(enclosed) CG

📎 Item 11.1.5 - SGC Chair's Assurance Report.pdf (2 pages)

📎 Item 11.1.5 - Staff Governance Committee Minutes (unconfirmed) 20250304.pdf (13 pages)

13:15 - 13:30

15 min

12. ANNUAL REPORT

12.1.

Director of Public Health Annual Report 2024

(enclosed) JT

📎 Item 12.1 - SBAR DPH Report for Board 25 March 2025 Final_amend.pdf (7 pages)

📎 Item 12.1 - NHS Fife DPH Report 2024 v6 as at 14th March 2025.pdf (55 pages)

12.2.

Annual Organisational Duty of Candour Report 2023/24

(enclosed) CM

📎 Item 12.2 - SBAR Duty of Candour_Report_2224_NHS Fife Board_March 2024.pdf (4 pages)

📎 Item 12.2 - Appendix 1 DRAFT DoC Annual Report 2023-2024 (Yr6)V5.pdf (28 pages)

13:30 - 13:35

5 min

13. MINUTES - OTHER / APPROVED MINUTES

13.1.

Fife Health & Social Care Integration Joint Board dated 4 December 2024

(enclosed)

📎 Item 13.1 - Integration Joint Board Cover Paper 20241204.pdf (1 pages)

📎 Item 13.1 - Fife Health & Social Care Integration Joint Board Minutes (confirmed) 20241204.pdf (14 pages)

13.2.

Fife Partnership Board dated 4 February 2025 (unconfirmed)

(enclosed)

📎 Item 13.2 - Fife Partnership Board Cover Paper.pdf (1 pages)

📎 Item 13.2 - Fife Partnership Board Minute 2025-02-04.pdf (4 pages)

13.3.

Audit & Risk Committee dated 12 December 2024

(enclosed)

📎 Item 13.3 - Audit & Risk Committee Minutes (confirmed) 20241212.pdf (7 pages)

13.4.

Clinical Governance Committee dated 17 January 2025

(enclosed)

📎 Item 13.4 - Clinical Governance Committee Minutes (confirmed) 20250117.pdf (10 pages)

13.5.

Finance, Performance & Resources Committee dated 14 January 2025

(enclosed)

13.6.

Public Health & Wellbeing Committee dated 13 January 2025

(enclosed)

📄 Item 13.6 - Public Health Wellbeing Committee Minutes (confirmed) 20250113.pdf (9 pages)

13.7.

Staff Governance Committee dated 7 January 2025

(enclosed)

📄 Item 13.7 - Staff Governance Committee Minutes (confirmed) 20250107.pdf (10 pages)

13:35 - 13:35
0 min

14.
ANY OTHER BUSINESS

13:35 - 13:35
0 min

15.
DATE OF NEXT MEETING: Tuesday 27 May 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

13:35 - 14:05
30 min

16.
BREAK

PRIVATE SESSION AGENDA

16.1.
DECLARATION OF MEMBERS' INTERESTS

PK

14:05 - 14:05
0 min

17.
APOLOGIES FOR ABSENCE

PK

14:05 - 14:05
0 min

18.
MINUTE OF THE PRIVATE SESSION OF FIFE NHS BOARD HELD ON 30 JANUARY 2025

PK

14:05 - 14:05
0 min

19.
MATTERS ARISING / ACTION LIST

PK

14:05 - 14:05
0 min

20. PLANNING

**20.1.
Corporate Objectives 2025/26**

CP

**20.2.
Draft Annual Delivery Plan 2025/26**

BH

**20.3.
Reform, Transform, Perform – Shaping our Future Together, Transformation Framework 2025/26**

BH

**20.4.
Draft Financial Plan 2025/28**

MM

14:05 - 14:05
0 min

21. FINANCE & PERFORMANCE

MM

**21.1.
Finance Performance Report at February 2025**

MM

14:05 - 14:05
0 min

22. LABORATORY INFORMATION MANAGEMENT SYSTEM UPDATE

AG

14:05 - 14:05
0 min

23. MINUTES FOR NOTING - STATUTORY COMMITTEES / APPROVED

**23.1.
Audit & Risk Committee – Private Session dated 13 March 2025 (unconfirmed)**

**23.2.
Finance, Performance & Resources Committee – Private Session dated 11 March 2025 (unconfirmed)**

**23.3.
Public Health & Wellbeing Committee – Private Session dated 3 March 2025 (unconfirmed)**

23.4.

Extraordinary Remuneration Committee Report and Minute (Edited) dated 10 February 2025 (unconfirmed)

23.5.

Staff Governance Committee – Private Session dated 4 March 2025 (unconfirmed)

23.6.

Audit & Risk Committee – Private Session dated 12 December 2024

23.7.

Finance, Performance & Resources Committee – Private Session dated 14 January 2025

23.8.

Public Health & Wellbeing Committee – Private Session dated 13 January 2025

23.9.

Remuneration Committee (Edited) dated 13 November 2024

23.10.

Staff Governance Committee – Private Session dated 7 January 2025

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON THURSDAY 30 JANUARY 2025 AT 10:00 AM IN THE BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK

Chairperson

Present:

P Kilpatrick (Chairperson)	J Kemp, Non-Executive Director
C Potter, Chief Executive	M Lockhart, Non-Executive Director
J Bennett, Non-Executive Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	A Morris, Non-Executive Director
C Grieve, Non-Executive Director	L Parsons, Non-Executive Director
A Haston, Non-Executive Director	A Wood, Non-Executive Director
J Keenan, Director of Nursing	

In Attendance:

E Curnock, Deputy Director of Public Health
C Dobson, Director of Acute Services
F Forrest, Acting Director of Pharmacy & Medicines
L Garvey, Director of Health & Social Care
A Graham, Director of Digital & Information
B Hannan, Director of Planning & Transformation
K MacGregor, Director of Communications & Engagement
G MacIntosh, Head of Corporate Governance & Board Secretary
Dr I MacLeod, Deputy Medical Director
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
N Robertson, Chair of the Area Clinical Forum elect (*observing*)
H Thomson, Board Committee Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Dr I MacLeod, Deputy Medical Director, deputising for Dr C Mckenna, E Curnock, Deputy Director of Public Health, deputising for J Tomlinson, and N Robertson, recently appointed as the new Chair of the Area Clinical Forum, who was observing the meeting today prior to the start of her term on 1 March.

Congratulations were offered to B Hannan, who has been appointed as the new Director of Planning & Transformation, taking up post on 6 January 2025, and to S Dunsmuir, who has been appointed as Director of Finance, with effect from 1 April 2025, succeeding the retiring Margo McGurk. N Robertson was also congratulated on being appointed as the new Chair of the Area Clinical Forum from 1 March, replacing Aileen Lawrie, who is stepping down from the role at the end of her term. The Chair thanked A Lawrie for all her work as Chair of the Area Clinical Forum and as a Board Member over the past four years.

The Chair advised that J Keenan, Director of Nursing, is retiring on 31 July 2025, and she paid tribute to her contributions and long service to NHS Fife. It was noted that the recruitment process for a new Director of Nursing is currently underway.

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

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

- Dr Stephen Fenning, Dr Steinnun Boyce and Dr Joanna Bowden, all within Fife's palliative care service, who have been elected Fellows of the Royal College of Physicians of Edinburgh. The prestigious fellowships are awarded to recognise excellence and clinical achievement.
- The 32 community nurses celebrated at a recent Long Service Awards event. All of the group recognised on the day have been registered nurses and worked in community roles for at least 21 years each.
- Lauren Deacon, NHS Fife Practice Education Facilitator, who won the Community Hero Award for her dedication to launching Scotland's first recreational netball league at the Scottish Sports Awards.
- Dr Jessica McClintick, who works in emergency medicine at Victoria Hospital, who was part of the Corstorphine Cougars side that won the Arnold Clark Women's Premiership final, the highest level of club rugby in Scotland.
- Craig Burns, an Emergency Planning Officer with NHS Fife, who has recently been appointed as the Tri-Service Deputy Resilience Lead for Scotland with the Army Reserve.

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 S Braiden and A Lawrie and from C McKenna, Medical Director, and J Tomlinson, Director of Public Health.

4. MINUTE OF PREVIOUS MEETING HELD ON 26 NOVEMBER 2024

Approval of the previous meeting's minute of 26 November 2024 was **proposed** by A Morris, Non-Executive Director, and **seconded** by L Parsons, Non-Executive Director.

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

The Board **noted** the updates provided within the rolling action list. It was agreed to close Action No.3, as the diagnostic performance trajectory is now included within the Integrated Performance & Quality Report. In relation to Action No.4, it was advised that a paper will be presented to the NHS Fife Board in March 2025 regarding the position on compliance with Personal Development & Performance Reviews (PDPRs) and mandatory training performance.

6. CHAIRPERSON'S REPORT

6.1. Chairperson's Update

The Chair provided an update on recent meetings she had participated in over the past two months, including the fortnightly Committee Chairs' and Non-Executive Member meetings, which were noted as being invaluable.

The Chair outlined the agenda of the NHS Scotland Board Chairs' meeting held in December 2024, which included discussions on the challenges of the financial position and the requirement for reform and transformational change within Scotland; this meeting was followed up by a meeting with the Cabinet Secretary to discuss strategic reform and transformation. A further Board Chairs' meeting recently took place, followed by a meeting with the Cabinet Secretary, and discussions were focused on the Centre for Sustainable Delivery and financial / reform plans for Scotland.

A further meeting was attended by the Chair with the Scottish Government to discuss the budget and the 2025/26 settlement, and the Chair advised that the Scottish Government has advised that no brokerage will be provided to NHS Fife for the forthcoming financial year.

It was reported that, at the recent Board Development Session, a focus was on mental health and improvements within this area. (A further update on mental health was provided under agenda item 6.2). The Chair advised that she recently attended a meeting with Wendy Chamberlain MP and Willie Rennie MSP regarding the provision of services within rural areas in Fife, including discussion on the deeper issues relating to mental health.

The Chair also reported that she and the Chief Executive had met face-to-face with MSPs and MPs to discuss the financial position, the importance of capital availability in relation to transformation plans, and ongoing waiting list pressures. It was advised that further face-to-face meetings are scheduled to take place with local political representatives in 2025 across various sites in Fife.

The Chair highlighted that Maree Todd, Minister for Social Care, Mental Wellbeing & Sport, visited Queen Margaret Hospital in December to hear about improvements to

delayed discharge and discharge to assess services from some of the staff delivering them in Fife. It was noted that Shona Robison, Cabinet Secretary for Finance & Local Government, is also due to visit the National Treatment Centre on 3 February 2025.

It was advised that Non-Executive Board members are planning a visit to Cameron Hospital, to visit staff at the ScotCOM hub and Addiction Services, on 12 February 2025.

The Chair advised that appraisals for Non-Executive Members were carried out in the last two months, and she thanked the Board Secretary for her assistance across what is a complex and involved process.

An update was provided on Executive-level recruitment, which took place in December 2024, and both the Chair and Chief Executive congratulated Ben Hannan on his appointment as the new Director of Planning & Transformation and to Susan Dunsmuir, who will join NHS Fife on 1 April 2025 as the new Director of Finance.

The Board **noted** the update.

6.2. Board Development Session – 17 December 2024

The Board took **assurance** that members have discussed and reflected on the range of topics covered at the recent Development Session. The Director of Health & Social Care noted that staff across the Mental Health teams appreciated the opportunity to present at the session and they welcomed the opportunity to be transparent around the performance challenges and opportunities within mental health services. The Chair thanked all the staff who were involved in the day.

7. CHIEF EXECUTIVE'S REPORT

7.1. Chief Executive's Update

The Chief Executive commenced her update by acknowledging and thanking everyone involved for their efforts in relation to the challenges that the recent Storm Eowyn had brought, and for implementing actions immediately across the whole system.

It was noted that feedback has been provided to the System Leadership Group on 28 January 2025, which also included discussions on the implementation of the Reform, Transform, Perform (RTP) portfolio of works in 2024 and celebration of achievements in that area, with a view to looking back to learn forward in terms of planning for 2025.

The Chief Executive advised that formal notification has been made in relation to funding for 2025/26, and that subsequently a financial plan and annual delivery plan are both currently in development. Formal appraisal of both will commence from March 2025 via the Board's Standing Governance Committees through to the NHS Fife Board. The Chief Executive provided a summary from recent meetings with Scottish Government colleagues and other Board Chief Executives and advised that there had been discussions in relation to the reform portfolio, which has three parallel programmes of work: operational improvement, population health and wellbeing

framework, and a longer-term Health & Social Care Partnership framework. It was also advised that the Chief Executives from NHS Fife, NHS Lothian and NHS Borders, along with Directors from the East Region Board, recently met to start developing a new way of working in relation to reform & transformation.

It was reported that the Mental Welfare Commission carried out a comprehensive and supportive year-end review, with a mix of constructive and positive feedback around specific areas of work provided, including mental health services. It was recognised that there are significant challenges being faced with the current infrastructure. It was noted that an unannounced visit took place to a ward at Stratheden Hospital on 29 January 2025.

The Chief Executive advised that she attended a National Services Scotland event, along with the Director of Planning & Transformation and colleagues from the Scottish Government, around development of a business case to replace the current financial, payroll, recruitment and human resources business systems. It was noted that the payroll system in three years' time will cease to function. Further updates will be brought forward to the NHS Fife Board in due course on changes to systems and transformational ways of working, which are both linked and will support improved evidence-based and data-driven decision-making more broadly across the health service. It was noted that this work will support the overall Reform and Transformation Workstream.

It was reported that, in February, the Director of Mental Health from the Scottish Government is planning a visit to various sites across Fife to see first-hand our services. It was also reported that the Cabinet Secretary is visiting Queen Margaret Hospital to meet with colleagues from the Red Cross.

7.2. Patient Story

The Acting Director of Pharmacy introduced the story and advised that, through a partnership between NHS Fife and the drug, alcohol and mental health charity, WithYou, a key strategy has been developed to reduce the harm of substance through the rollout of naloxone kits in community pharmacies. An improved position, compared to the previous year, was reported and it was advised that Health Improvement Scotland are leading on this work.

Following the video presentation, discussion took place around the performance data for naloxone kits. An overview was provided on the number of cases where pharmacies have intervened with positive outcomes. An overview was also provided on training, with it being noted that members of the public can also be trained to use the kits. Assurance was provided that learnings in relation to opioid-related deaths are followed up, and that agencies are providing support through Addiction Services.

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) – November 2024 Position

The Chief Executive presented the IPQR, which has been scrutinised in detail through the governance committees and reports on performance to the end of November 2024. Executive Leads made comment on the key issues emerging from the performance report as follows:

Quality & Care

The Director of Nursing advised that there are 16 metrics reported through the IPQR in relation to Quality & Care. An additional metric for the stroke bundle has been added to the report, and it was advised that work is ongoing in this area. It was noted that a recent annual stroke review took place on 16 January 2025, which was positive. An update was provided on the key issues around Adverse Events, noting that improvement work continues to be ongoing to improve the completion time for Significant Adverse Event Reviews. Details on performance in regard to In-patient Falls, Pressure Ulcers, Healthcare Acquired Infections (including the staphylococcus aureus bacteraemia, c.difficile and e-coli bacteraemia rate) and Complaints was also highlighted. It was noted that Care Opinion is being promoted.

An update was also provided on mental health performance, and it was reported that Child & Adolescent Mental Health Services (CAHMS) met their target for the fourth month in a row, which is testament to the initiatives and improvements that have been put in place within that service. A brief overview was provided on the work being carried out to reduce the number of ligature incidents, with it being noted that there are complexities with patients coming from community hospitals who are known to mental health services. A request was made to include the percentage of self-harm referrals to CAHMS within the next iteration of the report.

Action: Director of Finance & Strategy

Operational Performance

The Director of Acute Services provided an update in relation to Emergency Department and Minor Injuries performance, noting that performance was within the upper mid-range due to increased waits for beds. In relation to cancer waiting times, it was advised that a second surgeon is currently being trained for robotic surgery.

An improved position for delayed discharge was reported, although the local target and trajectory had not been met. It was reported that local targets are set from benchmarking with other NHS Scotland Health Boards, and that as demand has increased, local targets will require to be re-set.

An update was also provided on performance against the Treatment Time Guarantee, new outpatients and diagnostics, noting a strong focus is on referrals for the most urgent suspicion of cancer cases.

Discussion took place on operational performance and members commented that analysing trends could be improved, noting that the majority of the operational performance metrics are on a downward trajectory and that traction is required to improve overall performance. It was reported that improvement actions are in place, and that the RTP work will also form part of performance improvement. It was noted that monthly meetings take place with colleagues from the national Centre for

Sustainability Delivery (CfSD), who are committed to reform and transformation, and are supporting with the development of a heat map.

Workforce

The Director of Workforce provided an update on the three metrics around workforce, noting an increase in sickness absence, work underway to improve compliance around Personal Development Plan & Review (PDPR) and vacancies, advising that further work will be carried out to improve the information and detail on agency and bank staff within the report. The Employee Director provided an overview on the basics of the PDPRs and emphasised the importance of a continued focus into next year.

Questions followed, and in terms of the risk mitigations for Allied Health Professions, it was advised that recruiting international nurses will be a focus for 2026. An explanation was provided on the limited level of assurance for workforce performance, with it being noted that, with a continued focus on the improvement work, it is expected that the assurance level will move to moderate from March 2025.

Public Health & Wellbeing

The Director of Public Health spoke to the public health & wellbeing elements of the report. It was highlighted that NHS Fife has recruited a Screening Inequalities Outreach Officer. It was also highlighted that improvement work is underway for uptake of the MMR2 at five years of age, which is not meeting local targets. In relation to the uptake of Covid immunisation, it was advised that, as of 26 January 2025, the local target for Covid immunisation was met.

Discussion took place on smoking cessation performance. It was advised that initiatives are being undertaken, and that although there has been an improvement, the target is not being met. Further improvement will be carried out with a focus on engaging services and sign posting. It was noted that one of the challenges is that the service is person-centred.

The importance of working with other NHS Scotland Health Boards was highlighted, particularly due to the impact of additional work from other Board areas and any unintended local consequences. It was noted regular meetings will take place to discuss.

The Board took a **moderate level of assurance** on reported performance to date, with a **limited level of assurance** in relation to finance and workforce.

8.2. Financial Performance Report at 30 November 2024

The Director of Finance & Strategy introduced the detailed paper, highlighting the challenging financial position for 2024/25. The paper outlined the in-year position and provided an early warning of the challenge for the remaining months of this financial year. Attention was drawn to the Executive Summary of the report, which set out the key points related to the financial position as at the end of November 2024. It was emphasised that NHS Fife has a statutory responsibility to deliver a break-even position, which has not been achieved over the previous years, and to have a robust financial plan in place.

Discussion took place on the Integrated Joint Board (IJB) health-delegated position, and it was questioned how NHS Fife Board can take assurance on the deliverability of the financial plans and what can be delivered. It was reported that there is a requirement from the Scottish Government to develop a balanced plan, and that significant recurring savings will be required.

An explanation was provided on capital spend, with it being advised that the Fife Capital Investment Group routinely review programmes and spend.

The importance of sharing lessons learned with the IJB in relation to supplementary staffing was highlighted, and it was noted that a balance of governance and quality of care is required. The challenges of controlling a demand-led budget was also raised, and the importance of being overt and transparent. It was noted that by improving our business systems, this will enhance available data for scrutiny.

A Graham, Director of Digital & Information, left the meeting.

Discussion took place on the reform and transformation portfolio achievements, and it was advised that, although a lot of work has already been carried out, it is recognised that further work is required across the system. The importance of a balance between financial and clinical care was also discussed.

The Chief Executive advised that further discussions would take place on the leadership framework moving into 2025/26, and she acknowledged the important work of all the Directors in this space.

It was advised that a limited level of assurance has been recommended.

Members took a **limited level of assurance** on the information provided in relation to:

- The reported revenue overspend position of £12.498m for health board retained services, which is tracking in line with the original planned residual deficit.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the health-delegated services (IJB) of £15.990m, the increasing level of risk in relation to this and the consequence of the now certain risk-share situation in-year.
- The increased target risk in relation to the in-year financial position to “high” and the formal notification to Scottish Government of the estimated in-year brokerage requirement.
- The year to date spends against the Capital Resource Limit.

8.3. Re-form, Transform, Perform Performance – November 2024

The Director of Planning & Transformation provided an update covering performance up to November 2024 on the 13 schemes within the 3% savings target, which was complementary to the Financial Performance Report. The report detailed for each scheme the planned deliverables, progress to date and planned activity. The report also sets out current assurance rating, as well as an update on the financial position.

An explanation was provided on the two elements of the bridging actions, with it being advised that the first element is in relation to the redesign of services regarding administration roles, noting that this is not a permanent saving. The other element was reported as the 13-week pause to recruitment for those administration roles. It was advised that a saving of £25m is on target for the end of the financial year.

The Chair acknowledged with appreciation the efforts of staff in relation to work in embracing the reform & transformation workstreams.

The Board took a **moderate level of assurance** regarding delivery of RTP.

9. PLANNING

9.1. Business Continuity & Essential Investment Infrastructure Plan (BC&EIIIP)

The Director of Property & Asset Management introduced the plan, noting it outlined the business continuity element of the whole system infrastructure plan, which had been submitted to Scottish Government to meet the deadline submission date, following initial scrutiny at the Finance, Performance & Resources Committee.

A brief overview was provided on the long- and short-term plan for mental health estates, which is challenging. It was advised that phase one of the plan is to ensure that current areas are robust, benefits are highlighted and that further guidance is awaited from the Scottish Government in relation to areas to develop, which will form part of phase two of the plan.

Discussion took place on capital for technology advancements within our estates, and it was advised that the Medical Devices Group explore potential capital in this area. It was noted that NHS Fife currently receives commercial research funding, which has oversight from the Research, Innovation & Knowledge Oversight Group. The benefits of Artificial Intelligence were also discussed.

The Board took a **significant level of assurance** from the plan but **limited assurance** in respect to receiving the required capital from Scottish Government to deliver the plan within the timescales noted.

A Graham, Director of Digital & Information, re-joined the meeting.

10. STANDING COMMITTEE REPORTS

10.1. 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.

A Grant, Chair of the Audit & Risk Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 12 December 2024.

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 17 January 2025. She highlighted the Research, Innovation & Knowledge annual report. The team, and particularly the leadership from Professor Frances Quirk, were acknowledged and thanked for all their hard work. The Research, Innovation and Knowledge 2023-24 report was recommended to be shared with the Board, for information.

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 14 January 2025, and highlighted to Board members the Internal Control Evaluation Report 2024/25, which was reviewed by the Committee.

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 13 January 2025. He highlighted that there may be an opportunity in relation to the national work being taking forward for the Marmot principles. It was also highlighted that the Plan4Fife is being refreshed.

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 7 January 2025.

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

11. GOVERNANCE

11.1. Health and Care (Staffing) (Scotland) Act (HCSA) 2019: Quarter 2 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. It was reported that capturing data has been revised and a standard operating procedure has been developed. Furthermore, supporting communications have also been revised and a launch will take place before the end of quarter 1 in 2025.

It was advised that a meeting with the Scottish Government will take place to discuss the quarterly returns, and to identify areas of good practice and areas for improvement.

The Board took a **moderate level of assurance** from the information provided in the paper, noting that that this is an iterative process and reporting will evolve. It was **noted** that members will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first annual report.

12. RISK

12.1. Revised Risk Management Framework

The Director of Finance & Strategy reported that the Audit & Risk Committee recommended approval of the Risk Management Framework, which has been refreshed in line with the operational improvement plan activity over the previous 18

months and now reflects the Board's updated risk appetite. It was requested that Board members consider the risk management objective - 'risk management supports organisational change and service development when considering opportunities and risks to improve services' - throughout all the transformation work going forward.

Discussion took place on the risk appetite scoring tool and the challenges of applying the tool due to many risks being interlinked. It was agreed to remove the risk appetite scoring tool from the published Framework.

Action: Director of Finance & Strategy

The Chair thanked Shirley-Anne Savage, Associate Director for Risk & Professional Standards, for all her hard work.

The Board **approved** the Risk Management Framework.

13. ANNUAL REPORT

13.1. Annual Climate Emergency & Sustainability Report 2023/24

The Director of Property & Asset Management advised that the report is presented to provide assurance to the NHS Fife Board in accordance with requirements of the Climate Emergency and Sustainable Development Policy DL(2021)38. It was advised that the report provides the data around our usage on carbon dioxide, or equivalent. An explanation was provided on the nitrous oxide performance position, and it was advised that NHS Fife is now using less nitrous oxide, which is a positive achievement.

It was reported that, based on where we are to date, it is expected that NHS Fife will be able to meet its targets by 2025. The policy also sets out more onerous targets towards 2030 and 2040 in relation to changing the way buildings are served and moving towards carbon zero, which will be much more challenging to achieve and will rely on innovation around engineering and further financial investment.

The Estates team were thanked for all their hard work in addressing the climate emergency.

The Board took a **moderate level of assurance** from the report.

14. 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.

- 14.1. Communities & Wellbeing Partnership dated 28 November 2024 (unconfirmed)
- 14.2. Fife Health & Social Care Integration Joint Board dated 27 September 2024 (confirmed)
- 14.3. Fife Partnership Board dated 6 November 2024 (unconfirmed)

Approved Minutes:

- 14.4. Audit & Risk Committee dated 12 September 2024

- 14.5. Clinical Governance Committee dated 1 November 2024
- 14.6. Finance, Performance & Resources Committee dated 12 November 2024
- 14.7. Public Health & Wellbeing Committee dated 11 November 2024
- 14.8. Staff Governance Committee dated 5 November 2024

15. ANY OTHER BUSINESS

None.

16. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 25 March 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

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 25 March 2025



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	26/11/24	IPQR – Mental Health Indicators	Review and determine appropriate trajectories for Mental Health indicators to be presented to Clinical Governance Committee (CGC) and Board in January	LG		Closed
2.	26/11/24	Financial Performance Report at 30.10.24	Consider including diagram for HSCP, like that presented under section 2.2 for Health Board Retained Services, to help provide a clear understanding of the position	MM	Diagram prepared as part of the 2025/26 financial plan and will be incorporated into 25/26 financial reporting	Closed
3.	26/11/24	ADP Q2 Update	Executives to consider triangulation between the ADP, IPQR and corporate objectives to improve read-across going forward. Continue to review / refine presentation of report (include risks for deliverables that are unlikely to meet target and how quickly areas at risk can move back on track)	Exec. Directors	Items 3-5 will be addressed as we look ahead to the plan and performance reporting in 2025/26. This will be an action through to the start of the new year.	May 2025
4.	26/11/24	Prevention & Early Intervention Strategy (volume of strategies / reports)	Report back to Board on progress on the Strategy, recognising the volume of reports / info already presented to the Board, consider how to bring info together in a streamlined way, reflecting the various strategies in the process of being delivered, so that the organisation is clear on its priorities and progress it is making to achieve those priorities between now and end of financial year	CP	As above	May 2025
5.	26/11/24	Population Health & Wellbeing Strategy 2024/25 Mid-Year Report	Consider what reports will be submitted to the Board and by when, in conjunction with action described above	CP/BH	As above	May 2025

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
6.	30/01/25	Action List	Paper to be presented to March Board re position on compliance with Personal Development Plan Review & mandatory training performance	DM	Paper submitted to the March Board	Closed
7.	30/01/25	IPQR Nov 2024 Position – CAMHS	Request made to include percentage of self-harm referrals to CAHMS within the next iteration of the report	LG	Information will be included within the next iteration of the report	Closed
8.	30/01/25	Health & Care (Staffing) (Scotland) Act (HCSA) 2019: Q2 Report 2024/25	Combined 3 rd / 4 th internal quarterly HCSA report to the Board in March 2025 (will form the basis of the first annual report)	DM	Paper submitted to the March Board	Closed
9.	30/01/25	Revised Risk Management Report	Remove the risk appetite scoring tool from the published Framework.	MM	Request made to Associate Director for Risk and Professional Standards to make change	March 2025

Update from previous action lists

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
10.	30/07/24	Reforming Services and Reforming the Way we Work	Add as standing item on the Board agenda going forward	GM/CP	Noted on the Board's workplan and added as a standing item from November. Update: remove as stand-alone item as will be incorporated into the Annual Delivery Plan	Closed
11.	25/09/24	(Discussion under) 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 to be submitted to the Board at end of financial year. Scheduled on workplan for March 2025. Update: Will be incorporated into papers being submitted to May Board as per actions 3 – 5 above and on workplan	May 2025
12.	25/09/24	Governance Committee Chairs' Reports	Update on the EMERGE programme to be submitted to the Board in due course	DM	Interim update given to October Board Development Session. Further update to be provided and scheduled for March 2025. Update: Propose to provide full year report to September Board and added to workplan	September 2025
13.	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	Regional paper being developed which will be submitted to CGC and Board. Scheduled on workplan for March 2025. Update: Whole plan on hold from national perspective. Added to workplan 2025/26 with date to be agreed	Date to be agreed



Report to the Board on 25 March 2025

BOARD DEVELOPMENT SESSION – 19 February 2025

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.

February Development Session

4. The most recent Board Development Session took place in the Boardroom, Victoria Hospital, Kirkcaldy on Wednesday 19 February 2025. There were two main topics for discussion: Medium Term Financial Plan and Transformation and Planning.

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

24 February 2025

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Board Committee Membership, 2025-26
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Executive Summary:

- This paper outlines Board Committee membership moves effective 1 April.
- A moderate level of assurance is suggested, highlighting the detailed discussions that Chair has undertaken over the Non-Executive appraisal cycle, noting however the two Committee vacancies at present due to the Board being a member short of the full Non-Executive complement.
- The Board is invited to formally approve the Committee placements for the next financial year.

1 Purpose

This report is presented for:

- Approval

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation / Background

This paper outlines Board Committee Membership appointment changes to take effect in April, for formal Board approval.

2.2 Assessment

Following the recent appointment to the Board of the new Local Authority and Area Clinical Forum representatives, and reflecting the Chair's recent one-to-one discussions with Non-Executive members at their annual appraisal meetings, a reshuffle of some

Committee placements have been agreed. Details of the new Committee appointments, reflecting moves effective from 1 April 2025, are attached as Appendix 1. In summary, the changes per Committee are as follows:

Audit & Risk

Arlene Wood to succeed Alastair Grant as Chair

Cllr Mary Lockhart to fill current member vacancy

Nicola Robertson, as new ACF Chair, to succeed Aileen Lawrie

A remaining vacancy will be held unfilled at present, until the Board membership is at full complement.

Clinical Governance

Anne Haston to succeed Arlene Wood as Chair

Nicola Robertson, as new ACF Chair, to succeed Aileen Lawrie

Alastair Grant to fill vacancy caused by Kirstie Macdonald’s retiral from the Board.

A remaining vacancy will be held unfilled at present, until the Board membership is at full complement.

Finance, Performance & Resources

Cllr Mary Lockhart to join, in place of Aileen Lawrie.

Public Health & Wellbeing

Nicola Robertson to join, in place of Alistair Morris.

Staff Governance

Anne Haston to temporarily fill the Non-Executive vacancy caused by Kirstie Macdonald’s retiral from the Board, until appointment of new Whistleblowing Champion.

Integration Join Board

Colin Grieve to succeed Arlene Wood as Vice Chair

Jo Bennett to join, in place of Arlene Wood, who will step down from the IJB.

Spiritual Care Champion

Nicola Robertson to succeed Aileen Lawrie in this 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	There is sufficient assurance that controls upon which the organisation relies	There is some assurance from the systems of control in place to manage the	No assurance can be taken from the information that has been provided. There

	achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	remains a significant amount of residual risk
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The Board is asked to take moderate assurance from the fact that, with the exception of the Audit & Risk and Clinical Governance Committees, which will both run with a respective vacancy until the Board is at full strength, all committees are fully staffed from 1 April. The next Non-Executive recruitment exercise, to fill the current vacancy and an additional vacancy due to occur in the latter half of 2025, is in train with the Public Appointments team and further updates will be given to the Board as this proceeds.

2.2.1 Quality, Patient and Value-Based Health & Care

Ensuring Board scrutiny in this area is a significant aspect of the Board's responsibilities, undertaken through Non-Executive membership of committees such as Clinical Governance and Public Health & Wellbeing.

2.2.2 Workforce

N/A

2.2.3 Financial

Amendments will be made to Non-Executive remuneration to reflect additional responsibilities in relation to committee appointments.

2.2.4 Risk Assessment / Management

This paper is not related to any active risks on the Corporate Risk Register.

2.2.5 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.

2.2.6 Climate Emergency & Sustainability Impact

N/A

2.2.7 Communication, involvement, engagement and consultation

The appointments have been informed by discussions with Committee Chairs and Non-Executive Members, led by the Chair, largely during the recent appraisal programme.

2.2.7 Route to the Meeting

The Board is the first group to consider this paper.

2.3 Recommendation

This paper is provided for:

- **Approval** – For the Board to formally approve the new Committee membership arrangements from 1 April 2025.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Committee Membership Chart, effective April 2025

Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email gillian.macintosh@nhs.scot

BOARD STANDING COMMITTEES – from 1 April 2025

Committees

Changes since last issue: S Dunsmuir added as DoF; J Bennett added as M IJB, M IJB Q&C; L Garvey added; A Grant added as M CGC, removed as Ch AR; C Grieve added as VCh IJB; A Haston added as Ch CGC and M SGC; A Lawrie removed; M Lockhart added as M AR, M FPR; K Macdonald removed; M McGurk removed; F McKay removed; A Morris removed as M PHWC; N Robertson added as M AR, M CGC, M PHWC; A Wood added as Ch A&R, removed as Ch CGC and VCh IJB

	Audit & Risk (5 NEDs)	Clinical Governance (6 NEDs)	Finance, Performance & Resources (6 NEDs)	Public Health & Wellbeing (4 NEDs + ED)	Remuneration (3 NEDs + ED + Ch)	Staff Governance (4 NEDs + ED)	IJB (VChair until Oct 2027)	IJB Audit & Assurance	IJB Finance, Perf. & Scrutiny	IJB Quality & Communities	Pharm Practices Cttee	Fife Partnership Board	Discret Points Yearly	Dental Appeals
Executive Team														
C Potter*	A	M	M	M	A	M						M		
C Dobson		A	A			A								
S Dunsmuir*	A		M											
F Forrest		A		A			A							
L Garvey		A	A	A		A	A	A	A			M		
A Graham		A	A											
B Hannan		A	A	A										
J Keenan*		M	M	M		M	M							
K MacGregor				A		A								
N McCormick			A	A										
Dr C McKenna*		M	M	M			M							
D Miller					A	A								
J Tomlinson *		M	M	M			A					M		
Non Exec														
J Bennett*		M	M	M			M			M				
S Braiden*			M			M	M	M	Ch	Ch				
A Grant*		M	M		M		M		Ch	M	Ch			
C Grieve*		M				Ch	VCh	M	M					
A Haston*	M	Ch				M (Temp)								
J Kemp*			M	Ch	M	M	M	M						
P Kilpatrick*					Ch							M	Ch	
M Lockhart	M		M											
WB Champion*														
A Morris*			Ch		M									
L Parsons*				M	M	M+	M							
N Robertson*	M	M+		M										
A Wood*	Ch			M										
Vacancies	V	V												V ad hoc

All Board Members* are Trustees (T) of the Board of Trustees, Fife Health Charity

A Morris Chair, Fife Health Charity

Community Engagement Champion – Alistair Morris
 Counter Fraud Services Champion – Arlene Wood
 Equality & Diversity Champion – Sinead Braiden
 Mental Health Champion – Arlene Wood
 Quality & Service Improvement Champion – Jo Bennett

Re-form, Transform, Perform Ambassador – Colin Grieve
 Spiritual Care Champion – Nicola Robertson
 Staff Health & Wellbeing Champion – John Kemp
 Sustainability Champion – Anne Haston
 Whistleblowing Champion – **New appointment TBC** (Scottish Government appointment)

M = Member Ch = Chair VCh = Vice-Chair A = In Attendance M+ = Member in own right V = Vacancy

	COMMITTEE	EXEC LEAD	SECRETARIAT CONTACT EMAIL
1.	Audit & Risk Committee	Director of Finance, Susan Dunsmuir	hazel.thomson4@nhs.scot
2.	Board of Trustees / Fife Health Charity Committees	Director of Finance, Susan Dunsmuir	elaine.dodds@nhs.scot
3.	Clinical Governance Committee	Medical Director, Chris McKenna	hazel.thomson4@nhs.scot
4.	Discretionary Points	Medical Director, Chris McKenna	alison.gracey@nhs.scot
5.	Finance, Performance & Resources Committee	Director of Finance, Susan Dunsmuir	kerrie.donald@nhs.scot
6.	Public Health & Wellbeing Committee	Director of Public Health, Joy Tomlinson	hazel.thomson4@nhs.scot
7.	Remuneration Committee	Director of Workforce, David Miller	lakshmi.anderson@nhs.scot
8.	Staff Governance Committee	Director of Workforce, David Miller	lakshmi.anderson@nhs.scot

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Blueprint for Good Governance Improvement Plan Update
Responsible Office holder: Pat Kilpatrick, Board Chairperson
Report Author: Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper outlines 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 paper reports on the conclusion of all but two of the action points specified in the Plan, with detailed progress updates given in the appendix.
- The paper suggests a moderate level of assurance can be taken from the actions completed thus far, with two action points still to be completed in full. Both are linked to national work that is required, to which Fife has ongoing input.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Effective

2 Report summary

2.1 Situation

In March 2024, the Board approved an improvement plan, which followed on from the Board's self-assessment exercise against the expectations of the second edition of the NHS Scotland Blueprint for Good Governance. The Board is asked to note the enclosed update of progress related to the individual action points within the plan.

2.2 Background

From November to December 2023, the Board engaged in a self-assessment of its governance against the terms of [DL \(2022\) 38, NHS Health Boards and Special Health Boards Blueprint for Good Governance](#), published in December 2022. The self-assessment involved all Board members and routine attendees undertaking a detailed survey measuring the Board's current operations against the Blueprint functions. This was subsequently followed by a dedicated in-person Board development session held in February 2024 to agree the Board's actions, collating these in the format of an improvement plan. The self-assessment exercise has been a key element of implementing the arrangements of the NHS Scotland Blueprint for Good Governance and the survey and plan format have been provided to Boards by Scottish Government as part of a Once for Scotland approach common across all Health Boards.

The second edition of the Blueprint builds on the original guidance issued in 2019 and sets out the methodology for assessing the effectiveness of the healthcare governance system against the principles of good governance. The aim is for Boards to develop a programme of activity to drive continuous improvement in the delivery of good governance. Scottish Government has set out its preferred approach to evaluation following three levels of assessment as follows:

- Appraisal of Non-Executive / Stakeholder Board Members' individual performance (this is completed annually by the Chair and was last undertaken in October/November 2024)
- Self-assessment of the Board's effectiveness (completed in February 2024, as per the exercise described in this paper)
- External review of the organisation's governance arrangement (details of this future assessment process are still to be announced by Scottish Government)

2.3 Assessment

20 of 21 (95%) of eligible respondents (Board members and senior management attendees at Board meetings)¹ completed the Blueprint survey anonymously over November to December 2023. The Board then held a dedicated Development Session in mid-February 2024, facilitated by Claire Sweeney and Olivia McIlveen, Board Development colleagues from NES, to discuss the survey results. The session was broken down to the level of individual survey sections, and reviewed how well the Board is presently delivering on the functions outlined in the Blueprint. The session also considered what information each result tells us, the context for the final ratings, and Board members were invited to consider via individual breakout groups of where improvements can be made.

In discussing the survey results, the Board identified a number of areas of strength in existing governance practice, such as the current committee structure and system of assurance it provides; level of professional support available to the Chair, Committee chairs and Board members; positive Board dynamics and member relationships, with

¹ Note, two then recently appointed Board members were excluded from the survey, due to the fact that, at the point of completion, neither had yet had the opportunity to attend a Board meeting.

behaviours and visible leadership in culture in support of NHS core values; and clarity over roles and responsibilities, particularly between the Health Board and Integration Joint Board.

There was open and honest reflection amongst members of areas that require further work to strengthen, which are captured in the Board's improvement plan. These can be categorised broadly as:

- enhancing stakeholder engagement, including rollout of a Participation & Engagement Strategy to support service enhancements (particularly in relation to potential service changes under the RTP workstreams) and developing more contact between Board members and as wide a group of staff as possible;
- refreshing the Board's risk appetite, to reflect current financial / resource pressures;
- continuing to improve the level of data and information given to the Board and its committees, in documents such as the IPQR, financial reporting and risk register;
- seeking to improve the Board's diversity in membership, via the next cycle of Non-Executive appointments; and
- improving our assurance arrangements, to inform ongoing development and clarity of our governance structures.

Since the Blueprint Action Plan was approved by the Board, a further Board Development Session in April saw discussion on the Board adopting formal Levels of Assurance, and these have since been adopted and rolled-out. Also introduced in the last year has been Committee Chair Assurance Reports, to allow for enhanced visibility of Committee discussions at Board meetings. Further discussion on general reporting to help support the 'Re-Form, Transform and Perform' (RTP) programme of work has also sought to enhance our practice and meet Board members' requests for an appropriate level of detail in reporting, at regular intervals.

The two actions that remain outstanding are linked to work ongoing at a national level, to which the Board has input. In relation to the action around improving the diversity of Board members, there are two Board Non-Executive vacancies occurring in 2025, with the recruitment exercise by Public Appointments team planned to launch in the Spring. Encouraging applications from a diverse pool of candidates will be an ambition of the recruitment panel.

The last action relates to creating an Assurance Framework for the Board. The Blueprint for Good Governance recommends that this should be in place for each Board, but does not describe how such a Framework should be structured in content or format. NHS Scotland Board Secretaries as a group are presently discussing good practice in this area, to inform a set of principles / guidelines for each Board to adopt locally. A number of initial draft Assurance Frameworks are presently in the process of being considered by a small number of territorial / national boards and, once reviewed by the host Board, the learning from these are to be shared wider. Colleagues in the Board Development team at NES are

also considering whether guidance to be created on a ‘Once for Scotland’ basis would be useful in this space.

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, whilst delivering best value for the public.

2.3.2 Workforce

N/A.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment / Management

The report is not directly linked to any strategic or corporate risk. The Board’s lack of compliance with the Blueprint, however, risks divergence from Scottish Government guidance and would be a focus of internal and external audit scrutiny and challenge.

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

There are no direct equality or diversity implications arising from this paper. However, the proposals are intended to enable a more diverse range of skills and experience to be developed within the membership of the Board.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact.

2.3.7 Communication, involvement, engagement and consultation

The Chair and Vice Chair have had initial sight and comment on this paper and the draft plan.

2.3.8 Route to the Meeting

The Action Plan was previously reviewed and adopted by the Board at its March 2024 meeting, and a six-monthly update was given to both Audit & Risk and the Board in September 2024. The Audit & Risk Committee has reviewed this annual update at their meeting on 13 March 2025.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – for members' to note progress in delivery of the Board's current Improvement Plan.

3 List of appendices

The following appendices are included with this report:

- Appendix – Board Improvement Plan Progress Update

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email gillian.macintosh@nhs.scot

Priority Area	Blueprint Function	High level Action	Interdependency	Lead(s)	Timeline	Status	March 25 Update	Intended good governance outcome
Functions	Setting the Direction	Strengthen the Board's input on financial decision-making, including its involvement into design of options around investment and disinvestment as part of the Re-Form, Transform, Perform (RTP) workstreams. Ensure that clear proposals and supporting information are provided to the Board, that decisions are clearly recorded, and progress is routinely reported and monitored.	Governance reporting route of RTP programme	Chief Executive / Board Chair	apr-24	Closed	Regular RTP reporting now built into both Board and Committee workplans, supported by dedicated RTP slot at each Board meeting and Board Development Session. Enhanced financial reporting also in place. RTP Champion appointed from amongst the Non-Executive members meeting weekly with Director of Reform & Transformation.	Ensure the Board as a whole owns directly the plans in place to reach financial balance, and that the key drivers are well understood across the full membership.
Functions	Managing Risk	Review and agree the Board's Risk Appetite statement, at a dedicated Board Development Session, in light of current financial and operational pressures.	-	Board Chair / Chief Executive	apr-24	Closed	Two dedicated risk appetite sessions held in-person with the Board, in April and June 2024, to further develop risk appetite statement. New Risk Appetite Statement formally approved by the Board in November 2024.	A more active approach to governance to make more timely, well informed and strategic decisions. A clearer understanding of the Board's risk appetite and tolerance being evident at Committee and Board level.
Functions	Engaging Stakeholders	Finalise, approve and implement a new Public Participation & Community Engagement Strategy, to be utilised and become embedded in our processes for reforming and transforming our services.	-	Associate Director of Comms / Board	mai-24	Closed	Members have considered new Strategy and operational plan via Public Health & Wellbeing Committee and Board in May and July 2024. Further details has been provided on planning engagement-related activities for RTP workstreams and emerging individual projects.	Embedding patient, stakeholder and community representation and feedback within the performance framework and governance structure, to ensure strategic decisions are appropriately informed.
Enablers	Diversity and equality	Seek to increase diversity and equality amongst the Board membership in current Non-Executive Member recruitment exercise.	Timings and completion of Public Appointments recruitment process	Board Chair	jul-25	Open	Forthcoming Non-Executive recruitment process for two positions, to be carried out by Public Appointments team in Spring 2025, to continue to review Board composition and potential skill/diversity gaps.	The composition of the publicly appointed membership of the Board to better reflect the diversity of the communities within Fife.
Functions	Holding to Account	IPQR to include wider benchmarking data, to assist with triangulation and to refer to any live critical issues. IPQR also to include description of trends, trajectories and benchmark of performance with other Boards of a similar comparison size.	-	Director of Finance & Strategy / Associate Director of Planning & Performance	jun-24	Closed	IPQR review now complete and these matters addressed. Initial report considered at July 2024 Board meeting and further feedback sought on additional metrics to be added.	Performance reporting to triangulate with other NHS Fife data, and to utilise trajectories, trends and benchmarking with other Boards and systems.
Functions	Engaging Stakeholders	Create a rolling programme of Non-Executive member site visits and engagement opportunities with staff and patient groups, to increase visibility of the Board and to provide opportunities for members to hear a diverse range of views.	-	Board Secretary	jun-24	Closed	Series of visits scheduled and ongoing feedback on areas to prioritise sought. Non-Executive take-up to be promoted. Chair continuing to undertake familiarisation visits across a range of services. Agreed to be brought into Business as Usual activity.	Possible impact on staff and patients of Board strategies and decisions to be informed by direct Board member engagement with key groups.
Enablers	Roles, responsibilities and accountabilities	Review the role and number of Non-Executive Board Champions, to ensure that they can play an important part in disseminating the Board's culture and values wider with staff and key stakeholders. Explore and implement a suitable reporting mechanism to the Board on the activities of each of the Champions.	-	Board Chair / Vice Chair	jun-24	Closed	Number of standing Board Champions have not increased, but a Non-Executive 'Performance Champion' was identified to work in a time-limited manner with the IPQR review mentioned above. For Staff Governance, regular Champion reporting has been built into Committee agenda planning and annual workplan, and regular Champion input is given into Non-Executive member meetings.	Clear thread of organisational culture / ethos between front-line teams and the Board itself.
Delivery	The Assurance Framework	Clearly set out an assurance map / framework for the Board, detailing how assurance and delegation works across the Board and its various committees. This is part of reducing duplication and ensuring that the Board is focused on the most important and strategic issues facing the organisation.	Ongoing discussion of national guidance being issued for Boards, on a 'Once for Scotland' basis. A number of initial Framework examples created by other Boards will shortly be available.	Board Secretary	nov-25	Open	Detailed discussion on adopting Levels of Assurance undertaken at April 2024 Board Development Session, subsequently supported by adoption of these and Committee Chairs' Assurance Reports. National guidance on design and adoption of NHS Scotland Assurance Framework being discussed presently at Board Secretaries' Group, building on experience from a small number of other Boards who have created a Framework. Ongoing discussion with NES around whether a set of Once for Scotland principles could be utilised to indicate what 'good' looks like.	Increase visibility of assurance pathways across the Board and its committees, to increase clarity about where key responsibilities lie.

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Whistleblowing Quarter Three 2024/25 Report
Responsible Executive: Carol Potter, Chief Executive
Report Author: Debbie McGirr, Speak Up/Whistleblowing Coordinator

Executive Summary:

- This report provides an update on the Whistleblowing concern from Quarter 1, which is still under investigation; two anonymous concerns that were raised during Quarter 2; one Whistleblowing concern received in the quarter, being dealt with at Stage 1; and a further, previously unreported Whistleblowing concern from 2023-24 that has been concluded in Quarter 3 of the current reporting year.
- There have been no articles within the local press highlighting new issues of a Whistleblowing nature published in Quarter 3. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of single sex changing areas for staff within NHS Fife, as originally reported in Quarter 1.
- Detail is provided within the report on the activities of the Speak Up / Whistleblowing Coordinator since their appointment at the end of September 2024, and also the events held to mark Speak Up Week in early October.
- The report also includes an update on the business of the Whistleblowing Oversight Group, which had its third meeting in October 2024 and continues to progress work in relation to management and improvement of our Whistleblowing processes and communication activities.
- A moderate level of assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes.

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 third quarter of 2024/25 and seeks to provide assurance that NHS Fife is meeting the Standards by appropriately 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 oversight of the totality of whistleblowing activity across the organisation, this report covers whistleblowing concerns received and investigated as per the Standards, 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 3, namely 1 October to 31 December 2024.

Detail is also provided on the work being overseen by the Whistleblowing Oversight Group, which 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 third quarter of 2024/25, NHS Fife received one Whistleblowing concern from within NHS Fife, the Health & Social Care Partnership, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received no Anonymous / Unnamed Concerns during the third quarter.

Local Press Coverage

During the third quarter, there were no concerns highlighted in local press coverage. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of single sex changing areas for staff within NHS Fife, as originally reported in Quarter 1

Training Module Data

NHS Fife includes the Turas Whistleblowing Overview module as part of its mandatory training requirements for all staff, including managers. 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. All staff are regularly reminded to complete core training relevant to their role and update sessions are being planned in Quarter 4 for staff who support the Whistleblowing process as named confidential contacts.

Mandatory training data is reviewed quarterly, including at the Staff Governance Committee and the Board, with any appropriate actions for improvement in compliance considered.

Conclusions

Appendix One provides full details on the information summarised 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 the new Speak Up / Whistleblowing Coordinator has only recently been appointed and work is ongoing to improve the organisational support around Whistleblowing activity, including outreach to staff to encourage speaking up through Whistleblowing channels and formal closure of any ongoing cases / concerns.

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 that learning is 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; Dignity and Respect; Openness; Honesty and Transparency. The Standards also support our commitment to making a positive contribution to organisational change, aligning closely with new developments such as 'Our Leadership Framework'. 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.

2.3.3 Financial

There is no direct financial impact related to the contents of this report.

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, behaviours, fraud 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. The Speak Up / Whistleblowing Coordinator is now an attendee at the Equality & Human Rights Steering Group to input into the strategic discussions in this area.

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 and this information continues to be refreshed by an ongoing programme of communication and outreach activity being developed by the Speak Up / Whistleblowing Coordinator.

2.3.8 Route to the Meeting

The Whistleblowing Oversight Group has considered a draft of this report at its meeting on 28 January 2025, and it has also been shared with the Chief Executive and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group has reviewed this report at its meeting on 6 February 2025. The prepared quarterly report has also been considered in the March 2025 meeting cycle by the Staff Governance Committee and the Area Partnership Forum, prior to submission to the 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, and to improve the timeliness of handling concerns.

3 List of appendices

The following appendices are included with this report:

Appendix No. 1 – Quarter 3 2024/25 Whistleblowing Performance Report

Report Contact

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Head of Corporate Governance & Board Secretary

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Debbie McGirr

Speak Up / Whistleblowing Coordinator

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Appendix 1 – Whistleblowing Report Quarter 3, October to December 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 Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, in addition to highlighting outcomes and providing more detail on emerging Whistleblowing themes.

2. Whistleblowing Concerns Received during Quarter 3

There was one Whistleblowing Concern received during Quarter 3, which focused on staff conduct in relation to patient care. The concern was highlighted through line manager escalation, who logged it initially on Datix and contacted the Speak Up / Whistleblowing Coordinator for further advice. Senior management within the service accepted the concern and processed it under Stage 1 of the Whistleblowing Standards, in agreement with the member of staff raising the concern. A time extension for concluding the concern within the expected 5-day period (Stage 1) was granted, in agreement with the complainant, due to the service and staff approaching the Christmas and New Year leave periods. The concern is being actively reviewed at the time of writing of this report.

The detail of this concern is given below:

Quarter 3 1 October 2024 to 31 December 2024	Theme	Division	Service
One	Conduct	Acute Services	Medical Directorate

Current Stage	Early Resolution (Stage 1)
First received	12/12/24
Days at Stage One	29 days as at 28.01.2025
Days at Stage Two	n/a
Closed date	n/a
Service Area(s)	Medical Directorate

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
Has an incident been logged on Datix in relation to this concern?
Yes
Date Incident was logged
12/12/24
How was the whistleblowing concern received?

Received in person
Was this escalated from Early Resolution (Stage 1)?
n/a
Is this whistleblowing concern being raised on behalf of another person?
Yes
Date logged on Datix
16/12/2024
Date the event occurred? (if known)
29/11/2024
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
n/a
Outcome - Investigation (Stage 2)
n/a
Findings
Currently under investigation
What key themes and trends were identified in relation to this whistleblowing concern?
Currently under investigation

3. Ongoing Whistleblowing Concern 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 instances (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 originally 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. As the investigation was approaching completion, a further (third) extension approval was required due to unanticipated staff absence within the investigation team, which has impacted on the ability to complete the case review and close the concern. 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.

The detail of this ongoing concern is given below:

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	n/a
Days at Stage Two	163 days as at 28.01.2025
Closed date	Still open
Service Area(s)	Complex & Critical Care

Additional Detail:

This whistleblowing concern includes an element 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 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 3

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 following the conclusion of this investigation.

5. Anonymous / Unnamed Concerns / Learning from Quarter 2 Concerns

The Standards do not allow for concerns to be raised anonymously, nor can they be subsequently 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.

There were no Anonymous / Unnamed Concerns received during Quarter 3.

Two anonymous concerns were raised in Quarter 2, respectively, relating to alleged fraud and patient safety / quality of care / culture. These have been investigated as fully as possible, given the information available for each.

Quarter 2 1 July 2024 to 30 September 2024	Theme	Division	Service
Anonymous Concern 1	Fraud	HSCP / Corporate	Primary & Preventative Care / Procurement
<p><u>Outcome of investigation</u></p> <p>No matters of concern have been identified after investigation of the concern. A report has been formally logged with NHS National Services Scotland Counter Fraud Services, however no further enquiries are thought necessary.</p>			
Anonymous Concern 2	Patient safety / quality of care / culture	Corporate	
<p><u>Outcome of investigation</u></p> <p>An independent review has been undertaken of the anonymous concern received. The following recommendations have been identified from that exercise:</p> <ol style="list-style-type: none"> 1. Organisational Culture: Address cultural issues as part of the next steps in the Board's Reform, Transform, Perform (RTP) programme, and in particular a performance management 'mindset'. 2. Consistent Messaging: Ensure consistent and clear communication of key messages are conveyed across the system. 3. Speak Up Messaging: Highlight the benefits of submitting named concerns or complaints over anonymous ones. 4. Understanding Roles: Improve understanding of the roles that all services play within the organisation <p>A number of key actions in support of implementing the learning detailed above have been agreed with the input of the Board's Non-Executive Whistleblowing Champion. These have already been put in place or will be actioned early in 2025.</p>			

Staff have other avenues / opportunities to raise concerns, both anonymously and named, and are supported to either resolve the concern or to progress it using formal processes. Additional routes are available for staff to raise pertinent issues or concerns, including the submission of information to a dedicated and confidential 'Speak Up' email box, where direct and timely support can be offered to staff. This method of communication provides staff with a central point of contact to raise concerns, share queries or obtain advice about specific work issues of concern to them. Initial responses are by email, with the additional offer of meeting face to face or via Teams, or speaking by telephone to provide further guidance, support and direction for staff. The aim of these varied response mechanisms is to ensure staff feel listened to and are able to take appropriate action to resolve their specific concerns. In some instances, concerns may be also directed to the Whistleblowing process via Confidential Contact support staff.

6. 2023/24 Whistleblowing Concern concluded in Quarter 3

During Quarter 3, a previous Whistleblowing concern that occurred originally in 2023/24 was highlighted. Rather than being recorded and reported in the previous year under the Whistleblowing Standards, the concern was investigated and dealt with under business as usual procedures. Due to it being managed locally, an administrative error prevented the concern being logged on Datix, which resulted in a lack of timely reporting and significant delay in bringing the case to a recordable conclusion. Formal reflection on the processes used has indicated that the concern should have been reported as a Whistleblowing case on Datix, to enable efficient and timely reporting, rather than being investigated and managed under business as usual guidelines. Learning has been undertaken from this and the new dedicated resource in place to assist with Whistleblowing administration will prevent such an occurrence in future.

Overview / Additional Detail

Current Stage	Closed
First received	30/10/2023
Days at Stage One	n/a
Days at Stage Two	245 days
Closed date	16/10/2024
Service Area(s)	Women, Children & Clinical Services

Additional Detail:

This whistleblowing concern include an element of the following
Workplace culture: bullying, harassment or discrimination; patient safety; quality of patient care
Does this whistleblowing concern relate to any issue of patient safety
Yes
Has the person raising the concern experienced any detriment?
The concern was raised by an individual who no longer works in NHS Fife.
How was the whistleblowing concern received?
Via email to the Chief Executive, Medical Director, Director of Workforce and copy to the Board's Non-Executive Whistleblowing Champion.
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
Incident was not logged on Datix at the time the concern was communicated, due to an administrative oversight.
Date the event occurred (if known)
N/A
Date Closed
16/10/2024
Outcome - Early Resolution (Stage 1)
N/A
Outcome - Investigation (Stage 2)
Partially Upheld, with recommendations as detailed below.

Findings

A concern was raised by a person who had previously worked within a specific service in NHS Fife. It related to workplace culture, clinical governance processes and the willingness of staff to speak up about concerns within their department. The Medical Director and Director of Workforce commissioned an investigation to understand the issues raised. The complaint detailed a number of cases where the adverse event process had already been triggered. The complainant raised concerns about how staff contributed to this process and how learning is shared.

What key themes and trends were identified in relation to this whistleblowing concern?

Key themes related to:

- Clinical Governance processes;
- Patient safety
- Medical staffing levels
- Ineffective communication preventing staff from having the opportunity to learn from concerns and adverse events.

The outcome of the investigation of the Whistleblowing concern acknowledged a need for senior managers and Organisational Development colleagues to provide more support to staff in the unit by:

- Increasing substantive middle-grade medical staffing.
- Introducing consistent protocols to manage and improve patient safety.
- Ensuring escalation and mitigation processes are being followed to manage any compromise in patient safety due to inadequate nursing staffing levels.
- Addressing staff behavioural issues.

Feedback from staff during the investigation also raised concerns about the whistleblower's own behaviours and the impact that these had on staff. A number of the concerns raised via the Whistleblowing process were not substantiated by the subsequent investigation, especially those that related to patient safety and outcomes.

Key learning / action points:

- Re-evaluating the current support needs of the service, to build and sustain cohesion within the clinical team and consider alternative support as required.
- Considering ways of building confidence and maintaining competence of staff when dealing with high-risk patients, to reduce potential staff anxiety during treatment.
- Working with staff to foster a culture of inclusion and improve team-working across clinical and non-clinical teams.

7. Local Press Coverage During Quarter 3

There were no new Whistleblowing / unnamed staff concerns reported in local newspapers during Quarter 3. There was, however, ongoing media coverage / enquiries about an ongoing legal case regarding the availability of single sex changing areas for staff within NHS Fife, as originally reported in Quarter 1. Two of these enquiries were published in the national press.

Responses to each enquiry were provided by the Communications team, using their normal processes for responding to media enquiries.

8. Supporting Staff & 'Speak Up Week', 30 September to 4 October

This year our 'Speak Up' week campaign had an internal organisational focus, promoting and sharing the Speak Up message across all staff groups, rather than posting activity on external social media platforms. There was a week of planned, daily activities which were clearly conveyed by our Corporate Communications team, featuring:

- Walkabouts by senior leaders, staff-side colleagues and non-executive directors, including the Whistleblowing Champion, to speak directly to staff in public / clinical-facing roles;
- Promoting INWO national content of staff videos, sharing their experiences of speaking up from across the country;
- Seeking feedback from our own staff about their experiences of raising concerns and speaking up at work; and
- Pledges from senior managers across NHS Fife, stating their specific intention of how they will promote and embrace the culture of speaking up.

Following on from Speak Up Week 2024, the Whistleblowing Oversight Group reviewed information from the Corporate Communications team around the various Speak Up promotion initiatives and activities were held across NHS Fife during the week. This included: publication of the new 'Know Who To Talk to' information banner on Stafflink; promoting national activities and case scenarios provided by the Independent National Whistleblowing Officer (INWO); creation of pledges by Senior Executive team; and videos from:

- Chief Executive around the need for staff to feel empowered and supported;
- Director of Workforce around creating a healthy speak up culture and accessing the speak up process; and
- Employee Director on the importance of building trust.

When comparing our Speak Up Week activity to that of other NHS Boards, there is a potential to expand our external outreach by using NHS Fife's social media platforms to highlight the work we undertake as an organisation in relation to Speaking Up. This ensures that groups covered by the Standards, such as Volunteers and external contractors, have access to the information shared. It would also enable our activities to be more visible and shared across INWO's own communications in support of Speak Up Week.

The Whistleblowing Oversight Group is keen to develop a more consistent approach to Speaking Up, by encouraging 'listening' of staff concerns and feedback throughout the year, rather than focusing on a specific week of activities. A similar view was echoed at a national INWO focus group meeting in November 2024, which was attended by the Board Secretary and the Speak Up / Whistleblowing Coordinator.

In relation to more general staff support, there are additional services and opportunities available via our revised 'Know Who To Talk to' information pages on Stafflink. Meetings of the Board's Area Partnership Forum and System Leadership Group consistently encourage staff to utilise the various support systems that can enable them to speak up safely. In Quarter 3, there have been ongoing opportunities offered by senior management that encourage staff to speak up through:

- a continuous 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 Teams.

The Director of Acute Services and Director of Health & Social Care also have a range of opportunities for staff to raise concerns, via regular face-to-face contact with all levels of

staff. The Speak Up / Whistleblowing Coordinator has recently met with senior staff in the Health & Social Care Partnership to discuss further opportunities for promotion of a 'Speak Up' culture across all primary care settings.

9. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. In Quarter 3 we launched a single point of contact email address (fife.speak-up@nhs.scot) and a dedicated voicemail service (01383 674016) for staff concerns to be logged and responded to. This presents an opportunity to seek feedback from those who have contacted the service seeking advice and support. Since its launch, there have been a number of separate enquiries relating to requests for guidance in relation to:

- Whistleblowing Standards advice;
- support in relation to overall staff health and wellbeing matters;
- guidance in relation to matters that fall under HR processes; and
- advice and support for decision-making in relation to communication and culture.

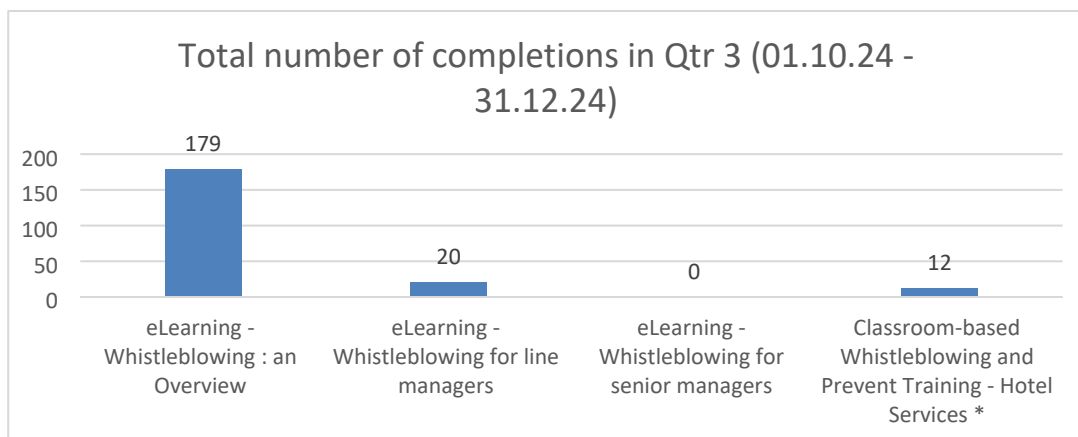
Feedback from the early operation of the generic inbox has indicated that staff are complimentary about the rapid response turnaround to enquiries and feel reassured about the level of advice, guidance and signposting to avenues of support which they have received following their initial contact. To monitor the effectiveness of this single point of contact, there will be a more formal collation of feedback comments from staff through the use of a direct questionnaire at the end of each query or concern.

Further feedback is also available from Confidential Contacts in their meetings with staff who are raising concerns with them directly. To capture the type of support which is being offered, Confidential Contacts have been supplied with a new meeting summary form, which will be completed for every enquiry. This will enable identification of specific trends and feedback from staff about how they feel their concerns have been handled.

In accordance with the National Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff also have the opportunity to provide feedback by speaking to the Board's Whistleblowing Champion in confidence.

10. 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 3 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, 6,855 staff have now completed the module, representing an increase of 179 staff since the last quarter.
- For the Whistleblowing for line managers module, 468 staff have completed the module, representing an increase of 20 staff since the last quarter.
- For Senior Manager training module, 639 staff have completed the module. There has been no increase in engagement since the last quarter.
- 139 staff members have also completed classroom-based training in Whistleblowing / Prevent, representing an increase of 12 staff since the last quarter.

11. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife is now part of the Corporate Governance & Board Administration function.

The recently established role of a Speak Up / Whistleblowing Coordinator, who took up post in September 2024, continues to enhance operational support for whistleblowing activity, including outreach to staff to encourage them to report concerns, in addition to ensuring Board compliance with reporting requirements of the National Whistleblowing Standards.

The Speak Up / Whistleblowing Coordinator has led on the following key activities during this quarter:

- coordination and follow-up on currently active whistleblowing investigations;
- creation of bespoke NHS Fife whistleblowing step-by-step process documents, with clear alignment to the requirements of the National Standards;
- establishment of a communications workplan, including initial review and streamlining of whistleblowing information available on our internal employee app, Stafflink;
- refresh of the regular Confidential Contacts peer support meeting, creating an active MS Teams channel as a vehicle for regular dialogue and sharing of good practice;
- exploring options for wider promotion and appreciation of the Confidential Contact role within the organisation;
- liaising with Organisational Development staff to organise refresher training to Confidential Contacts and to discuss potential for triangulation and dissemination of learning from concerns being raised;
- establishing monthly updates of a concern tracker with the Board's Non-Executive Whistleblowing Champion;
- participating in visits and walkabouts to speak directly to staff, both clinical and professional, about the importance of speaking up;
- attending the Board's Equality & Human Rights Steering Group and Area Partnership Forum, to discuss whistleblowing activity and performance;
- establishing links with the Fife Health & Social Care Partnership, to promote closer working and procedural information-sharing across integration partners; and
- establishing links with the INWO team and staff in similar posts across NHS Scotland.

A core part of the role moving forward will be an ongoing programme of regular outreach work to visit staff across acute, community and primary care settings, promoting speak up and awareness of the Board's Whistleblowing processes, to ensure staff feel listened to and are able to raise concerns in a timely manner.

The Whistleblowing Oversight Group, chaired by the Chief Executive, held its third meeting in October 2024. The Group focuses on enhancement of current Whistleblowing processes, developing new documents and procedures as appropriate to ensure a robust level of reporting and associated learning takes place. To enhance opportunities for collaborative learning as a result of concerns being raised, the group have approved a formal 'concern tracker', which follows guidance in the National Whistleblowing Standards around identifying themes for future learning. Although the roll-out and use of the document is still in its infancy, current evidence demonstrates three categories of concern being highlighted: quality of patient care / patient safety; unsafe / unsuitable working conditions; and workplace culture. These themes are now being shared and discussed during meetings, with the future aim of exploring methods for data triangulation across other learning and development departments.

12. 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:	25 March 2025
Title:	Health and Care (Staffing) (Scotland) Act 2019: Quarter 3 and Annual Report Update 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

Executive Summary

- This report gives a summary of the Board's current activity in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), which was implemented on 1 April 2024.
- The Annual Report template is currently being completed for submission to Scottish Government (SG) by 30 April 2025. Given the submission date falls outwith the Committee meeting cycle and also the timeline for the Quarter 4 data capture, the link to the full annual report template will be provided to Board members for consideration and feedback prior to submission. Any information collected in Quarter 4 which is not included in the annual report will be added to the report for the first quarter of 2025/2026.
- To note the continued collective efforts of the local Implementation Group and Heads of Service who provided feedback to inform the content of this report. To meet the annual reporting requirements the local Implementation Group has moved to use an MS Excel based questionnaire aligned to the national template for gathering information from services and this has helped to continue to accumulate a detailed overview of current actions and issues to be addressed in future quarters and into 2025/2026.
- The monitoring arrangements across the operational delivery units and professions helps to understand compliance with the legislation and to ensure appropriate mechanisms of accountability and responsibility are in place and functioning.
- The Board has submitted the third High Cost Agency quarterly return (1/9/2024 to 31/12/2024) to SG and this will give an opportunity to continue the existing work on the reduction in agency staffing and to benchmark with other Boards. The NHS Fife reports and National publication are available upon request.
- NHS Fife has made good progress to date and has positive engagement from all professions. Where gaps have been identified, there are plans in place to resolve them. Further assessment and reporting will keep this on track to ensure we are working towards full compliance with the legislation.
- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to the documentation providing evidence in respect of implementation of the Act.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe, Effective and Person Centred

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

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- Appropriately trained & developed

2. Report Summary

2.1 Situation

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires quarterly and annual compliance reporting to the Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians” – Executive Directors of Medicine and Nursing and Director of Public Health) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements, to ensure appropriate staffing.

Within NHS Fife, the Director of Workforce has the delegated lead responsibility for Board compliance with quarterly and annual reporting. Details of the information required within these reports is available upon request and a summary is provided within this paper.

In addition, the Board is required to submit quarterly high cost agency staffing reports as detailed within NHS Circular DL(2024)25.

2.2 Background

As previously reported to the Board, the aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services and is applicable to approximately 7,300 staff across all in-scope functions of NHS Fife.

Whilst many of the Act requirements, (listed at Appendix 1 with our current RAG status) are not new concepts, they must now be applied consistently to all roles in scope, intended to:

- Enable safe, high-quality care and improved outcomes for people.
- Support the health, well-being and safety of patients and the well-being of staff.

The application of the guiding principles (available upon request) underpins all duties and responsibilities placed on NHS Fife when considering staffing within health care, noting that no one factor is more important than another.

As previously reported, to assist HIS with their new functions, it has been agreed to provide HIS with copies of the Board quarterly and Annual Reports. The next HIS Engagement meeting will now take place on 17 April 2025.

2.3 Assessment

A moderate level of compliance against the various duties detailed within the Health and Care Staffing Act is suggested. This is supported by the self assessment templates populated by the Services / Professional Leads, as highlighted in Appendix 1. It is noted that this assessment is based on the application of Daily OPEL processes across a number of services and Job Families, and Business Continuity arrangements in other areas. The administrative resource required for maintaining the OPEL workload is acknowledged, and the barriers to achieving a greater level of compliance has been identified in these templates as the absence of eRostering and SafeCare in these areas, and importantly embedding the output from these solutions into the Daily OPEL process.

A summary of progress made during Quarter 3 is detailed below, alongside actions for Quarter 4.

Key Achievements during Quarter 3:

- Completion figures in respect of individual HCSA eLearning Training modules during 2024/2025 are detailed below:
 - Domain 1 fundamentals of health and care staffing: **50**
 - Domain 2 workload and workforce planning: **271**
 - Domain 3 managing and using workload and workforce planning data: **21**
 - Domain 4 quality assurance and governance: **20**
- Development of the draft Workforce Plan for 2025/2026, taking account of the current and future staffing aligned to requirements of the Act.
- Successful introduction of a new MS Excel template aligned to the preset national reporting document, to assess compliance with the Act within clinical services, identify areas for improvement and to support inclusion of narrative within this Quarter 3 / Annual Report.
- The revised data capture process ensures clinical leaders and managers are focused on the specific elements of each duty when confirming their RAG status.
- Development and introduction of a range of Standard Operating Procedures relevant to the Act covering Staffing Level Risk Assessment and Escalation Process, and Duty to Seek Clinical Advice, Roster Building and Supplementary Staffing Escalation Risk Assessment.
- The required specialty specific Common Staffing Method Tool Runs have been completed as planned for 2024. Some individual areas have also run the tools out of schedule to suit local requirements. The scheduling of annual tool runs has been

planned for 2025/2026, plus reporting the output of these reports to the Executive Directors Group and locally to meet Act requirements.

- The Workforce Hubs went live in November 2024 and are ceasing at the end of March 2025, these supported workforce pressures and the aim of reducing Bank and Agency staffing requirements by enhancing the visibility and governance arrangements relating to staffing levels and supplementary staffing requirements. In advance of this, clinical skills refresher training was undertaken as required to support the mobilisation of contracted staff to areas of greater risk.
- Senior Nursing & Midwifery Workforce colleagues have been providing complementary HCSA training sessions and Staffing level tool run sessions, running until March 2025. 27 Staffing Level Tool sessions were held throughout 2024/2025, which covers Staffing Level Tools, Common Staffing Method (CSM) and CSM reporting.
- Three Managing Workforce Planning & Development in the Practice Setting sessions were scheduled during February and March 2025, which covers all aspects of Health & Care (Staffing) Scotland Act 2019; the Common Staffing Method; how to access SSTs; how to run a tool and how services use the information afterwards. Currently there are 26 participants booked on these three sessions. Senior Workforce Nurse and Workforce Facilitator have also provided bespoke support sessions post tool runs to aid the completion of the CSM reporting template.
- As part of the triangulation of our approach, there have been no whistleblowing concerns relating to staffing safety concerns during Quarter 3.

Key Milestones / Actions for Quarters 4 and 2025/2026

- Continued development of the bespoke data capture template to enable “Board level clinicians” to summarise overall compliance with HCSA requirements and provide a RAG status of compliance for their profession.
- A revised communication campaign is to be launched to promote HCSA, specifically on what HCSA means to staff, managers and clinical leads. It is intended for this campaign to be launched before the end of Quarter 4.
- A clearer understanding of the impact of the non-pay element of the 2023/2024 pay deal on our ability to meet HCSA requirements, specifically the WTE impact of introducing the 36 hour working week by 1 April 2026 and the introduction of Protected Learning Time.
- Continued emphasis on NHS Fife’s path to green in respect of HCSA compliance, including follow up on actions from the quarterly data capture exercises, how compliance can be measured or tracked through data being entered within eRostering and SafeCare, and how this can underpin the production of future quarterly and annual reports.

eRostering and SafeCare

As previously reported, eRostering and SafeCare are integral to the Board being able to fulfil HCSA requirements, and the absence of SafeCare has been referenced throughout the self assessment template as an obstacle from reaching and maintaining a Green RAG

status. Following discussion with the Director of Finance and Director of Nursing, eRostering implementation has been paused whilst deep dive reviews have been carried out on existing areas to ensure rosters are accurate, being used and additional support / training is provided.

The deep dives are almost complete and Implementation has resumed with the delivery model updated to reflect key learning from deep dives. This includes, a new data gathering work package, a clear formal sign off process and increased post 'go live' support. In addition, SafeCare will now be part of the implementation process. For eRostering and SafeCare to be most effective implementation is best carried out in clusters. The planned order is as follows:

Acute:

- Surgical Directorate
- Medical Directorate
- Women, Children & Clinical Services

HSCP:

- Complex & Critical Care Services
- Community Care Services
- Primary and Preventative Care Services

Initial engagement has been carried out with 11 services and the required data gathering is underway. Initial engagement sessions are scheduled with a further 12 services.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users and support their health, safety and well-being.

Reference to steps taken to have regard of guiding principles (patient references) when arranging appropriate staffing.

Reference to steps taken to have regard of guiding principles (patient references) when planning and securing health care services from third parties.

2.3.2 Workforce

The intent of the Act is to enable the provision of safe, high-quality care with improved outcomes for service users through provision of appropriate staffing and support the wellbeing of staff. This includes assessment and compliance against the following duties of the Act:

- Appropriate staffing
- Real-time staffing assessment
- Seek clinical advice
- Adequate time given to leaders
- Appropriate staffing: training of staff
- Follow Common Staffing Method and associated training and consultation
- Reference to steps taken to have regard to guiding principles (staff references) when arranging appropriate staffing and
- Reference to steps taken to have regard of guiding principles (patient references) when planning and securing health care services from third parties

2.3.3 Financial

The current financial outlook has the potential to impact on the Board's progression to full compliance. The Board has provided the third quarterly HCSA High Cost Agency Report that highlighted challenges within known areas (individual details available on request), and work is continuing in these areas via the People and Change Board.

There is also a risk in relation to the outcome of the implementation of the Act in respect of some of the duties potentially resulting in additional financial pressures.

2.3.4 Risk Assessment / Management

The current HCSA risk is reviewed on a regular basis, in line with the requirement to review Corporate Risks aligned to the Staff Government Committee. This includes the formal quarterly reporting on progress to the Scottish Government.

The data collected for reporting purposes allows services to consider their workforce related risks, alongside any workforce risks logged on Datix. In future, as services are using SafeCare, there will be the opportunity to review details of recurrent and severe risks and their mitigations at a Board level.

There is a risk that the loss of the N&M aligned workforce posts which have supported the Tool runs required by the Act and who have provided training and support to services, will mean that the Tool runs are not run as effectively in future.

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

An impact assessment has not been completed at this stage, as the Act applies to all clinical staff groups.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

Relevant Leads communicate with key stakeholders and key national and local contract regarding any decisions taken forward.

- Practice and Professional Development support in terms of delivery of training and education on workload tools and workforce planning.
- Multi professional engagement and collaboration.
- Support for NHS Fife's HCSA Implementation Group.

An MS Teams Channel is used for sharing of information with members of the multi-disciplinary Implementation Group, with those who assisted with Guidance Chapter Testing, together with Communications Team support in terms of the new StaffLink HCSA pages.

2.3.8 Route to the Meeting

This paper has been discussed and shared with the Board's Workforce Planning Lead, eRoosting Programme Lead, HCSA Implementation Group, Executive Director of Nursing, Director of Nursing Corporate, Director of Workforce, and the Executive Directors Group, Staff Governance Committee and Area Partnership Forum, whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to Fife NHS Board members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Health and Care Staffing Act: Duties, Requirements and current RAG status.

Report Contacts:

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Rhona Waugh Head of Workforce Planning and Staff Wellbeing
E-mail: brian.mckenna@nhs.scot / rhona.waugh2@nhs.scot

Appendix 1 – Health and Care Staffing Act: Duties and Requirements of the Act

121A - Duty to Ensure Appropriate Staffing

Health Care Staffing Act

121A: Duty to Ensure Appropriate Staffing

Requirement to ensure suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for

- Health, wellbeing & Safety of patients
- Provision of safe and high-quality care, and
- In so far as it affects either of these matters, the wellbeing of staff

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow



121C - Duty to have Real Time Staffing Assessment in Place

Health Care Staffing Act

121C: Duty to have Real Time Staffing Assessment in Place

Clearly defined systems and processes for the real-time assessment of compliance with the duty to ensure appropriate staffing, taking account of:

- Patient Acuity (where applicable)
- Number and skill mix of available staff
- Professionally judged staffing required

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow



121D - Duty to have risk escalation process in place

Health Care Staffing Act

121D: Duty to have risk escalation process in place

Requirement for a consistent means of recording the escalations and mitigations of staffing risk identified through the real-time staffing assessment processes which has not been possible to mitigate. All risks identified should be reported to the lead professional (LP) for that areas.

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow



121E - Duty to have arrangements to address severe and recurrent risk

Health Care Staffing Act

121E: Duty to have arrangements to address severe and recurrent risks

Requirement to agree and define what severe and recurrent staffing risks look like, and to determine how these are managed and mitigated to prevent the future materialisation of these risks

Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow



12IF - Duty to seek clinical advice on staffing

Health Care Staffing Act

12IF: Duty to seek clinical advice on staffing

Requirement to establish arrangements which:

- Put in place, and keep in place, plans for seeking/gaining appropriate clinical advice when decisions are needed in relation to staffing and
- Put in place, and keep in place, arrangements for documenting decisions which conflict with said clinical advice.

12IH - Duty to ensure adequate time given to clinical leaders

Health Care Staffing Act

12IH: Duty to ensure adequate time given to clinical leaders

12II - Duty to ensure appropriate staffing: training of staff

Health Care Staffing Act

12II: Duty to ensure appropriate staffing: training of staff

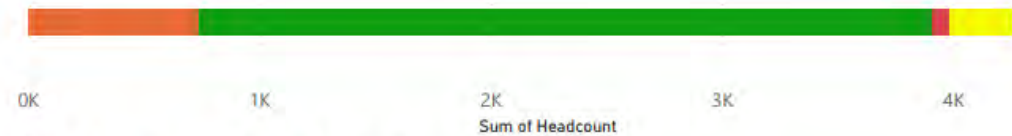
Requirement that all staff covered by the Act should have relevant information and training to:

- Ensure they are suitably qualified and competent in their role, and
- Ensure they can implement the duties of the Act

The nature and content of training will be dependent on the individual circumstances, role and responsibility.

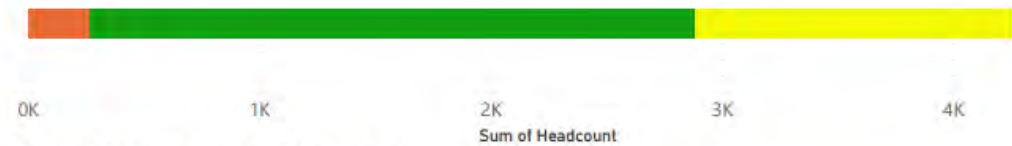
Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Red ● Yellow



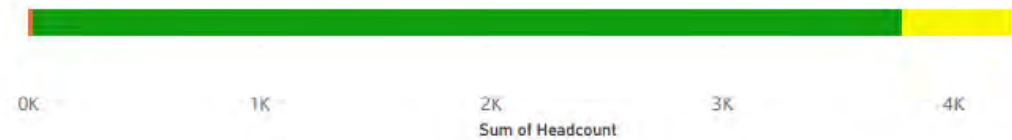
Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Yellow



Sum of Headcount by RAG Status

RAG Status ● Amber ● Green ● Yellow



Meeting: NHS Fife Board

Meeting date: 25 March 2025

Title: Equality Outcomes Final Report 2021 – 2025 and Interim Equality Outcomes Plan 2025 - 2029

Responsible Executive: Janette Keenan, Executive Director of Nursing

Report Author: Isla Bumba, Equality & Human Rights Lead Officer

Executive Summary:

- The Equality Outcomes Plan 2021-2025 is concluding, and NHS Fife has developed the NHS Fife Equality Outcomes Final Report 2021-2025 to evaluate the progress made, actions taken, challenges encountered, and impacts achieved during the reporting period.
- NHS Fife is now required to develop a new set of equality outcomes for the next period, 2025–2029. An Interim Plan has been developed which outlines key priorities to improve and mainstream equality across the organisation, in line with initiatives like the Anti-Racism Directive.
- NHS Fife acknowledges the ongoing Employment Tribunal and remains committed to respecting its outcome and any recommendations. As part of this commitment, the Interim Equality Outcomes Plan will be reviewed and updated in Autumn 2025 to ensure it reflects any necessary actions.
- These reports are critical for accountability, demonstrating compliance with legal obligations under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, and showcasing NHS Fife’s commitment to an equitable, inclusive, and diverse workforce and service provision.
- NHS Fife Board is asked to review and recommend the reports for publication, ensuring that NHS Fife continues to meet its statutory duties and equality commitments.

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Government policy / directive
- Legal requirement
- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Boards have a legal duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to develop and publish equality outcomes. The timing of this is critical, as legislation requires these to be in place by 31st March, in line with the statutory reporting cycle.

As the current NHS Fife Equality Outcomes Plan 2021-2025 comes to an end, NHS Fife has prepared the NHS Fife Equality Outcomes Final Report 2021-2025. This report evaluates progress against the existing equality outcomes, highlighting actions taken, challenges faced, and the impact achieved over the last reporting period.

Looking ahead, NHS Fife has developed an NHS Fife Interim Equality Outcomes Plan 2025-2029. These new equality outcomes have been aligned with key national directives, including Anti-Racism planning and the Best Start Maternity and Neonatal Care Strategy, ensuring a coordinated approach to equality improvement.

The Board is asked to review the work undertaken, scrutinise the proposed Interim Equality Outcomes Plan 2025-2029, and recommend the reports for publication.

2.2 Background

Under the Equality Act 2010, public bodies in Scotland are required to demonstrate how they address and mainstream equality. Specifically, the Public Sector Equality Duty (PSED) requires public bodies to consider the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people with different protected characteristics.

The Scottish Government mandates that public bodies create and publish equality outcomes at least every four years, with a progress report after two years and a final report at the end of the outlined plan period. The Equality Outcomes represent the actions we commit to, to address inequalities and meet the needs of populations with different protected characteristics. The Interim Equality Outcomes Plan for 2025-2029 sets the direction for the next period of implementation. This interim plan will be reviewed and updated as 'NHS Fife Equality Outcomes and Mainstreaming Plan 2025-2029' in Autumn 2025.

The Equality Outcomes Final Report for 2021-2025 provides a comprehensive review of the actions taken, assessing whether these outcomes have been met and the impact of the initiatives on the health and wellbeing of the populations served. It also highlights areas where further progress is needed, ensuring accountability and transparency.

These reports help ensure that the NHS Fife Board complies with relevant legislation and reflect our commitment to tackling inequality and improving health outcomes for all individuals, particularly those who experience disadvantage or discrimination.

2.3 Assessment

The Equality Outcomes Final Report for 2021-2025 has provided valuable insights that have shaped the development of the new plan. While progress was made, opportunities for greater clarity and measurability were identified. The 2025-2029 plan has been designed with a stronger focus on SMART principles, ensuring clear actions, designated stakeholders, and robust mechanisms for accountability and progress measurement.

Additionally, the new plan aligns closely with the Anti-Racism Directive (DL (2024) 23, which has been introduced in recent months. Two of the outcomes in the new plan reflect this directive. The workforce outcome focuses on improving diversity, particularly in leadership, while the Maternity/Neonatal outcome aims to address both the direct and indirect impacts of racism on healthcare experiences. This includes improving patient engagement, ensuring culturally competent care, and providing support for staff in addressing racial discrimination.

2.3.1 Quality, Patient and Value-Based Health & Care

The outcomes set in the new plan will positively impact quality of care and services. Feedback on progress will be monitored and any outcomes amended as required over the coming four-year period.

2.3.2 Workforce

The new plan outlines specific outcomes relating to our workforce, including improving diversity in our leadership as per national directives and further promotion and development of inclusive staff networks. These outcomes are expected to contribute positively to overall staff wellbeing, satisfaction and workforce culture.

2.3.3 Financial

There are no financial implications to the outcomes set.

2.3.4 Risk Assessment / Management

There are minimal risks with the outcomes that have set.

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

These reports directly relate to the progress of Equality and Human Rights within the organisation, including a specific outcome relating to the new UNCRC legislation.

2.3.6 Climate Emergency & Sustainability Impact

There is no anticipated impact on climate or sustainability.

2.3.7 Communication, involvement, engagement and consultation

Engagement was undertaken to shape the new plan. Meetings were held with services directly, and through complaints and feedback. The NHS Fife Equality and Human Rights section of the NHS Fife website will be updated in line with the Boards obligations under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to develop and publish equality outcomes.

2.3.8 Route to the Meeting

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

- NHS Fife Equality & Human Rights Steering Group, 4th February 2025.
- Executive Directors Group, 20th February 2025
- Public Health and Wellbeing Committee, 3rd March 2025

2.4 Recommendation

This paper is provided to members for:

- **Discussion** – For examining and considering the implications of both reports.
- **Decision** – For review and approval that Reports are published

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Equality Outcomes Final Report 2021-2025
- Appendix No. 2, NHS Fife Interim Equality Outcomes Plan 2025-2029

Report Contact

Isla Bumba

Equality & Human Rights Lead Officer

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Equality Outcomes Final Report

This report aims to provide an update on progress towards delivering our Equality Outcomes and Mainstreaming Plan (2021–2025).



We are committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.



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Published March
2025

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1. Foreword

At NHS Fife, we are deeply committed to fostering a culture of equality, inclusion, and human rights in every aspect of our services and workplaces. As the Director of Nursing and Executive Lead for Equality and Human Rights, I am proud to present this final report on our Equality Outcomes and Mainstreaming Plan for 2021–2025.

This report is both a reflection on the significant progress we have made over the past four years and a reaffirmation of our dedication to addressing inequalities in health and care. Our journey has been marked by meaningful engagement with communities, collaboration with staff, and a relentless focus on delivering equitable, person-centred care. From improving outcomes for older adults through innovative, non-pharmacological approaches to strengthening the health and wellbeing of our ethnically diverse staff, the outcomes achieved demonstrate the impact of a shared commitment to equity and inclusion.

Notably, this period has seen the initial development of our Anti-racism Plan, which builds on foundational work to address systemic inequities. Our efforts to improve data collection, expand interpreting and translation services, and implement innovative projects such as "Playlist for Life" have set a precedent for future initiatives. Each step forward underscores the importance of co-design and lived experience in shaping our priorities.

We recognise that the work of advancing equality and human rights is never complete. This report serves as a bridge to our new Equality Outcomes and Mainstreaming Plan for 2025–2029, where we will continue to build on these successes, learn from our challenges, and strive for even greater impact. An Interim Equality Outcomes Plan 2025-2029 has been developed and will be reviewed and updated in Autumn 2025.

I invite you to explore the insights, actions, and outcomes detailed in this report. Together, we can ensure NHS Fife remains a leader in delivering inclusive, high-quality care that respects every individual we serve.

Janette Keenan

Executive Director of Nursing

Executive Lead for Equality and Human Rights

2. Introduction

NHS Fife delivers healthcare to a population of around 370,000, and has a workforce of approximately 8,500 staff members, providing services across acute hospitals, community settings and primary care services across Fife.

This report is written to reflect the work and progress made across Fife's health services. As a public sector organisation, we have a legal duty to ensure that we are complying with all equality legislation (including the Public Sector Equality Duty (PSED)). One of our equality duties is to report on the work we do to progress equality in the organisation through the Equality Outcomes and Mainstreaming plans and reports. New plans must be developed every 4 years and reported on every 2 years.

Over the last 4 years, we have demonstrated our commitment and dedication to addressing discrimination and delivering equitable and fair services to all our patients. This final report on the Equality Outcomes and Mainstreaming Plan 2021 - 2025 provides feedback on the progress made throughout 2023 and 2024 and gives insight to future developments on these outcomes. It will cover who has been involved in the progress of each outcome, how we have engaged with communities and ensured the lived experiences and opinions of patients have been listened to and considered in all NHS Fife decision making.

3. Equality Outcomes 2021–2025

3.1 Outcome 1 – Person-centred Care – To improve the mental health outcomes for patients over 65 years

WE SAID	WE DID	WHAT'S NEXT?
Enhance volunteering opportunities for older adults to support their health and wellbeing.	Expanded volunteering roles within NHS Fife, with 46% of volunteers aged 66 and over. Training provided both online and in-person. Simulation volunteers placed at Queen Margaret Hospital.	Continue expanding volunteering opportunities and explore additional roles that promote intergenerational engagement.
Reduce use of anti-psychotic medication through non-pharmacological interventions like personalised music playlists.	Introduced Playlist for Life in West Fife Community, training 12 staff members and implementing playlists for 24 patients. 80% of patients saw a reduction in medication use, with some achieving complete discontinuation. The West Fife Older Adult CMHT are the first accredited Playlist for Life Community team in Scotland.	Scale up Playlist for Life across all Older Adult Community Mental Health Teams.
Implement Psychologically Informed Care (PIC) for "Stress and Distress" in dementia care across Fife	Integrated the Newcastle Formulation Model, supporting staff in identifying underlying causes of distress and enhancing non-pharmacological care planning.	Expand training and embed Psychologically Informed Care in dementia care across all relevant teams.
Improve PRN (as-needed) medication administration and documentation.	Introduced a traffic-light sticker system (Red – IM medication, Amber – Oral, Green – Non-pharmacological interventions). Automated data reports improved monitoring and reduced PRN use by 35%.	Extend data-driven PRN tracking across all NHS Fife Mental Health & Addictions Services to enhance person-centred care.
Enhance post-diagnostic dementia support and patient feedback.	Launched a quality questionnaire to capture patient experiences. Moved to an electronic format with QR codes for accessibility.	Implement monthly data reporting and expand feedback collection across all Post-Diagnostic Support Teams.
Expand the role of Mental Health Advanced Nurse Practitioners (MHANP) in Older Adult Community Mental Health Services.	Piloted the MHANP role in East Fife, improving service efficiency and clinical decision-making.	Evaluate potential process changes to further enhance patient pathways and service delivery.

Outcome 1 Person-centred Care – To improve the mental health outcomes for patients over 65 years

WE SAID	WE DID	WHAT'S NEXT?
Introduce the 'Simple Pleasures Project' to improve daily life for inpatients with dementia in Elmview Ward, Stratheden	Increased patient engagement in meaningful activities by 25%, improved mealtime experiences, and enhanced hydration monitoring with 40% increase in number of patients meeting their fluid targets. Improved environmental design which has supported better mealtime experiences.	Fully implement fluid intake reports and RAG status to support patient wellbeing.
Reduce waiting times for Post-Diagnostic Dementia Support.	Allocated additional staff resources, leading to a 70% reduction in waiting lists and a 50% reduction in referral-to-appointment time.	Sustain improvements through continued resource allocation and service review.

3.2 Outcome 2 – To improve the health of Black and / or Minority Ethnic Patients in our community

We Said	We Did	What's Next?
Improve ethnicity data collection to better understand and address health disparities.	Partnered with Public Health Scotland (PHS) to develop training resources for staff and patient information leaflets. Piloted staff confidence surveys before and after training	Trial PHS resources in early 2025, evaluate impact through comparative surveys, and roll out successful approaches across NHS Fife.
Enhance interpreting and translation services to improve patient communication	Conducted a service review, identifying key areas for improvement (e.g., BSL provisions, out-of-hours support, governance). Appointed one full-time BSL interpreter, improving flexibility and service quality.	Expand access to spoken language interpreters via an NHS Fife staff bank, prioritising top six languages (Romanian, Polish, Arabic, Russian, Bulgarian, BSL).
Explore racialised health outcomes for neonates to identify disparities.	Surveyed midwifery staff (31% response rate) on confidence in assessing neonates from diverse ethnic backgrounds. Developed and piloted 'Bridging the Gap' training, reaching 50 staff in the first 4 months	Scale up 'Bridging the Gap' training through a train-the-trainer model and integrate findings into clinical guidelines

3.3 Outcome 3 – To make senior management equality- focused by improving and embedding knowledge and skills through learning, mentoring and leadership.

WE SAID	WE DID	WHAT'S NEXT?
Ensure senior management is equality-focused by improving knowledge, skills, and leadership on equality issues.	Delivered Board development sessions and presented reports across governance committees, including Staff Governance Committee covering topics such as experience of Diverse Ethnic Staff and BSL interpreting awareness. There is a regular Equality and Human Rights agenda item on the Staff Governance Committee.	Continue bi-annual board development sessions and strengthen senior leadership engagement with equality initiatives.

3.4 Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.

We Said	We Did	What's Next?
Strengthen engagement with diverse ethnicity staff through dedicated networks and forums.	Recognised the need for a refreshed Diverse Ethnicity Network (DEN), using lessons from the successful launch of the LGBT+ and Neurodiversity Networks. Developed a framework for an inclusive and sustainable DEN.	Relaunch the Diverse Ethnicity Network in 2025 with a clear governance structure, hybrid meeting options, and staff engagement.
Enhance recruitment, retention, and support for internationally educated staff.	Earned the International Recruitment Pastoral Care Quality Award (2024) for excellence in supporting internationally recruited nurses and radiographers. Provided structured onboarding, including accommodation, orientation tours, and pastoral care.	Expand support for international recruits by developing mentorship programmes and ensuring long-term career progression opportunities.
Understand and address the impact of racism and discrimination on Ethnically Diverse staff.	Conducted a staff survey on racism and discrimination. Key findings: 72% reported a positive experience in NHS Fife, but Black and Mixed Ethnicity staff were most likely to feel treated differently. 59% of respondents had not reported racist incidents on DATIX, indicating gaps in awareness and confidence.	Raise awareness of reporting mechanisms for discrimination. Work with Speak Up / Whistleblowing Coordinator to improve staff confidence in reporting racism and accessing support.
Develop an Anti-Racism Plan to support diverse ethnicity staff and drive systemic change.	Initiated early discussions on an Anti-Racism Plan, with learning from NHS Grampian's approach. Presented initial work at Executive Directors Group.	Publish a formal NHS Fife Anti-Racism Plan in 2025, ensuring clear accountability, leadership commitment, and action plans.

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

To find out more about accessible formats contact:

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www.nhsfife.org

Interim Equality Outcomes and Mainstreaming Plan 2025-2029



We are committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.



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Published March
2025

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1. Introduction

At NHS Fife, we serve a vibrant community of around 370,000 people with the dedication of our 8,500-strong workforce. Our comprehensive healthcare services span acute hospitals, community settings, and primary care across Fife.

This document outlines NHS Fife's interim Equality Outcomes and Mainstreaming Plan for 2025–2029. As a public sector organisation, we remain committed to complying fully with equality legislation, including the Public Sector Equality Duty (PSED), and transparently reporting our equality progress through regular updates.

In light of the ongoing employment tribunal, this interim plan sets out strategic priorities that will guide our equality and inclusion work over the coming months. It is anticipated that the tribunal outcome and associated recommendations will inform a comprehensive review and update of this plan, which NHS Fife will publish in autumn 2025.

We remain committed to maintaining and strengthening our approach to equality, diversity, and inclusion. This interim plan demonstrates our continued commitment and ensures we uphold our legal and moral obligations towards staff, patients, and the communities we serve.

2. NHS Fife's Mainstreaming Update

2.1 About NHS Fife

NHS Fife is dedicated to meeting the health needs of approximately 370,000 residents in Fife to deliver safe, accessible, and high-quality health and care services.

NHS Fife's diverse range of facilities includes two main hospital sites and eight community hospitals. These facilities are integral to our healthcare service and are supported by a robust primary care network including GPs, dentists, opticians, and pharmacies.

For more detailed information, please visit NHS Fife's website [here](#).

2.2 Leadership and Governance

2.2.1 The Board

The NHS Fife Board comprises of executive and non-executive members. It is responsible for strategic leadership, governance and ensuring the delivery of high-quality health services across Fife. Its role is to ensure patient-centred care, equity and efficiency within NHS Fife. The role of the Board is specifically to:

1. Improve and protect the health of local people
2. Improve health services for local people
3. Focus clearly on health outcomes and people's experience of their local health system
4. Promote integrated health and community planning by working closely with other local organisations
5. Provide a single focus of accountability for the performance of the local NHS system.

The NHS Fife board is accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care.

2.3 Equality Impact Assessments

NHS Fife updated the Equality Impact Assessment (EQIA) Stage 1 template in July 2024 to incorporate a brief United Convention of the Rights of the Child (UNCRC) Children's Rights and Wellbeing Impact Assessment (CRWIA), in accordance with the introduction of the new legislation.

Through the improvements made in 2022 to the EQIA process, we have seen an increase in the number of EQIAs published. 10 EQIAs were published in the 2021-2022 period, and to there have been 20 published between 2023-2024. This is a 100% increase in EQIA publication since 2021-2022. All published EQIAs can be found on the NHS Fife website [here](#).

We continue to monitor and audit our EQIA process and seek to make regular updates and improvements as and when they are required.

2.4 Anti-Racism Plan

As part of our ongoing commitment to advancing equality and eliminating racial and ethnic discrimination, NHS Fife is in the early stages of developing an Anti-Racism Plan, with work set to be initiated in 2025. This initiative, requested by the Scottish Government and required of all health boards, will build on our existing work and aims to drive significant, organisation-wide, and systemic improvements in both our services for patients and our support for our workforce. We have already begun laying the groundwork for this essential plan, engaging with stakeholders and experts to ensure its impact is far-reaching and effective. Through this plan, we are making a concerted effort to address and dismantle barriers, with a strong focus on creating a more inclusive and equitable environment for all.

2.5 Workforce Update

NHS Fife remains committed to advancing workforce equality, diversity, and inclusion, in line with NHS Scotland's Staff Governance Standards and the increased national focus on supporting ethnic minority staff groups, particularly in response to the lessons learned during the pandemic.

Our commitment to supporting international recruits has been recognised with the International Recruitment Pastoral Care Quality Award, presented by the Scottish Government in April 2024. This award reflects the high-quality pastoral care provided to our internationally recruited nurses and radiographers and reinforces our dedication to fostering an inclusive and supportive working environment.

To further enhance our approach, we are strengthening our workforce data collection on protected characteristics. This will improve the quality of published workforce data, ensuring continued compliance with the Public Sector Equality Duty and the Disability Confident initiative.

NHS Fife is also focused on fostering an open and supportive culture, where staff feel empowered to raise concerns. To support this, a Speak Up/Whistleblowing Coordinator was appointed in September 2024, reinforcing our commitment to transparency, learning, and continuous improvement. Encouraging staff to speak up is central to improving experiences for both colleagues and patients.

Aligned with our Anchor Institution ambitions, we have strengthened our employability strategy through the appointment of an Employability Lead and Officer in 2024. This reflects our commitment to expanding employment opportunities, increasing workforce diversity, and engaging with priority groups, including those from areas of multiple deprivation within Fife. By enhancing accessibility and career pathway support, NHS Fife aims to attract and develop talent from local communities.

2.5.1 Staff Networks

NHS Fife LGBT+ Network:

NHS Fife recognises the vital role that staff networks play in fostering an inclusive, supportive, and equitable workplace. These networks provide a platform for staff to connect, share experiences, and influence positive change across the organisation.

Building on the success of the LGBT+ Network and the Neurodiversity Staff Network, NHS Fife is committed to strengthening and expanding its Diverse Ethnicity Network (DEN) to ensure that ethnically diverse staff have a dedicated forum for engagement, advocacy, and professional development. The DEN will play a key role in supporting NHS Fife's ongoing work to address racial inequalities and promote a culture of anti-racism.

Additionally, NHS Fife acknowledges the importance of learning from the ongoing employment tribunal. We are fully committed to reflecting on its findings, implementing any recommendations, and ensuring that staff networks are supported in addressing issues of equality, inclusion, and workplace culture. The tribunal's outcome will inform the further development of our staff networks, ensuring they are equipped to support staff, promote meaningful change, and drive continuous improvement in equality and human rights.

As part of this commitment, NHS Fife will:

- Engage with staff networks following the tribunal outcome to ensure recommendations are fully understood and addressed.
- Provide additional support and resources to networks to help implement best practices in inclusion, representation, and workplace culture.
- Ensure leadership accountability, with senior management engaging directly with staff networks to action meaningful change.

NHS Fife remains dedicated to creating an open, inclusive, and supportive environment where all staff feel valued, heard, and empowered to contribute to a diverse and equitable workplace.

Fife Neurodiversity Staff Network:

The inaugural Neurodiversity Natters meeting, held on 2 December 2024, marked a significant milestone. This pioneering event was open to all members of the staff including those from the voluntary sector, independent sector and Fife Council. With over 50 attendees, the meeting provided a dynamic platform for exploring key aspects of neurodiversity in the workplace and fostering an open dialogue about the future direction of the network.

The event set the stage for continued collaboration, with participants eager to shape the network's growth and impact in promoting a more inclusive and neurodiversity-friendly working environment.

Through the experiences of developing these networks and efforts to set up a Diverse Ethnicity Network, we have realised the invaluable addition these make to the organisation. Therefore, it has been decided that a specific equality outcome will be set relating to strengthening and enhancing the NHS Fife equality staff networks.

2.5.2 Young People

We have chosen to prioritise efforts to attract young people into employment with NHS Fife.

One example of our initiatives is the EMERGE programme, a collaboration between NHS Fife, Fife College, and National Education Scotland. This program targets school pupils aged 14-16 from areas of deprivation who are interested in a career with NHS Fife. Participants undertake a 12-month qualification through Fife College, which includes a placement within NHS Fife and related site visits.

The objectives of the programme are:

- To offer comprehensive and practical exposure to various healthcare roles and functions.
- To support personal and professional growth through mentorship and hands-on experience.
- To enable participants to achieve an academic or vocational qualification in a health and care-related subject.
- To prepare the next generation with real-world employment experience.

The programme commenced in August 2024 with an initial uptake of five pupils, and further engagement is ongoing. NHS Fife and HSCP will offer work placements between January and May 2025.

Additionally, NHS Fife has partnered with Motivation, Commitment and Resilience (MCR) Pathways, a high school mentoring and talent development program that supports over 3,000 care-experienced and other vulnerable young people across Scotland. This programme helps them realise their full potential through education. Currently active in four high schools across Fife, MCR Pathways is seeking mentors to work with students from the 3rd year upwards for one hour per week throughout the academic year.

We currently have six mentors within NHS Fife, with an additional ten expressing interest in becoming mentors for the 2024/2025 academic year.

We are also renewing our commitment to increasing the number of modern apprenticeship opportunities across various job families within NHS Fife. These apprenticeships provide an alternative to further or higher education by offering participants the chance to work, learn, and earn while obtaining a recognised qualification.

2.5.3 Staff Wellbeing

At NHS Fife, we are dedicated to supporting our employees' well-being, providing appropriate assistance when they are unwell, and fostering a culture of kindness where colleagues care for one another.

We proudly held the Healthy Working Lives Gold Award from 2016 until its cessation in 2022. Building on this legacy, we launched our new Staff Care programme in November 2024. This initiative is complemented by the Staff Health and Wellbeing Framework and Action Plan, which align with the Four Pillars of Wellbeing. Each area of wellbeing is supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to employees in need
- Communications on wellbeing and how to access support

Key resources and services currently available to support our employees include:

- Peer Support
- Spiritual Care – Staff Listening Service
- Occupational Health
- Staff Psychology Support

Additionally, registered health professionals have access to the National service PROMiS.

Our Occupational Health services include:

- Direct access to Counselling
- Direct access to Physiotherapy
- Occupational Therapy – specialist support, adjustments, redeployment, etc.
- Occupational Health Occupational Therapist
- Occupational Health Mental Health Nursing

For full details on how NHS Fife is supporting staff wellbeing, please refer to the [NHS Fife Staff Health and Wellbeing Framework for 2023 to 2025](#).

2.5.4 Equality Profiling

NHS Fife will publish data regarding equality profiling, including the gender, disability and ethnicity pay gap statements in their end of year report which will be published on the NHS Fife [website](#) after April 2025.

2.5.5 Staff Training

In autumn 2024, the NHS Fife corporate induction equalities module was updated to include current equality topics and new duties, such as the United Nations Convention on the Rights of the Child (UNCRC). Throughout 2025, we will review additional equality-related modules and mandatory training requirements to ensure they remain relevant and comprehensive.

Individual services and departments also frequently undertake additional and targeted training sessions that relate to relevant and topical equality aspects in addition to the listed online modules.

2.5.6 Hate Reporting

Following the NHS Fife Diverse Ethnicity staff survey, we have enhanced our efforts to encourage the reporting of incidents related to Protected Characteristics.

There has been a significant increase in overall incident reporting in the last 2-year period compared with the previous (2020-2022) period. It is crucial to determine whether this change reflect a shift in the actual occurrence of incidents or are due to variations in reporting practices.

3. Interim Equality Outcomes 2025–2029

As part of our ongoing commitment to equality, diversity, and inclusion, we are introducing this interim set of equality outcomes. This plan reflects our dedication to addressing key areas of inequality and driving meaningful change across NHS Fife. We recognise that the outcome of the ongoing tribunal may inform future priorities, and we are committed to reviewing and updating this plan in autumn 2025 to ensure it fully aligns with any recommendations.

3.1 Racially Conscious Maternity and Neonatal Care:

Ensure that all individuals, regardless of racial or ethnic background, receive equitable maternity and neonatal care services that meet their cultural and health needs

OUR AIM	HOW WE'RE TAKING ACTION	WHAT'S NEXT?
Ensure equitable maternity and neonatal care services that meet cultural and health needs for all racial and ethnic groups.	Conduct patient experience and satisfaction surveys to assess accessibility, cultural competence, and care experiences across different ethnic groups.	Analyse survey results and develop targeted actions to address identified disparities.
Identify and address racial disparities in maternity and neonatal health outcomes.	Analyse health outcome data and service usage records, identifying trends and disparities in outcomes for different racial and ethnic groups.	Develop reports highlighting disparities and implement targeted interventions to improve equity in care.
Provide race-conscious and culturally sensitive training for staff.	Deliver training on racial disparities in maternal and neonatal health, improving staff awareness and confidence in providing culturally competent care.	Continue monitoring training completion rates and evaluate effectiveness in improving patient care experiences.
Improve accessibility and use of interpreting services in maternity and neonatal care.	Increase availability of interpreters and promoted the use of interpreting services to enhance patient communication.	Track interpreter usage statistics and address any gaps in service provision.
Ensure policies and procedures are inclusive and responsive to diverse racial and ethnic needs.	Review existing policies and procedures to assess inclusivity and responsiveness.	Implement policy updates to embed cultural considerations into maternity and neonatal care pathways.

3.2 United Nations Convention of the Rights of the Child – Article 12

To promote initiatives that facilitate the meaningful participation of all children and young people, including marginalised groups, in matters that affect their lives, fostering an inclusive environment.

OUR AIM	HOW WE'RE TAKING ACTION	WHAT'S NEXT?
Ensure children and young people, including marginalised groups, can meaningfully participate in decisions affecting their lives.	Promote the use of Care Opinion Bear to increase engagement and feedback from young people.	Monitor engagement levels and explore additional ways to encourage participation from diverse groups.
Develop a more child-friendly complaints process.	Create an accessible and adaptable complaints procedure tailored to the needs of children and young people.	Evaluate uptake and refine the process to ensure it is effective and widely used.
Improve informed consent processes for children and young people in media use.	Develop a clear, well-documented procedure for obtaining consent for media use involving children and young people.	Review and refine consent procedures based on feedback to ensure they are robust and child friendly.
Embed children's rights into decision-making processes.	Expand the use of Children's Rights and Wellbeing Impact Assessments (CRWIA) within the Equality Impact Assessment (EQIA) process.	Track and increase the number of CRWIAs completed, ensuring they are fully embedded in decision-making.
Strengthen engagement with children and young people in health and social care.	Review the FHSCP Children and Young People's Participation and Engagement (P&E) Framework to align with best practices.	Implement and promote the updated framework, ensuring active youth participation.
Explore modern, youth-friendly communication methods to improve engagement.	Investigate the potential use of digital platforms (e.g., BlueSky, TikTok) to reach young people.	Develop and test engagement campaigns using these platforms, measuring their effectiveness.

3.3 Workforce

Outcome 1: To strengthen and enhance NHS Fife’s workforce diversity by establishing inclusive staff equality networks by 2029, ensuring that all staff members feel represented, supported, and empowered to contribute to a culture of equality and inclusion.

OUR AIM	HOW WE’RE TAKING ACTION	WHAT’S NEXT?
Establish and strengthen inclusive staff equality networks to ensure all staff feel represented, supported, and empowered.	Conduct a staff engagement needs analysis to determine which networks are most needed.	Finalise and launch new staff networks, ensuring they are inclusive, well-supported, and sustainable
Ensure staff networks have clear governance and strategic direction.	Developed Terms of Reference for staff networks to define their purpose, scope, and goals.	Support networks in implementing their governance structures, ensuring alignment with NHS Fife’s wider equality objectives.
Improve awareness and engagement with staff networks.	Create communications materials (posters, digital content, email newsletters) to raise awareness of networks and encourage participation.	Expand outreach and engagement efforts, ensuring staff at all levels and across all roles are aware of and can access networks.
Increase leadership support and visibility within staff networks.	Encourage senior leadership participation in network activities and discussions.	Formalise leadership accountability, ensuring senior staff actively support and champion networks.
Provide training and development opportunities for network members and leaders.	Establish a network leaders’ group to support development and capacity-building within networks.	Deliver targeted training sessions for network leaders to enhance their ability to advocate and drive change.
Monitor and evaluate the impact of staff networks on workforce diversity and inclusion.	Integrate staff satisfaction and engagement surveys to assess the effectiveness of networks.	Regularly review network performance, using feedback to refine and strengthen their impact.

Outcome 2: To assess and enhance diversity across the management and leadership of NHS Fife, ensuring this reflects the diversity of our workforce and the communities we serve, by 2029

OUR AIM	HOW WE'RE TAKING ACTION	WHAT'S NEXT?
Ensure that NHS Fife's leadership and management roles reflect the diversity of our workforce and the communities we serve.	Conduct a workforce diversity audit to assess the current representation in leadership and management positions.	Analyse audit findings and use them to inform targeted actions for improving diversity in leadership.
Identify gaps and areas for improvement in leadership diversity.	Carry out benchmarking exercises.	Develop a Diversity Improvement Plan with measurable targets and accountability mechanisms.
Support career progression and leadership opportunities for underrepresented groups.	Explore the development of mentorship and leadership development programmes to support staff from diverse backgrounds.	Design and implement structured mentorship programmes, ensuring equal access to leadership pathways.
Promote inclusive recruitment and selection practices.	Review existing recruitment and promotion processes to identify potential barriers to diverse leadership.	Enhance inclusive recruitment strategies, ensuring all selection processes promote fairness, equity, and opportunity for all.

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NHS Fife

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Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	Draft NHS Board Workplan 2025/26
Responsible Executive:	Ben Hannan, Director of Planning & Transformation
Report Author:	Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper provides the draft forward plan for the new Financial Year 2025/26, detailing proposed topics and timings for each.
- The workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2025 meetings.
- The workplan will remain iterative and be updated throughout the year as Board business requires.

1 Purpose

This report is presented for:

- Decision

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The NHS Fife Code of Corporate Governance states that the Board and all its Committees “will draw up and approve, before the start of each year, an annual workplan for ... planned work during the forthcoming year”. This paper therefore outlines the draft schedule of items for the Board for Financial Year 2025/26.

2.2 Background

This workplan is largely derived from the role, responsibilities and functions of the NHS Board as defined in the Code of Corporate Governance, particularly around strategy

development, and from the schedule of issues to be considered annually by the NHS Board and its committees.

2.3 Assessment

The attached workplan is the draft forward plan for the new Financial Year 2025/26, detailing proposed topics and timings for each.

This workplan also builds on the individual governance committee workplans, each of which were considered and approved by the respective committee at their March 2025 meetings.

A complementary schedule for Board Development topics is also being developed, with planned agendas for these sessions over the next few months.

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

There are no quality, patient or value-based health and care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment / Management

There are no specific risk implications arising from this paper. The review and approval of an annual workplan for NHS Board business, however, ensures appropriate governance across all areas and that effective assurances are provided.

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

There are no equality or diversity implications arising from this paper.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Members of the Executive Directors' Group have had the opportunity to review and comment on the draft workplan.

2.3.8 Route to the Meeting

This workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2025 meetings. The paper has been circulated to the Executive Directors and has also been considered by the Chair, Chief Executive and Director of Planning & Transformation.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the draft workplan for 2025/26 as attached, noting that the plan will remain iterative and be updated throughout the year as Board business requires.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Draft Board Workplan 2025/26

Report Contact

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Head of Corporate Governance & Board Secretary

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DRAFT FIFE NHS BOARD – ANNUAL WORKPLAN 2025/26

	Lead	May	June	July	September	November	January	March
Standing Items								
Minutes of Previous Meetings	Chair	✓		✓	✓	✓	✓	✓
Matters Arising / Action List	Chair	✓		✓	✓	✓	✓	✓
Chair's Update	Chair	✓		✓	✓	✓	✓	✓
Chief Executive's Update	Chief Executive	✓		✓	✓	✓	✓	✓
Note of Board Development Sessions	Chair	✓		✓	✓	✓	✓	✓
Patient / Staff Story	Chief Executive	✓		✓	✓	✓	✓	✓
Statutory and Other Committee Minutes	Comm. Chairs	✓		✓	✓	✓	✓	✓
Governance Comm. Chairs' Assurance Reports	Comm. Chairs	✓		✓	✓	✓	✓	✓
Delivering Value & Sustainability								
Annual Accounts & Financial Statements (inc. Patients' Private Funds Accounts)	DoF / Auditors		✓					
Annual Procurement Report 2024/25	DoF				✓			
Annual Report to Board Members from External Auditors	External Audit		✓					
Climate Emergency & Sustainability Annual Report	DoPAM						✓	
Corporate Objectives	CEO	✓						
Decarbonisation of NHS Fife Fleet	DoPAM						✓	
East Region Health Protection Service – Process for Host Board		✓						
Financial Performance Report	DoF	✓		✓	✓	✓	✓	✓
Greenspace Strategy Update	DoPAM					✓		
Medium-Term Financial Plan 2026/28	DoF	✓						✓ (Draft – private)
Public Private Partnerships Annual Report	DoPAM					✓ (private)		
'Re-form, Transform, Perform' Performance Report	DoPT	✓		✓	✓	✓	✓	✓
Re-form, Transform, Perform Transformation Portfolio Quarterly Updates	DoPT	✓ (Q4) (private)		✓ (Q1) (private)		✓ (Q2) (private)		✓ (Q3) (private)
Tender Process for 2C Practices	DoHSC	As necessary						

	Lead	May	June	July	September	November	January	March
Whole System Infrastructure Planning – Final Infrastructure Plan (mins 25.09.24)	DoPAM				✓			
Whole System PIA - Preferred Way Forward Option (Second Planning Phase) Nov 25 for submission to SG Jan 26	DoPAM					✓		
Improving Health & Wellbeing								
Anchor Institution Update	DoPH							✓
Annual Delivery Plan 2025/26	DoPT	✓			✓			✓ (private)
Annual Delivery Plan Update on Progress against trajectories submitted as part of the Plan	DoPT	✓ (Q4)			✓ (Q1)	✓(Q2)		✓ (Q3)
Director of Public Health Report	DoPH							✓
Joint Health Protection Plan (every two years)	DoPH	To be presented in September 2026 (Two yearly)						
Pharmaceutical Care Services Report	DoPM					✓		
New Planning Approach across Fife	CEO/DoPT	✓						
Population Health & Wellbeing Strategy Annual Report	CEO/ DoPT	✓						
Population Health & Wellbeing Strategy Mid-Year Review	CEO / DoPT					✓		
Public Sector Duty Update: Equalities Outcome Report	DoN	Interim report 2025/29 will be presented in March 2027 (Two yearly)						
Improving Quality of Health & Care Services								
Integrated Performance & Quality Report	CEO / Directors	✓		✓	✓	✓	✓	✓
East Region Neonatal Services	DoN/MD	Date to be advised						
Mental Health Strategy	DoHSC	Date to be advised						
NHS Complaints and Feedback Annual Report (DL(2024)16 – The Patient Rights (Feedback, Comment, Concerns and Complaints) Scotland) Amendment Directions 2024	DoN				✓			
Organisational Duty of Candour Annual Report	MD							✓
Improving Staff Experience & Wellbeing								
Annual / Mid-Year Report from Area Clinical Forum and Area Partnership Forum	ACF / APF Chairs	✓				✓		
EMERGE Programme	DoW				✓			

	Lead	May	June	July	September	November	January	March
Health and Care (Staffing) (Scotland) Act 2019 – Update on Implementation of Safe Staffing Legislation	DoW	✓ Annual & Q4			✓ (Q1)		✓ (Q2)	✓ (Q3)
Whistleblowing Annual Report 2024/25 (inc Q4)	DoPT	✓ (Q4)						
Whistleblowing Quarterly Report 2025-26	DoPT			✓ (Q1)		✓ (Q2)		✓ (Q3)
Workforce Plan 2026/27 (DL(2024)33)	DoW							✓
Governance								
Annual Board Workplan	Board Secretary							✓
Annual Review of Code of Corporate Governance	Board Secretary	✓						
Board Committee Annual Assurance Statements	Comm. Chairs		✓					
Corporate Calendar – Board & Committee Dates to March 2027	Board Secretary				✓			
Internal Audit Annual Plan 2025/26	DoF			✓				
NHS Scotland Blueprint for Good Governance Improvement Plan	Board Secretary				✓			
Corporate Risk Register	MD	✓				✓		

	Lead
Beyond 2024-25	
Equalities Outcomes Report 2025-29 (Interim Report 2025/29 will be presented in March 2027 (Two yearly)	DoN
Joint Health Protection Plan (every two years, therefore September 2026)	DoPH
Prevention & Early Intervention Strategy 2024/27 – c/f to November 2027	DoHSC
Public Participation & Community Engagement Strategy 2024/28 – c/f to July 2028	DoCE

Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	Health Board Collaboration and Leadership
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	NHS Board Chief Executives

Executive Summary:

- This paper sets the national context for renewal and reform following the First Minister's statement on 27 January 2025.
- The content of this paper has been agreed nationally and Chief Executives have been asked to each take the report to their own Board at their next scheduled meeting.
- The paper aims to brief NHS Boards on the new governance arrangements in place for planning, with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.
- It also describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.
- Board members are asked to acknowledge and endorse the duality of their role for the population / Board they serve, as well as their contribution to population planning that will cross traditional Board boundaries. The Board is asked to approve local implementation of this approach and note the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue
- Government policy / directive

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper:

- sets the context for renewal and reform following the First Minister's statement on 27 January 2025;
- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland; and
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.

2.2 Background

The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

The First Minister's statement reflected the shift sought in [DL\(2024\)31: A renewed approach to population-based planning across NHS Scotland](#), which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

2.3 Assessment

NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

Governance Arrangements

Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

This report provides the following Level of Assurance, noting the commitment from Board Chief Executives and Scottish Government to work collaboratively to deliver renewal and reform.

	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

A more systematic approach to population based planning and collaboration across Boards is intended to support mitigation of risk across NHS Scotland particularly within the context of planned care. The review of the performance management framework will take into consideration the direction of travel set out in this approach.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been agreed by NHS Scotland Board Chief Executives at their meeting on 5 March and each Board is receiving the same paper at meetings in March and April for endorsement.

2.3.8 Route to the Meeting

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

- NHS Scotland Executive Group, 5 March 2025

2.4 Recommendation

NHS Fife Board is asked to **note**:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments; and
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

NHS Fife Board is asked to **acknowledge and endorse**:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act; and
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

NHS Fife Board to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

3 List of appendices

The following appendices are included with this report:

- Appendix - Letter from Caroline Lamb, Chief Executive of NHS Scotland and Director General for Health & Social Care, 7 February 2025

Report Contact

Carol Potter

Chief Executive

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All NHS Chairs and NHS Chief Executives

7 February 2025

Dear Colleagues

Following the First Minister's recent keynote speech on improving public services, I am writing to seek your support in taking forward the programme of reform and renewal for our NHS. The NHS Chairs meetings and the advent of the NHS Scotland Executive Group has meant a fundamental shift in the way we come together and lead the NHS, but we need to increase the pace at which we are implementing the range of improvements across our system, in order to maximise the effectiveness and efficiency of services.

In taking forward the range of system reform and improvement work, it is important that we fully utilise the opportunities provided by working across boundaries – giving life to the statutory duties placed upon all NHS Boards to work collaboratively in delivering healthcare services. This duty is set out in Section 12J of the National Health Service (Scotland) Act 1978 and provides the foundation for ensuring equitable and effective healthcare delivery across Scotland.

As system leaders, you are required to ensure that your Boards actively engage in collaborative arrangements with other Health Boards. This includes sharing resources, expertise and services, where appropriate, to optimise patient outcomes and improve efficiency across the system. Such co-operation is critical to achieving the best possible care for our population, especially given the complex challenges we face in addressing health inequalities and meeting the demands on services.

Over the last year we have strengthened our approach to collaboration and co-operation with you, beginning with the publication of the Model Framework Document for NHS Boards in April 2024. This document outlines how we collaborate and co-operate and provides a structured approach for Boards, detailing our respective roles, responsibilities, and the nature of how Boards interact with the Scottish Government. It aimed to provide greater clarity on governance and accountability and sets out our commitment to fostering effective partnerships to deliver high-quality healthcare services across Scotland.

Our commitment to working together has been further strengthened with the establishment of the NHS Scotland Executive Group, which first met in October 2024. Its primary aim is to support the effective governance, planning and delivery of healthcare services across Scotland. The NHS Scotland Executive Group plays a central role in supporting national and

regional planning initiatives, such as those outlined in the NHS Scotland Planning Framework.

The recent publication of the NHS Scotland Planning Director's Letter, in November 2024, provides additional guidance on population-based planning, once again highlighting the need for strengthened national and regional coordination. The DL emphasised the establishment of a Single Planning Framework to ensure coherence and alignment in service delivery, infrastructure investment, and workforce planning at national level. The NHS Scotland Planning and Delivery Board (NHSSPDB) will oversee and govern these efforts, ensuring that resources are deployed efficiently and equitably across all Health Boards.

At the regional level, the letter outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. These planning efforts are integral to achieving the vision set out in the 2016 National Clinical Strategy and the Public Bodies (Joint Working) (Scotland) Act, which prioritise integration and partnership working across sectors.

I believe we have all of the foundations now in place to allow you to fulfil your roles, as NHS leaders, but also in how we come together as an NHS Scotland to meet the needs of patients and the expectations of our communities.

Moving forward, I intend to work with employers to enhance the Executive Management Appraisal System so that we can properly assess and record the impact of working across board and wider system boundaries. This will be incorporated into the guidance for the 2024/25 performance review and 2025/26 objective setting process, which the Chief People Officer will issue in late February / early March. Similarly, the appraisals of NHS Chairs will encompass how they are facilitating and supporting the level of cross boundary working that we all see as essential.

For now, I encourage you all to review your current arrangements for cross-boundary collaboration and identify any areas requiring improvement. Please also ensure that staff within your Boards are familiar with the statutory requirements of the Model Framework.

In the meantime, should you require clarification or support, please do not hesitate to contact my office.

Thank you for your continued leadership and dedication to delivering high-quality, patient-centred care for the people of Scotland.

Yours sincerely,

Caroline Lamb



Director General Health and Social Care and Chief Executive NHS Scotland

Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	NHS Fife Leadership Framework
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jenni Jones, Associate Director – Culture, Development & Wellbeing

Executive Summary:

- NHS Fife is committed to the development and launch of a leadership framework as one of twelve corporate objectives for 2024/25.
- Our Leadership framework has reach and relevance for leaders at all levels, ‘from the ward to the board’, across our whole NHS Fife health and care system, regardless of grade, role or profession. Leaders have the most significant opportunity to influence culture. Our Leadership Way is a guide, based on Fife-specific insights and the contemporary literature/evidence base.
- NHS Fife intends to continue prioritising this work as seen in the forthcoming corporate objectives suite for 2025/26 i.e., We will progress the development of Our Leadership Way into its next phase by aligning and embedding our key people-related activities. This will help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level.
- This SBAR sets out an overview of the inquiry and engagement work led by the Collaborative Volunteers group to establish our shared leadership philosophy here in NHS Fife. It goes onto outline a one-year delivery plan, focusing on our opportunities to embed our expectations through alignment of key people-related activities to the leadership framework. The finalised version of the NHS Fife Leadership Framework – Our Leadership Way in NHS Fife is seen in **appendix 1**. The full list of groups/settings and everyone who has shared their perspectives and influenced the framework is illustrated in **appendix 2**.
- Work is beginning, to launch/promote the leadership framework from April onwards. The value of creating direction, alignment and commitment to our shared leadership philosophy is everyone’s opportunity, indeed responsibility.
- This report provides moderate assurance the development of a modern, contemporary leadership framework for the future of Fife.

1 Purpose

This report is presented for:

- Assurance

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

NHS Fife committed to developing and launching a leadership framework as one of twelve corporate objectives for 2024/25.

The NHS Fife Leadership Framework – Our Leadership Way (see appendix 1) was developed through extensive inquiry and engagement in 2024/25 to identify impactful leadership behaviours. The full list of contributors is in appendix 2.

The publication of *Our Leadership Way* reinforces our long-standing commitment to placing our people and workplace culture at the heart of everything we do. It articulates a shared philosophy of leadership that continues to shape how we serve our patients, service users, and the population of Fife.

Quality care requires skilled, confident leadership at all levels. Evidence shows that leadership quality directly affects care quality and organisational performance.

Adopting Our Leadership Way will enhance staff experience, engagement, wellbeing, and resilience, helping us attract and retain talent while striving for excellent care, transformation, best value, and sustainability.

The importance of leadership at every level is mission critical. As Michael West (2019) argues; *'Leaders have a preeminent influence on culture..... creating alignment, cohesion in our leadership practices is critical to focusing on our efforts on delivery for today and for tomorrow'*.

At every level we have a responsibility, from the Board, as seen in the Blueprint for Good Governance, and its responsibilities around influencing culture; to the ward and responsibilities of every individual leader to align, embed and practice these behaviours consistently.

2.2 Background

Developing a leadership framework for NHS Fife is complex and vital. Systems leadership principles, [Myron's Maxims – Heart of the Art](#) have guided the creation of a relevant framework for leaders at all levels i.e.:

- People own what they help create
- Real change happens in real work
- Those who do the work, do the change
- Connect the system to more of itself
- Start anywhere, follow everywhere
- The process you use to get to the future is the future you get

Through the efforts of the Collaborative Volunteers group, circa 350 colleagues from across NHS Fife have been engaged in sharing their insights, perspectives and expectations to formulate the framework to date. The Volunteers group are confident that:

“Employees voices are strong and seen in the framework, the inquiry and engagement has yielded diverse perspectives with a common appreciation of what matters in practice, to us all.”

The creation of the leadership framework, reflecting our shared philosophy, has been celebrated throughout the inquiry phase. To paraphrase common perspectives from those who engaged in the inquiry:

“It helps guide and develop me a leader – it’s a compass for self-reflection that can help me on the job, and keep learning to lead as I go”

“It’s bringing us all together around a shared way of being. The power of us all adopting this, leading like this, excites me, I want to play my part!”

“If we were adopting this shared leadership ethos – it would be noticeable on reflection – we’d see it in patient outcomes, staff wellbeing, reduced absence, embracing different ideas, psychological safety in action, being led by example”.

“I’ve had different managers over the years with different management styles and I don’t want to be that bad manager. This is a great opportunity to develop a whole system approach.”

The inquiry and engagement activities were initiated in June 2024, with the Systems Leadership Group. Since then, 12 face-to-face and 12 online inquiry and engagement sessions have taken place in every effort to create active engagement and insights into the leadership behaviours that matter. See appendix 2 for the full list of groups/settings and everyone who has shared their perspectives and influenced the framework, to date.

2.3 Assessment

Our Leadership Way holds our own NHS Fife insights into what kind of leadership matters the most to us. These are being adaptive, compassionate and collaborative. This framework reflects our voices, perspectives and needs, and is rooted in the contemporary

evidence base. It illustrates the kind of leadership practices we expect and hope to see. It is a guide for practice development, for all of us, regardless of grade, role or profession.

The framework requires every leader, at every level to recognise, reflect and bring to life their leadership practices aligned to Our Leadership Way. One way to think about this is “the head, heart and hands of leadership”; the things we must consciously think about, the things we and others feel and the things we should do. In short, we should lead with adaptability, compassion and collaboration.

We will progress the development of Our Leadership Way into its next phase by aligning and embedding our key people-related activities. This will help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level. The outline delivery plan below is illustrated to highlight the key activities that will be progressed across 2025/26.

	Lead Officers
Launch/Promotion	
1. We will promote the framework and curate resources that inspire, connect and have relevance for leaders at all levels, underpinned by the contemporary evidence base within Our Leadership Way.	Associate Director of Culture, Development & Wellbeing & Communications Team
Attraction	
2. We will revise all recruitment job packs to include Our Leadership Way, signalling our expectations as an employer that these behaviours and practices matter in our culture(s).	Head of Workforce Resourcing & Relations
3. We will start to review selection arrangements for senior leadership roles to ensure that the leadership framework is included in selection tools we use to recruit to these roles.	Head of Workforce Resourcing & Relations
Onboarding/Induction	
4. We will ensure every new employee is introduced to NHS Fife’s leadership framework via the refreshed NHS Fife Corporate Induction programme coming forwards from May 2025 onwards.	Learning and Development Manager
Nurture/Train	
5. We will introduce a leadership development network/community that is open to all leaders at all levels, who can come together to learn, inspire, and exchange insights together, anchored in Our Leadership Way.	Associate Director of Culture, Development & Wellbeing
6. We will ensure all new leadership development activities reflect the shared leadership philosophy of Our Leadership Way, and continually evaluate for impact against the indicators outlined in the framework.	Associate Director of Culture, Development & Wellbeing
7. We will collaborate to ensure alignment of Our Leadership Way with the aspirations outlined in the NHS Fife Change model in all new change/leadership capability building offers coming forwards.	Director of Planning & Transformation & Associate Director of Culture, Development & Wellbeing
8. We will review our suite of management development training programmes, ensuring our leadership framework is embedded throughout. Our first focus will be on promoting attendance training.	Head of Workforce Resourcing & Relations & Associate Director of Culture, Development & Wellbeing
Reward & Recognition	
9. We will ensure reward and recognition initiatives align with the leadership framework. Our first focus will be on the 2025 Staff Awards.	Director of Communications and Engagement & Head

In addition, the Collaborative Volunteers group have agreed to continue to meet, offering their energy and interest to helping guide the work ahead, and support the adoption of the framework into everyday practices.

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 work of the leadership framework is directly linked to the NHS Fife Change Model, paying close attention to ensure alignment and cohesion of both enabling frameworks coming forwards at this time. It is also closely aligned to NHS Fife Clinical Governance Strategic Framework: *Delivering safe, effective, person-centred care in an organisation which listens, learns and improves*. Appropriate links are being made to the refresh and development of the 2025-2028 Clinical Governance Strategic Framework ensuring cohesion and alignment.

2.3.2 Workforce

The leadership framework aims to guide leaders at all levels in adopting behaviours that foster a healthy, thriving culture at NHS Fife. The publication of the framework, and establishment of a leadership community/network all aim to support skill and confidence development in line with our approach.

2.3.3 Financial

The expectation is that the leadership framework will support the delivery of organisational aims and objectives. This includes achieving financial sustainability. No additional financial resources are being requested to deliver the work outlined in this paper.

2.3.4 Risk Assessment / Management

The key risk with the leadership framework work is that having developed it, this is not adopted in practice by leaders at all levels and therefore does not lead to the expected benefits of its development to date. The delivery plan elements outlined in this paper will help to mitigate this risk.

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

It is not expected that that this work will directly impact on Equality and Human Rights. However, adoption of our shared leadership ethos at every level ultimately aims to create

and sustain workplace cultures that are highly attractive helping us to attract and retain a talented and committed workforce now and in the future.

2.3.6 Climate Emergency & Sustainability Impact

It is not expected that that this work will directly impact on the climate emergency and sustainability. We plan to avoid the use of printed materials and staff will be able to access the leadership framework in an online format.

2.3.7 Communication, involvement, engagement and consultation

The leadership framework has been developed extensively with input from across the organisation (see appendix 2). This will continue into future phases of work.

2.3.8 Route to the Meeting

The NHS Fife Leadership Framework development process and content has benefited from the Collaborative Volunteers Group who have continually invested their time and insights into bringing every iteration of the framework forwards. We appreciate this group's commitment and passion in building the confidence reflected in Our Leadership Way in NHS Fife.

This paper has also been discussed with the Director of Workforce, Workforce Senior and Extended Leadership Teams, Employee Director, Associate Director of Clinical Governance, Director of Planning & Transformation whose comments and feedback have informed the content. Feedback and refinements from Director of Communications and Engagement have also been adopted to finalise the leadership framework. It has also been approved and endorsed by the Executive Director Group on 27th February 2025, Staff Governance Committee on 4th March 2025 and Area Partnership Forum on 19th March 2025.

2.4 Recommendation

This paper is provided to members for:

- To **Approve** and **Endorse**.
- **Assurance** – This report provides a Moderate Level of Assurance that the work to begin to embed the Leadership Framework is underway and outlines the next steps for this work.

3. List of appendices

The following appendices are included with this report:

- Appendix No. 1: NHS Fife Leadership Framework: Our Leadership Way in NHS Fife.
- Appendix No. 2: The full list of groups/settings and everyone who has shared their perspectives and influenced the framework.

Report Contact

Jenni Jones

Associate Director, Culture, Development & Wellbeing

Email: jenni.jones@nhs.scot



Our Leadership Way

A guiding framework for NHS Fife to help us all be the best we can be - for our patients, service users and the population of Fife.



2025-2028

Purpose

“Our Leadership Way” is a strategic framework, designed to provide clear guidance on the behaviours, and expectations of leaders across NHS Fife in how we lead, and lead well together to create the conditions for us all to flourish and thrive. It has been created to have reach and relevance for leaders at all levels, ‘from the ward to the board’, regardless of grade, role, or profession. Leaders have the most significant opportunity to influence culture. Our Leadership Way is a guide for practice development, based on Fife-specific insights and the contemporary literature/evidence base.

It aims to enhance the conditions required to create supportive and inclusive cultures that empowers colleagues, enhances collaboration, and ultimately improves and enhances patient care.

What is Leadership?

Leadership isn’t just about job titles or seniority. It’s about how we influence, guide, and support one another to deliver great care. Anyone, in any role, can demonstrate leadership. It’s something we can all develop over time, and this framework is here to help us do just that.

Our shared leadership philosophy in NHS Fife

This framework illustrates the shared leadership philosophy we believe matters, and view as critical in our abilities to deliver the kind of excellent care we want for the people of Fife. Our Leadership Way captures the essence of the leadership behaviours that matter the most, according to the many voices from across NHS Fife who have engaged in the process of inquiry to determine our shared leadership philosophy.

Quality care requires skilled, confident leadership at every level. Research shows that leadership directly affects the quality of care, patient outcomes and workplace cultures. The importance of leadership at every level, regardless of role, profession or grade is mission critical. As Michael West (2019), puts it; ‘creating alignment and cohesion in our leadership practices is critical to focusing our efforts on delivery for today and for tomorrow’.

The publication of this framework aims to underline our commitment to our people; it highlights the importance of relationships and culture(s). It requires every leader, at every level to recognise, reflect and bring to life their leadership practices aligned to Our Leadership Way. One way to think about this is, “the head, heart, and hands of leadership”; the things we must consciously think about, the things we and others feel and the things we should do. In short, we should lead with adaptability, compassion, and collaboration.

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Published March 2025

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Our Framework

This framework reflects the leadership behaviours that really matter to us, the ones that we value and make all the difference. It reflects the kind of practices that we hope/expect to see. It is a guide for practice development, reflecting our commitment to working in ways that support each other and those we care for.

Through lots of inquiry conversations across NHS Fife, we've identified these three leadership behaviours that matter most to us:

- **Being Adaptive** – responding effectively to change and challenges, through the adoption of a growth mindset.
- **Being Compassionate** – understanding, supporting, and valuing others.
- **Being Collaborative** – working together to make a real difference.



Our Invitation

We invite, encourage us all, to bring our interested, genuine selves to Our Leadership Way. Learning to lead takes practice and lots of it. The more genuinely interested you are in developing your practice, the more potential you have - to grow your confidence and capability as a leader.

Our Commitment

Our Leadership Way reinforces our long-standing commitment to placing our people and workplace cultures at the heart of everything we do. It is a shared philosophy about how we lead, that serves us, our patients, service users, and the population of Fife. By embracing this approach, we can:

- Improve staff experience, wellbeing, and resilience.
- Create a positive, supportive work environment.
- Attract and retain talented, committed people.
- Deliver the best possible care to the people of Fife.

This is about all of us, together living the kind of leadership that makes a real difference.

Our values



Three leadership behaviours

The three leadership behaviours and what the underpinning elements mean in practice.

being Adaptive	being Compassionate	being Collaborative
<p>1. Self-leadership – means developing a strong sense of self, self-awareness, and agency. Fostering a sense of autonomy, empowerment, and responsibility in self and in others.</p>	<p>5. Active listening – means attending to, being fully present.</p>	<p>9. Enabling great teamwork means sharing a vision, recognising efforts, encouraging action, valuing unique strengths, using team expertise, and being flexible and mindful of well-being.</p>
<p>2. Working with uncertainty and ambiguity means fostering open communication, creating a supportive environment, analysing situations from multiple angles, promoting a growth mindset, and embracing healthy debate.</p>	<p>6. Demonstrating Empathy – means being able to feel distress or frustration without being overwhelmed and unable to help.</p>	<p>10. Promoting a sense of belonging and psychological safety means encouraging open communication, valuing strengths, modelling inclusivity, celebrating contributions, fostering team success, and maintaining strong relationships.</p>
<p>3. Encouraging experimentation and the curious mindset means inviting new ideas, learning from failures, fostering curiosity, and promoting regular reflection.</p>	<p>7. Seeking to Understand – means e.g. reconciling conflicting perspectives rather than imposing own.</p>	<p>11. Encouraging growth (all learning) means fostering new ideas, continuous improvement, positivity, team development, strong connections, feedback, and solutions.</p>
<p>4. Embedding a change model means promoting a shared method for change and encouraging shared leadership.</p>	<p>8. Helping – means, taking thoughtful and intelligent action to help the other.</p>	<p>12. Focused on team performance and team values/philosophy balancing delivery needs with team culture, fostering strong relationships, and harmonising satisfaction with goal achievement.</p>

Adaptive

‘Adaptive’ leadership involves experimenting, trying new things, and venturing outside your expertise. If one technique is not yielding desired results, an adaptive leader goes out of their way to discover new strategies that can work. Adaptive leaders are committed to growing and developing their own leadership skills and admit/reflect when they are wrong and what they don’t know. They recognise that some problems need collaborative efforts and diverse perspectives, and value collective problem-solving to allow solutions to emerge. They are inclined to have a growth mindset.

Key elements of being Adaptive	Likely indicators: the practices that make the difference – what we would expect to see....
<p>1. Self-leadership – means developing a strong sense of self, self-awareness, and agency. Fostering a sense of autonomy, empowerment, and responsibility in self and in others.</p>	<ul style="list-style-type: none"> • Engages in regular self-reflection that enhances self-awareness, assesses strengths, areas for growth/improvement, and the ability to self-regulate. • Learns from mistakes and views challenges as opportunities for growth. Builds on learning and what works. • Encourages autonomy – allowing others to make choices and express opinions, provides opportunities for independent problem solving. • Recognises that some problems need collaborative efforts and diverse perspectives, valuing collective problem-solving to allow solutions to emerge. •
<p>2. Working with uncertainty and ambiguity means fostering open communication, creating a supportive environment, analysing situations from multiple angles, promoting a growth mindset, and embracing healthy debate.</p>	<ul style="list-style-type: none"> • Open communication is encouraged and challenging the status quo is safe and welcomed. • Creating a supportive environment that encourages exploration and learning, helping others to thrive, in often uncertain circumstances. • Analysing situations from multiple angles to make informed decisions on action. • Embracing healthy debate, welcoming different perspectives to resolve issues and enhance clarity. • Admitting, and being ok with not knowing, is ok, as it can fosters a culture of learning and collaborating.

Key elements of being Adaptive	Likely indicators: the practices that make the difference – what we would expect to see....
<p>3. Encouraging experimentation and the curious mindset means inviting new ideas, learning from failures, fostering curiosity, and promoting regular reflection.</p>	<ul style="list-style-type: none"> • Actively invites team members to explore new ideas, ask questions and seek out knowledge. • Acknowledges that the way forward is not always immediately clear. • Demonstrates their own willingness to experiment, learn from failures and iterate on ideas. • Encourages a mindset of curiosity, exploration and change that helps others/ the team to think differently and discover new or improved ways. • Promotes regular reflection on what worked, what didn't and how the group or team can improve next time.
<p>4. Embedding a change model means promoting a shared method for change and encouraging shared leadership.</p>	<ul style="list-style-type: none"> • Promotes a common, shared change language and method that helps embed change. Being consistent to encourage adoption helps embed in practice. • Encourages shared leadership, others taking the lead on various activities and tasks, tapping into shared responsibility and maximising potential in others/team.

Compassionate

'Compassionate' leadership involves a focus on relationships through careful listening to, understanding, empathising with, and supporting other people, enabling those we lead to feel valued, respected, and cared for, so they can reach their potential and do their best work. [What Is Compassionate Leadership? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/compassionate-leadership). And Self-compassion is an important, arguably essential starting point, [Compassionate Leadership: more Important Than Ever In The NHS | The King's Fund](https://www.kingsfund.org.uk/insights-and-analysis/compassionate-leadership-more-important-than-ever-in-the-nhs)

Key elements of being Compassionate	Likely indicators: the practices that make the difference – what we would expect to see....
<p>5. Active listening – means attending to, being fully present.</p>	<ul style="list-style-type: none"> • Being fully present and engaged: Actively participating and showing attentiveness during interactions to demonstrate respect and foster effective communication. Demonstrates awareness of others' needs, creating a safe space for open communication. • Practicing active listening and curiosity: Creating space and taking the time to understand others' perspectives before sharing opinions and showing genuine interest in their ideas and experiences.
<p>6. Demonstrating Empathy – means being able to feel distress or frustration without being overwhelmed and unable to help.</p>	<ul style="list-style-type: none"> • Modelling or expressing own vulnerabilities and self-compassion e.g. openly sharing own challenges, failures and learning from experiences, showing that everyone makes mistakes and learns from them. • Recognising and resonating with the emotions and experiences of others, demonstrating genuine care and compassion, responding to feelings with sensitivity and support, and creating an environment where individuals feel heard and valued. • Being empathetic and supportive: emotions and personal circumstances to foster inclusion and support. • Respecting boundaries while encouraging openness: Encourage sharing within comfort zones and respect personal boundaries.

Key elements of being Compassionate	Likely indicators: the practices that make the difference – what we would expect to see....
<p>7. Seeking to Understand – means e.g. reconciling conflicting perspectives rather than imposing own.</p>	<ul style="list-style-type: none"> • Seeking to understand individual circumstances and challenges faced by others, encouraging this approach in others/across team(s), fostering inclusivity. • Acting consistently with values and beliefs: Aligning actions with values to build trust. • Valuing concerns and feelings of others, fostering support.
<p>8. Helping – means, taking thoughtful and intelligent action to help the other.</p>	<ul style="list-style-type: none"> • Providing support and resources: Ensuring others/team members have the necessary resources, guidance, and assistance to overcome challenges. • Taking a proactive approach to problem-solving, ensuring others feel supported in their roles. • Understanding that intelligent action is balances the needs of others/team members, with the needs of the service and with your own needs.

Collaborative

‘Collaborative’ leadership is a powerful approach that hinges on teamwork, cooperation, and shared responsibility. At its core, it's about leading by involving everyone, valuing each team member’s input, and working together toward common goals. Collaboration is extensive and happens across the entire organisation and beyond, including with patients and service users.

Key elements of being Collaborative	Likely indicators: the practices that make the difference – what we would expect to see....
<p>9. Enabling great teamwork means sharing a vision, recognising efforts, encouraging action, valuing unique strengths, using team expertise, and being flexible and mindful of well-being.</p>	<ul style="list-style-type: none"> • Inspiring a compelling vision that aligns team members around a common goal. • Recognises individual and team efforts, celebrates team attributes, learning and achievements. • Encourages delivery, follow through of actions. • Demonstrating appreciation and recognition for individuals’ unique contributions and strengths. Harnesses subject matter expertise within the team. • Exhibiting flexibility and adaptability, while being mindful of emotional well-being. • Seeks connections and engagement across all stakeholders.
<p>10. Promoting a sense of belonging and psychological safety means encouraging open communication, valuing strengths, modelling inclusivity, celebrating contributions, fostering team success, and maintaining strong relationships.</p>	<ul style="list-style-type: none"> • Encouraging open communication: Creating an environment where all team members feel comfortable sharing their ideas and perspectives. Actively seeking out diverse viewpoints and ensuring that all voices are heard. • Modelling and encouraging inclusivity by being mindful of language and unconscious biases. • Acknowledging and celebrating team contributions: Emphasising the importance of giving credit to team members for their ideas and work. • Fostering team success: Prioritising collective achievements and recognising the contributions of the entire team. Values individual skills, strengths, and efforts. • Valuing strong working relationships: Recognising the importance of building and maintaining good relationships within and across teams.

Key elements of being Collaborative	Likely indicators: the practices that make the difference – what we would expect to see....
<p>11. Encouraging growth (all learning) means fostering new ideas, continuous improvement, positivity, team development, strong connections, feedback, and solutions.</p>	<ul style="list-style-type: none"> • Models positivity and openness to learning. Encourages people to try new ideas, recognising that learning is key, and not getting it right first time is ok. • Building strong team connections: Recognising the importance of getting to know team members and being open to flexible approaches to enhance collaboration and innovation, investing in team development/taking opportunities to strengthen relationships and collaboration. • Embracing feedback for growth: Actively seeking and valuing input from team members to foster continuous improvement and learning. • Constantly looking to improve things and being solution-oriented: Focusing on finding solutions and engaging in discussions that drive positive outcomes and progress.
<p>12. Focused on team performance and team values/philosophy balancing delivery needs with team culture, fostering strong relationships, and harmonising satisfaction with goal achievement.</p>	<ul style="list-style-type: none"> • Balancing delivery needs (performance) with team values, culture, and aspirations. • Balancing task completion with team dynamics: Ensuring that while tasks are completed efficiently, equal attention is given to fostering strong team relationships, addressing conflicts, and maintaining high morale. • Harmonising team satisfaction with goal achievement: Striking a balance between prioritising team members' comfort and ensuring that goals and deliverables are met effectively.

Curated 'spotlight' resources – some of the good stuff

1. [Leadership: Direction, Alignment, Commitment \(DAC\) Model | CCL](#) : Leadership isn't about individuals; it's a social process. Our DAC model for leadership explains how direction, alignment, and commitment are the outcomes of leadership, and how the whole system is involved in making leadership happen.
2. [Turn the Ship Around | L. David Marquet | Talks at Google](#) : Youtube clip 44:08. Leadership is not for the selected few at the top. One story to create leaders at every level.
3. [Developing collective leadership for health care May 2014](#) : The most important determinant of the development and maintenance of cultures is current and future leadership. NHS organisations must be led consciously and carefully to reinforce values of high-quality care that permeate their organisations, from top to bottom and end to end. But this does not happen by chance or by focusing only on individual leadership development. This paper argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures.
4. [A Paradigm Shift is Needed – John Sturrock KC - Reform Scotland](#) Cooperation, connection and communication are key. We need to work together, enabling people within the system to thrive and feel valued and affirmed, recognising the inescapable network of mutuality, inter-dependence and reciprocity upon which a properly functioning health care and social care system surely depends. All of this is easy to say ...
5. [Leadership development should be a lifelong seminar | Comment | Health Service Journal](#) Peter Homa, a retired NHS CEO, writes a letter to his younger self, capturing leadership lessons he learnt in his nearly 40 years NHS leadership experience.
6. [Collaborative leadership: What it is and why it works so well for distributed teams | Mural](#). Collaborative leadership means inviting and respecting everyone's opinions and expertise on company projects and initiatives. It's not just about 'the boss' or one person making decisions. When teams work together, they can use different perspectives, ideas, and strengths to create new solutions.
7. [Humanising healthcare | The BMJ](#) Work in humanising healthcare became much more successful when we gave up battling the system and changed our leadership style.
8. [What Is Compassionate Leadership? | The King's Fund \(kingsfund.org.uk\)](#). Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with, and supporting other people, enabling those we lead to feel valued, respected, and cared for, so they can reach their potential and do their best work.

We provide accessible communication on request in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use

Audio formats.

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





To find out more about accessible formats contact:

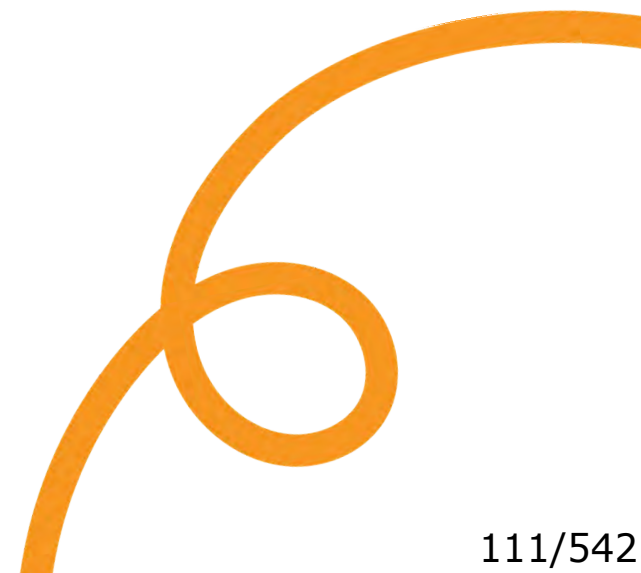
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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OLW Collaborative Volunteer Group



The NHS Fife Leadership Framework development process and content has benefited from the Collaborative Volunteers Group who have helped create real engagement and inquiry opportunities for colleagues from across NHS Fife to contribute. We are especially grateful to this group's commitment and passion in building the confidence reflected in Our Leadership Way for NHS Fife. Thank you.

- | | |
|---------------------|---|
| Emma O'Keefe | Consultant in Dental Public Health |
| Lynne Parsons | Employee Director |
| Gemma Couser | Associate Director of Quality & Corporate Governance |
| Cara Mackenzie | Head of Pharmacy - Population Health and Wellbeing |
| Jimmy Ramsay | Head of Sustainability |
| Jillian Torrens | Head of Complex and Critical Care Services, H&SCP |
| Lynnette Marshall | Head of Nursing, H&SCP |
| Lynn Barker | Director of Nursing, H&SCP |
| Roy Lawrence | Principal Lead for Organisational Development & Culture |
| Lakshmi Anderson | Executive Assistant |
| Jenni Jones | Associate Director of Culture, Development & Wellbeing |
| Roz Barclay | Portfolio Manager |
| Lynne Innes | Lead for Spiritual Care Staff Health & Wellbeing |
| Janette Keenan | Director of Nursing |
| Miriam Watts | General Manager, Surgical Directorate |
| Paula Lee | Head of Procurement |
| David Miller | Director of Workforce |
| Fiona McLaren | Head of Corporate PMO |
| Tom McCarthy Wilson | Portfolio Manager |
| Nicola Robertson | Director of Nursing, Corporate |

An overview of the inquiry – when/forums

2024

Jun: Systems Leadership Group
Aug: NHS Fife Board (development session)
Oct: Lead Nurses, HSCP
Staff Health & Wellbeing Group
Nov: 7 x online open Inquiry Groups
Public Health Directorate
Theatres, QMH
Dec: 2 x open Inquiry Groups
AMD Leadership session

Further engagement/ refining insights (up to 10/02/25)

2025

Jan: Heads of Nursing, Clinical Nurse Managers, Acute Services
Extended Workforce Senior Leadership Team
Nursing Directorate, Corporate
Digital & Information SLT
Feb: AHP Professional Leadership Council
Maternity Services
Area Clinical Forum

Onward engagement/ promoting awareness:

Feb: Finance Directorate
Senior Nurses - Medicine
Mar/: Pharmacy Leadership Team
Jun Area Partnership Forum Staff Side
AMD group
Estates & Facilities Senior Team
Planning and Performance Team
Mental Health Services SMT
Clinical Leads tbc

Inquiry engagement: at a glance

	Up to 31/12/24	01/01/25 – 10/02/25
Acute	67	22
HSCP	76	1
Corporate	101	79
Seniors	50	7
Team Leaders	84	53
Team Members	110	42

Everyone who has engaged in Our Leadership Way – 346 colleagues

Name	Job Title	Name	Job Title	Name	Job Title
Roz Barclay	Portfolio Manager	Wendy Rowbotham	Receptionist	Angela Wigham	Lead Nurse
Lynn Barker	Director of Nursing	Nikki Thomson	CCS Admin Service Manager	Kasia Osiadacz	Learning and Development Co-Ordinator
Norma Beveridge	Head of Nursing	Louise Lowe	Assistant Service Manager	Jennifer Dryburgh	Caldicott and DPA Co-ordinator Primary Care
Kevin Booth	Head of Financial Services & Procurement	Donna Mathieson	Principal Information Analyst	Amy Slater	Interim Lead Facilitator PPD
Jill Chambers	Head of Finance Business Partnering	Olanrewaju Adesina	Domestic Supervisor	Elizabeth Adamson	Practice Education Facilitator
Hazel Close	Deputy Director of Pharmacy & Medicines	Katie Wilkin	ACNS Team Lead RCDS	Laura Deacon	Practice Education Facilitator
Claire Dobson	Director of Acute Services	Theresa McNiff	Training Officer	Elizabeth Gray	Patient Experience Team Lead
Fiona Forrest	Acting Director of Pharmacy & Medicines	Jennifer Grant	School Nurse Team Leader	Amy Mbuli	Lead Infection Prevention Nurse
Susan Fraser	Associate Director of Planning & Performance	Gordon Strang	Interim Lead Chaplain	Joy Reid	Nurse Consultant Geriatric Assessment
Lynne Garvey	Director of Health & Social Care	Jennifer Mullin	Consultant in Palliative Care	Claire Murphy	Staff Nurse
Alistair Graham	Director of Digital & Information	Andrew Steele	Senior Pharmacist- Endocrine, Covid-19 and Ambulatory Care	Catherine Anderson	Senior Project Manager
Ben Hannan	Director of Reform & Transformation	Sandie Drummond	Specialist Physiotherapist	Julie Farr	Senior Project Manager
Ben Johnston	Head of Capital Planning & Project Director	Rosemary Shannon	Infection Control Auditor	Linsay Law	Team Leader CMHTs
Jenni Jones	Associate Director of Culture, Development & Wellbeing	Jackie Ballantyne	Learning and Development Officer	Keryn Brown	Community Mental Health Nurse
Jimmy Ramsay	Head of Sustainability	Charlotte Myles	Service Manager	Stephanie Calderwood	Clinical Psychologist
Jillian Torrens	Head of Complex and Critical Care	Fiona Mitchell	Senior Charge Nurse	Kate Maitland	Practice Education Facilitator
Kirsty MacGregor	Director of Communications & Engagement	Kirsty Wilson	OH Consultant	Lorna Muir	Patient Navigator
Cara Mackenzie	Head of Pharmacy Population Health & Wellbeing	Nicola White	Deputy Support Services Manager	Bernadette Munro	Caldicott & DPA Coordinator
Gillian MacIntosh	Head of Corporate Governance & Board Secretary	Sharon Doherty	Consultant Clinical Psychologist	Hannah Colston	Librarian
Clare Steele	Head of Pharmacy Medicines Supply & Quality	Sue Blair	Consultant in Occupational Medicine	Kimberley Sinclair	Team Lead Physiotherapist
Chris McKenna	Medical Director	Joy Tomlinson	Director of Public Health	Michelle Williamson	Clinical Service Manager
Tom McCarthy-Wilson	Portfolio Manager	Cheryl Clifford	Office Manager	Kathryn Hastie	Estates Officer - Sustainability
Neil McCormick	Director of Property & Asset Management	Sharon Crabb	Service Manager	Sue Brechin	Clinical Lead Sexual Health
Margo McGurk	Director of Finance & Strategy	Jo-Anne Valentine	Public Health Manager, Health Improvement	Alistair Graham	Director of Digital and Information
Jackie Millen	Interim Learning & Development Manager	Emma O'Keefe	Consultant in Dental Public Health	Anne Piper	Community LD Nurse
John Morrice	Consultant Paediatrician	Duncan Fortescue-Webb	Consultant in Public Health Medicine	Karen Whatton	Lead Nurse
Bill Nixon	Health & Safety Manager	Lucy Denvir	Consultant in Public Health	Tanya Hardy	Team Leader
Lynne Parsons	Employee Director	Fiona Bellamy	Senior Health Protection Nurse	Andrea Bendowski	Clinical Nurse Manager - Nursing
John Brown	Head of Pharmacy Clinical Services	Clare Campbell	Health Intelligence Manager	Gill Ogden	Head of Nursing - Nursing
Carol Potter	Chief Executive	Esther Curnock	Consultant in Public Health Medicine	Esther Davidson	Interim Clinical Nurse Manager - Accident & Emergency
David Miller	Director of Workforce	John Carlin	Advanced Peri-Operative Assistant	Murdrina MacDonald	Lead Cancer Nurse
Janette Keenan	Director of Nursing	Terri Seymour	Operating Department Support Worker	Karen Peacock	Clinical Nurse Manager - Nursing
Rose Robertson	Assistant Director of Finance	Linda McKenzie	Peri-Operative Assistant	Claire Massey	Clinical Nurse Manager - Obstetrics & Gynaecology
Jim Rotheram	Head of Facilities	Donna Allan	Staff Nurse	Arlene Brown	Head of Nursing - Planned Care
Shirley-Anne Savage	Associate Director for Risk and Professional Standards	Garry Russell	Staff Nurse	Pauline Hope	Clinical Nurse Manager - Nursing
Gemma Couser	Associate Director of Quality and Corporate Governance	Vicki Scobie	Theatre Practitioner	Catherine Jack	Theatre Manager
Joy Tomlinson	Director of Public Health	Shangra Archibald	Advanced Peri-Operative Assistant	Rhona Waugh	Head of Workforce Planning & Staff Wellbeing
Lorna Watson	Consultant in Public Health	Izabela Grzybek	ODP	Sandra Raynor	Head of Workforce Resourcing & Relations
Miriam Watts	General Manager - Surgery	Yvonne Mackintosh	Staff Nurse	Brian McKenna	Workforce Information & Planning Manager
Fiona McLaren	Head of PMO	Aileen McHale	Staff Nurse	Melanie Jorgensen	Interim HR Team Lead
Allan Young	Head of Digital Operations	Linzi Wilson	Staff Nurse	Sue Ponton	Head of Service, Occupational Health
Nicola Robertson	Director of Nursing	Lisa Benvie	Operating Department Support Worker	Elaine Paton	Nurse Bank Manager
Paula Lee	Head of Procurement	Jane Frieslick	Theatre Practitioner	Ian Campbell	Healthcare Chaplain
Lakshmi Anderson	Executive Assistant	Caitlyn Adams	Peri-Operative Assistant	Julia Cook	Infection Control Manager
Fiona McKay	Interim Director of Health & Social Care/Chief Officer	Debbie MacCallum	Theatre Practitioner	Mairi McKinley	Head of Practice and Professional Development
Thomas Donaldson	Public Health Specialty Registrar	Danielle Neil	Staff Nurse	Siobhan McLroy	Head of Patient Experience
Ashwini Mohan	Speciality Trainee in Orthodontics	Angela McLelland	Advanced Peri-Operative Assistant	Deivija McLeod	PPD Administrator
Fran Simpson	Lead Nurse	Clare Cathcart	Senior Charge Nurse	Eleanor Long	Personal Assistant/Secretary
Gillian Malcolm	Lead Nurse	Danielle Neil	Staff Nurse	Hazel Scalley	PPD Administrator
Jane Douglas	Lead Nurse	Beth Murray	Theatre Practitioner	Jenna King	PPD Administrator
Jodie Gunn	Lead Nurse	Jessica Fava	Theatre Practitioner	Lynn Stein	PPD Administrator
Karen Whatton	Lead Nurse	Rebecca Townsend	Staff Nurse	Sandra Drummond	Administration Assistant
Katrina Wilson	Lead Nurse	Paula Frame	Staff Nurse	Sharon Shields	PPDU Secretary
Lindsay Douglas	Lead Nurse	Andrea Baijal	Theatre Practitioner	Amy Slater	Interim Lead Facilitator: PPD & Workforce
Lindsey Wallace	Lead Nurse	Debbie Provan	Personal Assistant	Ikra Khalid	Practice & Professional Development Facilitator
Lynne Campbell	Lead Nurse	Ashleigh Allan	Theatre Practitioner	Karen Allan	Adult Protection Nurse Advisor
Mary Kinninmonth	Lead Nurse	Kate Milne	Student Nurse	Linzi Deighton	Advanced Nurse Practitioner
Michelle Blacklock	Lead Nurse	Gillian Bowie	Staff Nurse	Sharon Davie	Practice Development Facilitator
Pam Goodall	Lead Nurse	Mark Smith	Theatre Practitioner	Shirley Cowie	Senior Nurse/Excellence in Care Lead
Rebecca Saunders	Lead Nurse	Aimee Whyte	Staff Nurse	Alice Fisher	Practice Education Facilitator/Excellence in Care Support Nurse
Wendy McConville	Lead Nurse	Laura Ross	Advanced Peri-Operative Assistant	Alison Lowrie	Practice Education Facilitator
Sally O'Brien	Head of Nursing	Suzanne Hynd	Charge Nurse	Alyson Hutchison	AHP Practice Education Lead
Lynette Marshall	Head of Nursing	Carlyne Crielly	Surgical Care Practitioner	Caroline Paterson	Practice Education and Care Home Education Facilitator

Name	Job Title	Name	Job Title	Name	Job Title
Daniel Low	Head of Nursing	Julie Morgan	Charge Nurse	Emma Espie	Lead Facilitator PPD
Lynsey Callandar	Head of Nursing	Kathryn Winsborough	Staff Nurse	Kate Maitland	Practice Education Facilitator
Kirsty Wilson	Consultant, Occupational Health Service	Elizabeth Robertson	Staff Nurse	Andrew Huggan	Resuscitation Officer
Ruth Lonie	Communications Manager	Egifa Mugairi	Theatre Practitioner	Graeme Clews	Charge Nurse
Elsbeth Pitt	Consultant, Accident & Emergency	Carol Duncan	ODP	Graeme Vaughan	Resuscitation Officer
Kim MacPherson	Lead Nurse	Alison Gold	Staff Nurse	Kate Gaunt	Deteriorating Patient and Resuscitation Lead (PPD)
Wendy Simpson	Health Psychologist, CAMHS Early Intervention Service	Alison Whyte	Charge Nurse	Kirsty Jablonski	Admin Assistant
Kay Samson	Health Improvement Programme Manager	Jan Flynn	Housekeeper	Sharon Holmes	Admin Assistant
Jimmy Ramsay	Head of Sustainability	Lorraine Newbigging	Personal Assistant	Theresa Rodigan	Senior Administrator
Claire Massey	Clinical Nurse Manager, Obstetrics & Gynaecology	Jodie McGoldrick	Charge Nurse	Toni Muirhead	Administrator
Iain Murray	Assistant Health & Safety Advisor	Ian Campbell	Interim Head of Spiritual Care	Donna Band	Patient Relations Officer
Karen Laird	HR Officer	Philip Adams	Senior IG&S Assurance Manager	Elizabeth Fallas	Patient Relations Support Officer
Alison Ramsay	Health Promotion Officer - Workplace Team	Gemma MacDonald	Health Visitor/Morse Project Lead	Elizabeth Gray	Patient Experience Team Lead
Janet Melville	Personal Assistant	Amanda Leech	Professional Head of Physiotherapy	Josephine Smith	Volunteer Development Lead
Jan Stenhouse	Team Leader, District Nursing	Fiona Cameron	NTC Manager	Laura Hoggan	Interim Patient Experience Team Lead
Clare Cathcart	SCN, Theatres, QMH	Lindy MacEwan	Advanced Nurse Practitioner	Stuart Ullathorne	Patient Relations Officer
Emma Espie	Lead PPD Facilitator/Interim Lead PEF	Claire Granger	Business Manager	Amy Mbuli	Lead Infection & Prevention Control Nurse
Tracey Gilhooly- Rutherford	Community LD Nurse, Fife Wide Clinics	Joanne Hampton	Physiotherapist	Ashley Norcross	Infection Prevention & Control Nurse
Samantha-Louise Clarke	Business Manager, P&PC, HSCP	Bryan Archibald	Planning & Performance Manager	Elizabeth Dunstan	Senior Infection & Prevention Control Nurse
Kim Milledge	Health Visitor Team Leader, Glenrothes Locality	Maxine Michie	Deputy Director of Finance	Janice Barnes	Infection Control Nurse
Marie-Louise Blake	Operations Manager, Psychology Service	Ryan Kirk	Form's Analyst	Jodie Gear	Infection Control Nurse
Emma McAuley	District Nursing Team Leader, Kirkcaldy	Pam Goodall	Lead Nurse CTAC	Lynsey Delaney	Infection Control Surveillance Audit Midwife
Jane Douglas	Lead Nurse, District Nursing	Lisa Finlayson	Senior team leader/nurse manager	Mirka Barclay	Senior Infection Prevention and Control HAI-SCRIBE Nurse
Julie Gillespie	SCN, Theatres, VHK	Carol Hunter	Health Visitor Team Leader	Nykoma Hamilton	Infection Control Nurse
Karen Beveridge	Personal Assistant	Grant Noble	Application Delivery Manager D&I AST	Pauline Young	Infection Prevention Control Nurse
Marie Hunter	Senior Clinical Educator, Medical Education	Lynne Johnston	Service Manager O&G/P&N	Sharon Bernard	Infection Control Nurse
Katherine Evans	Health Visitor Team Lead	Vicky Cook	Dietician	Suzanne Watson	Senior Infection Control Nurse
Lisa Crawford	Radiographer	Lynette Mackenzie	Service Manager (Paeds)	Gordon Strang	Interim Lead Chaplain
Andrew MacDonald	Senior Project Manager	Gillian McCluskey	Community learning Disability Nurse	Lynne Innes	Lead for Spiritual Staff Care and Wellbeing
Theresa McNiff	Training Officer	Jamie Hinley	Interim Senior Charge Nurse	Mairead Ros	Healthcare Chaplain
Ruth Sharp	Occupational Therapist	Marcia McDougall	Chaplain	Marcia McDougall	Chaplain
Carol Brown	Programme Manager	Fiona Ritchie	Team Leader Physiotherapist Band 7	Suzanne Roberts	Healthcare Chaplain
Debra Priest	Business Manager	Karen Nolan	Clinical Services Manager	Marie Richmond	Head of Digital Strategic Delivery
Amanda Urquhart	School Nurse Team Leader	Harry Harris	Music Therapist	Alistair Graham	Director Digital & Information
Yasmine Morgan	Sustainability Officer	Kirsty Durham	Sexual Health Senior Charge Nurse	Torfinn Thorbjornsen	Head of Information Services
Laura Logan	Interim Clinical Lead - Weight Management and Diabetes	Claire Fulton	Adverse Event Lead	Steven Knapman	Business Intelligence Lead
Lynn Cummings	Project Support Officer	Seona Macdonald	Community Learning Disability Nurse	Michelle Campbell	Deputy Head of IG&S / Primary Care DPO
Nicola Harkins	Service Manager	Jane Anderson	General manager WCCS	Philip Adams	Senior IG&S Assurance Manager
Miku Ahmed	Senior Clinical Digital Practitioner	Tracy Gordine	Sexual Health Nurse Specialist	Matt Valenti	Information Governance & Security Lead
Brenda Connor	Charge Nurse	Nicola Maher	Programme Manager	Sharon Younger	Divisional Head of Health Records
Alison Whyte	Charge Nurse	Debbie McGirr	Speak Up/Whistleblowing Coordinator	Nicola Maher	Programme Manager
Amina Slimani-Fersia	Lead Pharmacist Primary Care	Jamie Doyle	Head of Nursing - Acute Services Division	Sarah Callaghan	Programme Manager
Jenny Baillie	Occupational Therapist - C&YP	Dale Simpson	Clinical Nurse Manager - Nursing	Tracy Lawrence	Digital Transformation Programme Manager
Teri Leslie	Nursery Nurse	Stephanie Doolan	Interim Clinical Nurse Manager - Cardiology	Roslyn Scott	National LIMS Programme Implementation Manager
Jennifer Hodgson	Team Lead	Harly-Jane McLennan	Clinical Nurse Manager - Admissions	Malcolm Fowles	Deputy Head of Digital Operations
Jodie McGoldrick	Charge Nurse	Joy Reid	Nurse Consultant - Nursing	Mark Storrar	Application Services Manager
Andrew Holmes	Application Support Analyst	Laura Hoggan	Interim Patient Experience Team Lead	Margaret Harris	Cyber Security Manager
Lynn Diamond	Team Leader - Addiction Services.	Zoe MacLaughlan	Lead Radiographer Phase 3 x-ray	David Moyle	Programme Manager
Alison Ramsay	Health Promotion Officer				

Meeting:	NHS Fife Board
Meeting Date:	25 March 2025
Title:	Anchor Institution Update
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Sharon Crabb, Public Health Service Manager Alison McArthur, Employability and International Recruitment Co-ordinator Jimmy Ramsay, Head of Sustainability Kevin Booth, Head of Financial Services and Procurement

Executive Summary

- This report provides an update to the NHS Fife Board on the progression of our strategic intention as an Anchor Institution.
- The report also provides an annual update on our Anchor metrics, building from our baseline and evidencing our areas of progress.
- Through the creation of our Anchor Strategic Plan and by evaluating our progress through self-assessment, we are steadily progressing engagement with our local partners.
- Our employability team have continued with ongoing focused work aiming to widen employment access, with the aim of building a more inclusive and diverse workforce by engaging with priority groups and from areas of multiple deprivation within Fife.
- Our estates and sustainability team have ensured NHS Fife, one of only three boards to award a community asset transfer, is actively engaging with partners to support community projects and promote the use of our land. We are advancing our sustainability goals through initiatives like the Cycling Friendly Employer award and new transport schemes, while continuing to improve energy use, efficiency, and renewable initiatives.
- Our procurement team have continued to drive additional benefits from our non-pay spend to support the local economy and the population of fife.
- National guidance was received from Scottish Government in December 2024, requesting an update on our Anchor progression from submission of our baseline metrics in March 2024. Supplementary guidance was also received requesting an outline of our key objectives for the coming year within the pillars of employability, procurement and land and assets.
- Our next steps are to continue to expand employment initiatives to meet the aims of our Anchor objectives by working with the Local Employability Partnership; Opportunities Fife, with a particular focus on offering placements to lone parents with support to help them

transition into permanent posts. Developing and enhancing work undertaken with Developing the Young Workforce (DYW) through delivering Health and Social Care Careers Events and work placements within NHS Fife and the Health and Social Care Partnership.

- Our procurement team will work to support business cashflow in the local economy by actively engaging with services and suppliers to ensure prompt payment of supplier invoices. We will improve the local outcomes from community wealth building by increasing the awareness of the National Community Benefits portal and by supporting the matching of bids received.
- To progress our sustainability ambitions, we will progress use of renewable energy on NHS Fife sites by working with other Boards, partners and national procurement to identify solutions for renewables. We will continue to develop our greenspaces, build on our greenspaces and work with stakeholders to identify solutions for each space.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Person Centred

2. Report Summary

2.1 Situation

This report is focussed on the developing Anchor programme of work and expectations of the National Place and Wellbeing programme. It follows the submission of baseline metrics in March 2024 and the recent request received in December 2024 from Scottish Government, to provide an annual update of our Anchor metrics as well as areas of focused intentions. This report is focussed on the developing Anchor programme of work, progression made over the last year and details our draft objectives for the coming year.

2.2 Background

As part of the NHS Scotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all NHS Boards were asked to draft an Anchor Strategic Plan and submit a baseline of their Anchor activity in March 2024. This was to reference how the Board, as an Anchor institution, would support a prevention approach to public health and contribute to the Scottish Government priority of reducing child poverty. The NHS Fife draft Anchor Strategic Plan was submitted to Scottish Government in November 2023, this was followed by a baseline of our Anchor metrics in March 2024.

Following review of boards Anchor strategies and metrics, Scottish Government provided written feedback and followed this up by hosting meetings with Board representatives.

NHS Fife received positive feedback, demonstrating clear governance structures and a named lead to oversee and progress this local plans. We were asked to consider specific actions that set out when and how our aims would be met. We were directed to focus on a small number of specific measurable objectives.

In December 2024 NHS Boards were issued with Guidance on Anchor Metrics (**Appendix 1**, Annex 2 is the completed return) as part of the Annual Delivery Plan Guidance for NHS Boards 2025/26.

Supplementary guidance was issued later in December 2024 detailing additional requirements (**Appendix 2**, Annex A is the completed return). The intention of this guidance is to demonstrate how Anchor plans are being progressed and integrated within the wider planning of the Board. The minimum standards required are:

- Clear governance arrangements to monitor and progress their Anchor Strategic Plan, including a named lead.
- Active engagement with each of their Community Planning Partnerships to progress their Anchor Strategic Plan and address the socio-economic determinants of health.

Boards have been asked to identify four - six specific objectives across the three key strands (workforce; procurement; and land and assets) and at least two specific objectives to progress local partnership working.

There is no requirement to resubmit Anchor Strategic Plans. Boards have been directed to think about how Anchor plans align with:

- Local Child Poverty Action Reports
- Anti-Racism Plans
- Engagement with Local Employability Partnerships
- Engagement with Community Planning Partnerships
- Any ongoing agreed priorities funded under the 'Fairer Healthier Economies Fund' (previously known as Healthy Working Lives funding) from PHS
- Existing or planned strategies on estates, procurement and workforce, including the Board's Three-Year Workforce Plan (due 1 June 2025).

2.3 Assessment

The Anchor Operational Group have completed a second self-assessment review using the framework developed by Public Health Scotland; particularly in relation to employability, procurement and spend, estates, property, and land. Another is planned for March 2025 ahead of the Anchor Institution Programme Board meeting.

Our Anchor ambitions continue to support intentions detailed in the Population Health and Wellbeing Strategy, to continue to work to reduce poverty and inequality. NHS Fife has demonstrated a commitment as detailed in previously submitted papers focussing on Youth employment (Jan 2023), Community Benefits Gateway (May 2023), Draft Anchor Strategic Plan (Nov 2023) and papers presented at Fife Partnership Board (Feb 2024). A recent paper was presented to EDG (5th September 2024), describing Employability Initiatives and Programmes underway in Fife.

The recommendation from the Anchor Institution Programme Board was to focus our ambitions on making progress within the employability strand, paying particular attention to the six key priority family groups:

- lone parents
- young mothers (under 25 years old)
- minority ethnic families
- large families (with three or more children)
- families with a baby (under one)
- families with a disabled adult or child

Through the creation of our Anchor Strategic Plan and by evaluating our progress through self-assessment, one of the most striking findings was the level of engagement with our local partners, particularly Fife Council and organisations within Fife Partnership. This has acted as a catalyst for more focused engagement with public sector partners to explore areas of joint work, a key aspect of Community Wealth Building. This is supportive of a 'prevention' public health approach and contributes to both community wealth building and reducing child poverty.

Employability

Our employability team have continued with ongoing focused work aiming to widen employment access, building a more inclusive and diverse workforce by engaging with a small number of priority groups and areas of multiple deprivation within Fife.

NHS Fife have evidenced accreditation in various workplace schemes. Acknowledgement and recognition of areas for further development were the Defence Employer Recognition Scheme and Equally Safe accreditation. We now have two named leads representing NHS Fife within the Local Employability Partnership. Having dedicated leads has made a significant difference to progressing with our employability ambitions.

We continue to work with Developing the Young Workforce Fife Board and are holding interactive Health and Social Care Career Events for high school pupils to raise awareness of all career opportunities. Nursing & Midwifery and Medical have both provided simulation events in 2024 to attract young people to careers within NHS Fife. Foundation Apprenticeships and Modern Apprenticeships continue to be offered with the aim of expanding these in 2025 and beyond.

Employability initiatives utilised to widen access to NHS Fife including:

- EMERGE, a collaboration with Fife College where applicants undertake a 12-month qualification with Fife College and a work placement within NHS Fife. The pilot is proving to be successful, and discussions are underway for 2025.
- Life Chances provided in collaboration with Fife Council, offers a 13-week paid placement within NHS Fife with the aim of candidates transitioning into permanent posts with support from NHS Fife and third-party employability providers. Discussions are progressing internally with interest from a number of departments.

Contact has been re-established with the Department of Work and Pensions nationally and locally and we will continue to support job seekers of all ages interested in a career within

NHS Fife through attendance at local recruitment fairs and the provision of information sessions relating to application guidance.

We have partnered with MCR Pathways, (Motivation, Commitment and Resilience) mentoring pathway programme, offering a high school mentoring programme supporting care experienced and other vulnerable young people across Scotland. In addition, we have been working with the University of Dundee and the University of St Andrews to offer internships and to promote NHS careers.

Our next steps are to continue to work to expand employment initiatives to meet the aims of our Anchor objectives. We will continue to work with the Local Employability Partnership; Opportunities Fife, with a particular focus on offering placements to lone parents with support to help them transition into permanent posts.

We will enhance and build upon the foundations laid with Developing the Young Workforce Fife Board, by creating a work experience programme for high school pupils to enable them to explore careers within NHS Fife. Stakeholder engagement is pivotal to the success and progression of our employability ambitions.

Procurement

2024 has been a year of consolidation more than progress when looking back in comparison to 2023, however a number of key metrics have remained focused. In particular the awarding of the Boards Living Wage accreditation, this has been maintained in 2024 and has been widely communicated to the Board's suppliers throughout the year to encourage their commitment.

The priority across 2024 has largely been focused on supporting the Boards RTP programme. The pursuit of contract efficiencies and the mitigation of cost pressures has limited the progress in other areas of procurement which had been anticipated at the start of the year.

Key metrics such as the local spend percentage within Fife has fallen in comparison to 2023 (16.24% from 24.73%), however it is noted that the total spend across Scotland has increased slightly (68.2% from 65.6%). Spend with SMEs at £68.5m has increased in year in comparison to 2023 (£64.2m). Whilst spend with supported businesses has decreased from £18.6K to £17.8K during the year. We have continued to monitor and analyse local spend data and attend local and national meet the buyer events where possible to encourage new supplier engagement and identify any new local supply chains.

The Payment Performance Metric has continued to improve over the year. The number of supplier invoices paid within 30 days has increased from 87% to 92% in 2024. Whilst the number of supplier invoices paid within 10 days increased to 81% from 61%. Looking forward to the year ahead, the aim will be to maintain or improve this position to ensure the Board continues its support for the flow of funds within the local area.

Community Benefits continue to form a key consideration in all regulated procurements and the next step in the coming years is to expand the inclusion of community benefit requirements in all relevant PCS Quick Quotes of £15K and above. Procurement have continued to promptly support the matching of all community Benefit Bids raised in the year as well as raising awareness to the National Portal with all suppliers whenever possible. Next steps include increasing awareness of the National Portal with local charitable organisations and the number of bids and community benefits delivered.

Land and Assets

NHS Fife are one of only three boards to have awarded a community asset transfer. The current legislation prohibits some community groups from applying for community asset transfers (CAT). The complexity of the process is a deterrent for many eligible community groups.

Wider engagement with partners in planning new developments on our land is progressing. Some targeted areas of land are being considered for community projects. We have engaged with Fife Council & Health & Social Care Partnership looking at ways we can support the council allotment strategy promoting use of our land. The creation of resources for community groups to promote our land and assets aims to strengthen the uptake. The NHS Fife Greenspace strategy complements our Anchor ambitions.

We have made significant progress in promoting active travel as part of our broader sustainability goals. Through partnerships, new initiatives and continuous engagement with staff we are developing a culture that supports cycling and other forms of active transportation. This includes achieving the Cycling Friendly Employer award. A new cycle to work scheme has been launched as well as other transport initiatives.

We will continue to progress with energy use, efficiency and renewable initiatives.

This report has detailed and demonstrated areas of progress, as well as areas requiring more thought. By continuing our conversations and strengthening links we will continue to work through current challenges to deliver positive outcomes.

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 quality of some of our support services may be improved by being more directly linked to local businesses and organisations. No direct impacts on quality or patient care have been identified.

2.3.2 Workforce

Widening access to employment and intentionally directing our attention to the key priority areas will have a positive impact on reducing health inequalities of the local population. This will help drive wealth back into our communities. There are resource implications of engaging with the initiatives in relation to the training and line management support to the person(s) on placement.

Staff health and wellbeing may be improved by having more direct links into for example the local food economy, and by improving our impact on the environment.

2.3.3 Financial

The continued limited capital funding from Scottish Government has restricted the major capital projects and this has constrained capacity to deliver associated benefits from the anticipated procurement workstream. This is also similar to the challenge faced from our land and assets workstream.

2.3.4 Risk Assessment / Management

The progression within all the workstreams demonstrates our commitment to progress all aspects of being an Anchor Institution. Operationally updating the progression framework and reporting to the Anchor Programme Board.

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

Operating as an Anchor Institution and contributing to community wealth building will impact positively on reducing health inequalities. An EQiA will be completed by leads for programmes of work as identified areas of action are agreed.

2.3.6 Climate Emergency & Sustainability Impact

The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment. No separate reporting of progress is required as there are already established lines of reporting progress to Scottish Government in these areas; Scottish Government acknowledged there will be ongoing progress through other focused areas of work.

2.3.7 Communication, involvement, engagement and consultation

The Anchor Operational Group recognises the importance of engagement and consultation particularly with our own staff groups, and this will form part of the developing communications strategy.

2.3.8 Route to the Meeting

Updates on NHS Fife as an Anchor Institution have previously been presented to the NHS Fife Board on the following date.

- 30th January 2024

Earlier versions of this paper have been considered by the Director of Public Health and Public Health Management Team on 27th January 2025, noted by the Executive Directors Group on 20th February 2025 and considered by Public Health and Wellbeing Committee on 3rd March 2025.

2.4 Recommendation

This paper is provided to the NHS Fife Board members drawing attention to the requested progress update as part of the Annual Delivery Plan guidance. The paper is presented for:

Assurance – The NHS Fife Board members are asked to take Assurance from the work progressed through the Anchor strategic plan.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – DRAFT NHS Fife Progress Report Anchors Programme 2023-2024

Appendix 2 – DRAFT NHS Fife Anchor Delivery Plans for 2025-2026

Report Contact(s):

Sharon Crabb

Public Health Service Manager

Email: sharon.crabb@nhs.scot



NHS Fife Progress Report Anchors Programme 2023-2024



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Introduction

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, the Scottish Government asked NHS Boards to develop the following:

***a clear baseline** in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community¹.*

The aim of the baseline was to support NHS Boards measure progress on their anchor activity to inform their Anchor Strategic Plans, as well as to provide an overview of the current position of NHS Scotland as an anchor institution.

As part of the Annual Delivery Plan Guidance for NHS Boards 2025/26 we will ask all NHS Boards to submit data on their anchor activity so progress can be measured against the baseline.

This communication includes guidance and a template ([Annex A](#)) that NHS Boards should use to submit data on their Anchors activity to the Scottish Government by **Monday 17 March 2025**.

¹ See Section 6.5 of the [NHS Scotland Delivery Plan Guidance](#).

1. Background

1.1 Process to review metrics

Scottish Government Health and Social Care Analysts, in collaboration with NHS Boards, developed a set of metrics in 2023 to support NHS Boards establish a baseline to measure their impact at a local level as anchor institutions. To avoid additional burden on NHS Boards, the metrics drew on existing data.

Following a 'light touch' review of the metrics in 2024 to address issues that might cause issues and/or make future comparisons problematic, a small number of metrics have been subject to change, removal and/or additional guidance.

The changes were based on feedback provided by Boards and have been agreed with by following groups: the Procurement Task and Finish Group; the Land and Assets Task and Finish Group; the Employability Leads Group, the Anchors Workforce Strategic Group, the Anchors Delivery Group and the Place and Wellbeing Programme Board.

1.2 Caveats and limitations

While we are confident that the proposed metrics are robust and feasible measures to support NHS Boards measure their impact as anchor institutions, there are a number of caveats that should be acknowledged.

Some of the metrics are relatively blunt measures for the complex and nuanced outcomes around reducing health inequalities at a local level. However, as such outcomes are challenging to measure with the existing data, the proposed metrics should provide the most robust measurement possible with the available data.

There are some issues around data incompleteness for the agreed metrics, in particular for the self-reported workforce equalities data. Incompleteness of self-reported staff equalities data is an analytical issue across all employers and sectors, and while this limits conclusions and interpretation, such data still provide valuable insights and are used widely in analysis and policy development.

For workforce, we have asked about Scottish Index of Multiple Deprivation (SIMD) to capture deprivation data relating to the proportion of staff, applicants, and leavers, which will provide amongst other things useful insights into the workforce geographical spread. However, as SIMD is primarily a measure of area-based deprivation we recognise there are limitations to the conclusions that can be drawn using SIMD, particularly in remote and rural areas.

It should also be noted that in a number of instances, we are asking NHS Boards to report on data that they report elsewhere. This is to signal that these data should be included and monitored as part of their Anchor Strategic Plans.


2. Reporting

All NHS Boards are asked to provide updated data on their anchor activity using the template in [Annex A](#). The reporting period will be the financial year 2023/2024 and data sources and additional notes to help complete the template are set out in [Annex B](#).

The template in [Annex A](#) should be completed and submitted by **Monday 17 March 2025** to PAWSecretariat@gov.scot.

If you have any comments or questions regarding the completion of the template please contact PAWSecretariat@gov.scot.

Úna Bartley Team Leader, Place and Wellbeing Programme



Return dates
Data on Anchor activity due on **Monday 17 March 2025**

Annex A – Data on Anchor activity

Reporting year: 2023-2024

NHS Board: NHS Fife

Workforce metrics

W1. What employability programmes were underway in your Board in the reporting year? (refer to [guidance note](#) for definitions of ‘employability’ and ‘employability programme’ and for guidance on generic employability programmes)

(a) For general employability programmes, please provide details of the programme name, number of participants, and which of the Anchor Priority Groups it targets in Table 1 below.

A separate table should be completed for each employability programme. If more than one programme is underway, please copy and paste the table as needed for each (refer to [guidance note](#)).

(b) For apprenticeships, please provide framework title, SCQF level, number of apprenticeship starts, and which of the Anchor Priority Groups it targets in Table 2 below.

A separate table should be completed for each type of apprenticeship. If more than one is underway, please copy and paste the table as needed for each (refer to [guidance note](#)).

Table 1: Employability Programmes (excluding apprenticeships)

Employability programme	No. of Participants	Target group(s)
EMERGE	7	<input checked="" type="checkbox"/> Young people (aged 16-24)

Employability programme	No. of Participants	Target group(s)
Princes Trust HSCP	10	<input checked="" type="checkbox"/> Young people (aged 16-24)

Official

Employability programme	No. of Participants	Target group(s)
Internships – University of Dundee	2	<input checked="" type="checkbox"/> Young people (aged 16-24)

Employability programme	No. of Participants	Target group(s)
Career Ready	6	Career ready is a national school-based programme

Table 2: Apprenticeships

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
HCSW Modern Apprenticeship	5-7	72	<input checked="" type="checkbox"/> Existing staff

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Pharmacy Modern Apprenticeship	6-8	7	<input checked="" type="checkbox"/> Existing staff

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Business Management Modern Apprenticeship (Pharmacy)	9	3	<input checked="" type="checkbox"/> Existing staff

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Pharmacy Technical Apprenticeship	7	8	<input checked="" type="checkbox"/> Existing staff

Official

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Graduate Apprenticeship	9	1	<input checked="" type="checkbox"/> Existing staff

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Foundation Apprenticeship Social Services and Healthcare	6	52	<input checked="" type="checkbox"/> Young people (aged 16-24)

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Social Services and Healthcare Modern / Care apprenticeships	6	6	<input checked="" type="checkbox"/> Existing staff

W2. What outreach activities were underway in your board in the reporting year? (refer to [guidance note](#) for definition of ‘outreach activities’)

Please provide details of the outreach activity and Anchor Priority Groups it targets in Table 3 below.

A separate table should be completed for each outreach activity. If more than one outreach activity is underway, please copy and paste the table as needed for each (refer to [guidance note](#)).

Table 3: Outreach Activity

Outreach Activity	Target group(s)
MCR Pathways	<input checked="" type="checkbox"/> Care experienced <input checked="" type="checkbox"/> Young people (aged 16-24)

Outreach Activity	Target group(s)
DYW – School Careers Events	<input checked="" type="checkbox"/> Young people (aged 16-24)

Official

Outreach Activity	Target group(s)
HSCP career events 3 times per year and Fife council career events. Work for us section on HSCP website with employer / sector specific landing pages. Locality forums. Local Employability Partnerships (LEP) engagement with DYW board and Fife voluntary Action.	<input checked="" type="checkbox"/> Care experienced <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Black and Minority Ethnic groups <input checked="" type="checkbox"/> People living in the 20% most deprived areas <input checked="" type="checkbox"/> Disabled people <input checked="" type="checkbox"/> Refugees and asylum seekers <input checked="" type="checkbox"/> Young people (aged 16-24) Priority family groups at risk of child poverty, please state which: <input checked="" type="checkbox"/> lone parents

W3. Are you accredited as Carer Positive?

Yes No

W4. Are you accredited as Disability Confident?

Yes No

W5. Are you accredited as Equally Safe at Work?

Yes No

W6. Are you accredited as Menopause Friendly?

Yes No

W7. Are you accredited with the Defence Employer Recognition Scheme?

Yes No

W8. Do you publish a race pay gap?

Yes No

W9. Do you publish a disability pay gap?

Yes No

W10. Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?

Yes No

W11. Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) for each LEP within your Board region.

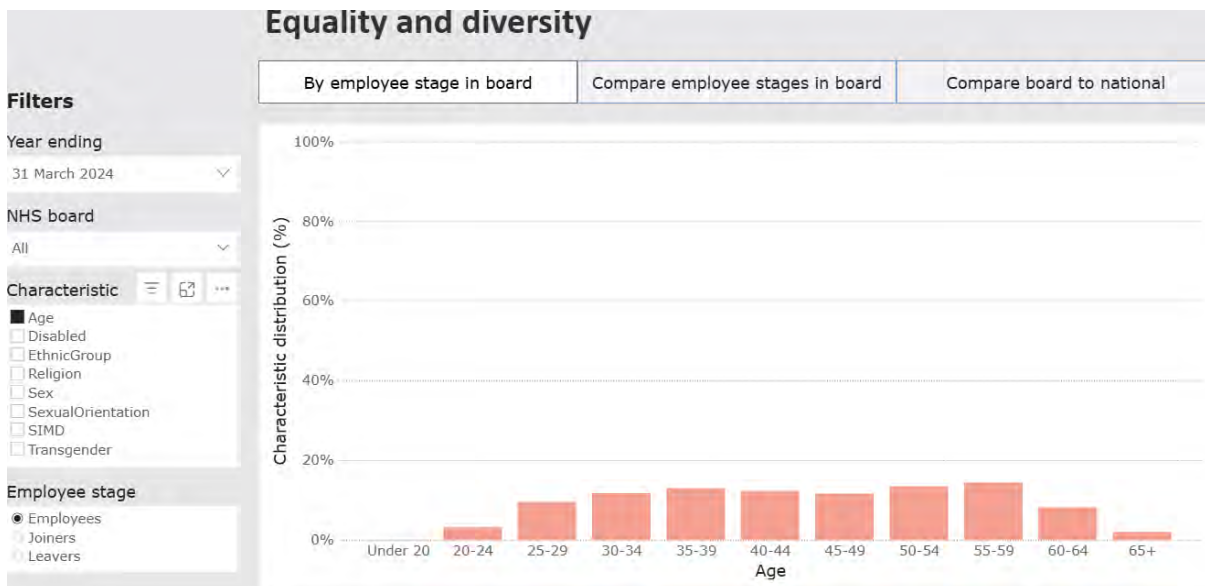
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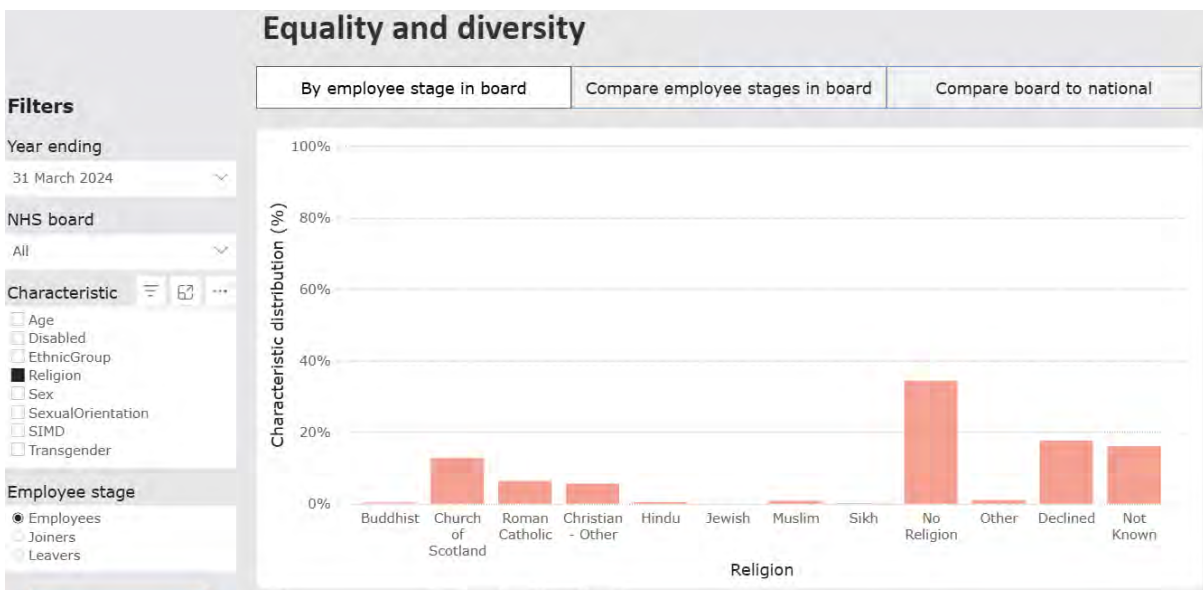
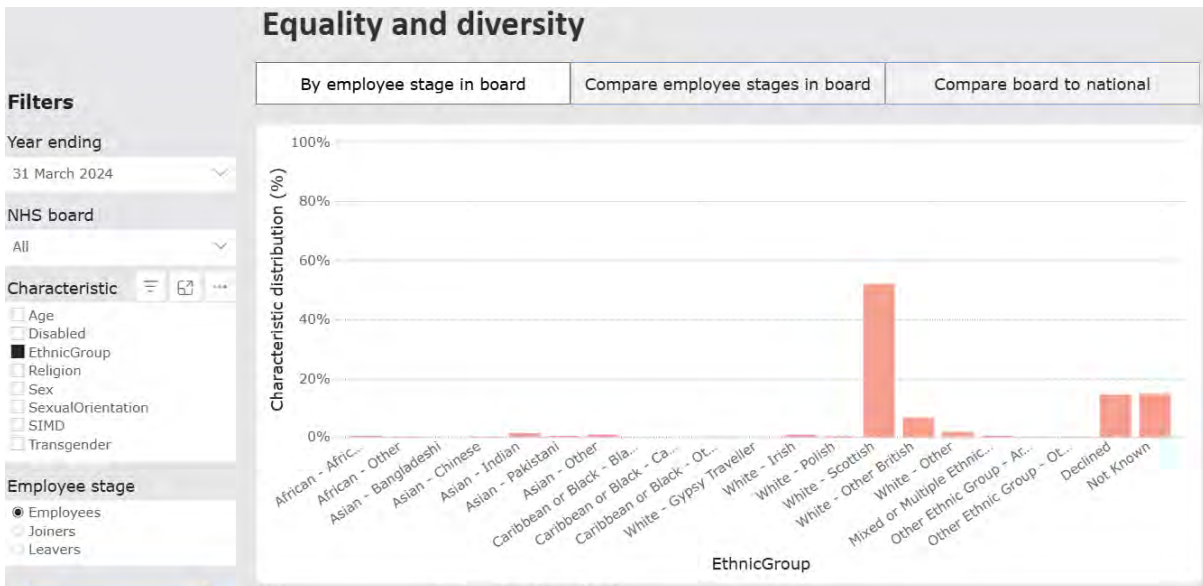
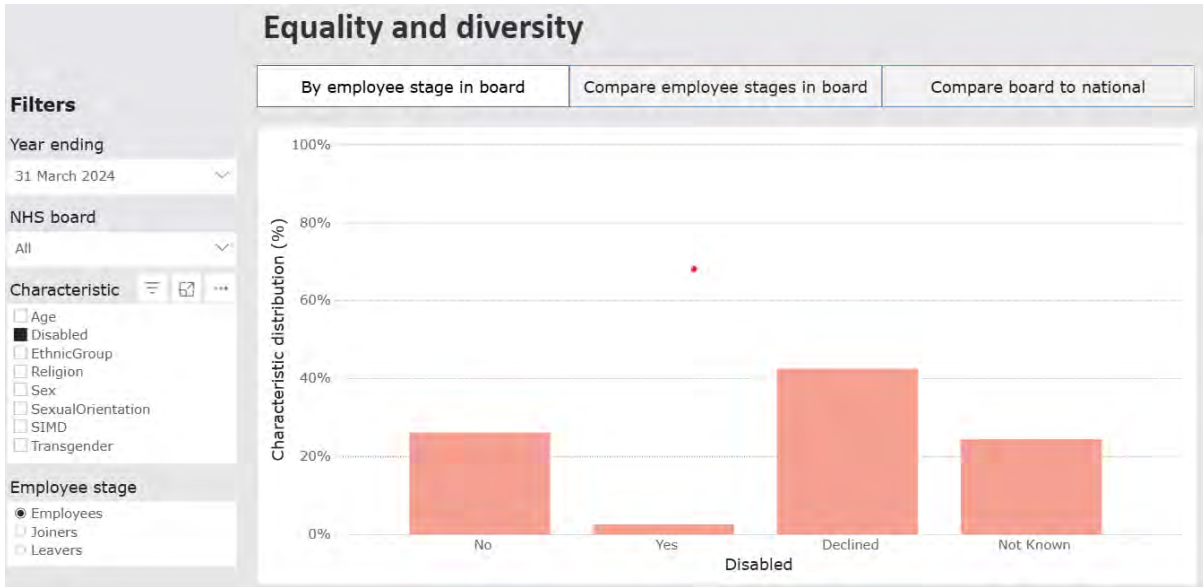
Yes No

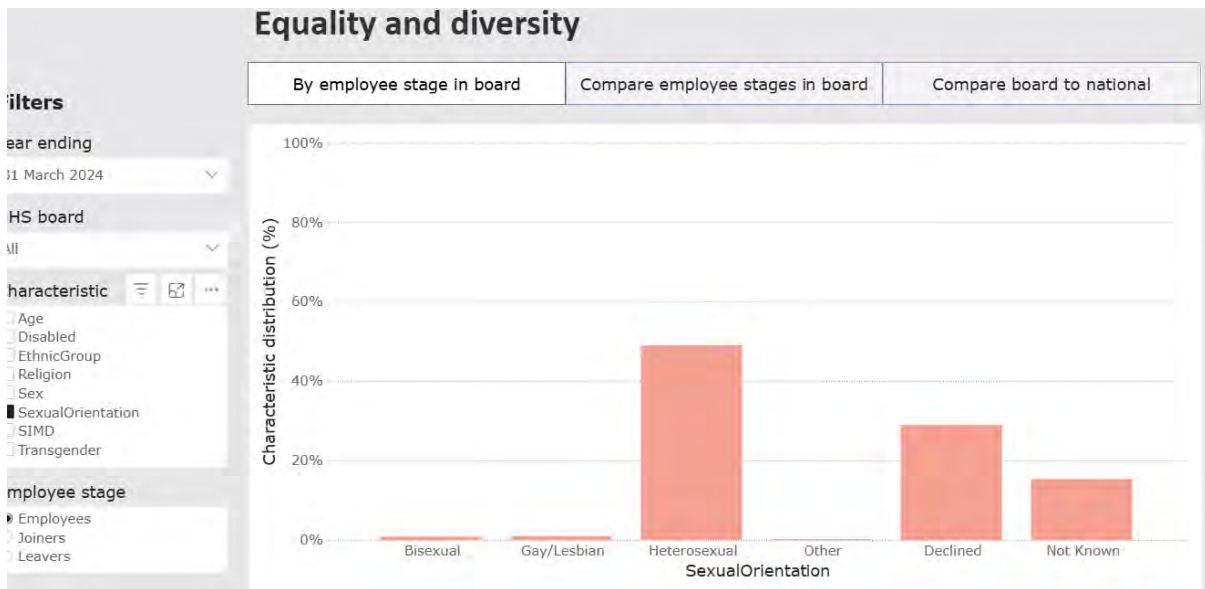
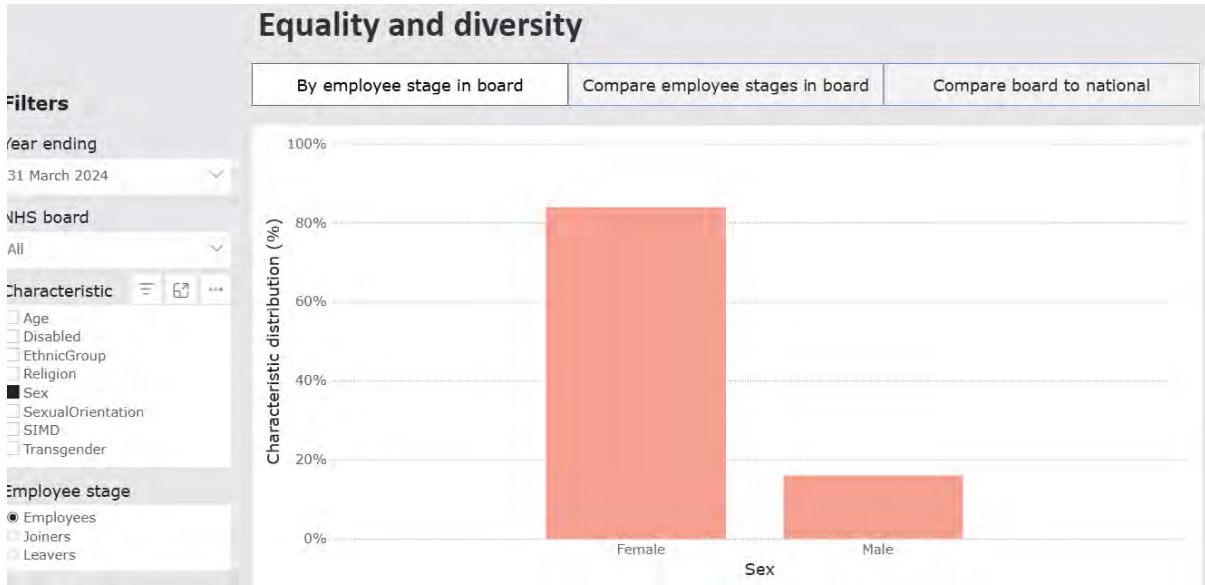
If yes, insert name and title:

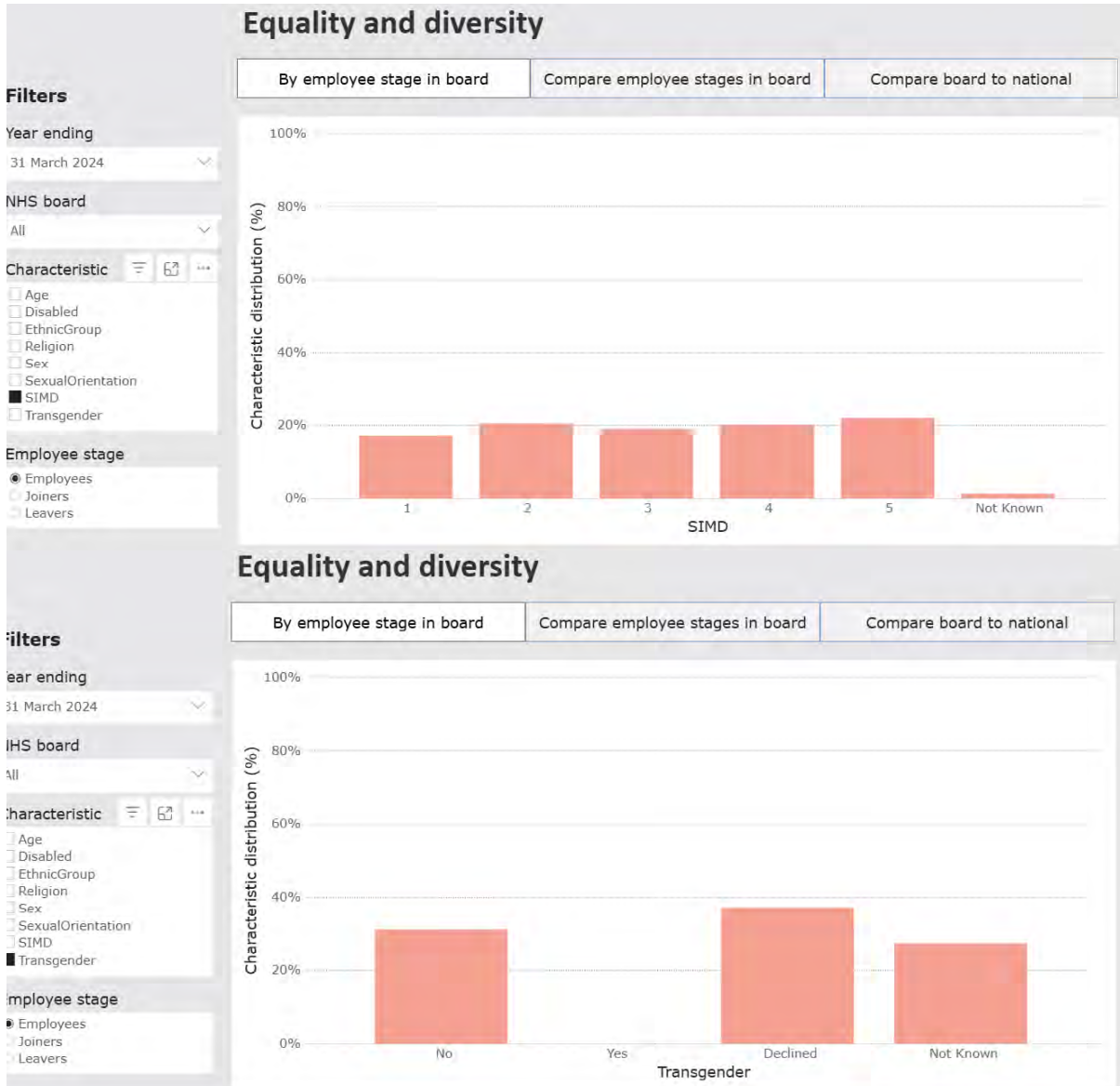
Alison McArthur, Employability and International Recruitment Coordinator
Kirsty Martin, Employability Service Manager

W12. What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to [guidance note](#)).

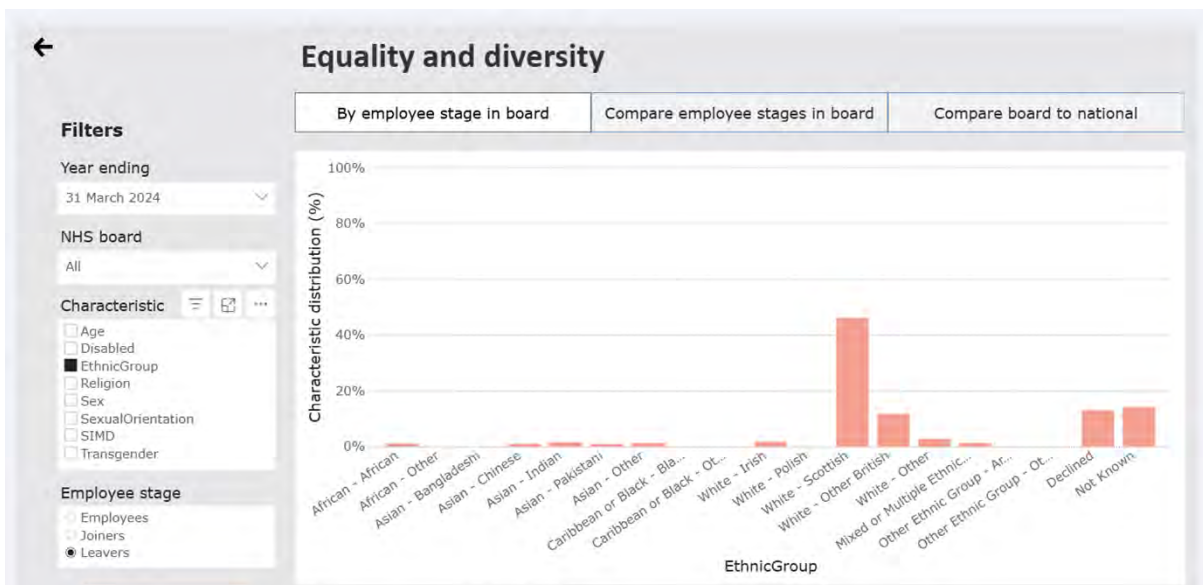
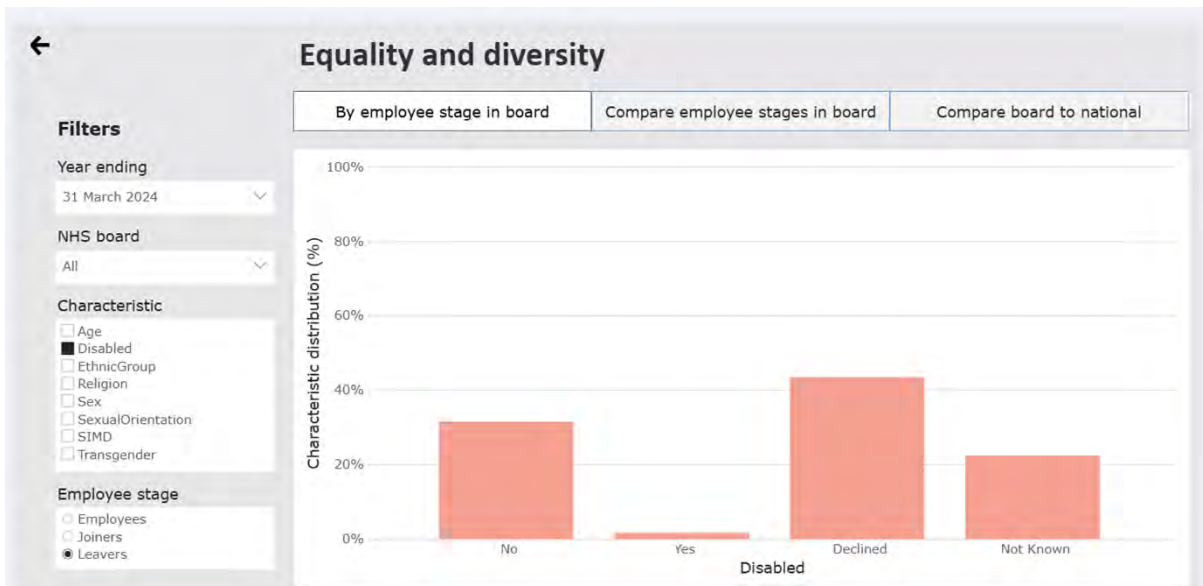
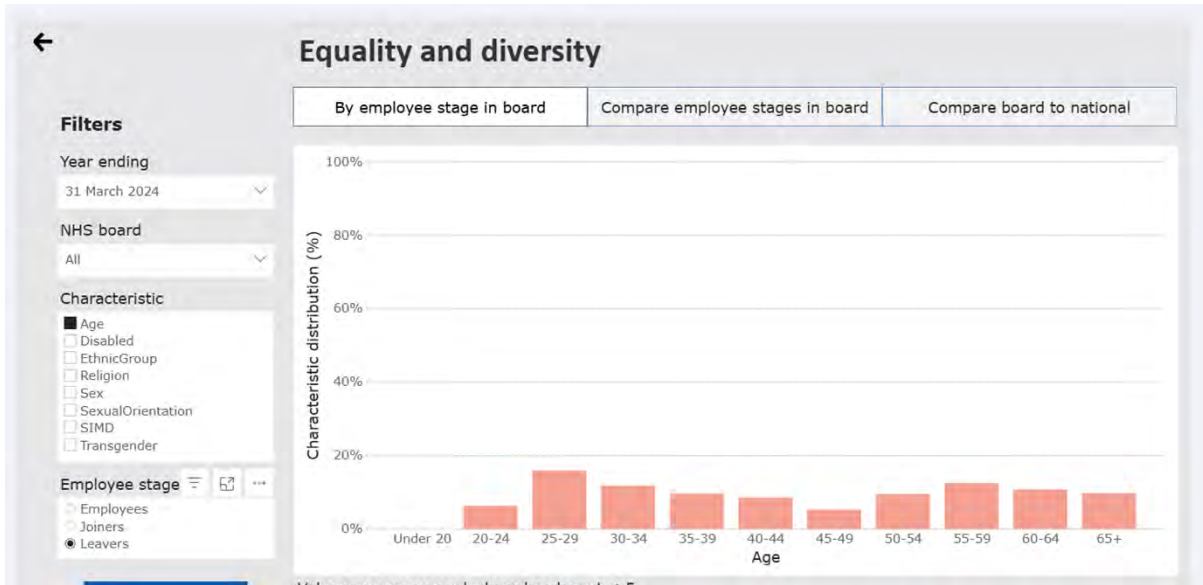


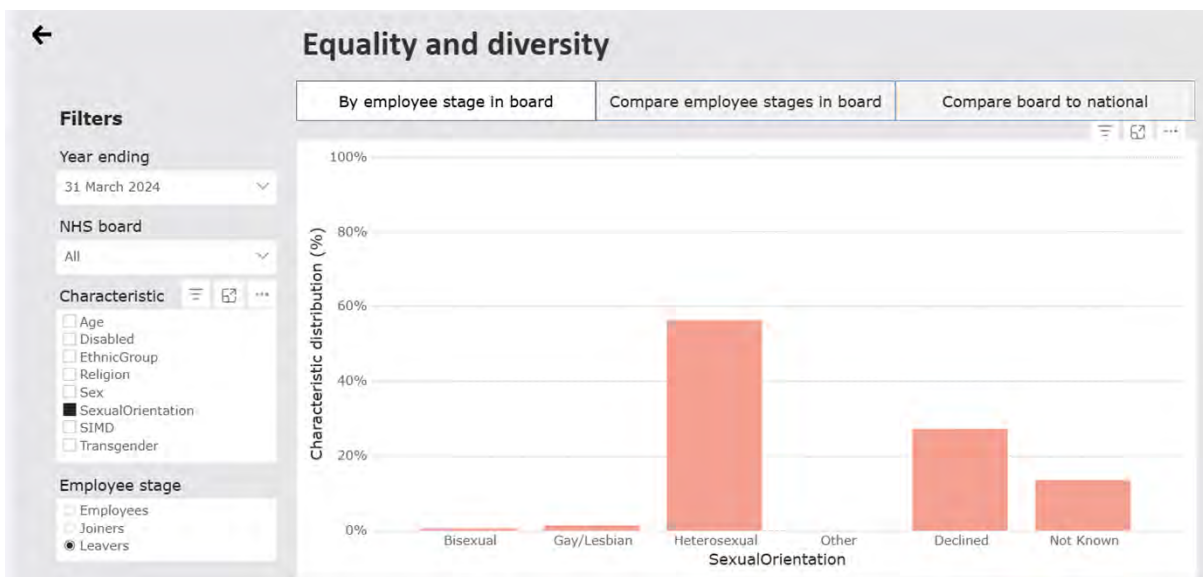
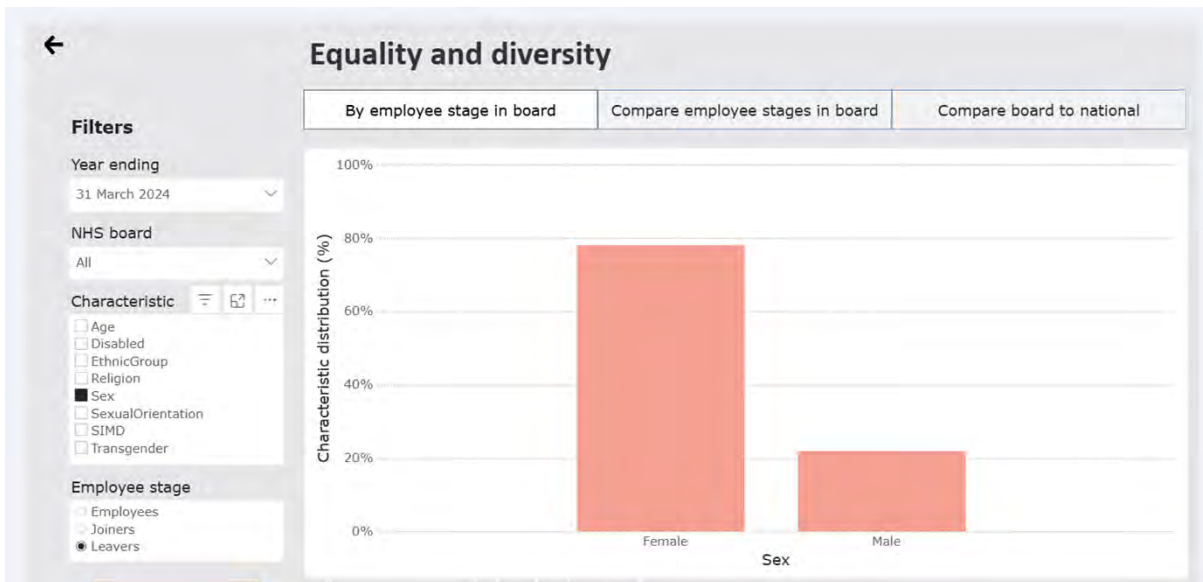
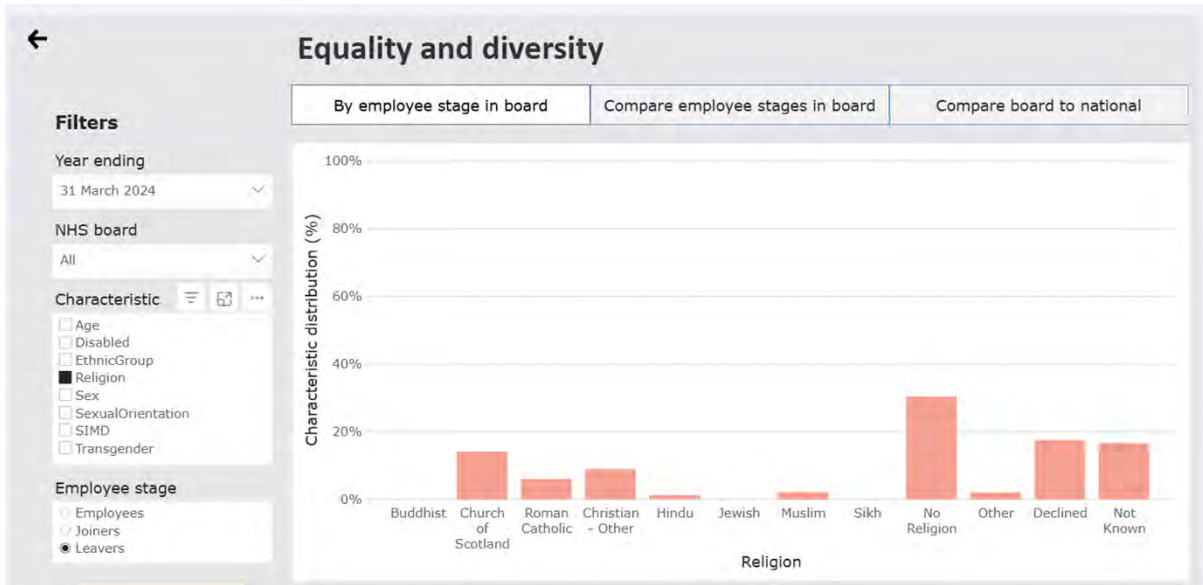


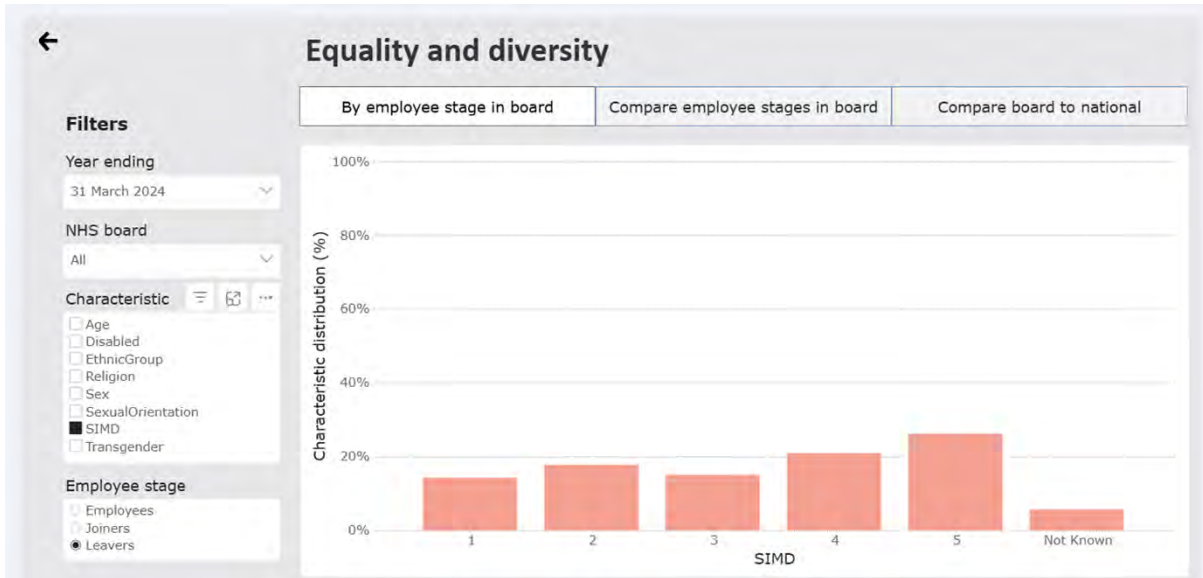




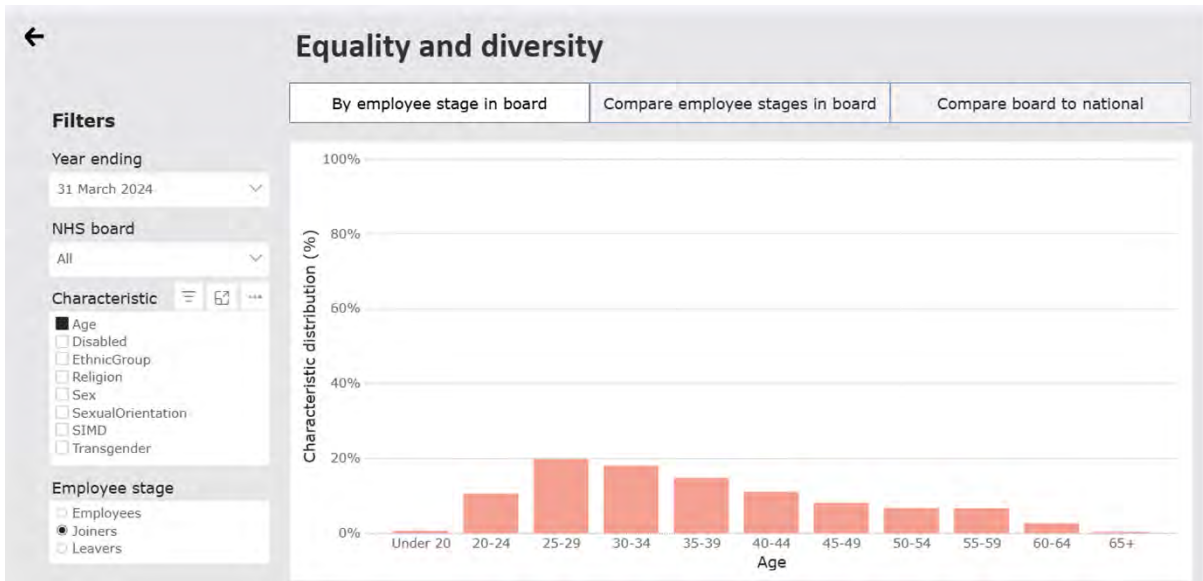
W13. What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to [guidance note](#)).

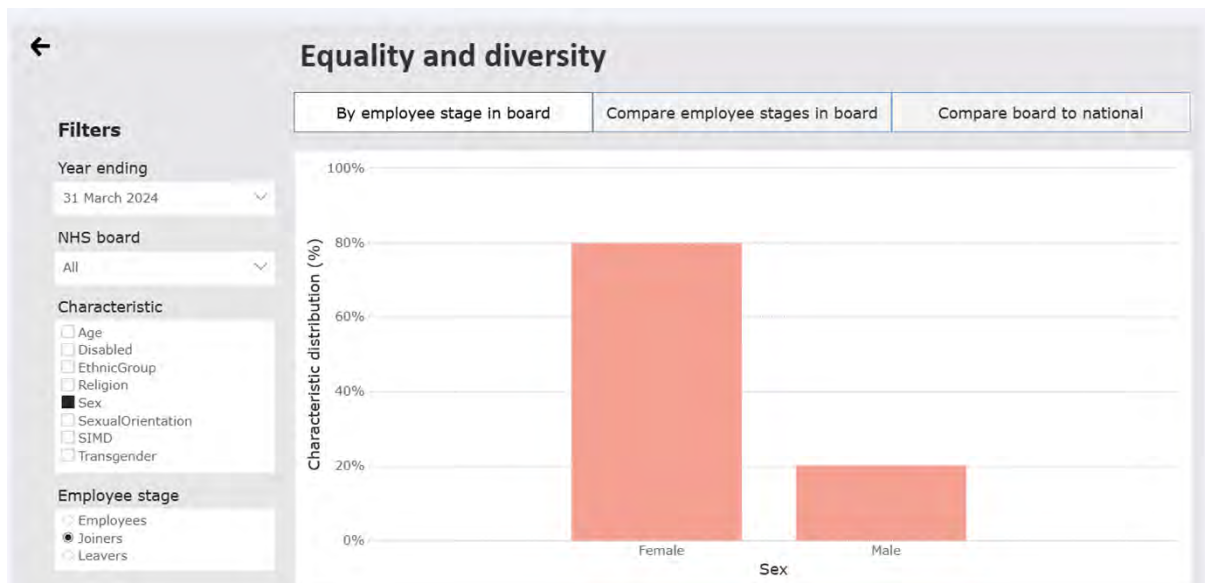
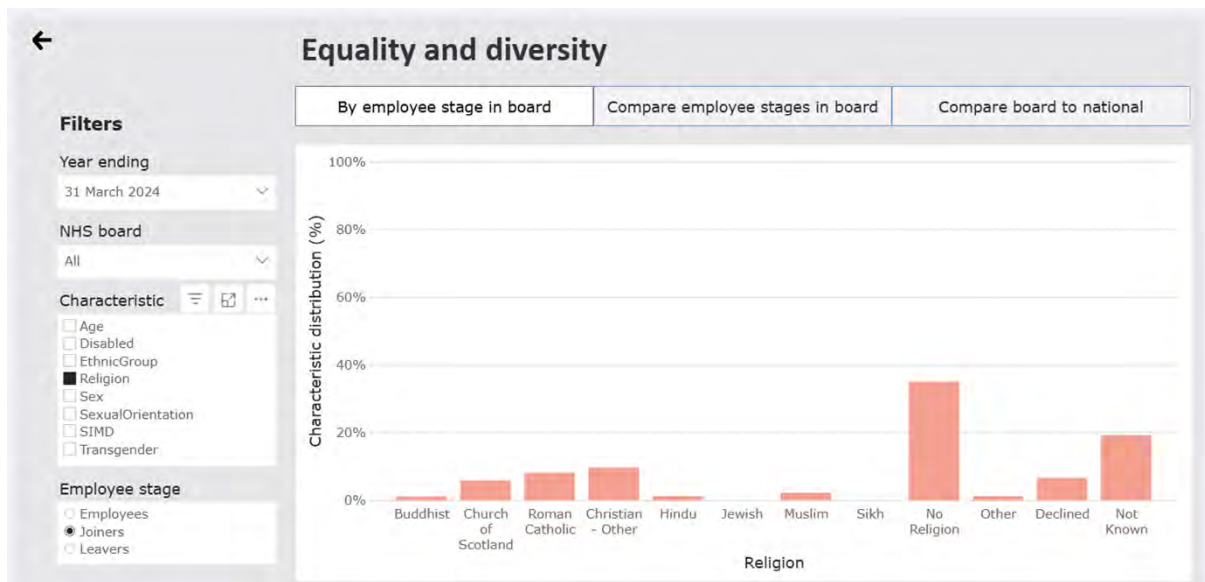
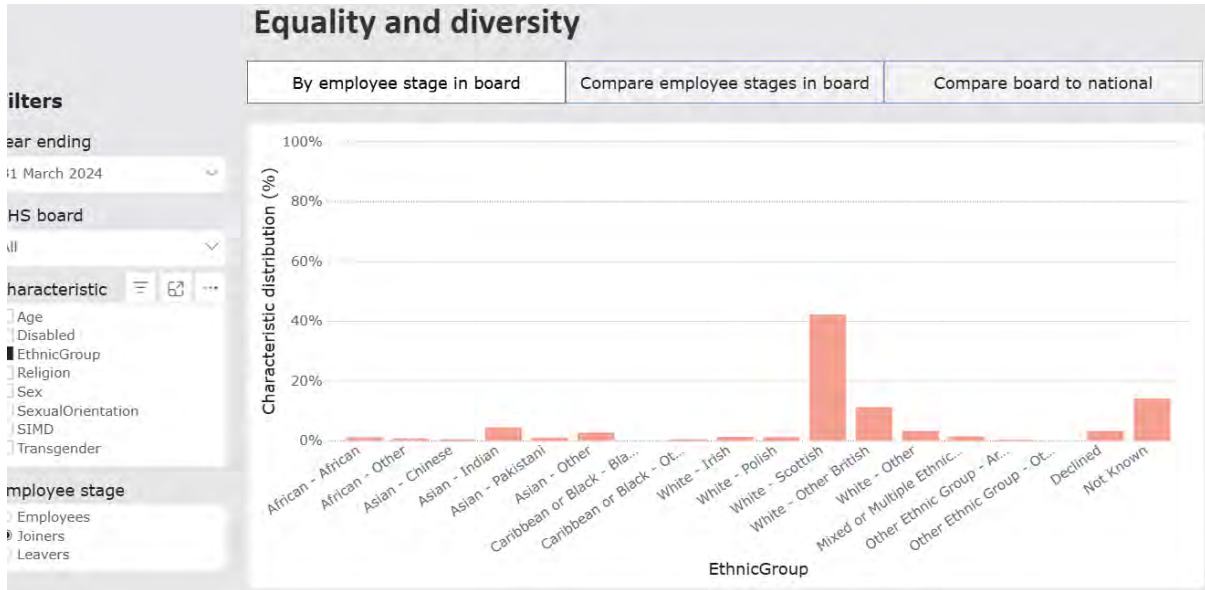


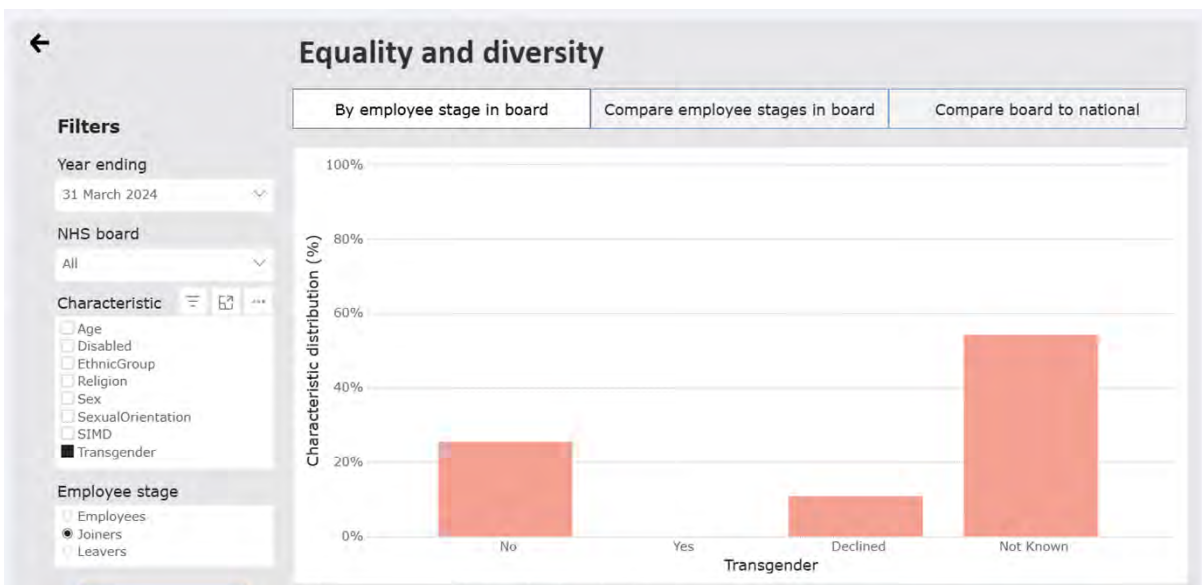
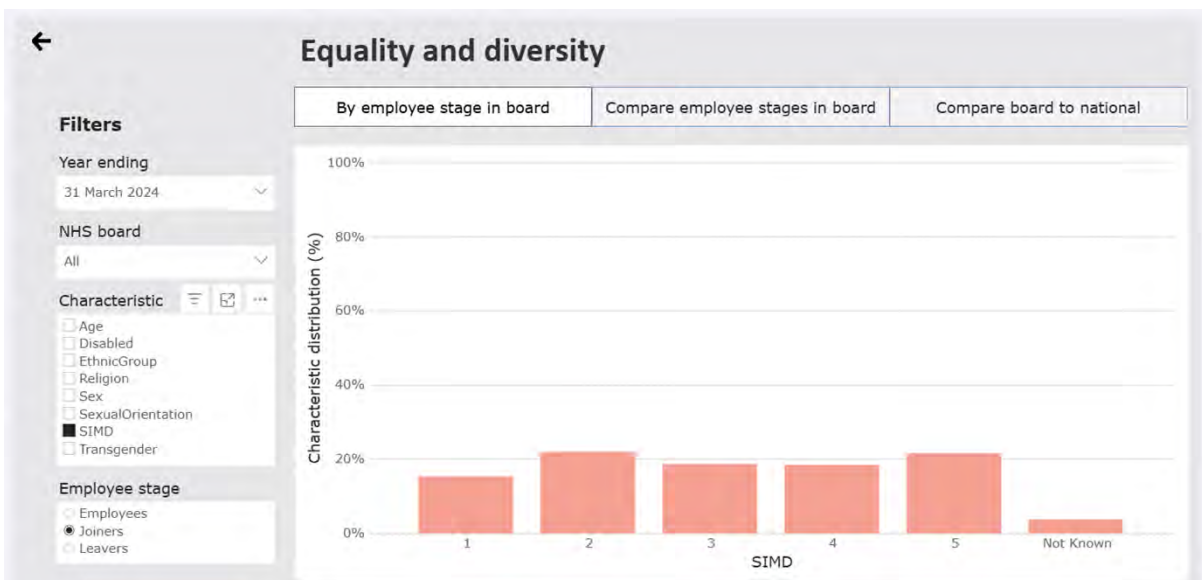
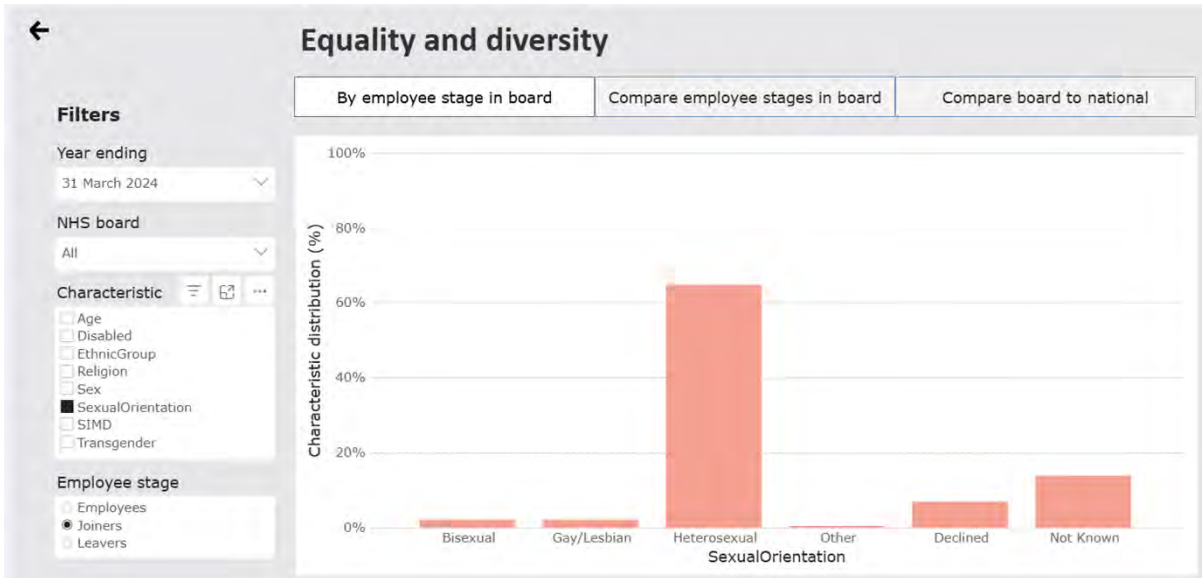




W14. What is the distribution of joiners by protected characteristics and SIMD from Turas Data Intelligence (refer to [guidance note](#)).







Procurement metrics

P1. What was your total spend on local businesses in the reporting year? (refer to [guidance note](#))

Fife - £56.5m Scotland £238.7m

P2. What percentage of your overall spend was on local businesses in the reporting year? (refer to [guidance note](#))

Fife 16.24% Scotland 68.20%

P3. What was your total spend with SMEs in the reporting year? (refer to [guidance note](#))

£68.5m

P4. What percentage of your overall spend was with SMEs in the reporting year? (refer to [guidance note](#))

19.57%

P5. What was your total spend on contracts with supported business in the reporting year? (refer to [guidance note](#))

£17.8k

P6. Do you systematically apply community benefit goals and scoring in competitively tendered contracts for:

(a) Regulated procurement

Yes No

(b) Quick Quotes

Yes No Progress continues to be made.

(refer to [guidance note](#))

P7. Do you have a mechanism in place to record the number and outcome of all community benefits in contracts? (refer to [guidance note](#))

Yes No

P8. What percentage of your newly awarded contracts were with suppliers that were Real Living Wage Accredited or committed to paying the Real Living Wage, for the reporting period?

100% (This is based on contracts for regulated procurements of £50K and over, of which 6 were delivered in 2023/24 and for the staff carrying out these services specifically for NHS Fife, if the supplier isn't RLW Accredited)

Land and Assets metrics

LA1. How many asset transfer requests have you received during the reporting year? (Please refer to [guidance note](#))

0 - (information contained on NHS Fife website and updated every April.
Community Asset Transfer | NHS Fife

LA2. How many asset transfers have been awarded during the reporting year? (Please refer to [guidance note](#))

1 - Lucky Ewe – initial request made prior to reporting year 23-24

LA3. Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.

Yes No

We use the NSS Framework for minor works and Frameworks Scotland for large projects. We are also in the process of creating our own Fife Framework for maintenance and small project work – we will be encouraging local suppliers to register their interest and tender for this.

LA4. Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.

Yes No

As per LA3. Each Framework has provision for community benefits

LA5. Do you have a process in place for embedding anchor sustainability activities in:

(a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations)?

Yes No

For large project we are obliged to use the SHTN 02-01 Sustainable Design and Construction Guide.

(b) existing sites (e.g. green space, café, bookable multipurpose spaces)?

Official

Yes No

We have a Greenspace Strategy. We also have an Agile Working Policy and have implemented agile/bookable rooms in areas across our estate. We are also sharing our public sector estate in Fife between NHS Fife and Fife Council to make the most of existing assets.

(Please refer to [guidance note](#))

LA6. Does your strategy for new building and estates development include provision for community use:

(a) now (e.g. green space, café, bookable multipurpose spaces)

Yes No

For our recent Health and Wellbeing Centres at Kincardine and Lochgelly, the facilities were very much community driven with options to utilise the assets beyond their core purpose. Initiatives are developed through a stakeholder engagement process.

(b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?

Yes No

This is central to our Property and Asset Management Strategy and supporting our Greenspace Strategy. We have identified capacity at two of our sites and are working with our Property Advisor, Local Authority and private sector to understand feasibility and options around these sites.

(Please refer to [guidance note](#))

LA7. Do you have a process in place for engaging with the local community in planning the design and use of new developments?

Yes No

On new developments this is a requirement of the Scottish and Capital Investment Manual. We believe we are good at involving external and internal stakeholders in helping to develop our plans.

LA8. Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?

Yes No

LA9. Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? (Please refer to [guidance note](#))

Official

Yes No

We have made good connections with Fife Council, Fife College and St Andrews University. We are sharing office accommodation equitably with Fife Council. We have also delivered a medical education facility which will support St Andrew's medical degree programme.

LA10. Do you have a policy or strategy in place for local community use of existing land and buildings?

Yes No

We have recently created a suite of documents to allow communities to use our land. We have met with communities and held a workshop to increase participation

LA11. Do you have a process for local community to engage with the organisation to request use of existing sites?

Yes No

As per LA10 above

LA12. Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?

Yes No

LA13. Do you have a mechanism in place for community and partners to be notified of assets that are surplus/could be transferred?

Yes No

Any community organisation can view our assets list on the NHS Fife website (asset transfer page).

LA14. Please list the current use of land and assets by community groups and activity type (including retail space).

There are several informal uses of our sites for leisure and sport related activities that will be documented as part of our Greenspace Strategy going forward.

Annex B – Data sources and guidance notes

Workforce metrics

Key data source: NES TURAS.

- **W1:** Employability covers a range of activity to help participants gain skills, confidence and experience supporting them to progress towards and access employment opportunities, and to sustain and progress in work. By 'employability programme' we mean work placements with a structured programme of learning and support. These might include: Sector Based Work Academy Programmes (SWAPs), Demonstrator Programme, RCN cadets, Project Search, and Apprenticeships.

Employability programmes may be tailored to meet specific target while others are generic programmes designed to include as many target groups as possible ('no wrong door' generic employability approach). Where Board programmes are generic employability programmes are open to all target groups/referrals please show this by selecting the 'Not targeted (generic employability programme)' option. Where programmes are only for specific groups please choose from list provided'.

The [Apprenticeship Framework title](#) is the name of the qualification, for example MA Healthcare Support or GA accounting. The [Scottish Credits and Qualification Framework](#) (SCQF) level describes the level of difficulty of a particular qualification, with 12 being the most challenging.

- **W2:** By 'outreach activities' we mean pro-active engagement to connect with and inform specific target groups of the opportunities the Health Board offers as an employer. This might include Career Insight Programmes, careers events, upskilling of careers advisers or influencers, targeted marketing, or targeted digital or physical resources.
- **W1 – W3:** When we ask about 'Priority family groups at risk of child poverty' we are referring to those identified within the Government's [Best start, Bright Futures: tackling child poverty delivery plan](#). We recognise the challenge in identifying these groups as they are quite specific, however we are seeking this information to understand where NHS employment could help to mitigate against child poverty, which we know can lead to health inequalities.

When copying and pasting the tables, use the 'Keep Source Formatting' option to ensure the fields maintain their original formatting and structure.

- **W13 – W15:** NHS Education Scotland will provide the data via [Turas Data Intelligence](#) by January 2025. When available, we will write to Anchor Leads with instructions on how to access the data.

Note that for the baseline reporting year, age and sex data were not included in the dashboard, but this year they have been added. Please ensure you include screenshots of the charts for these categories, as well as for disability, ethnicity,

religion, sexual orientation, transgender status and Scottish Index of Multiple Deprivation (SIMD).

Procurement metrics

Key data source: Procurement Annual Report Annex A.

- **P1 – P2:**
 - ‘Local’ is defined using the invoice address as registered on Spike Cavell/DXC.
 - For territorial NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within the local authority areas covered by the territorial Health Board.
 - For national NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within Scotland.
 - Public body spend should not be included as part of this data.
- **P3 – P4:** ‘Small and medium enterprises’ (SMEs) means businesses with no more than 250 employees.
- **P4:** We are aware this is not reported as part of procurement annual reports. This should be calculated by dividing the total spend with SMEs in reporting year (metric P3) by your total overall procurement spend in the reporting year.
- **P5:** ‘Supported business’ means an organisation whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the organisation are disabled or disadvantaged persons.
- **P6 – P7:** Community benefits are defined as relating to training and recruitment or availability of sub-contracting opportunities; or which is otherwise intended to improve the economic, social or environmental wellbeing of the contracting authority’s area in a way additional to the main purpose of the contract in which the requirement is included.

Land and Assets metrics

Key data source: Asset Transfer Request annual report.

Additional notes on Land and Assets metrics

- **LA5, LA6 and LA9:** We have provided examples of the types of activities that may feature as part of Anchors Land and Assets work however, these are not exhaustive.
- **LA14:** Clinical services should be excluded from the submitted information.

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NHS Fife Anchor Delivery Plans for 2025/26

December 2024



Scottish Government
Riaghaltas na h-Alba
gov.scot

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**Annex 2 – Template to provide information on Anchor plans as requested in
ADP guidance 2025/2611**

1. Introduction

As part of the NHS Scotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all NHS Boards were asked to draft an Anchor Strategic Plan and submit a baseline of their Anchor activity in March 2024.

In response to feedback from NHS Boards, in October 2024, we provided advance notice to Boards of the likely ask within the Delivery Plan Guidance for 2025/26 in relation to their role as Anchor institutions. This communication confirms the detail of how NHS Boards should take forward the ask in the 2025/26 Delivery Plan Guidance which was issued on 29 November 2024.

2. Background

Anchors workstream

The Anchors workstream, which has an initial focus on NHS Boards, is being taken forward by the Place and Wellbeing Team within Scottish Government in partnership with Public Health Scotland (PHS). The workstream has the following aim:

Support Scotland's health and social care bodies operate as effective anchor institutions and contribute to Scottish Government priorities (including net zero and child poverty)

and the following objectives:

- I. Enable health and social care bodies to maximise their spend on local, progressive procurement.
- II. Empower NHS Boards to provide fair work opportunities to those at most risk of economic disadvantage to support the reduction of health inequalities.
- III. Enable health and social care bodies to adopt policies that allow their property and assets to be used by, and disposed of, for the benefit of the local community and the local economy.
- IV. Ensure that all relevant stakeholders recognise, understand, and support the vital contribution that health and social care bodies can play, as anchor institutions, in reducing (the socio-economic drivers behind) health inequalities.
- V. Establish an evidence base to measure and monitor progress on the Anchors workstream, and the contribution of health and social care providers to local community wealth.

Anchor Strategic Plans and Baselines

As part of the NHS Scotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all NHS Boards were asked to draft an Anchor Strategic Plan which referenced how the Board, as an Anchor institution, would

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support a prevention approach to public health and contribute to the Scottish Government priority of reducing child poverty.

All NHS Boards submitted an Anchor Strategic Plan between October 2023 and February 2024, and subsequently submitted a baseline of their Anchor activity in March 2024.

Review of Anchor Strategic Plans

The Scottish Government reviewed the Anchor Strategic Plans and provided written feedback to each NHS Board in February 2024.

The plans reflected the very different stages that Boards were at in planning and progressing their anchor activity, with a number of Boards submitting plans which were subject to further internal approval, and/or which were awaiting the outcome of further internal reviews to firm up planned actions.

Overall, most Boards had clear governance structures and a named lead to oversee and progress their plans, although a small number of Boards had yet to confirm their governance arrangements. In addition, while the majority of the plans had broad aims around the three key strands of the workstream (workforce, procurement and land and assets), very few had specific actions, targets or timelines setting out when and how those aims would be met.

The Scottish Government provided written feedback to each NHS Board on their Anchor Strategic Plan in February 2024 indicating that, where needed, plans should be firmed up with specific, measurable objectives, and that there should be appropriate governance arrangements in place to oversee the plan.

Feedback from Boards

In May and June 2024, the Place and Wellbeing Team followed up their written feedback with a discussion with each of the territorial NHS Boards and a session with the national Boards to discuss the process of pulling together and progressing their Anchor Strategic Plans.

As part of those discussions, Boards were asked for their views on whether the Annual Delivery Plan guidance for 2025/26 should contain a further ask in relation to Anchor Strategic Plans.

There was broad support from Boards for a specific ask in the ADP Guidance to maintain the momentum that has been developed around the Anchors agenda and to ensure an ongoing focus within Boards on primary prevention. In addition, colleagues said that they would welcome a stronger steer on working with local partners, and greater alignment between any asks in relation to Anchor Strategic Plans and wider working with Community Planning Partnerships (CPPs).

There was also strong feedback that any ask should provide enough flexibility to enable Boards to identify their own priorities. Boards also fed back that they would like an early heads up on any priority areas ahead of the ADP guidance being issued, to enable them to plan appropriately. This was provided in October 2024.

Several boards, particularly the national Boards, also asked for a template to support with drafting or updating their Anchor Strategic Plan. We have drafted a template which we issued to Anchor Executive Leads in October 2024.

Analysis of baselines

An analysis has been undertaken of the baselines of anchor activity which were submitted by all NHS Boards in March 2024. The analysis has provided a useful overview of the current position of NHS Scotland as Anchor institutions.

3. ADP Guidance on Anchors

As anchor institutions, NHS Boards have a critical role to play in addressing health inequalities and tackling child poverty, which remains a key priority for the Scottish Government. The following ask of Boards, which is set out in the ADP Guidance for 2025/26, is based on our review of Anchor Strategic Plans, the analysis of the Boards' baselines of Anchor activity and the feedback received from Boards:

The role NHS Boards have in redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan.

Further details of the expectations of Boards as Anchor institutions as part of the ADP Guidance for 2025/26 are set out below. It should be noted that we are keen to see plans being progressed and integrated with the wider planning of the Board, but we are not placing a requirement on Boards to resubmit their Anchor Strategic Plans.

NHS territorial Boards

For territorial Boards, we ask that they meet the following minimum standards as Anchor institutions:

- Clear governance arrangements to monitor and progress their Anchor Strategic Plan, including a named lead;
- Active engagement with each of their Community Planning Partnerships to progress their Anchor Strategic Plan and address the socio-economic determinants of health;

In addition, we are asking that your plan sets out:

- 4 - 6 specific objectives across the three key strands (workforce; procurement; and land and assets) against which progress can be measured;

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- In addition to the above, at least two specific objectives to progress local partnership working, against which progress can be measured;
- Data on Anchor activity using an agreed set of metrics¹.

NHS national Boards

For the national Boards we ask that they meet the following minimum standards as anchor institutions:

- Clear governance arrangements to monitor and progress their Anchor Strategic Plan, including a named lead;

In addition, we are asking that your plan sets out:

- 4 - 6 specific objectives across the three key strands (workforce; procurement; and land and assets) against which progress can be measured;
- Data on Anchor activity using an agreed set of metrics².

Additional requirements for some National Boards

There are additional requirements placed on the following national Boards to support delivery of the Anchors workstream at a national level:

NHS National Services Scotland

Continue to lead the procurement strand of the Health and Social Care Anchors Programme and support the redirection of wealth back into local communities to help address the wider determinants of health inequalities, by progressing specific, measurable objectives that align with their Anchor Strategic Plan

Public Health Scotland

Continue to lead on capacity building, building the evidence base, supporting ongoing improvement, and awareness raising of Anchors workstream and align work with wider Community Wealth Building agenda, and as a Board, support the redirection of wealth back into local communities to help address the wider determinants of health inequalities, by progressing specific, measurable objectives that align with their Anchor Strategic Plan.

NHS Education for Scotland

Support the workforce strand of the Health and Social Care Anchors Programme, in addition to describing how NES will redirect wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan..

¹ The Scottish Government issued a template with guidance to all NHS Boards on the data to be provided on their Anchor activity in October 2024.

² The Scottish Government issued a template with guidance to all NHS Boards on the data to be provided on their Anchor activity in October 2024.

Real Living Wage accreditation

In the guidance issued in October 2024, we suggested there may be an expectation on Boards, who are not already accredited as real living wage employers, to work towards accreditation. We are still looking at the timing of this expectation and, at this stage, would simply ask those Boards who are not accredited, to confirm whether they are working towards accreditation or not and to note any specific barriers to doing so.

NHS Grampian has offered to share templates and experience of becoming a RLW accredited employer with any other NHS Board. If you would like to be put in touch with the relevant person at NHS Grampian, please contact pawsecretariat@gov.scot

4. Updating Anchor Strategic Plans

While we are asking all Boards to submit the information requested above, we are not expecting Boards to resubmit their Anchor Strategic Plans this year. However, we recognise some Boards may wish to resubmit their plans for comment, particularly if they previously submitted a draft plan or a 'plan for a plan'.

In reviewing their Anchor Strategic Plan, we would advise Boards to look at how their plan aligns with, and could strengthen, the following:

- Local Child Poverty Action Reports
- Anti-Racism Plans
- Engagement with Local Employability Partnerships
- Engagement with CPPs
- Any ongoing agreed priorities funded under the 'Fairer Healthier Economies Fund' (previously known as Healthy Working Lives funding) from PHS
- Existing or planned strategies on estates, procurement and workforce, including the Board's Three Year Workforce Plan (due 1 June 2025).

Boards may also want to take into account future legislative requirements associated with the Good Food Nation (Scotland) Act 2022.

Boards should also use the data they submitted to set their baselines of Anchor activity to set measurable objectives to progress their Anchor Strategic Plans.

In Annex 1 we have set out a range of resources that are available to help NHS Boards with redrafting or updating Anchor Strategic Plans should they wish to do so. The Place and Wellbeing Team would be happy to look over and comment on updated plans for Boards who would find that helpful.

5. Returns and timelines

Boards are asked to provide the information requested in Section 3 to pawsecretariat@gov.scot by Monday 17 March 2025.

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The data that has been requested on Anchor activity should be returned using the template and guidance on the agreed metrics that was issued in October 2024.

The other information requested should be returned using the template provided in Annex 2. Alternatively, if this information is already embedded in your Anchor Strategic Plan please submit your plan, **highlighting where the requested information has been included.**

6. Further information

Any communication or questions from NHS Boards to the Scottish Government about what is outlined in this document should go through the Boards nominated Anchor Executive lead and be directed to pawsecretariat@gov.scot.

Úna Bartley
Team Leader, Place and Wellbeing Programme

Annex 1 – Resources to support Anchor activity

The following resources are available to support NHS Boards with their Anchor activity, including reviewing and updating their Anchor Strategic Plans.

Anchor Progression Framework

The [Anchors Progression Framework](#) developed by PHS is a tool to assist leadership teams review current activity, generate discussions and assist in the ongoing development of their Anchor Strategic Plans.

Communication Toolkit

The [Anchors communication toolkit](#), developed by Scottish Government and PHS includes infographics and an animation to support colleagues with promoting the Board's role (internally and to partners) as an Anchor institution to address the determinants of health.

Anchor Strategic Plan - Template

The Scottish Government has developed a template that NHS Boards can use to update or redraft their Anchor Strategic Plans if they would find it helpful to do so. The template was issued separately to Anchor Executive Leads in October 2024 but can also be obtained on request from PAWSecretariat@gov.scot.

LEP/Board Engagement Framework

The LEP-Health Board Engagement Framework is being disseminated to relevant partners, such as NHS LEP representatives, Anchor Executive Leads, and all Local Authority Employability Managers. The Framework will facilitate discussions to agree joint commitments and actions to tackle the barriers to work and increase provision of NHS employability opportunities.

The engagement framework and menu of joint working options will then be incorporated into the upcoming review of the LEP framework to be published on the Employability in Scotland website in 2025.

Analysis of Anchor activity

The analysis of NHS Boards' baselines of anchor activity provides a useful overview of the current position of NHS Scotland as a whole. NHS Boards may wish to look at the analysis alongside their own data when considering areas to prioritise as an Anchor institution. The analysis was sent to all Anchor Executive Leads in October 2024 can also be obtained on request from PAWSecretariat@gov.scot.

Anchor Strategic Plans – feedback from Boards

The Scottish Government has drafted a report which summarises the feedback received from NHS Boards on the opportunities and challenges of progressing their

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Anchor Strategic Plans following a series of discussions in May and June 2024. The report also includes a number of examples of good practice. Boards may find the feedback useful when considering their focus as an Anchor institution going forward. The feedback has been sent to all Anchor Executive Leads and can also be obtained on request from PAWSecretariat@gov.scot.

Anchors Peer Learning Network

The Anchors Peer Learning Network co-ordinated by PHS is open to all colleagues in NHS Boards who are directly involved in, or have an interest in, Anchor activity. PHS hosts regular learning sessions for the network, which include updates on relevant new developments from Scottish Government and others. There is also a Teams channel where colleagues can share information and learning. For more information about the network, please contact: PHS.anchors@phs.scot

Community Benefit Gateway

The [Community Benefit Gateway](#) is a free online service developed by NHS National Services and PHS to help connect NHSScotland suppliers with third sector community organisations within Scotland.

Annex 2 – Template to provide information on Anchor plans

This template should be used by Boards to return the information requested of them as Anchor institutions in the ADP guidance for 20205/26. Please feel free to adapt the template to include further information if required.

NHS Board:

Named lead/Position overseeing Anchor Strategic Plan: Joy Tomlinson, Director Of Public Health

Governance arrangements to oversee Anchor Strategic Plan

Please tick as appropriate:

- ✓ Clear governance arrangements were set out in Anchor Strategic Plan submitted in 2023
- ✓ Clear governance arrangements now in place as follows:
- ✓ 6 monthly self-assessment using the PHS Progression Framework
- ✓ 6 monthly reporting of updates and progress to Anchor Institution Programme Board
- ✓ Clear routes of reporting through local governance routes

Real Living Wage

Please tick as appropriate:

- ✓ Currently accredited

Community Planning Partnerships

If you are a territorial NHS Board, please use this space to provide an indication of how you are actively engaging with each of the Community Planning Partnerships in your area to progress your Anchor Strategic Plan to address the socio-economic determinants of health.

Organisations within Fife Partnership are:

Fife College

Fife Voluntary Action

Fife Council

St. Andrews University

Fife Gingerbread

Dunfermline Greenspace Forum

Fife Communities Climate Action Network

Greener Kirkcaldy

Developing the Young Workforce

Department of Work and Pensions

Transport Scotland

Opportunities Fife

Fife International Forum

Territorial Boards should also set out below at least two specific objectives of how you are planning to progress local partnership working with your CPP, Local Employability Partnership and/or other local partners.

Objectives to progress Anchor Strategic Plan

As set out in the ADP guidance, please set out 4 - 6 specific objectives in total across the three key strands (workforce; procurement; and land and assets) against which progress can be measured; include the date that you expect the objective to be met, how you will measure progress and what actions you will be taking to progress each objective.

Objectives			
	Actions to progress objective	Due date	Measure
Workforce			
1.Support lone parents into paid employment	Pilot this initiative with Pharmacy to offer a paid placement. Learn lessons from the pilot and extend to a larger cohort of lone parents	March 2026	Annual number of lone parents employed through this initiative
2. Focus employability ambitions to other priority groups	Local BAME Community Group, DWP, Fife International Forum, Enhance work undertaken with DYW	March 2026	Annual number reporting
Procurement			
1. Support Business Cashflow in the local economy	Actively engage with services and suppliers to promptly resolve order queries and ensure prompt payment of supplier invoices	March 2025	Payment Performance KPI's at Year End
2. Improve the local outcomes from community wealth building	Increase the awareness of the National portal to the supply base supporting the prompt matching of all bids received	March 2025	Number of unmatched

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			bids at the year end.
Land and assets			
1. Progress use of renewable energy on NHS Fife sites	Continue working with other boards, national procurement and Fife Council (on a place-based approach) to identify solutions for renewables	March 2026	Measured by outputs for renewable strategies per site
2. Develop NHS Fife greenspaces and the natural environment, including assessing biodiversity	Using our greenspace strategy, build on the greenspaces and work with stakeholders to identify solutions for each space. Continue to apply for funding to develop the sites and have a habitat assessment carried out. Progress the transfer of land at Skeith HC and other areas to Fife Council to develop allotments and a community garden. Increase uptake via FCCAN to support communities to use our land.	March 2026	Measured by completion of habitat surveys and development of greenspaces
Local Partnerships			
1. Fife Partnership	<u>The Life Chances Plus subgroup will monitor emerging sector needs to maximise the opportunities for people on this pathway, including training or 'academies' to enable access to higher skilled higher paid roles.</u>	March 2026	Measured by number of people securing 13 week place and also success beyond the 13 week period

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2. Fife Partnership	<u>Progress with next steps in our agreed delivery plan</u> Explore opportunities for joint work through Joint Public Asset Register	<u>March 2026</u>	<u>Annual reporting at Fife Council ACE Board</u>
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Additional asks of some National Boards

The following Boards should use this space to set out how they will progress the additional asks of them to support the Anchors workstream: NES, PHS, and NSS.

Return date

Boards are asked to return the information requested to pawsecretariat@gov.scot by **Monday 17 March 2025**.

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Progress Report on Decarbonisation of the NHS Fife Fleet
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Jim Rotheram, Head of Facilities

Executive Summary:

The purpose of this report is to present an update on progress on the decarbonisation plan which mandates compliance by December 2025, ie: no use of small & light commercial vehicles powered by fossil fuels.

Effective from 28 November 2024:

- 12 Internal Combustion Engine (ICE) vehicles have been replaced with EVs, as planned.
- 10 ICE vehicles have been removed from service. as planned.
- This gives a current actual compliance of 79%.

Towards December 2025, of the remaining ICE vehicles:

- 4 are allocated to PDS and D&I Departments and agreed replacement dates are in place.
- 4 are allocated to the Transport Department with funding arrangements actively being considered.
- One vehicle requires confirmed EV leases to be in place to allow it to be removed from the fleet.
- The above actions predict a compliance rate of 100% by December 2025.

Over the longer-term, revenue costs should be largely neutral after initial priming of lease costs. The December 2025 position will be managed within existing directorate resources

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 describes actions required to address the Scottish Government's (SG) overall climate ambitions. Specifically, it succinctly captures the ambitions around decarbonisation of the fleet (and business travel) as described below:

We aim to remove all fossil-fuelled small and light commercial vehicles in the NHS fleet. We will also ensure all NHS small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030.

This strategy document changed the previous target (described in DL(2021)38) from not **buying/leasing** new fossil fuelled light vehicles from 2025 to not **using** any by 2025, Effectively shortening the target by several years.

2.2 Background

The main points within the plan were:

Small & Light Commercial Category of Vehicle

November 2023

- NHS Fife had 79 operational vehicles within the small and light commercial category, with an additional 5 Electric Vehicles (EVs) on order awaiting delivery.
- 10 Internal combustion engine (ICE) vehicles were to be removed from service.
- 41 vehicles were existing EVs.
- This showed a compliance rate of 63% as at November 2023.

December 2024

- 12 vehicles had planned replacement dates before the end of 2024.
- This predicted a compliance rate of 79% by the end of December 2024.

December 2025

- 15 vehicles had planned replacement dates before the end of December 2025.
- This predicted a compliance rate of 99% by the end of December 2025.
- One vehicle had a longer lease in place and 100% compliance would only be gained by removing this lease, however, this vehicle is now considered a large vehicle.

2.3 Assessment

Effective from 28 November 2024:

- 12 ICE vehicles have been replaced with EVs, as planned.
- 10 ICE vehicles have been removed from service. as planned.
- This gives a current actual compliance of 79%.

Towards December 2025, of the remaining ICE vehicles:

- 4 are allocated to PDS and D&I Departments and agreed replacement dates are in place.
- 4 are allocated to the Transport Department with funding arrangements actively being considered.
- One vehicle requires confirmed EV leases to be in place to allow it to be removed from the fleet.
- The above actions predict a compliance rate of 100% by December 2025.

Additional Points to Note

Charging Infrastructure

The investment in EVs has been supported by a complimentary Transport Scotland funded investment in charging infrastructure.

The following table summarises the current infrastructure as of November 2024 (many points are double outlets).

Location	Number	Type
Queen Margaret Hospital	8	4 @ 7 Kw, 2 @ 22 Kw, 2 @ 40 Kw
Lynebank Hospital	9	8 @ 7 Kw, 1 @ 40 Kw rapid
Victoria Hospital	14	10 @ 7 Kw, 2 @ 22 Kw, 2 @ 40 Kw
Whyteman's Brae Hospital	8	4 @ 3.6 Kw, 4 @ 7 Kw
Glenrothes Hospital	2	2 @ 7 Kw
Cameron Hospital	10	8 @ 3.6 Kw, 2 @ 40 Kw
Randolph Wemyss Memorial Hospital	0	
Adamson Hospital	3	1 @ 3.6 Kw, 2 @ 7 Kw
Stratheden Hospital	7	4 @ 3.6 Kw, 3 @ 7 Kw
St Andrews Community Hospital	4	4 @ 7 Kw
Small sites	4	4 @ 7 Kw
Total	69	

Heavy Commercial Vehicles

The working definition of a heavy commercial vehicle within NHS Scotland is now any vehicle 3.5 tonnes and above.

NHS Fife currently has 20 vehicles in this category.

There are currently limited affordable EV alternatives for NHS heavy commercial vehicles. Given the limited availability of suitable heavy commercial vehicles, decarbonisation of heavy vehicles will be based on leasing such vehicles when they become available. This is seen as prudent given what may still be a relatively new technology in 2030. This approach may change, dependant on advances in heavy EV technology and availability of capital or revenue funds. The plan estimates the revenue costs of leasing.

Currently 10% of NHS Fife’s heavy fleet are EVs¹. Significant additional revenue funds will be required from 2025 onwards to ensure compliance with the 2030 target for these vehicles.

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

This report relates to the sustainability of transport which is essential to ensure continued quality in the delivery of care.

2.3.2 Workforce

The workforce would benefit from the over improvement in sustainability.

2.3.3 Financial

Over the longer-term, revenue costs should be largely neutral after initial priming of lease costs. The December 2025 position will be managed within existing directorate resources.

2.3.4 Risk Assessment / Management

The key risks with respect to Decarbonisation of the Fleet are:

- Continuing access to grant funding for significant expenditure will be required.

¹ 2 small agricultural vehicles included within this definition

- A change in the spending profile between capital and revenue will be required as the advantages and benefits of purchase or lease change.

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

An impact assessment has not yet been completed but may be required to examine the wider benefits of NHS provision of public charging points.

2.3.6 Climate Emergency & Sustainability Impact

This work aims to meet the needs of the Climate Emergency & Sustainability agenda.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper is being 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 Infrastructure & Change Programme Board on 2 December 2024
- Fife Capital Investment Group on 5 February 2025
- Executive Director Group on 20 February 2025
- Finance Performance & Resources Committee on 11 March 2025

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - This report provides a significant Level of Assurance.

3 List of appendices

N/A.

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	Integrated Performance & Quality Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Ben Hannan, Director of Planning and Transformation

Executive Summary

The Integrated Performance and Quality Report (IPQR) was scrutinised by each of the relevant standing committees in this cycle

Overall, the IPQR provides a moderate level of assurance regarding organisational performance; however, limited assurance is given for both the Finance and Workforce performance metrics.

Quality and Care:

- All 14 SPC-based metrics remain within control limits.
- Inpatient falls (including falls with harm) for December 2024 approach upper control limits and significantly exceed target.

Operational Performance:

- VHK 4-hour A&E performance in January 2025 was within control limits but below the national target.
- Delayed discharge targets met in Acute/Community but not in Mental Health (still within control limits).
- Cancer 31-day performance met the national standard for the second consecutive month.
- Diagnostic waits (>26 weeks) continue to improve towards target.
- New Outpatient waits (>52 weeks) are below trajectory; TTG waits (>52 weeks) slightly exceed trajectory.

Finance:

- Financial position continues to require focused attention. This is reported and scrutinised as part of the overall financial performance report.

Workforce:

- Sickness absence in December 2024 exceeded trajectory with an upward trend.
- PDPR compliance remains below targeted levels.

Public Health and Wellbeing:

- CAMHS exceeded the national 90% standard for the fifth consecutive month.
- Psychological therapies achieved local trajectory but fell short of the national target.
- Influenza vaccination successfully met local targets; Covid-19 vaccination remains below target as of early February 2025.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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 Dec-24, although some are available up to the end of Jan-25. 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 revised Emergency Access Standard (to include New Planned attendances) was implemented on 1 Dec-24 with first Public Health Scotland publication on revised standard released on 4 Feb. NHS Fife have had to change recording practices to comply with new standard therefore leading to discontinuity in the data. We will therefore continue to report on Unplanned performance only. Plans are in place to resolve issue with reporting on revised standard to be in place for 2025/26. The change in standard will increase performance by around 1% across all sites and 0.5% for Emergency Department Victoria Hospital.

The following metrics are based on quarterly or annual data and therefore have not been updated this month, though the service narrative has been updated

- 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.

Comments from Committees

Public Health and Wellbeing Committee

Improvements in waiting times for CAMHS and Psychological Therapies were highlighted. Discussion took place around efforts to enhance childhood vaccination uptake through innovative approaches like pop-up clinics with digital consenting being explored at a national level. Smoking cessation remains challenging due to reduced clinic venues, impacting capacity. Greater understanding was requested in relation to Developmental concerns at 27 to 30 months, likely indicator will be included in Population Health Framework.

Staff Governance Committee

Discussion took place around ongoing efforts to manage staff absence, which remains above the target rate despite various initiatives. A new action plan for 2025/26 is being developed, focusing on aligning absence data with available support and ensuring consistent application of attendance management policies. The importance of the need to address the root causes of absence, including stress and anxiety, was highlighted with efforts being made to reduce the use of the "unknown causes/not specified" absence category.

Improvements in data reconciliation and reporting for core skills and performance development reviews are noted, with efforts to provide line managers with near-time data to better manage their teams.

Clinical Governance Committee

There has been a slight increase in falls without harm, with ongoing efforts to reduce them through targeted interventions, continuous monitoring, and education sessions. Pressure ulcer incidents are improving due to education and training initiatives. Infection rates for

C. difficile and E. coli have decreased, while community-acquired infections have slightly increased. Efforts to reduce catheter-associated urinary tract infections (CAUTI) and Staphylococcus aureus bacteraemia (SAB) are ongoing. The completion time for SAER reports is being addressed through regular case load meetings. The hospital standardised mortality ratio (HSMR) has improved, and stroke bundle performance is slightly better.

There was a query in relation to reporting of other stroke standards, such as door to needle (DTN) times, which was confirmed would be reported to Committee by exception.

Finance, Performance and Resource Committee

Improvements in emergency access and diagnostics were highlighted, though both remain below national standards. Cancer treatment performance is mixed, with ongoing challenges in urology due to increased referrals. Waiting times for various specialties, including general surgery and neurology, remain problematic. Actions being taken include testing the SDEC model to alleviate emergency department pressure, conducting a deep dive into urological cancers and working with the Scottish Government to tackle waiting time backlogs. It was stated the trend in urology referrals is expected to continue, given the ongoing increase in urgent referrals and the ageing population. There are delays in discharging patients with complex needs, particularly those requiring long-term care. There is a need for care home managers to assess patients before care home re-admission, which can slow down the discharge process.

It was highlighted the finance position is improving compared to earlier projections. The year-to-date overspend was £32 million, with significant savings expected to meet the £25 million target. The forecasted year-end position is more positive than anticipated, partly due to flexibility from non-pay allocations. The financial outlook remains challenging, but there is optimism about meeting key financial targets and reducing the overspend further by year-end. There were comments in relation to assurance level due to the complexity of how figures are calculated.

Highlights of January 2025 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	47	Dec-24	-	-
SAER – Median days to Report Approved	254	QE Dec-24	-	-
HSMR	0.96	YE Jun-24	-	-
Stroke Care Bundle	70.1%	Dec-24	-	80%
Inpatient Falls	9.08	Dec-24	-	6.95
Inpatient Falls with Harm	2.10	Dec-24	-	1.44
Pressure Ulcers	1.02	Dec-24	-	0.89
Ligature Incidents (MH)	0.90	Dec-24	-	-
Incidents of Restraint (MH)	9.89	Dec-24	-	-
Incidents of Physical Violence (MH)	10.43	Dec-24	-	-
Incidents of Self Harm (MH)	1.98	Dec-24	-	-
SAB (HAI/HCAI)	20.2	Dec-24	-	18.8
C Diff (HAI/HCAI)	3.4	Dec-24	-	6.5
ECB (HAI/HCAI)	13.4	Dec-24	-	33.0
Complaints (S1)	70.8%	Jan-25	-	80%
Complaints (S2)	36.4%	Jan-25	25%	60%

Operational Performance	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	72.0%	Jan-25		95%
4-Hour Emergency Access (ED)	63.4%	Jan-25	72%	75%
Delayed Discharges (Acute/Comm)	44.4	Jan-25	45	39
Delayed Discharges (MH/LD)	12.9	Jan-25	10	10
Antenatal Access	94.3%	QE Dec-24		80%
Cancer 31-Day DTT	96.4%	Dec-24	94%	95%
Cancer 62-Day RTT	76.9%	Dec-24	85%	95%
Patient TTG % <= 12 weeks	45.1%	Dec-24	44%	100%
Patient TTG waits > 52 weeks	648	Dec-24	645	0
New Outpatients % <= 12 weeks	37.8%	Dec-24	35%	95%
New Outpatients waits > 52 weeks	5181	Dec-24	5733	0
Diagnostics % <= 6 weeks	87.1%	Dec-24	30%	100%
Diagnostics > 26 weeks	44	Dec-24	0	0
FOI Requests	98.5%	Jan-25		85%

Workforce	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	7.80%	Dec-24	7.0%	6.5%
PDPR	41.6%	Dec-24	55%	60%
Vacancies (Medical & Dental)	3.3%	Sep-24	-	-
Vacancies (Nursing & Midwifery)	2.7%	Sep-24	-	-
Vacancies (AHPs)	4.0%	Sep-24	-	-

Public Health & Wellbeing	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	156	Oct-24	157	473
Alcohol Brief Interventions (2024/25)	103%	QE Jun-24	-	80%
Drugs & Alcohol Waiting Times	92.3%	QE Sep-24	-	90%
CAMHS Waiting Times	100%	Dec-24	90.0%	90%
Psychological Therapies Waiting Times	84.9%	Dec-24	73.0%	90%
Mental Health Readmissions within 28 days	5.8%	QE Jun-24	-	-
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	66.2%	2YTD Apr-23	-	60%
AAA Screening	87.3%	YTD Mar-23	-	85%
Infant Feeding	35.6%	Sep-24	-	-
Child Developmental Concerns	17.2%	QE Sep-24	-	-
Immunisation: 6-in-1 at Age 12 Months	94.0%	QE Sep-24	-	95%
Immunisation: MMR2 at 5 Years	85.7%	QE Sep-24	-	92%
Flu Vaccination (Winter, Age 75+)	80.5%	02-Feb	-	80%
COVID Vaccination (Winter, Age 75+)	77.4%	02-Feb	-	80%

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 and Value-based Health & Care

The IPQR includes comprehensive reporting on quality measures to ensure continuous oversight and enhancement of patient care standards across NHS Fife. This section focuses on a broad range of indicators designed to monitor patient safety, clinical effectiveness, patient experience, and value-based care delivery. Regular assessment of these metrics facilitates timely identification of potential risks or variations in care quality, enabling proactive measures and improvement initiatives. By systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

2.3.2 Workforce

The IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS

Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

2.3.3 Financial

The IPQR summarises key financial performance measures, providing high-level assurance and highlighting areas that require ongoing attention. This section ensures the Board remains informed of overarching financial risks, trends, and pressures affecting NHS Fife. It should be noted that comprehensive financial reporting, including detailed analysis and performance evaluation, is presented separately to the Board in a dedicated Financial Performance Report. This separate report enables deeper scrutiny and detailed discussion on financial matters, supporting informed decision-making and effective financial governance.

2.3.4 Risk Assessment/Management

The IPQR includes a detailed mapping of key corporate risks aligned to performance measures, presented through the Risk Summary Table and supported by narrative within the Executive Summary of the IPQR. This structured approach enables NHS Fife to systematically identify, evaluate, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

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

The IPQR contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Through ongoing review and analysis of relevant performance metrics, NHS Fife identifies disparities patient outcomes, and patient experience. This supports targeted improvement efforts aligned to statutory obligations and strategic ambitions as an Anchor Institution, promoting equitable healthcare delivery, enhancing community wellbeing, and fostering social value across the region.

2.3.6 Climate Emergency & Sustainability Impact

The IPQR will be enhanced to support NHS Fife's response to the climate emergency and sustainability commitments through targeted performance monitoring. By highlighting relevant measures, the report will enable assessment of progress toward reducing environmental impacts, such as carbon emissions and sustainable resource utilisation. This alignment encourages environmentally responsible healthcare practices, promoting sustainability objectives that contribute to NHS Scotland's wider climate ambitions and statutory responsibilities.

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 May 2025 where extracts of the organisational position at March 2025 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**, 20 February 2025
- **Public Health and Wellbeing Committee**, 03 March 2025
- **Staff Governance Committee**, 04 March 2025
- **Clinical Governance Committee**, 07 March 2025
- **Finance, Performance and Resource Committee**, 11 March 2025

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 January 2025 v1.0
- Appendix 1 – Table of Metrics and Data Lag
- Appendix 2 – Trajectories to end of 2024/25

Report Contact

Bryan Archibald
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 report approved
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)	0.76	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Restraint (Mental Health)	6.44	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Physical Violence (Mental Health)	7.04	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Self Harm (Mental Health)	0.78	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

Diagnosics > 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 40% SIMD (2024/25)	473	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 January 2025
Produced in February 2025

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

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

C. Assessment & Performance Exception Reports

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



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

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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
17 February 2024

Prepared by:
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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	-	-	▼	Hungry
To improve the quality of health and care services	7	5	2	-	-	▼	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	6	5	1	-	-	◀▶	Open
Total	20	15	5	0	0		

Risk Key

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

Movement Key

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

This update reflects the new risk appetite which aligns to the strategic priorities within the four-point model.

There are currently 20 risks on the Corporate Risk Register. Two new risks have been agreed and added: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. 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 for all risks to support management of risk over time.

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Appetite	Description
Hungry	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
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.

B. Indicator Summary

Quality & Care		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	SAER - Median Working Days to Report Approved	254	238	▼		HSMR	0.96	0.96	—		Stroke Care Bundle	70.1%	67.7%	◆	
	Inpatient Falls	9.08	9.03	◆		Pressure Ulcers	1.02	1.39	▲		Ligature Incidents (Mental Health)	0.90	0.37	▼	
	Incidents of Restraint (Mental Health)	9.89	11.64	▲		Incidents of Physical Violence (Mental Health)	10.43	7.57	▼		Incidents of Self Harm (Mental Health)	1.98	1.29	▼	
	SAB HAI	20.2	28.1	▲		C Diff HAI	3.4	17.5	▲		ECB HAI	13.4	45.6	▲	
	S1 Complaints Closed in Month on Time	70.8%	50.0%	▲		S2 Complaints Closed in Month on Time	36.4%	14.7%	▲						
Operational Performance		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Emergency Access					Delayed Discharges (Standard)					Cancer				
	A&E	72.0%	67.6%	▲		Acute/Comm	44.4	47.9	▲		31-day DTT	96.4%	97.4%	◆	
						MH/LD	12.9	10.5	▼		62-Day RTT	76.9%	74.0%	◆	
	Patient TTG					New Outpatients					Diagnostics				
	% <=12weeks	45.1%	45.7%	◆		% <=12weeks	37.8%	39.3%	▼		% <=6weeks	87.1%	88.9%	◆	
						>52 weeks	648	681	▲		>26 weeks	44	55	◆	
Finance		Current	Change			Current	Change					Current	Previous	Change	
	Revenue Resource Limit Performance	(£32.021m)				Capital Resource Limit Performance	£5.115m								
Workforce		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Sickness Absence	7.80%	6.91%	▼		Personal Development Plan & Review	44.3%	44.3%	◆		Vacancies				
												Medical & Dental	3.3%	2.8%	◆
												Nursing & Midwifery	2.7%	3.5%	◆
										AHPs	4.0%	5.0%	▲		
Public Health & Wellbeing		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change	
	Smoking Cessation	40% Most Deprived	156	144	—		Alcohol Brief Interventions	103%	96%	—		Drugs & Alcohol	92.3%	94.5%	▼
	CAMHS		100.0%	95.1%	▲		Psychological Therapies	84.9%	75.4%	▲		Mental Health Readmissions within 28 days	5.9%	6.1%	◆
	Breast Screening		73.4%	—		Bowel Screening	66.2%	—	—		AAA Screening	87.3%	86.8%	▲	
	Infant Feeding		35.6%	29.1%	▲		Childhood Immunisation					Winter Vaccination			
	Child Development		17.2%	19.6%	▲		6-in-1 @ 12 months	94.0%	94.5%	▼		Influenza	40.6%	—	
						MMR2 @ 5 years	85.7%	85.7%	◆	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

7 **5** 2 - -

▼ **Open**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Major/Extreme Adverse Events	47	Month	Dec-24			▼	▼		
SAER - Median Working Days to Report Approved	254	Quarter	Dec-24			▼	—		
HSMR	0.95	Year to	Sep-24			—	—		
Stroke Care Bundle	70.1%	Month	Dec-24	80%		◆	▲		
Inpatient Falls	9.08	Month	Dec-24	6.95		◆	▼		
Inpatient Falls with Harm	2.10	Month	Dec-24	1.44		▼	▼		
Pressure Ulcers	1.02	Month	Dec-24	0.89		▲	▲		
Ligature Incidents (Mental Health)	0.90	Month	Dec-24	0.76		▼	▲		
Incidents of Restraint (Mental Health)	9.89	Month	Dec-24	6.44		▲	▼		
Incidents of Physical Violence (Mental Health)	10.43	Month	Dec-24	7.04		▼	▼		
Incidents of Self Harm (Mental Health)	1.98	Month	Dec-24	0.78		▼	◆		
SAB - Healthcare associated infection	20.2	Month	Dec-24	18.8		▲	▼		● YE Sep-24
C Diff - Healthcare associated infection	3.4	Month	Dec-24	6.5		▲	◆		● YE Sep-24
ECB - Healthcare associated infection	13.4	Month	Dec-24	33.0		▲	▲		● YE Sep-24
S1 Complaints Closed in Month on Time	70.8%	Month	Jan-25	80%		▲	▲		● 2023/24
S2 Complaints Closed in Month on Time	36.4%	Month	Jan-25	30% 60%		▲	▲		● 2023/24

<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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Data Analysis

There were 47 **Major/Extreme adverse events** reported in Dec-24 out of a total of 1,478 incidents. 68% of all incidents were reported as 'No Harm'. For Year Ending (YE) Dec-24, 'Pressure Ulcer developing on ward' was the most reported Major/Extreme incident at 251 incidents compared with 183 reported incidents for YE Dec-23.

There were 7 **SAERs** commissioned in Dec-24 and 58 in total for 2024: an average of 4.8 per month. In comparison, there were 64 SAERs commissioned in 2023: average of 5.0 per month.

For the latest 3 months ending Dec-24, there were 7 reports approved with median days, from commissioned date, of 254 days: this is an increase on the 3 months ending Nov-24 (median days 238) and is equal to the figure for the 12 months to Dec-24 (46 SAER reports approved; median days 254).

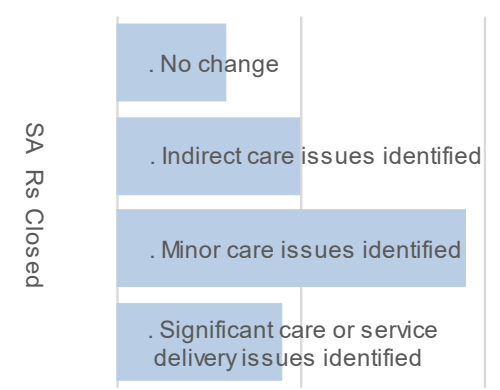
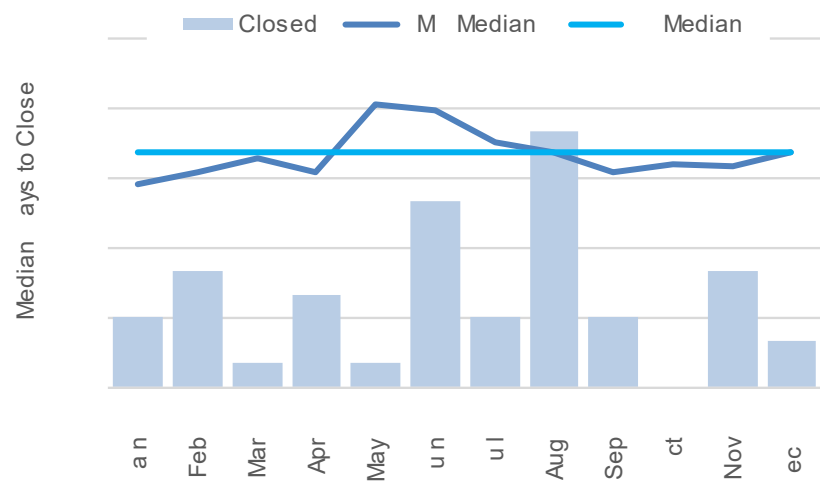
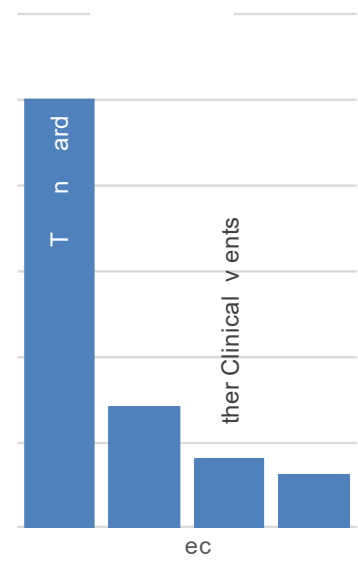
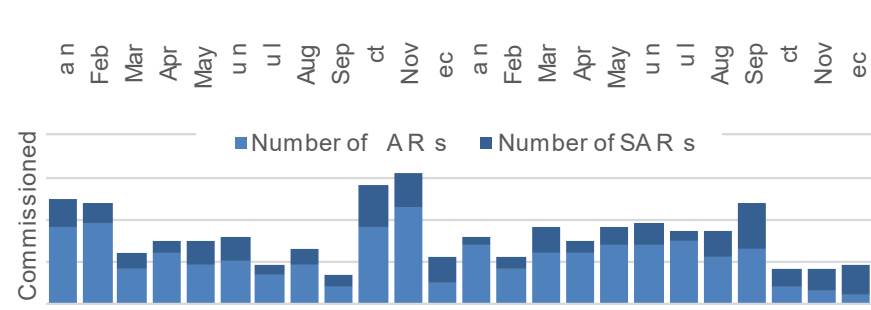
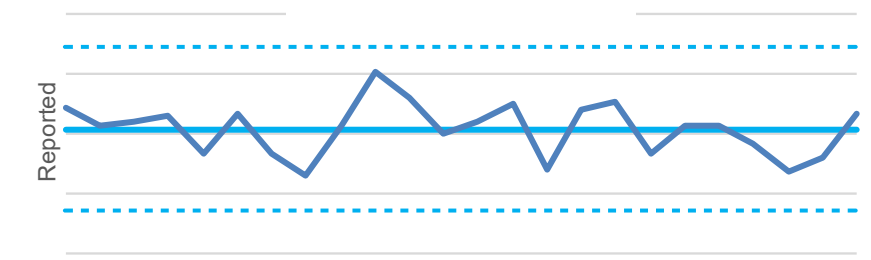
In terms of SAER review outcomes, those reported as 'Major system of care issues' in the 12 months to Dec-24 accounted for 20% of total reviews; an increase from 15% in the 12 months to Oct-24.

Achievements & Challenges

A new SAER Case Load Meeting has been introduced in December. The primary aim of this meeting is to monitor, review, and improve the timescales associated with the SAER process. The addition of the meeting to the existing meetings that support key aspects of the SAER process, provides governance and escalation routes where timescale concerns are identified.

Purpose of the Meeting

- The focus of this meeting is to monitor the timescales for each step of the SAER process and identify opportunities for improvement.
- The goal is to ensure that improvement actions are implemented promptly and that patients/families awaiting outcome from a SAER receive timely responses with updates/apologies for delays where required.



Data Analysis

HSMR is the number of observed deaths within 30 days of admission divided by the number of deaths that were predicted for a particular hospital.

Value less than one, means the number of deaths is fewer than predicted. Greater than one means the number of deaths is more than predicted.

For the Period Oct-23 to Sep-24 there were 1,902 predicted deaths with 1,826 observed deaths from 39,456 patients. This gives a crude rate of 4.6% and an HSMR of 0.95, which is within observed limits and below the rate of 1.00 for Scotland.

Looking at Quarterly crude mortality within 30 days of admission data it can be seen that Fife tends to be above the figure for Scotland.

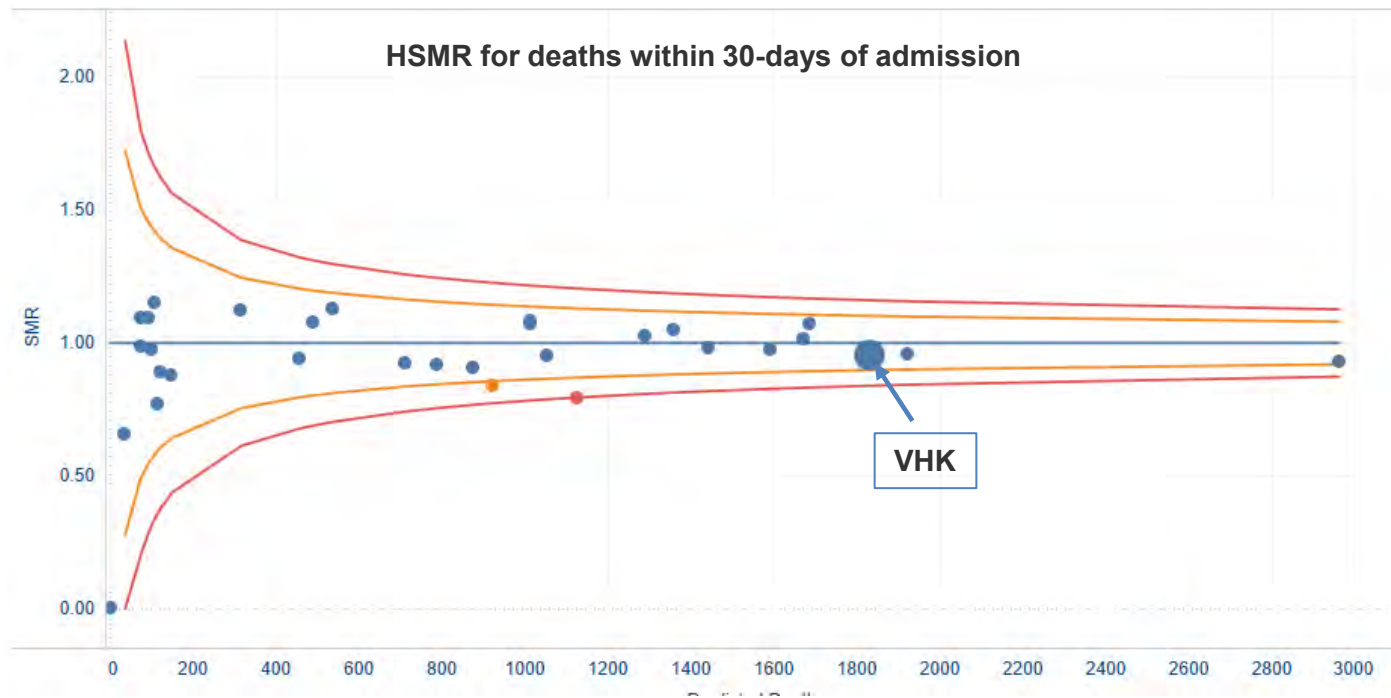
The rate for the last quarter Jul-Sep 24 has increased to 3.5% from 3.3% (Apr-Jun 24).

Challenges & Achievements

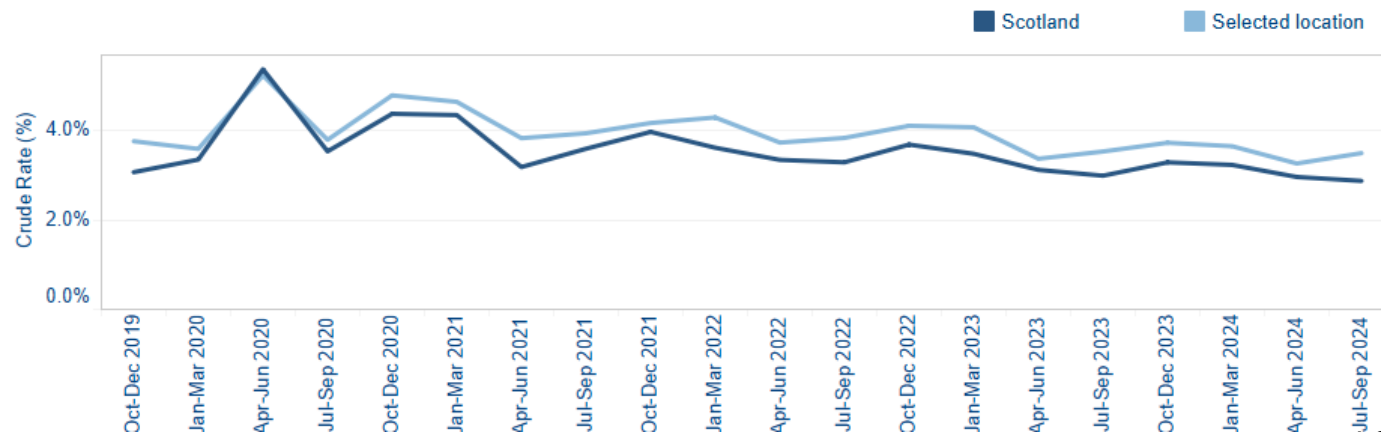
Proactive review of HSMR data combined with other clinical governance quality performance indicators is fundamental to ensuring the assessment and monitoring of quality and safety.

NHS Fife has a well-established and systematic process in place to review every cardiac arrest, meaning that every unexpected death is reviewed. Learning and themes from reviews are collated and an improvement plan is implemented. This is evidenced in the quarterly Deteriorating Patient Report.

Avoidable deaths are a very small fraction of all the deaths that occur in hospital. So, although extremely important to ensure measures are in place to stop avoidable deaths, reducing any avoidable deaths will not necessarily change the HSMR significantly.



Quarterly crude mortality within 30-days of admission: NHS Fife





Stroke Bundle

National Standard 80% of patients to receive appropriate Stroke Care Bundle

70.1%

7 ↑

patients to achieve target

Data Analysis

Care bundle performance increased from 67.7% in Nov-24 to 70.1% in Dec-24, this is higher than the same month in previous year (52.5%). This has remained below the 80% target for the last 4 months.

Performance for QE Dec-24 was 72.3% down from 74.6% previous QE Sep-24.

Aspirin – 100% of patients met this standard, It has remained above the 95% standard for the last 8 months.

Performance for QE Dec-24 was 98.2% down from 99.0% previous QE Sep-24.

Brain – 95.5% of patients met standard and has remained unchanged in last 3 months. It has remained above the 90% standard for the last 12 months.

Performance for QE Dec-24 was 93.9% down from 96.8% previous QE Dec-24.

Swallow Screening – 85.1% of patients met standard the highest level since Aug-24. It has not met the 100% standard for the last 12 months.

Performance for QE Dec-24 was 83.1% down from 86.4% previous QE Sep24.

Admitted to a stroke unit within 1 day of admission– 82.0% of patients met standard the lowest level since Apr-24 and the 4th fall in successive months. It is below the 90% standard.

Performance for QE Dec-24 was 87.7% down from 87.7% previous QE Sep-24.

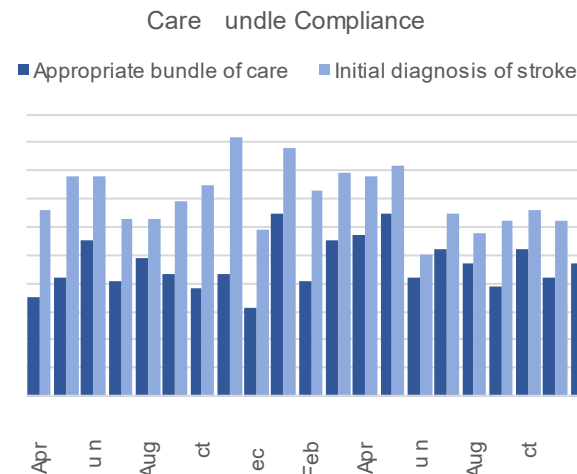
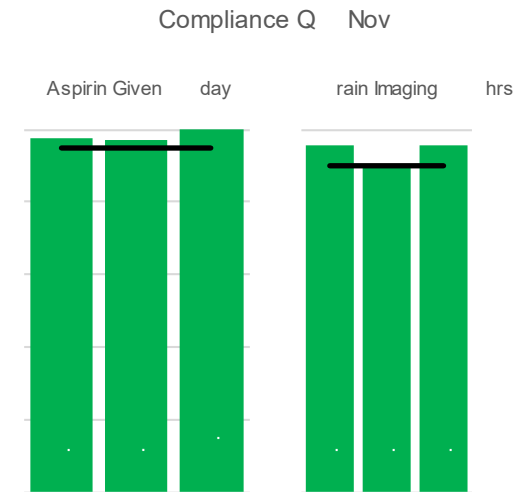
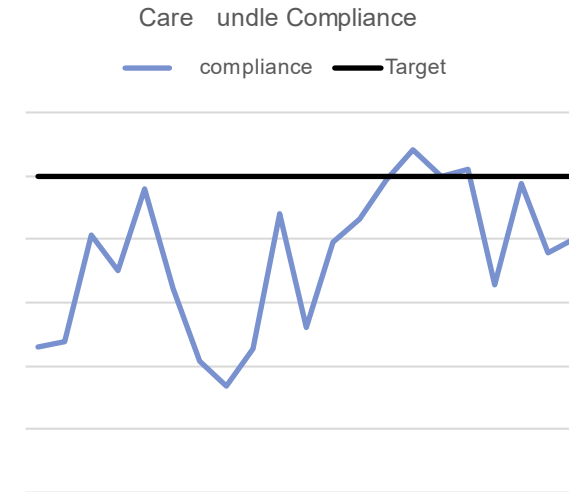
Achievements & Challenges

Access to the 'Combined ASU and Neurology Ward' remains challenging and is subject to the wider hospital pressures. A new SOP was agreed and came into being in Jan-25. We are giving real-time feedback and will review the impact of the SOP in the next 4-6 weeks.

Swallow screening remains a work in progress. Fife one of the better performing health boards. However, we are keen to improve performance to achieve and consistently meet the target.

The Annual Review with PHS was held on the 16th January. They acknowledged the hard work that has been done on improving our pathways and protocols as per the Progressive Stroke Pathway and Stroke Improvement Plan. Our DTN times remain a concern, particularly out of hours. There is a plan to address this by recruiting 2 new Specialist Stroke Nurses and/or ANPs to create a 7 day 8-8 rota which should substantially improve this. We hope to then build on this to address late evening and overnight times.

The Directorate Specialty Review for Stroke was held on 21st January. The recent Annual Review was discussed as well as plans to train and retain existing nursing cohort. We discussed plans to develop a hyperacute bay and the parameters of this were redefined. The AHPs highlighted issues affecting their team performance. Other issues such as lipid clinics and access to cardiac monitoring were also discussed. A new version of the Thrombolysis pathway incorporating Tenecteplase is in advanced stages and we hope to present this to the MSDTC at the end of the month.





Inpatient Falls

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

9.08

61 ↓

falls to achieve target

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

2.10

19 ↓

falls to achieve target

Data Analysis

In Dec-24 there were 259 Inpatient Falls in total: an average of 8.4 falls per day (slightly more than month previous; more than year previous). This equates to a rate of 9.08 falls per 1,000 Occupied Bed Days (OBD): a slight increase on the 9.03 seen the month previous. Performance has therefore not achieved the target of < 6.95; is above the 24M average; and is just below the upper control limits.

The number of Inpatient Falls 'with Harm' was 60 in Dec-24 (24-month average of 45). This equates to a rate of 2.10 falls per 1,000 OBD: an increase on the 1.80 seen the month previous. Performance has therefore not achieved the target of < 1.44; is above the 24M average; and is also just below the upper control limits.

Average total rate was 1.55 for YE Dec-24 compared to 1.61 for YE Dec-23.

HSCP have seen an increase in All Falls rate from 7.34 in Oct-24 to 10.13 in Dec-24 (38 more falls) which is the highest rate on record.

For QE Dec-24, Falls classified as 'Major/ xtreme Harm' accounted for 9.1% of Falls with Harm, compared to 3.4% for QE Sep-24.

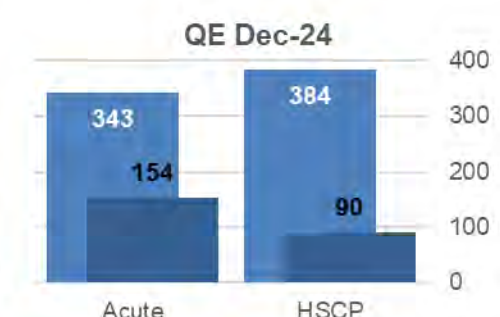
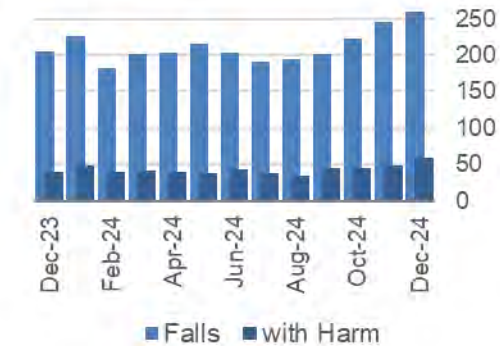
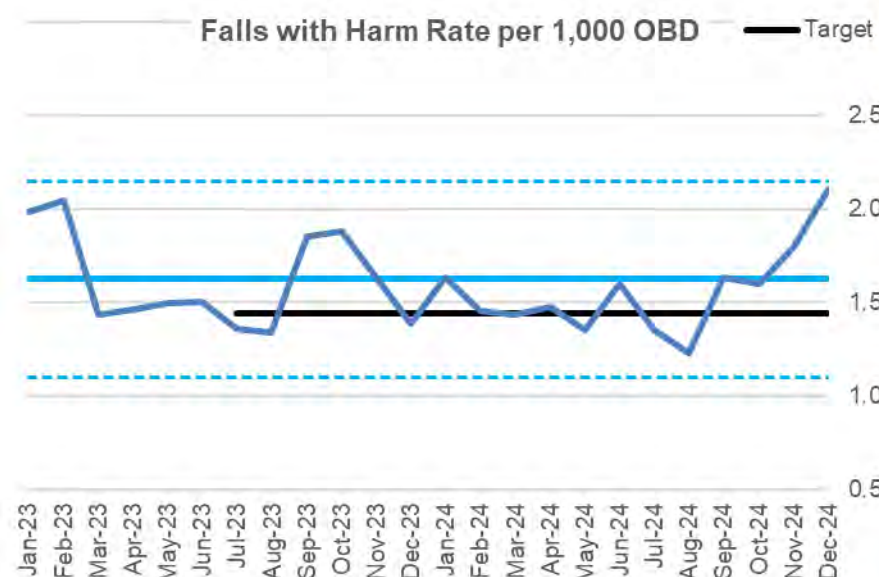
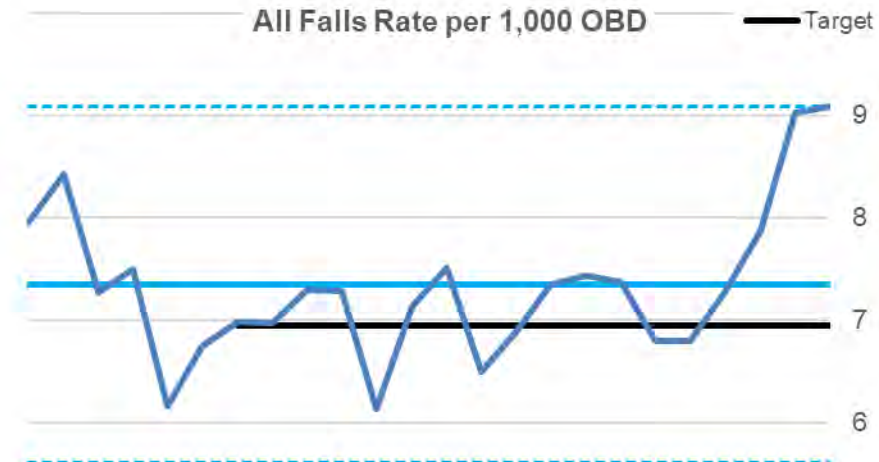
Achievements & Challenges

The current data indicates that whilst some progress has been made, achieving the target reduction remains a challenge with fluctuations in performance.

The improvement plan targets high incidence areas with tailored interventions including enhanced training and detailed environmental reviews.

Continuous monitoring, real time reporting and sharing on falls data will ensure accountability while patient and family education will support preventative measures. Improvement work is also focussed on compliance with falls documentation and includes a programme of audit.

A second Link Practitioner event is planned for March/April 2025 and senior nursing and AHP are working together on generic competencies in relation to safer mobility.



Data Analysis

The total number of Pressure Ulcers in Dec-24 was 29, an improvement on the month previous (38). This equates to a rate of 1.02 per 1,000 Occupied Bed Days (OBD). Four fewer incidents would have resulted in performance for Dec-24 having achieved the target of < 0.89 per OBD.

The number of pressure ulcers in Acute Services in Dec-24 was 27, 5 fewer than in Nov-24 (rate decreased from 2.33 to 1.88). For YE Dec-24, the average number of pressure ulcers was 29 (rate 2.10); whilst the average number in YE Dec-23 was 25 (rate 1.88).

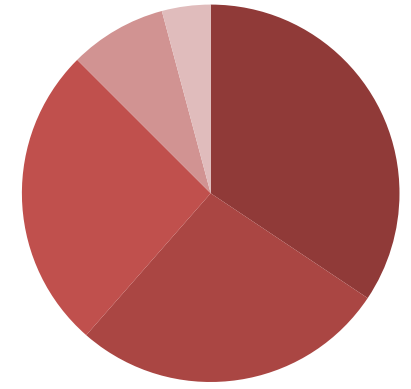
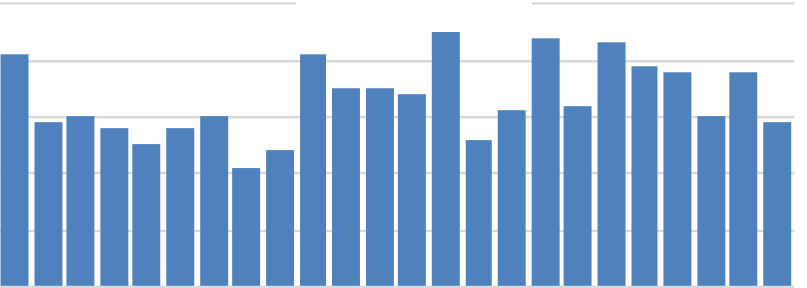
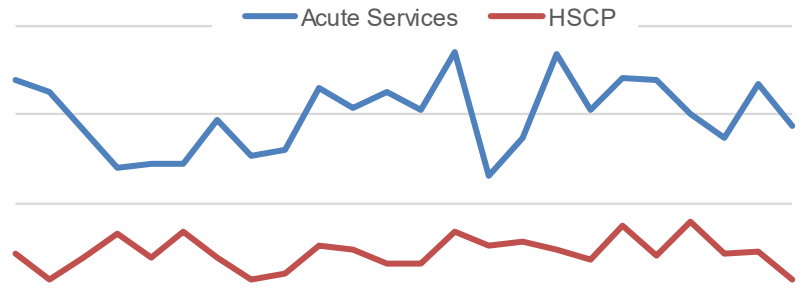
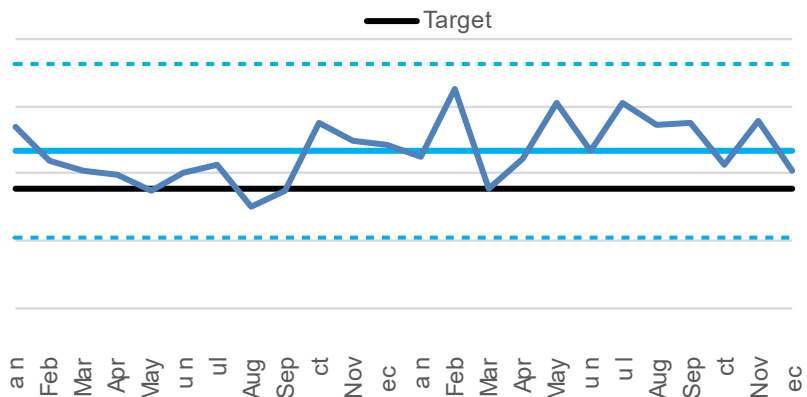
In HSCP, the average number of pressure ulcers for YE Dec-24 was 7 (rate 0.48); whilst the average number in YE Dec-23 was 6 (rate 0.39).

Most pressure ulcers continue to be in Acute Services with 83 recorded in QE Dec-24; there were 14 recorded in HSCP in the same period. Of all Pressure Ulcers recorded in QE Dec-24, Grade 2 accounted for 44% of the total; with Grades 3 & 4 accounting for 10%.

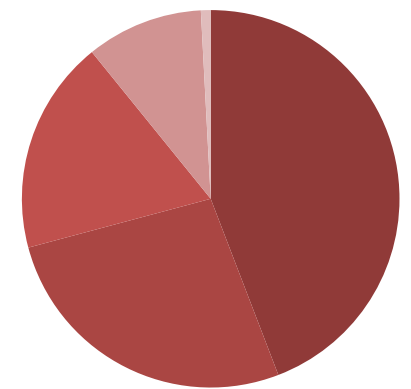
Achievements & Challenges

December 2024 showed an improving picture in pressure ulcer incidents across both HSCP and Acute services. Within the HSCP, 7 incidences were recorded which is an improvement on previous months. Within HSCP, Stop the Pressure events were hosted and well attended. Tissue Viability (TV) Nurses continue to deliver education and training: they have been joining ward huddles to deliver bitesize training to staff of all disciplines. We have been hosting TV LAER cluster review meetings to allow for shared learning and the TV Improvement group is now implemented into services.

Pressure ulcer incidence in Acute Services improved in December 2024, with cases decreasing to 27 from 32 in November, bringing the rate down to 1.88 per 1,000 OBD. However, year-end figures indicate a slight increase compared to 2023. Work continues to strengthen prevention efforts, including ongoing DATIX reviews, a revision of the trigger list, and the planning of three full days of education for Tissue Viability Link Practitioners. Notably, for the first time, one dedicated session will focus on the women's and Children's service.



■ Grade
 ■ Multiple
 ■ Suspected TI
 ■ Grades
 ■ ngradeable





Mental Health Quality Indicators

- Reduce **Ligature** Incidents (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25
- Reduce incidents of **Self Harm** (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25
- Reduce Incidents of **Restraint** (rate per 1,000 Occupied Bed Days) - 20% reduction by Mar-25
- Reduce Incidents of **Physical Violence** (rate per 1,000 Occupied Bed Days) – 20% reduction by Mar-25

0.90	1	↓ incident to achieve target
1.98	7	↓ incidents to achieve target
9.89	20	↓ incidents to achieve target
9.72	19	↓ incidents to achieve target

Data Analysis

There were 310 incidents reported in relation to Mental Health wards in Dec-24, an increase from 298 previous month and remains above 24-month average of 253 per month. There were 5 Ligature incidents reported in Dec-24, with rate below 24-month average for the 2nd month. The number of incidents of self-harm was 11 in Dec-24 an increase from previous month, rate above 24-month.

Rate of Restraint has decreased to 9.89 per 1,000 Occupied Bed Days in Dec-24 (11.64 previous month), below 24-month. 58 incidents of Physical Violence were reported in Dec-24, with a decrease from month prior, equating to a rate of 9.72 per 1,000 Occupied Bed Days above the 24-month average.

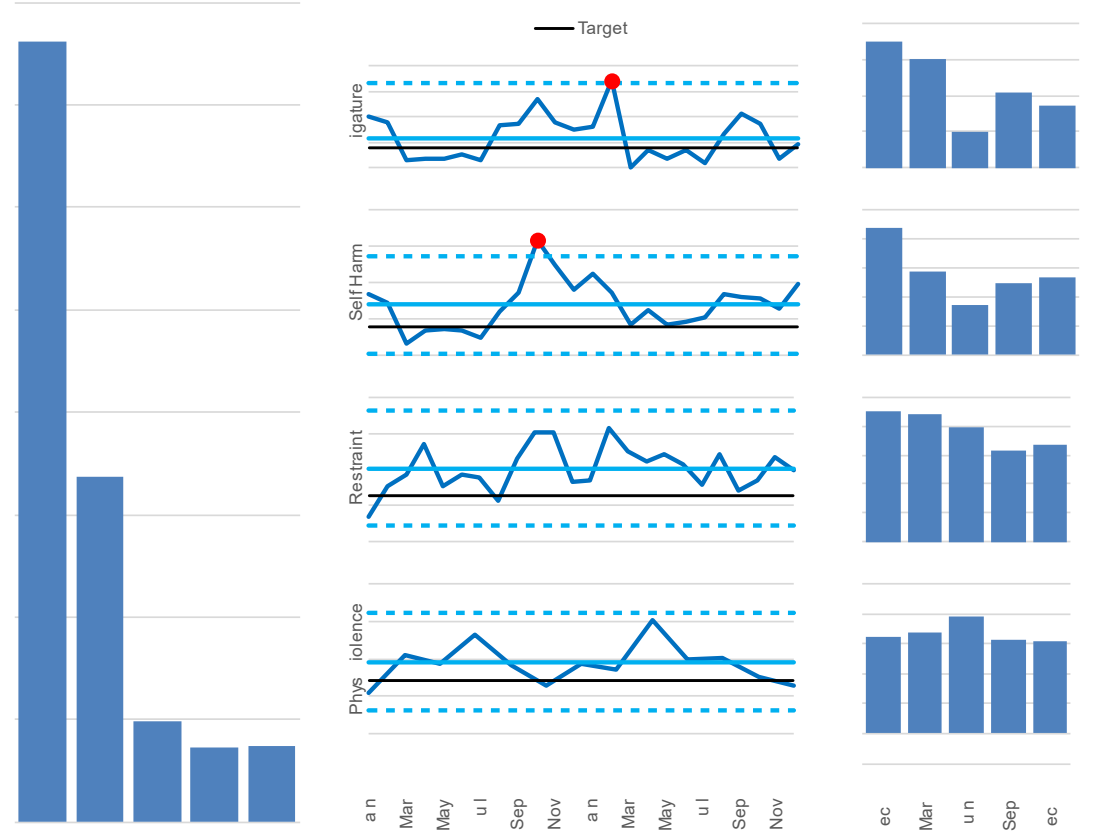
Achievements & Challenges

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

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

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

Reducing Restrictive Practice Group (RRPG) has moved to a new focus around seclusion, Scottish Patient Safety Programme and observation and intervention Subgroups for each of these areas have been developed and looking to identify key strategies to progress on these workstreams.





Healthcare Associated Infections

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

3.3

Target achieved

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

13.3

Target achieved

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

20.0

1 ↓

infection to achieve target

The **CDI HAI/HCAI** rate decreased to 3.3 in Dec-24. The cumulative total of HCAI infections for past 12 months (n=35) is higher than the same period previous year (n=33). The number of recurring infections is the same as the previous year.

The QE Dec-24 shows 15 cases against previous QE Sep-24 of 18. The year ending Dec-24 showed an increase of 28% in the number of cases

During Q3 (Jul-Sep), NHS Fife was below the national rate for HCAI.

Unfortunately, 2024 saw the highest total cumulative number of CDI cases (n=60) since 2017 (n=62). The number of HCAI & CAI cases has increased over the past couple of years, with 2024 seeing a significant rise in the number of CAI cases.

An Action Plan was developed and submitted to ARHAI Scotland in Dec 24, in response to the Exception Report, issued to NHS Fife for the increased CAI CDIs in Q2 2024.

The **ECB HAI/HCAI** rate decreased to 13.3 in Dec-24 with number of healthcare infections decreasing from 13 in Nov-24 to 4 in Dec-24. The cumulative number of HCAI infections over last 12 months (n=146) is higher than the same period previous year (n=113).

QE Dec-24 shows 62 cases against previous QE Sep-24 of 71. The year ending Dec-24 showed an increase of 18% in the number of cases.

During Q3, NHS Fife was below the national rate for HCAI.

The total cumulative number of ECD and the HCAI total was higher in 2024 than during the previous year. However, on a positive note, the number of CAUTI related ECBs (n=18) greatly reduced in 2024, in comparison to the previous 2 years (2023, n=29 and 2022, n=32).

Renal tract (38%), hepatobiliary (22% cases), and "not known" (16%) were the most common sources of ECB infection, amongst the cases in 2024.

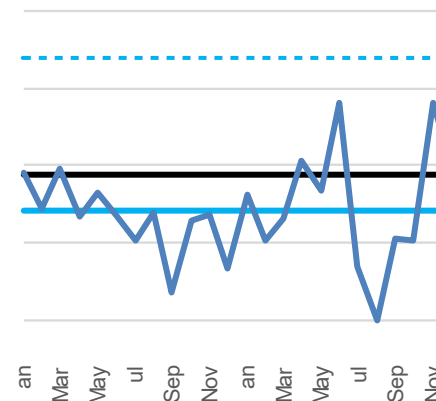
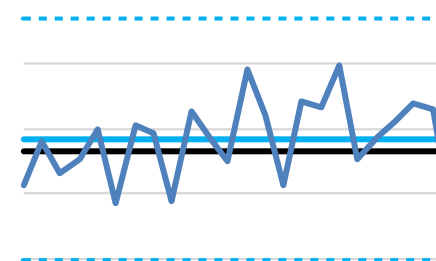
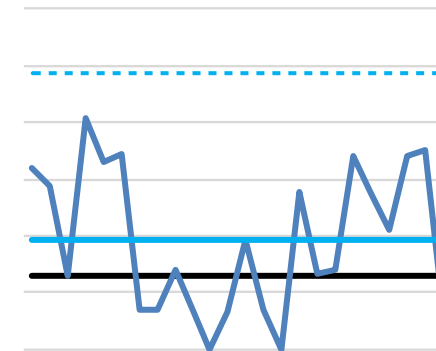
The **SAB HAI/HCAI** rate was 20.0 in Dec-24. Of the 53 HCAI cases reported in the last 12 months, 17 have been categorised as 'a scalar Access Devices (A)' with 8 'ther' or 'Not Known' and 4 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=53) was higher than during the same timeframe the previous year (n=47).

The QE Dec-24 shows 23 cases against previous QE Sep-24 of 18.

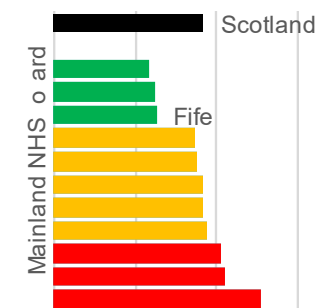
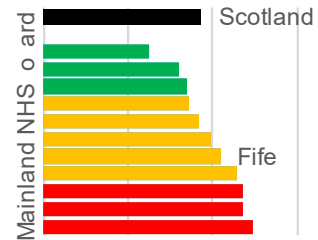
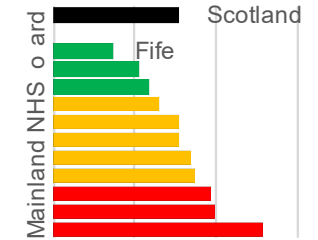
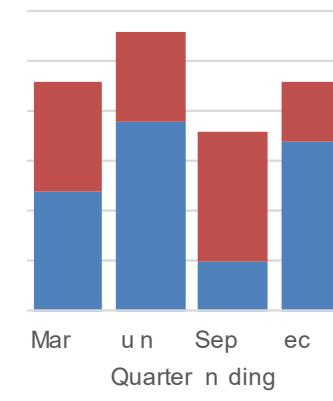
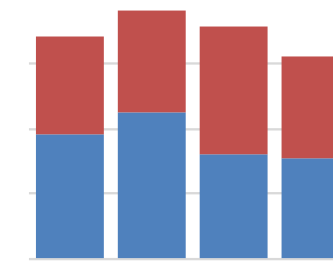
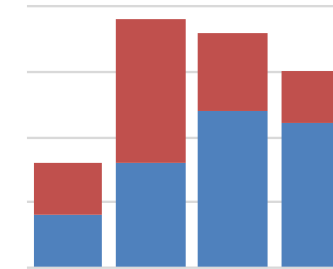
The year ending Dec-24 showed 15 cases against previous QE Sep-24 of 18. The year ending Dec-24 showed an increase of 2% in the number of cases

During Q3 (Jul-Sep), NHS Fife was below the national rate for HCAI.

The total cumulative number and HCAI total was higher in 2024 than during the previous year. Unfortunately, the total number of PVC related SABs in 2024 was 8. This compares to just 1 case for the whole of 2023 and 2 for 2022. A Complex Care Review (CCR) is carried out on each case to ascertain any learning. There was an improvement in the number of dialysis line related SABs in 2024 (n=5 cases), in comparison to the previous year, when there were 8 cases. Each of these cases also undergo a CCR.



Healthcare Community/NK





Complaints

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

70.8%



closed on time to achieve target

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

36.4%

Target achieved Jan-25

Data Analysis

There were 28 Stage 1 complaints received in Jan-25, with 24 closed. Of those closed 17 (70.8%) were within timescales. 57.1% of 28 complaints that were due in the month, were closed on time.

There were 35 Stage 2 complaints received in Jan-25, 35 acknowledged within timescales, with 22 closed. 21.4% of 28 complaints that were due in the month, were closed on time.

There are currently 7 S2 complaints over 100 days: there is 1 outlier at 345 days. There are 11 S2 complaints between 50 and 100 days, with 33 (42.9%) awaiting action from the Service, 6 (7.8%) with PET.

At the end of Jan-25, the average number of days to close S2 complaints was 37 days, the lowest it has been in 24/25. The performance for Stage 2 complaints exceeded trajectory for the first time since Apr 24.

Achievements & Challenges

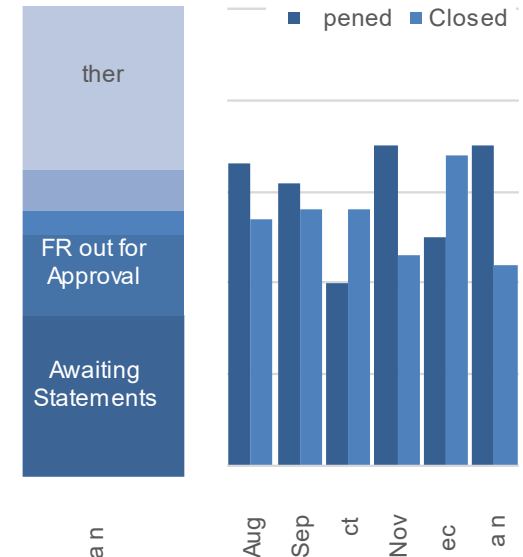
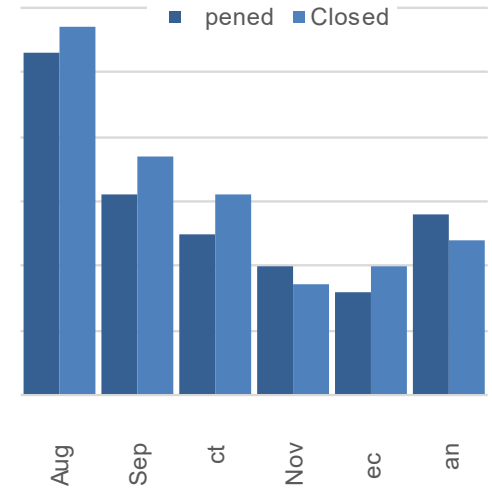
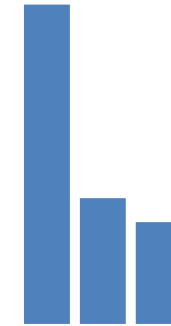
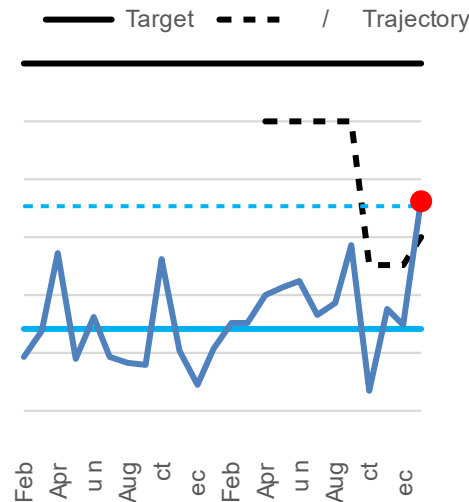
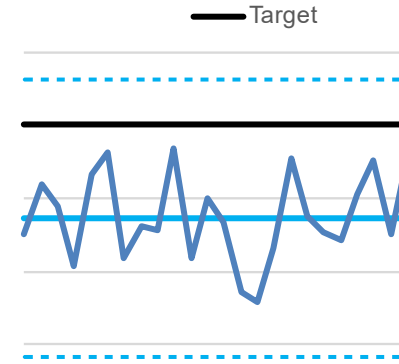
The Patient Experience Team (PET) continues to focus on ensuring stage 1 complaints are resolved locally by the services. Where necessary, 5-day extensions are granted, and all stage 1 complaints are escalated to Stage 2 in line with the Model Complaint Handling Procedure (MCHP) if not answered within the 5-10 day timeframe.

The number of open Stage 1 complaints has significantly dropped from Q1 (41) to Q3 (13), representing a 68% decrease. The average number of days to close a Stage 1 has also decreased from January 2024 (14 days) to January 2025 (5 days), a 64% decrease.

The Complaint Dashboard continues to offer a comprehensive overview and awareness of the status of all complaints, which is reviewed daily by PET. Despite significant staffing challenges within PET, which resulted in one Stage 1 complaint being open for over 20 days, this issue has now been resolved.

The Patient Experience Lead, and Head of Patient Experience meet weekly to discuss delays. These are then escalated appropriately to the Services for support and within the Patient Experience Team for action.

Initial discussions have taken place with a service to explore and test ways of improving the Stage 2 MCHP process.



C2. Operational Performance

To improve the quality of health and care services

7 **5** 2 - - **Open**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	72.0%	Month	Jan-25	95%					Dec-24
4-Hour Emergency Access (ED)	63.4%	Month	Jan-25	72%					Dec-24
Delayed Discharges (Standard) Acute/Comm	44.4	Month	Jan-25	45					Dec-24
Delayed Discharges (Standard) MH/LD	12.9	Month	Jan-25	10					Dec-24
Antenatal Access	94.3%	Quarter	Dec-24	80%					CY 2023
Cancer 31-Day DTT	96.4%	Month	Dec-24	94%					QE Sep-24
Cancer 62-Day RTT	76.9%	Month	Dec-24	85%					QE Sep-24
Patient TTG % <= 12 Weeks	45.1%	Month	Dec-24	44%					QE Sep-24
Patient TTG waits > 52 weeks	648	Month	Dec-24	645					
New Outpatients % <= 12 Weeks	37.8%	Month	Dec-24	35%					QE Sep-24
New Outpatients waits > 52 Weeks	5181	Month	Dec-24	5869					
Diagnostics % <= 6 Weeks	87.1%	Month	Dec-24	30%					QE Sep-24
Diagnostics > 26 Weeks	44	Month	Dec-24	0					
Freedom of Information Requests	98.5%	Month	Jan-25	85%					

Finance

To deliver value and sustainability

6 **5** 1 - - **Open**

Revenue Resource Limit Performance	(£32.021m)	Month	Jan-25						
Capital Resource Limit Performance	£5.115m	Month	Jan-25						

Performance Key

meeting trajectory/target

within 5% of trajectory/target

out with 5% of trajectory/target

SPC Key

Within control limits

Special cause variation, out with control limits

No SPC applied

Change Key

"Better" than comparator period

No Change

"Worse" than comparator period

Benchmarking Key

Upper Quartile

Mid Range

Lower Quartile



Emergency Access

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

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

72.0%

1,557



within 4 hours to achieve Standard

63.4%

443



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Jan-25 was 72.0%, below National Standard, an increase from month prior and an increase on year previous (71.5%). ED performance increased to 63.4%, below the local ME trajectory of 72% but back within control limits.

There were 6,770 unplanned attendances in Jan-25, equivalent to 218 per day: this is the lowest daily figure since Feb-23. There were 601 8-hour breaches recorded in Jan-25 (similar to year prior) and 230 with a wait longer than 12 hours (+37% on year prior). Breach reasons 'Wait for Bed' accounted for 40% of all breaches and 'Wait for 1st Assessment' accounted for 30% (both decreases on month prior).

Nationally, performance reporting has changed to the Emergency Access Standard (which now includes Planned Returns): however, we will continue to report on Unplanned Attendances until the end of the 24/25 financial year, to allow for re-coding of backdated information.

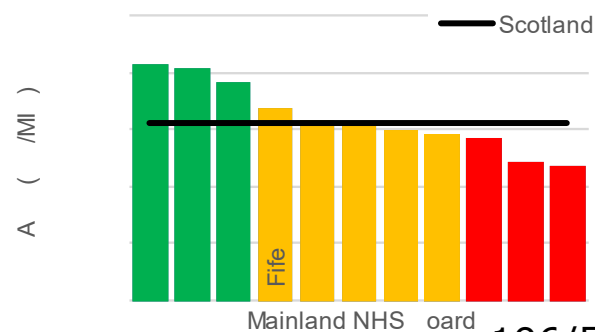
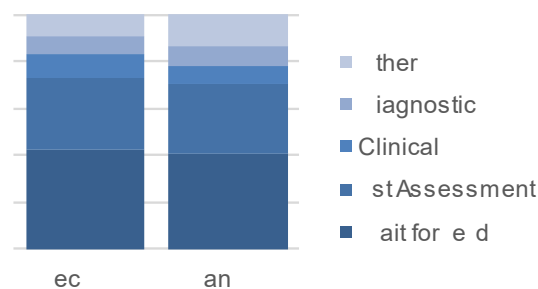
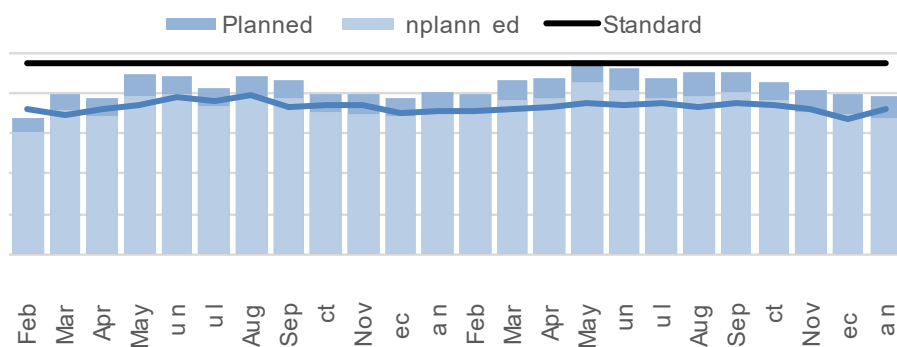
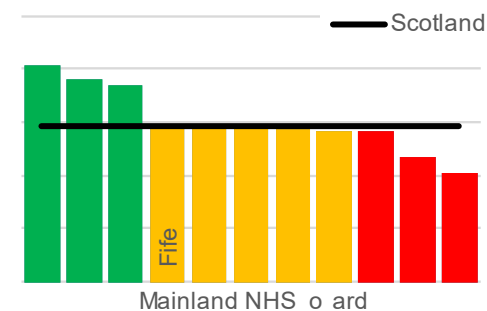
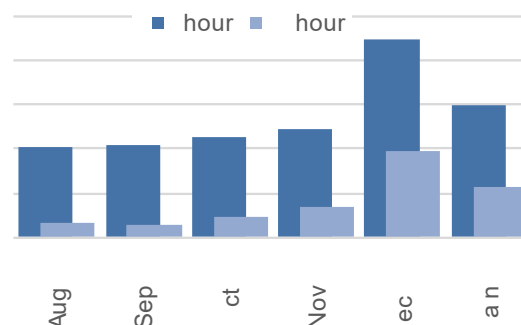
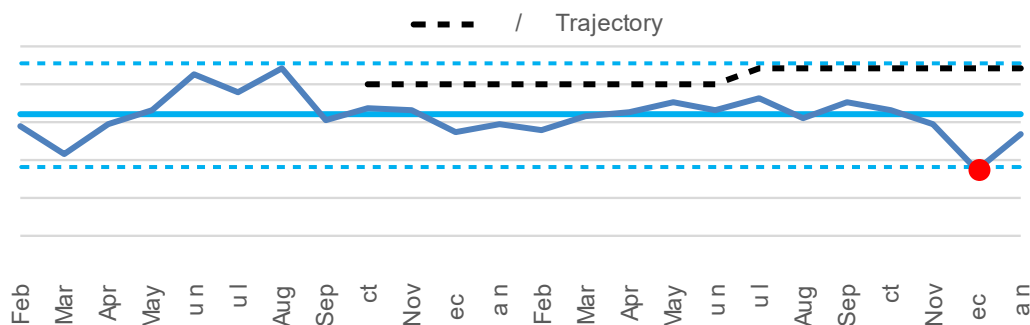
The most recent publication from Public Health Scotland, for month of Dec-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards: above Scottish average for A&E (+5.2%) and just above Scottish Average for ED (+0.1%).

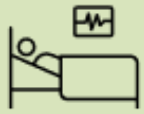
Achievements & Challenges

Attendance has overall remained high with 6953 unplanned attendances in December and 6770 in January, although decreased from the peak over May-June in excess of 8000 (highest unplanned attendance rates recorded). 8-hour breaches increased at 601 in January and 12-hour breaches were also increased at 230 in January, reflective of site pressures.

Staffing models have been reviewed within ED, ensuring continued 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 manage Winter challenges, and we see an increased number of patients redirected to QMH MIU. Review of front door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP. We are utilising Call Before you Convey and have additional Consultant cover to support ANP decision making in Flow & Navigation during afternoons when GP demand is higher and to support flow. RTU opening early to aid flow also.

C2. Operational Performance





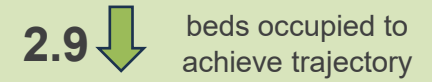
Delayed Discharges

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

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



Trajectory achieved as of Jan-25



Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number decreased to 44.4 in Jan-25 (from 47.9 in Dec-24) with 91% of these delays being attributable to Community. This is below the local trajectory of 45. In MH/LD services, the average daily number increased to 12.9 in Jan-25 (from 10.5 in Dec-24). This is above the monthly target of 10 but remains within control limits.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number decreased to 36.2 in Jan-25 (from 40.2 in Dec-24).

At Jan-25 Census, there were 84 patients in delay (41 Standard delays; 43 Code 9 delays), the same as was seen in Dec-24. In MH/LD services, the average daily number decreased to 12.1 in Jan-25 (from 19.4 in Dec-24).

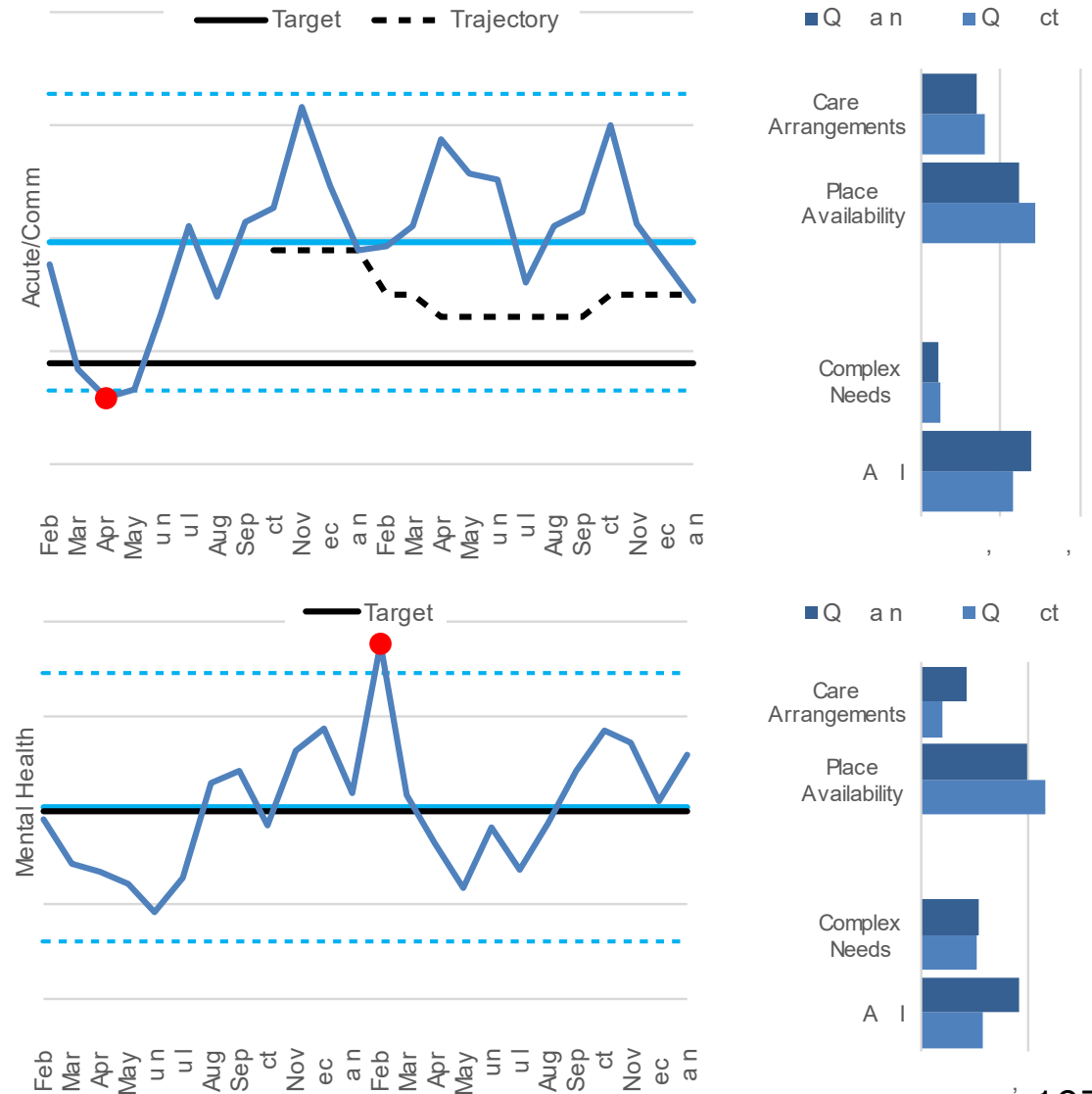
The most recent monthly publication from Public Health Scotland, for data up to end of Nov-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100k Population aged 18+) with 22 delays for Fife against a Scottish average of 33.

Achievements & Challenges

Challenges persist regarding the availability of care home placements for individuals with complex care needs. Ongoing Collaboration with Red Cross continues which enables home assessments for people allowing them to make informed decisions about long term care in their familiar environment. Acute and partnership colleagues have recently completed a self-assessment as part of the Discharge without Delay National Group, aimed at Identifying key improvements areas across four integrated work streams: Frailty at the Front Door, Discharge to Assess / Homefirst, Planned day of Discharge/ Integrated Discharge Hubs, as well as Community Hospitals and step-down rehabilitation.

The collaborative efforts focus on enhancing the discharge process and whole system impact rather than small marginal gains.

Challenges continue to exist in sourcing appropriate packages of care and environments across the mental health and learning disabilities services and the limited financial resources. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi-agency review groups are in place to consider Complex delays, DSR and guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings. The service is currently revising the function and processes of the discharge coordinator with a focus on a dynamic approach to enable steady decrease in delays. The data collated from the Day of Care Audit which was undertaken in Quarter 2 is scheduled to be analysed and concluded by Quarter 3 end.





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%**)

96.4%

Trajectory achieved as of Dec-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%**)

76.9%

5 ↑

Treated to meet Standard

Data Analysis

31 day - Monthly performance decreased from 97.4% in Nov-24 to 96.4% in Dec-24, remaining above trajectory of 94%. Eligible referrals decreased from 115 to 110. There were 4 breaches 3 within Urology and 1 within colorectal.

Benchmarking QE Sep-24 showed that Fife was in the mid-range of all NHS Boards at 95.7% above Scotland rate of 94.3%.

62 day - Monthly performance increased from 74.0% in Nov to 76.9% in Dec-24 this remains below local trajectory of 85.0%. Eligible referrals decreased from 77 to 65. There were 15 breaches 8 of which were within Urology (7 Prostate) the other breaches were 2 Lung, 2 Colorectal and 3 Cervical.

Benchmarking QE Sep-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% above Scotland rate of 72.1%.

Achievements & Challenges

31 day - All 4 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue.

Range for breaches 2 – 68 days with an average of 21 days (a decrease from 45 days in October).

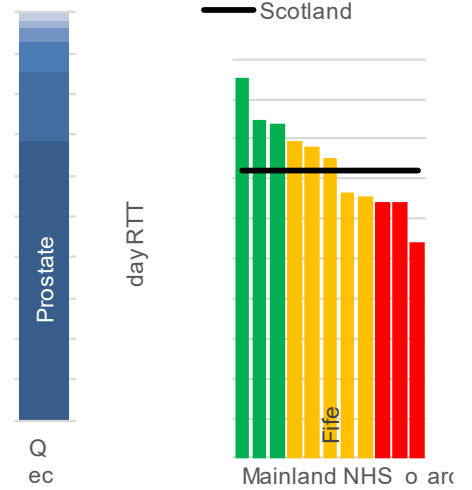
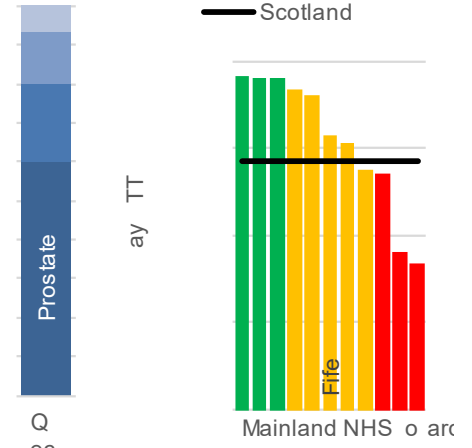
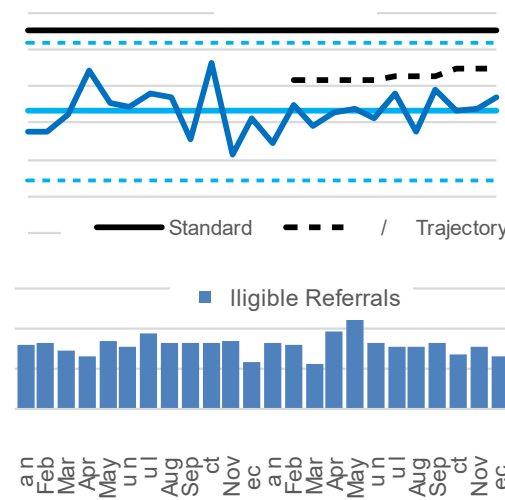
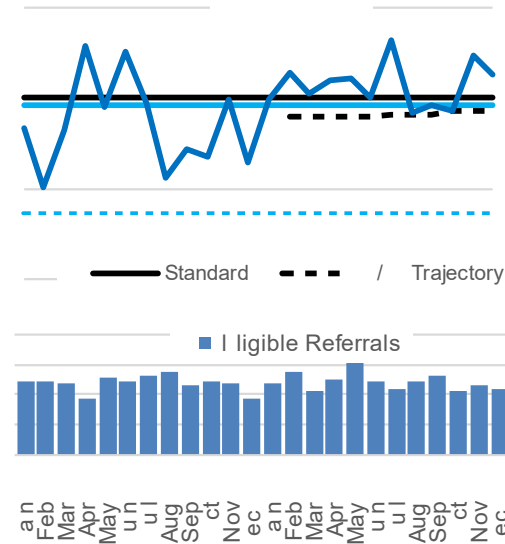
62 day - Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. Urology remains our biggest performance challenge with 7 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Work is ongoing Nationally to look at Board capacity for Robotic Prostatectomy to attempt to reduce waits.

Prostate breach range: 1 – 58 days, average 24 days (a significant decrease from 75days in October).

A further 8 breaches were seen; 3 Cervical, 2 Colorectal, 2 Lung, 1 Urology Other. Delays to colonoscopy for bowel screening patients attributed to the colorectal breaches, increased waits for PMB appointments affected the cervical pathway and lack of theatre resources impacted on Lung and Urology other. Range for all breaches: 1 – 118 days, average of 32days (a decrease from 53 days in October).

New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients.

Urology pathway reviews are underway to streamline processes and reduce delays between steps.





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 treatment.

45.1%

68

Trajectory achieved as of Dec-24

3 ↑

Waits to meet Standard

Data Analysis

Monthly performance decreased to 45.1% in Dec-24, with 40.5% of ongoing waits within 12 weeks, which is the same as previous month. Waiting list numbers for waits of 'over 12 week' increased to 4932 in Dec-24. Waits 'over 26 weeks' increased to 270, waits 'over 52 weeks' decreased to 648. The majority of over 52 weeks lie within Orthopaedics (262), Urology (97) and Ophthalmology (260) the latter having increased from 250 month previous.

Waits 'over 104 weeks' decreased to 15 below projected figure (20), most are within Orthopaedic (10).

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

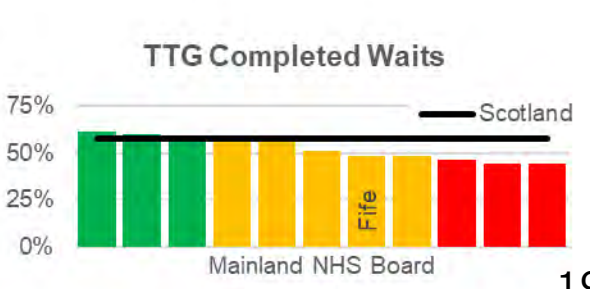
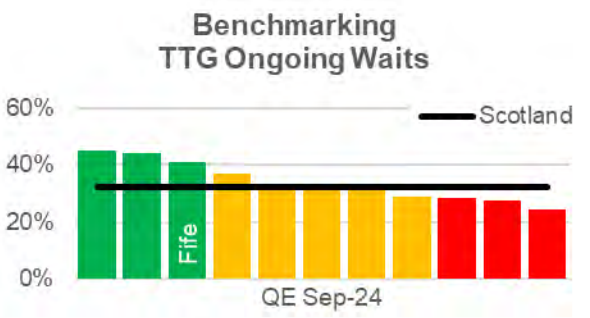
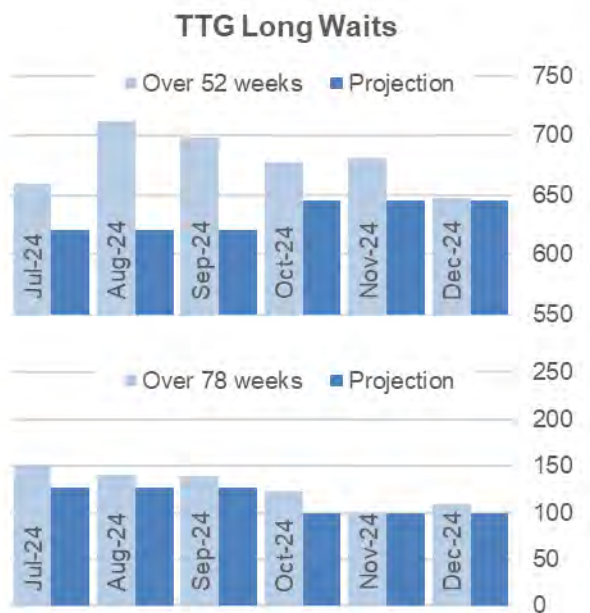
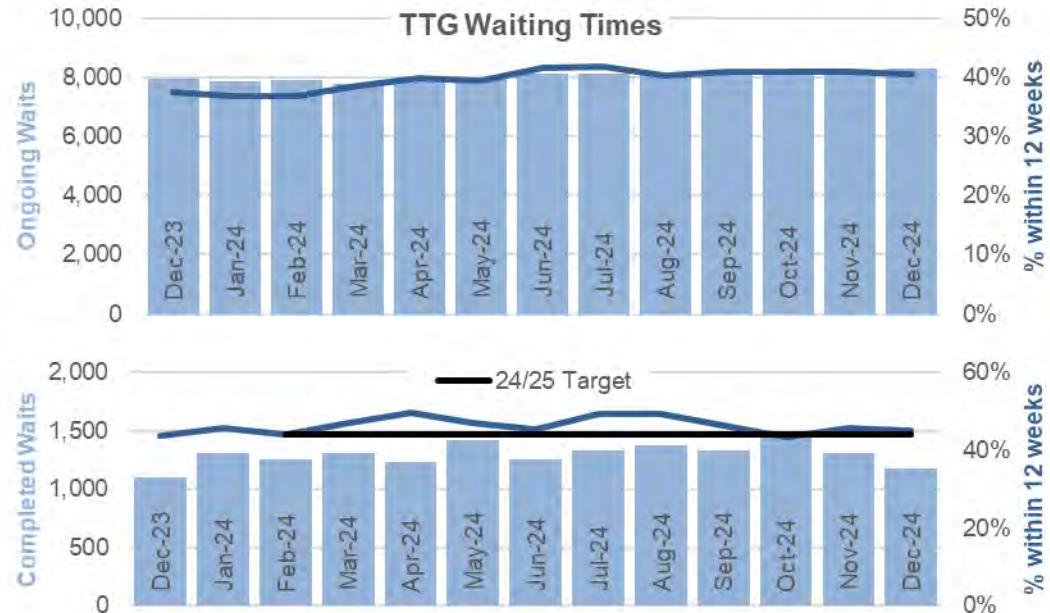
Achievements & Challenges

Against projections for 2024/25, in December we delivered 96.4% of projected capacity, however a gap remains between capacity and demand of approximately 290 procedures. In December, the specialties demonstrating the biggest gaps are ENT, General Surgery and Urology.

Overall waiting list size is ahead of trajectory as well as those patients waiting >104 weeks, those waiting >52 weeks and >78 weeks are slightly below the projected figure for December. The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. However, the focus continues to be on urgent and urgent suspicion of cancer patients with continued effort to reduce the number of long waiting patients using additional activity funded by Scottish Government.

Urology have seen a 65% improvement for those patients waiting >52 weeks since April 24 due to service redesign and optimisation of current provision. Cataracts within Ophthalmology continues to remain challenging however work continues with the specialty to maximise capacity and increase throughput in theatres. Long waiting patients in Orthopaedics are predominately from NHS Lothian, however specialty are ahead of trajectory for all waits at the end of December 24.

C2. Operational Performance





New Outpatients

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

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

37.8%

5181

Trajectory achieved as of Dec-24

Trajectory achieved as of Dec-24

Data Analysis

Monthly performance decreased for the 6 month in a row to 37.8% in Dec-24 however remains above local trajectory of 35%. Waits for over 12 weeks increased to 19425.

Waits for 26, 78 and 104 weeks all increased (12141, 1632,149).and are all above trajectory.

The largest number of over 52 weeks waits are in ENT (1866) & Urology (724).

ENT 'over 78 weeks saw the largest increase of 43% from 423 to 605.

The overall waiting list decreased to 31247 patients in Dec-24.

Actual activity was 7143 against a projection of 8097.

Benchmarking for the QE Sep-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 39.4%, above the Scotland average of 39.0%

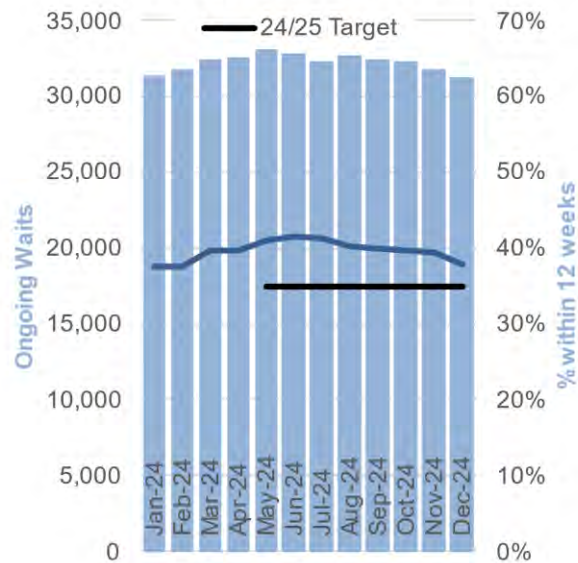
Achievements & Challenges

Against the projections for 2024/25, in December we delivered 97.5% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand of approximately 79 appointments. In December, the specialties demonstrating the biggest gaps are Gynae, Ophthalmology and Rheumatology. This is due to a combination of increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals. In response, Rheumatology is reviewing referral/vetting activity data to improve processes and flow.

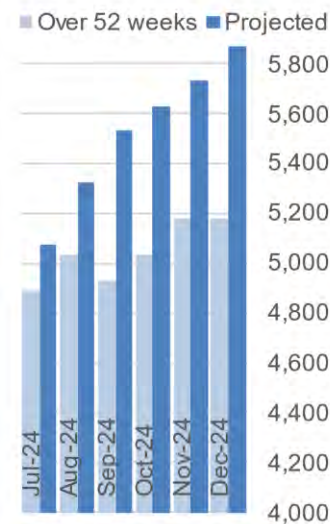
Overall waiting list size is ahead of trajectory with 5181 patients waiting over 52 weeks, however ahead of trajectory for December. 62% of referrals are waiting over 12 weeks. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, ENT, Haematology, Neurology, Ophthalmology, and Vascular.

Waiting times are monitored weekly with continued focus on urgent suspicion of cancer, urgent and long waiting patients. A consistent process is in place for regular waiting list validation and engagement continues with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals.

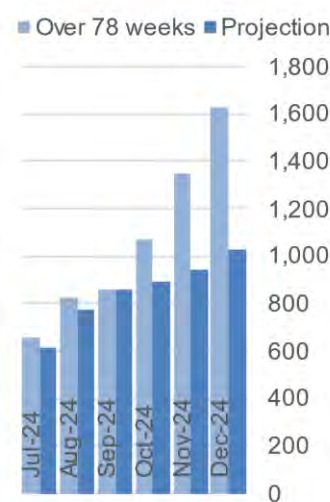
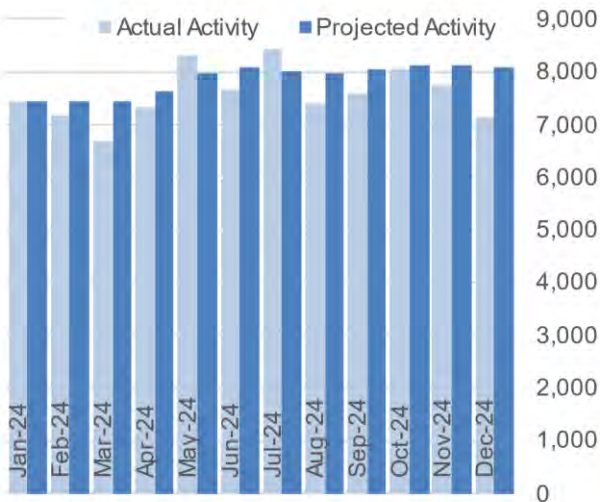
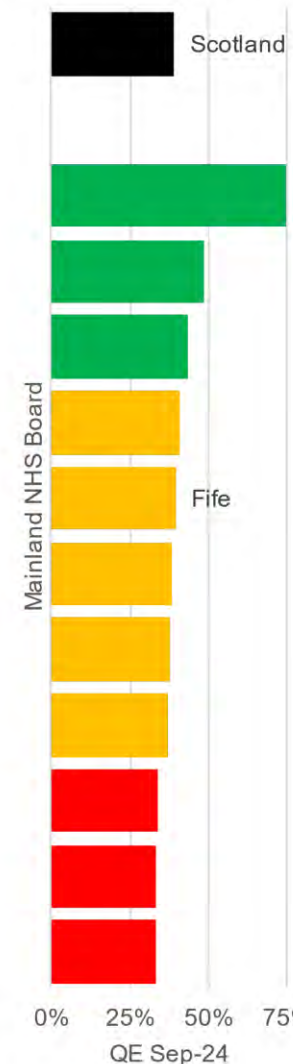
New Outpatient Waiting Times



New OP Long Waits



Benchmarking



C2. Operational Performance



Diagnostics

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

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

87.1%

44

Trajectory achieved as of Dec-24

44 ↓ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased to 88.9% in Nov-24 from 87.1% in Oct-24, remaining above local trajectory of 30%.

Scope performance increased from 61.0% in Nov-24 to 70.6% in Dec-24 with Imaging decreasing from 92.6% to 89.4%.

In terms of waiting list numbers, this decreased to 4324. The scope list size decreased from 592 to 538.

The number of patients waiting over 6 weeks decreased to 556, which is above the projection of 160, waits over 26 weeks decreased (55 - 44). There are no patients waiting over 52 weeks.

Benchmarking for the QE Sep-24 shows NHS Fife to be in the upper mid-range of all mainland boards with a performance of 79%, above the Scotland average of 50.0%.

Achievements & Challenges

Radiology

CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding. Unplanned downtime of scanners and increased unscheduled care demand have impacted scheduled care performance.

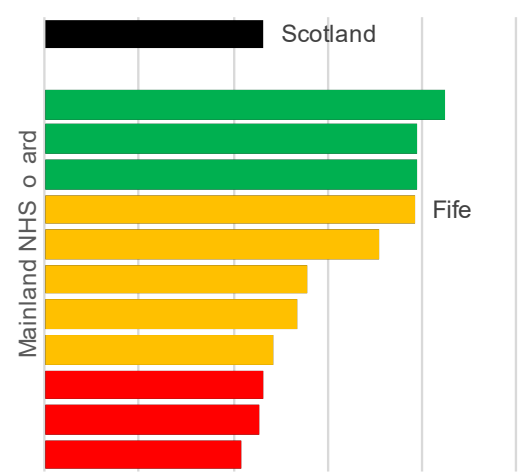
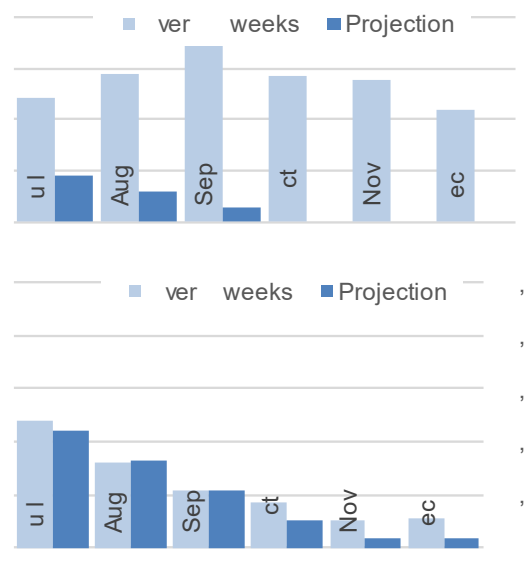
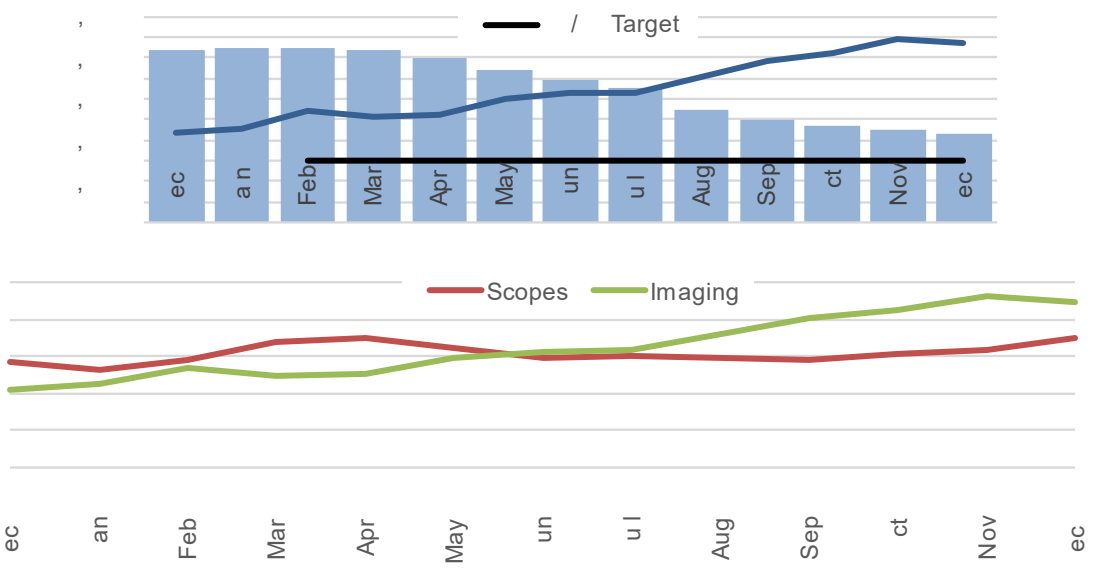
MRI also have maintained on target performance. Successful trials for “ Deep Resolve” software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year.

US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times is unachievable.

Endoscopy

Overall new patient list size has decreased and is at its lowest level since November 2023. Upper Endoscopy waits have improved significantly over the past month with all other diagnostics maintaining their position. Clinical validation remains a regular task to ensure the longer waiting patients do not come to harm. Pre assessment continues and DNA rate has reduced to 1%.

C2. Operational Performance



£ Expenditure

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

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

£32.021m

overspend at M10

£5.115m

actual spend to M10

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	318,885	267,189	280,106	-12,917
IJB Non-Delegated	10,141	8,802	8,234	568
Non-Fife & Other Healthcare Providers	105,505	87,861	92,951	-5,090
Non Clinical Services				
Estates & Facilities	98,789	80,819	80,811	8
Board Admin & Other Services	100,479	84,298	84,068	230
Other				
Financial Flexibility	21,162		-765	765
Income	-42,558	-35,666	-36,326	660
TOTAL HEALTH BOARD RETAINED SERVICES	612,403	493,303	509,079	-15,776
Health & Social Care Partnership				
Fife H & SCP	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245
TOTAL NHS FIFE	1,059,319	863,346	895,367	-32,021

Capital Budget 2024/25	CRL Funding £'000	Total to Date £'000	Projected 2024/25 £'000
Statutory Compliance	3,116	1,819	3,116
RTP/Clinical Prioritisation Contingency	591	551	591
Capital Equipment	4,193	652	4,193
Digital & Information	1,981	1,059	1,981
Mental Health Estate			
Mental Health Estate	2,263	111	2,263
Capital Staffing Costs	220	157	220
Capital Repayment			
Contingency to be allocated	3		3
Anticipated Funding - HEPMA	723	151	723
Anticipated Funding - Medical Education	791	615	791
Greenspace Projects	35		35
Capital to Revenue Transfer	(450)		(450)
Total Confirmed CRL	13,465	5,115	13,465

Review of Financial Performance & Reporting

Revenue Budget

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024. There is a reasonable level of confidence we will achieve the full £25m 3% efficiency target.

At the end of January 2025, the level of overspend on health board retained is improving when compared with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.

The IJB health delegated position has deteriorated further with their current forecast outturn (December reported position) indicating a projected deficit of £37.718m. This situation will make it exceedingly difficult for the overall Board financial position to meet or improve on the forecast deficit reported in the financial plan in March 2024.

The forecast position reported is £29.472m overspend and is an improvement on the previous forecast reported in December of £2.233m. The improvement is a result of the notification of a significant reduction in our CNORIS contributions for 2024/25 as well as a further allocation from Scottish Government to support AFC reform offset by an increase in the risk share for the IJB.

At the beginning of January 2025, we received confirmation from Scottish Government they would provide a maximum amount of repayable brokerage up to £37m for 2024/25. The letter received from Caroline Lamb, Director General Health and Social Care, Scottish Government, notes the board's efforts to improve the financial position in year and acknowledges the key area of challenge driving the worsened forecast, compared to our financial plan, is due to the IJB financial position for which steps are being taken to minimise the increasing cost pressure in year.

Capital Budget

Capital expenditure for the 10 months of the financial year due is £5.115m. The Capital Resource Limit (CRL) has been increased to reflect our recent success in securing additional capital funding of circa £4.4m. Included in the additional funding received is £0.500m for investment in our mental health estate, which when added to the existing budget ringfenced in 2024/25 for mental health alongside slippage in other capital projects also directed to mental health infrastructure, will ensure completion of the refurbishment works in ward 3 at QMH in the current financial year. The additional funding received also supports £1.3m investment in imaging equipment, £0.750m in digital with the balance allocated to numerous prioritised capital projects across both health board retained and health board delegated services. As we move through the final months of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit.

The Financial Performance Report to end of January 2025 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

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	7.80%	Month Dec-24	7.0%	6.5%					YE Nov-24
Personal Development Plan & Review (PDPR)	44.3%	Month Jan-25	55.0%	60%					
Vacancies (Medical & Dental)	3.3%	Quarter Sep-24							
Vacancies (Nursing & Midwifery)	2.7%	Quarter Sep-24							
Vacancies (AHPs)	4.0%	Quarter 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



Sickness Absence

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

7.80%

10816



Hours to achieve trajectory

Data Analysis

Sickness absence increased from 6.91% in Nov-24 to 7.80% in Dec-24. Short-term absence increased from 3.23% in Nov-24 to 3.94% in Dec-24, with an increase in long term absence from 3.68% to 3.85%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 27.3% of all absences).

Within HSCP, Community Care has an absence rate above 10% Complex & Critical Care above 8%, and the Medical Directorate, HSCP is above 7.5%,

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

Achievements

Benchmarking with other Boards on their approaches to managing attendance has been completed. Findings have included some inconsistencies with the application of the Once for Scotland (OfS) Attendance Policy.

A Staff Link Campaign is underway to highlight the importance of recording absence accurately and encouraging staff not to use the 'unknown cause' category when recording sickness absence.

Future/Ongoing

Working in partnership review the implementation of OfS policy in relation to early interventions in long term sickness absence cases to ensure a more robust application of the OfS Attendance policy.

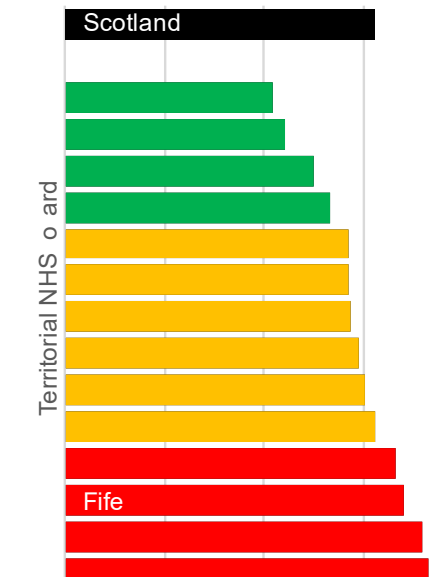
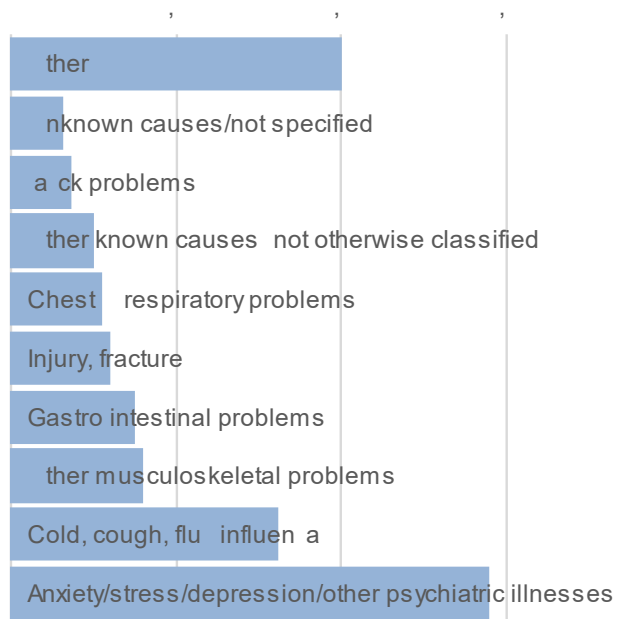
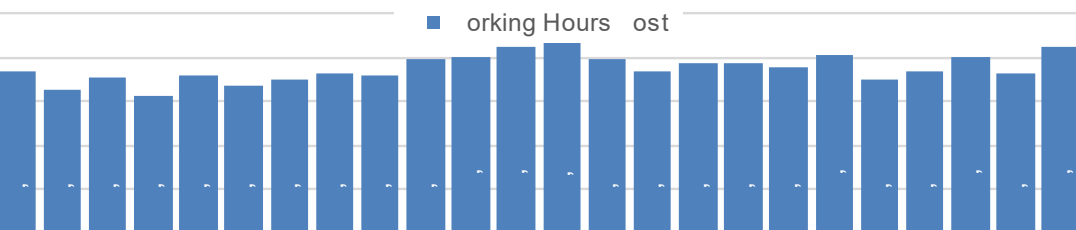
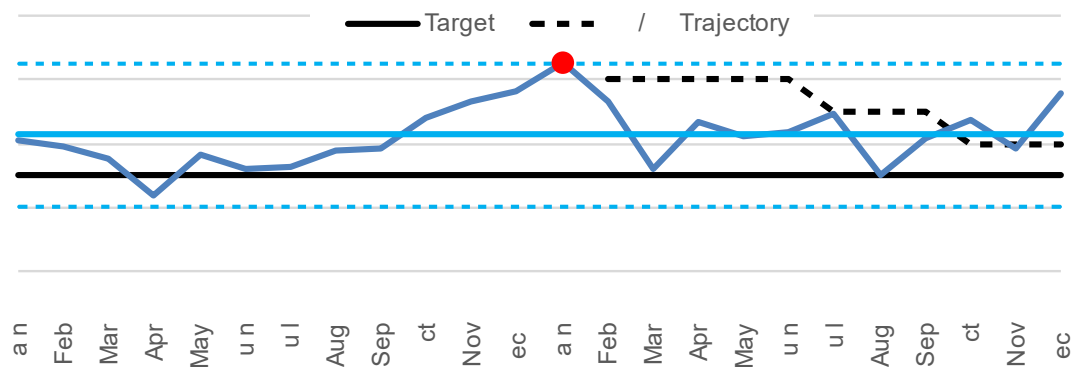
Revised Attendance management training to take account of above and develop and deliver bite sized training in partnership.

Analysis of the H&SCP multifactorial review recommendations implementation plan and to explore the benefits to share approach across the system for all services to use as appropriate.

Challenges

Ageing workforce with complex health needs. Pressures associated with the Reduction in the Working Week.

C3. Workforce





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

44.3%

10.7% ↑ To achieve trajectory as of Nov-24

Data Analysis

Compliance was 44.3% in Jan-25, unchanged from the previous month but an increase of 2.5% on the same month in 2024. This is below the locally agreed trajectory of 55.0%.

The number of reviews held in Jan-25 increased by 2.2% to 289 from 283, so far in 2024/25 there have been 3039 reviews held (Apr – Jan) compared to 2967 in same period in 2023/24.

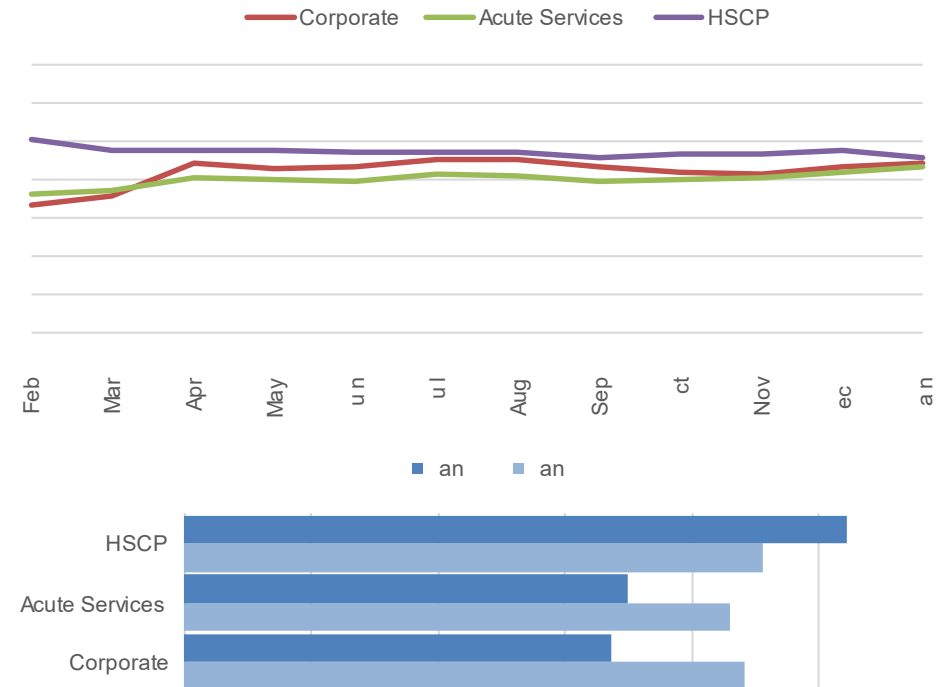
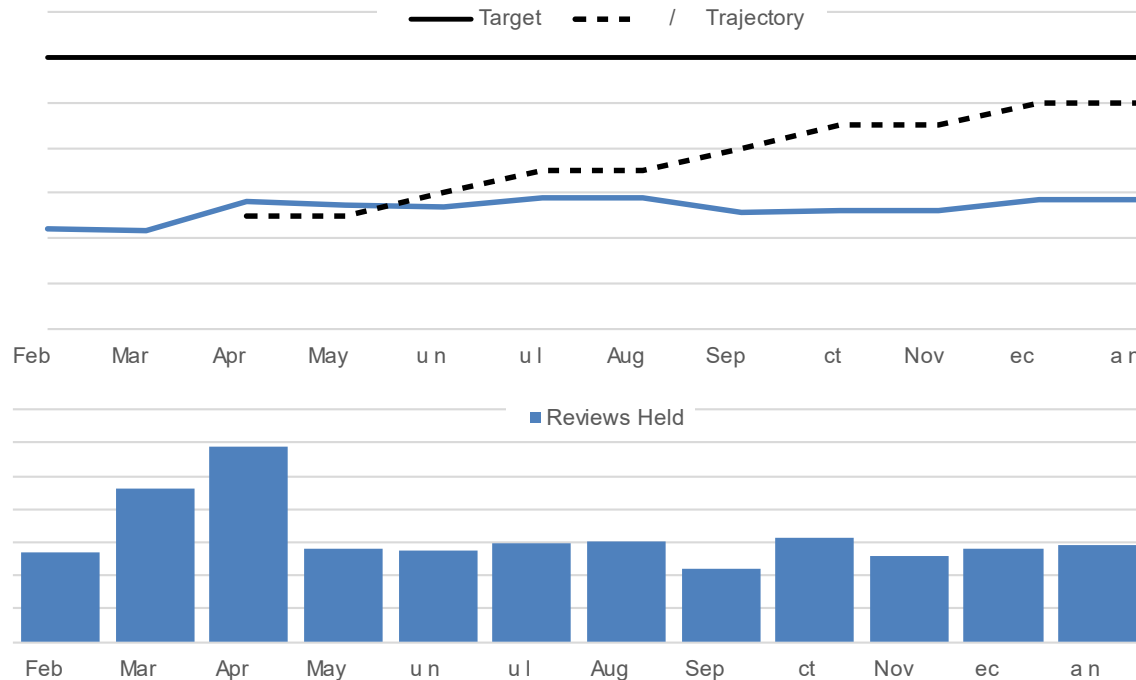
Compliance was highest in HSCP at 45.6%, Primary & Preventative Care has highest compliance within the Partnership with 50.6% with Complex & Critical Care lowest at 39.4%, the latter decreased by 2.9% on previous month. Corporate Services compliance is 44.1%, an increase of 1.1% from month prior and 10.4% higher than year previous, Acute Services 43.0%, both WCCS Directorate and Surgical Directorate have increased compliance to 56.5% and 57.0% respectively, Medical Directorate is at 20.2% compliance its 2nd lowest level in financial year 2024/25.

Achievements & Challenges

Actions identified as part of the PDPR recovery plan initiated in December 2024 are progressing. All managers in the Corporate Directorate have been provided with PDPR status reports with HSCP and Acute Services managers to receive these before the end of February.

All NHS Fife and HSCP managers have received a reminder of their responsibilities in this process and have been provided with relevant guidance to support this. Additional Turas Appraisal training sessions are being provided to accommodate anticipated increases in demand.

Engagement in both Acute Services and the HSCP continues to be impacted by ongoing service and winter pressures.



C3. Workforce



Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)

3.3%

Nursing & Midwifery (N&M)

2.7%

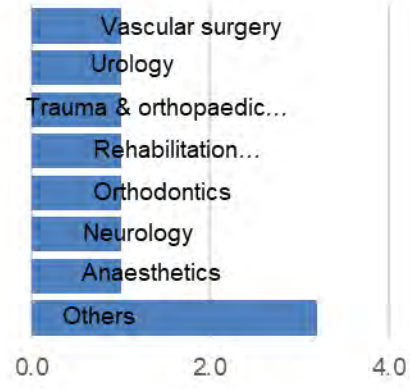
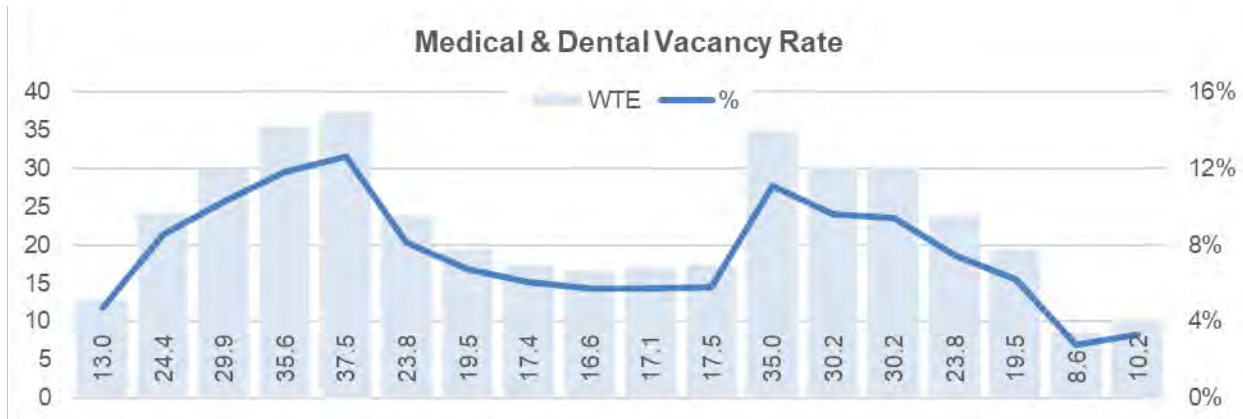
Allied Health Professionals (AHPs)

4.0%

Medical & Dental

WTE vacancies saw increase from the Jun-24 figure to 10.2 in Sep-24. The vacancies are spread evenly amongst Anaesthetics, Neurology, Orthodontics, Rehab Medicine, Trauma & Orthopaedics, Urology and Vascular Surgery.

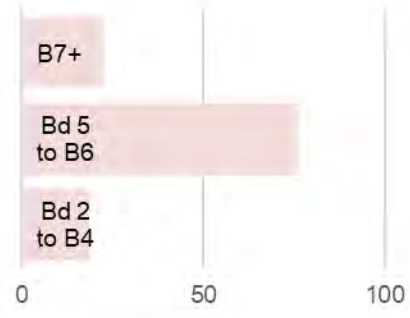
Of the vacancies listed above, there are interviews planned for Anaesthetics for the end of February 2025 and should appoint.



Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 147.2 WTE to 116.9 WTE. 84.0% of vacancies are for qualified staff Bands 5 to Band 7+.

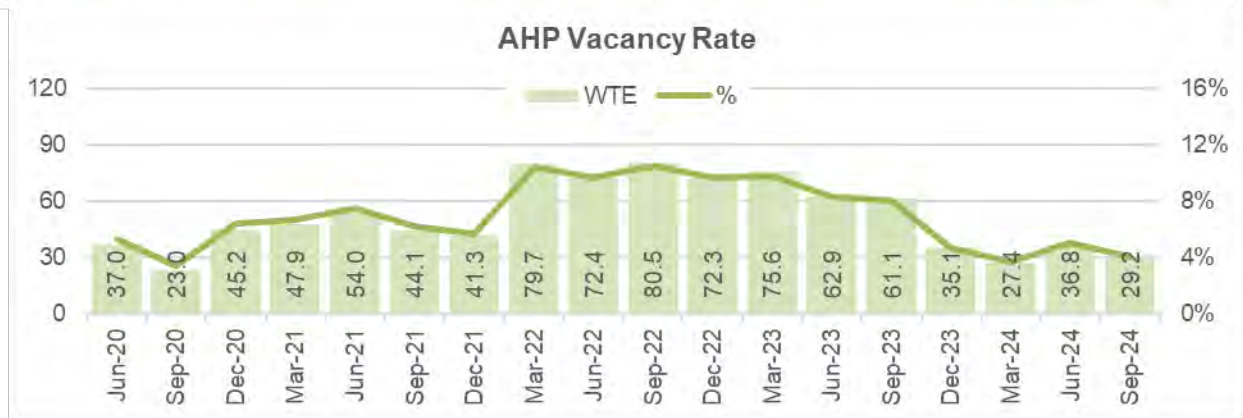
This reduction is predominately due to the Autumn 2024 intake of new Nurse Registrants within the Board.



AHP

WTE vacancies have fallen to 29.2 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 61.6% of all vacancies.

Similarly, the education is due to the Autumn 2024 intake of new AHP Registrants within the Board.



C3. Workforce

C4. Public Health & Wellbeing

To improve health and wellbeing 5 3 2 - - ▼ Hungry

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Smoking Cessation (2024/25)	156	YTD	Oct-24	275	473	●	—	—	●	QE Jun-24
Alcohol Brief Interventions (2024/25)	103%	YTD	Jun-24		80%	●	—	—	●	
Drugs & Alcohol Waiting Times	92.3%	Quarter	Sep-24		90%	●	▼	▲	●	QE Sep-24
CAMHS Waiting Times	100.0%	Month	Dec-24	90.0%	90%	○	▲	▲	●	QE Sep-24
Psychological Therapies Waiting Times	84.9%	Month	Dec-24	73.0%	90%	○	▲	▲	●	QE Sep-24
Mental Health Readmissions within 28 days	5.9%	Quarter	Jun-24			●	◆	▼	●	YE Jun-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	●	—	—	●	2021-23
Bowel Screening	66.2%	2-YTD	Apr-23		60%	●	—	—	●	2022-23
AAA Screening	87.3%	YTD	Mar-23		85%	●	▲	▲	●	2022/23
Infant Feeding	35.6%	Month	Sep-24			○	▲	▲	●	QE Sep-24
Child Developmental Concerns	17.2%	Quarter	Sep-24			○	▲	◆	●	QE Sep-24
Immunisation: 6-in-1 at Age 12 Months	94.0%	Quarter	Sep-24		95%	○	▼	◆	●	QE Sep-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter	Sep-24		92%	○	◆	▼	●	QE Sep-24
Flu Vaccination (Winter, Age 75+)	80.5%	Week to	02-Feb		80%	●	—	—	●	ME Jan-25
COVID Vaccination (Winter, Age 75+)	77.4%	Week to	02-Feb		80%	●	—	—	●	ME Jan-25

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 2024/25)

156 quits
56.7%
(to Oct-24)

144 successful quits were required to achieve Trajectory for Oct-24

Data Analysis

There were 12 successful quits in Oct-24 for the 40% most deprived SIMD areas, which is 27 short of the monthly target. Achievement against trajectory is 56.7% for Apr-Oct 2024 (compared to 57.5% for Apr-Oct 2023).

For all quit attempts, the quit success rate in 'Maternity' services is higher than for other services: and total quit success rate for Apr-Oct 2024 (21%) was slightly better than in Apr-Oct 2023 (20%).

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Jun-24 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 63.0% against a Scottish average of 76.9%.

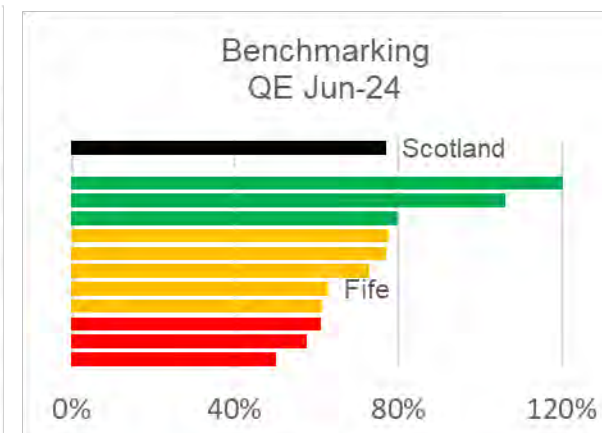
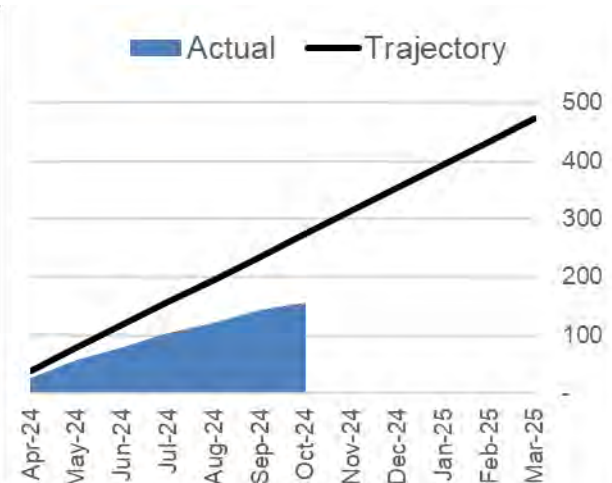
Achievements & Challenges

The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. An outcome is expected soon on the national review of all board's standards, to take effect from April 2025. The new standard will reflect quits with the other priority groups e.g. mental health and NHS Acute.

- Training delivered to maternity staff resulting in an increase in referral rates.
- Progressing actions from Deep Dive report recommendations.
- Training courses delivered to diverse range of frontline staff, increasing effective reach
- The training has led to increased number of clients SIMD 1 and 2 and demand for group support, e.g. Oakley
- A programme of work being progressed with NHS Dental practices to establish and strengthen referral pathways, includes promotional materials, QR code for referrals.

Challenges

- Loss of clinic venues within Kirkcaldy locality, these loss of venues reduces capacity and visibility of the service. Work being progressed to secure alternative venues at reasonable cost.
- Impact of venue challenges has meant reduced appointments at popular clinics.
- Unable to access clinic rooms at Victoria Hospital, Kirkcaldy, prime venue – work being progressed to seek alternative.
- Organisational change, despite robust arrangements to mitigate impact, closure of the service main base at Cameron Hospital and transition to agile working did have an impact on clinic provision during this quarter. These are now anticipated to be resolved
- Ongoing multifactorial workforce due to absence and vacancy. These are being managed.





Data Analysis

Monthly performance increased from 95.1% in Nov-24 to 100% in Dec-24 which remains above national standard.

In Dec-24 no patient was waiting more than 19 weeks for treatment.

The percentage of those waiting less than 18 weeks decreased in Dec-24 to 98.7%, from 100% month prior.

The number of referrals received in Dec-24 was 182, a decrease from Nov-24 and lower than same month in 2023.

The overall waiting list has increased to 75 after dropping to 54 in Oct-24, the lowest number since pre-2018.

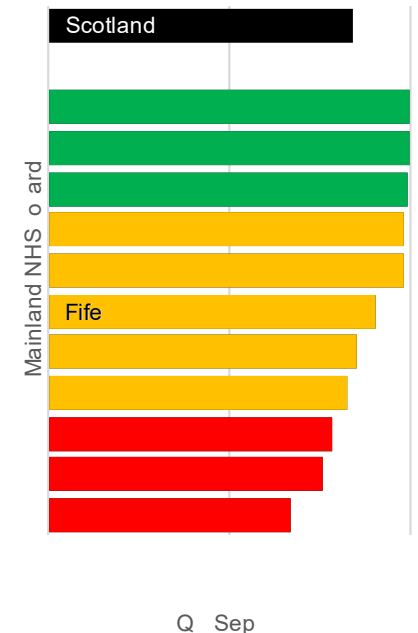
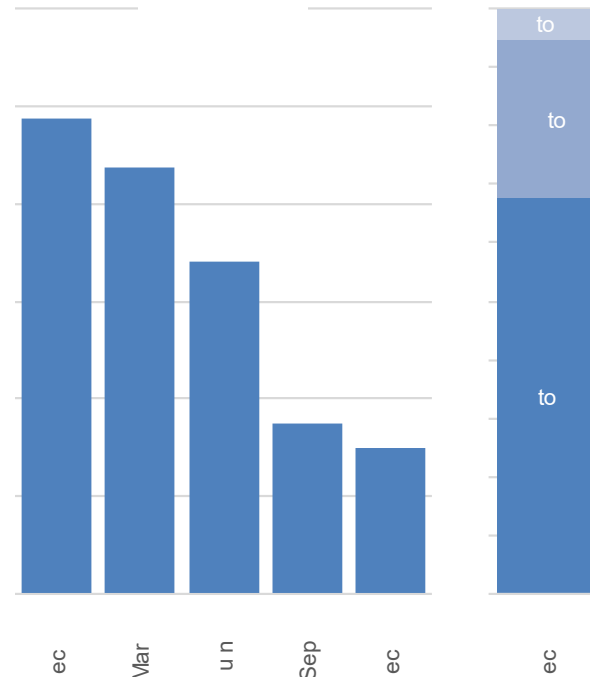
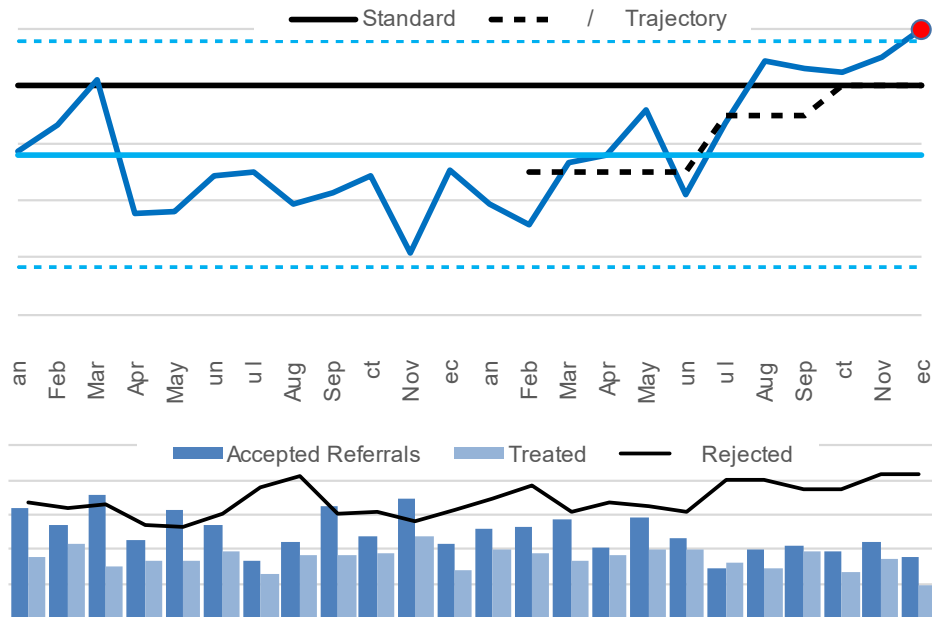
Benchmarking for the quarter ending Jun-24 shows NHS Fife lie in the mid-range of all mainland boards, 71.9% against Scotland average of 84.1%.

Achievements & Challenges

All children and young people started treatment within 18 weeks in December, with RTT remaining above 90% for 5 consecutive months. Referrals reduced compared to November 2024 but are comparable to December 2023 and there continues to be a declining trend in referrals overall.

Overall, demand, capacity, activity and queue look balanced highlighting the success of the positive strategies implemented throughout the service.

To ensure we sustain the progress made on both the waiting list management and meeting the RTT, it is imperative vacancies are filled, and capacity is not reduced further.





Psychological Therapies

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

84.9%

Trajectory achieved Dec-24

Data Analysis

In Dec-24 371 patients started therapy, this was less than the 630 in Nov-24, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks decreased to 315 compared to Nov (475) 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 84.9%, which is above local target for 2024/25.

The overall waiting list has increased to 2372 from 2314 in previous month, with the number waiting over 18 weeks increasing to 1009 and the number over 52 weeks increasing to 206.

Referrals for all ages decreased by 244 (719) from month prior.

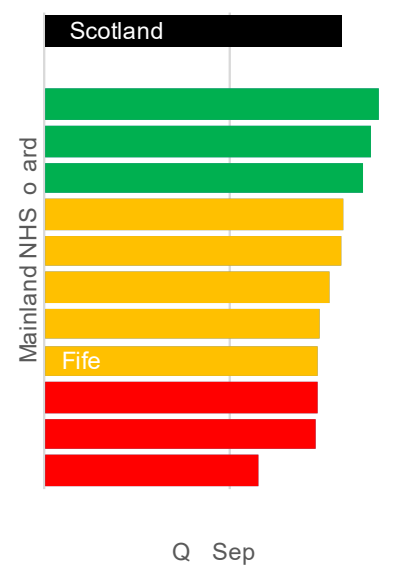
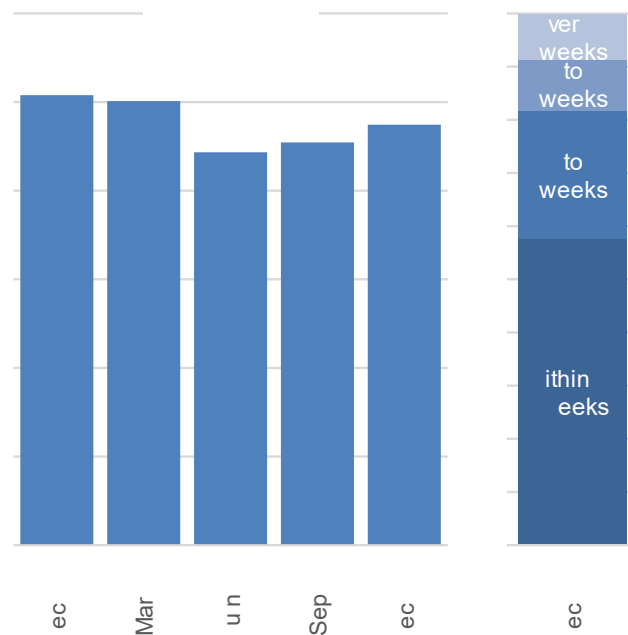
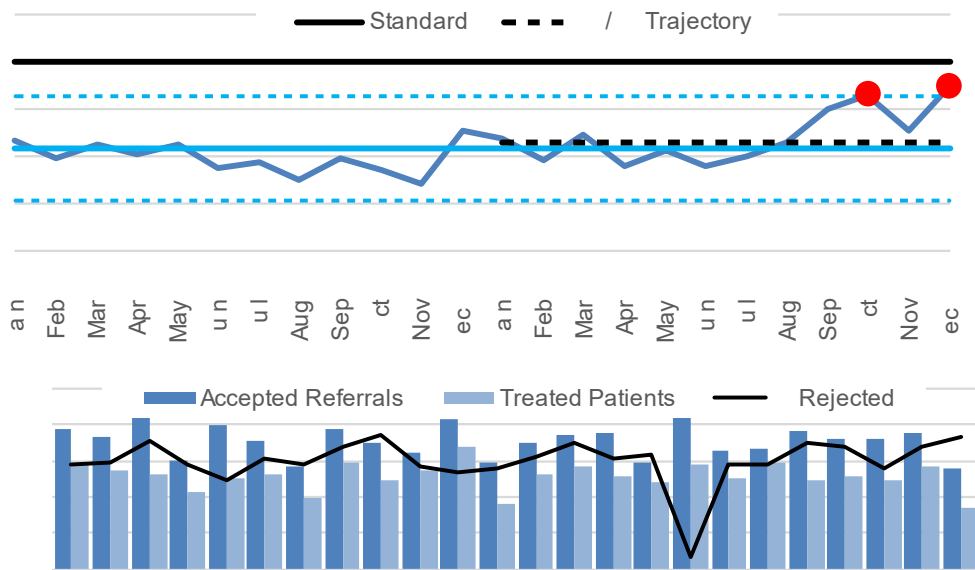
The % of referrals that were rejected in Dec-24 was 14.6% which is the highest level since Sep-23

NHS Fife position improved relative to other Boards in QE Sept-24 compared to QE Jun-24, however it remains in the low-range and was below the Scottish average (74.2% compared to 80.4%).

Achievements & Challenges

Performance on the waiting times target has been above the local trajectory for the past four months, with December's performance being the highest ever. December's RTT performance is due in part to the reduced treatment starts for people waiting over 18 weeks (not unusual for this month) although the overall improvement trajectory suggests service changes are also having a positive impact. There has been no reduction in the number of patients waiting over 52 weeks since July 2024, with December figures showing an increase. Referral rates for adults with complex problems remains higher than capacity for provision of highly specialist PTs. It remains too early to say whether this month's increase in those waiting over 52 weeks is a substantive indicator of the impact of this capacity gap. The service continues to monitor this. The Psychology Service continues to work closely with colleagues from the Scottish Government's PT implementation support team, focusing upon trajectory modelling employing more detailed assessments of service capacity. The Psychology Service also continues to progress improvements in line with the SG Psychological Therapies and Interventions specification as well as innovations in service development. The challenges associated with staff absence and vacancy for both clinical and clinical support admin staff remain and the service is working to try to mitigate the impact, on staff health and well-being and service quality, of the pressures arising from these.

C4. Population Health & Wellbeing





Mental Health Readmissions

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

5.9%

Below Scottish Average (aiming to decrease)

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.9%, increasing from 3.7% in QE Mar-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.3 per month for the first three months of 2024/25. Average length of stay has been increasing since QE Nov-23 and was 91.8 days for QE Jun-24.

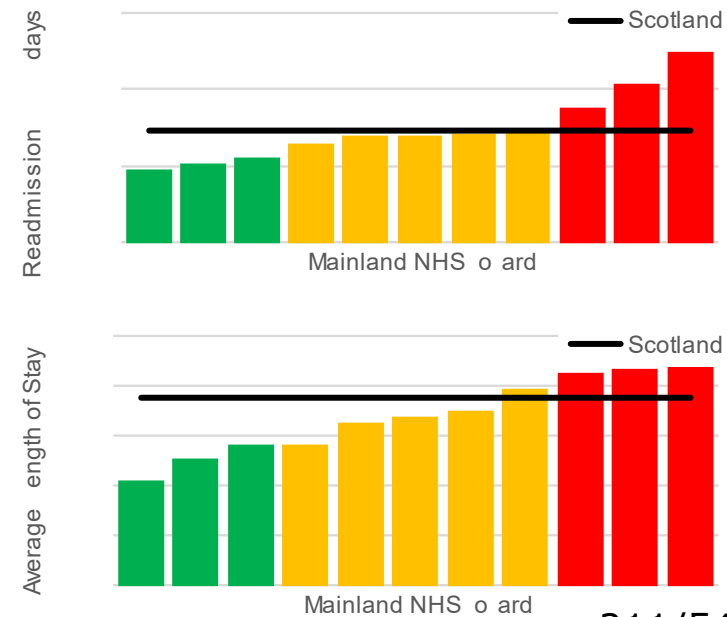
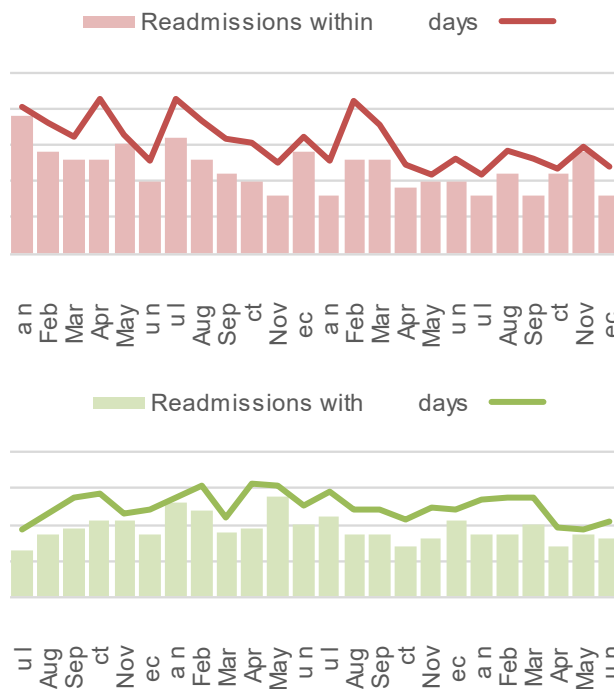
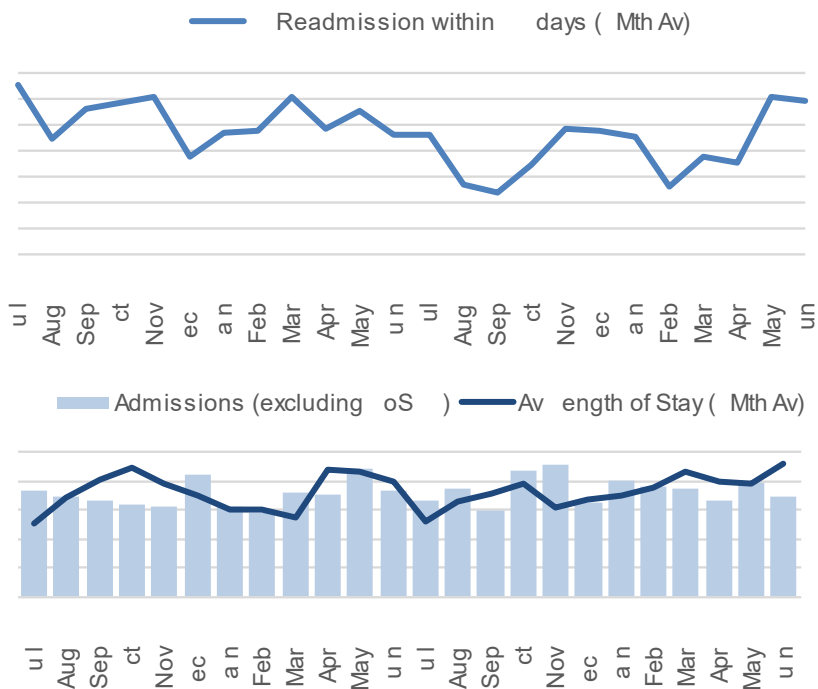
In comparison to other mainland NHS Boards, NHS Fife has the lowest readmission rate within 28 days. For average length of stay, NHS Fife was "worse" than the Scottish average.

On average, to year ending (YE) Dec-23, there was 10.3 readmissions per month within 133 days. Rate for QE Dec-22 was 12.9% with 33 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.6% with 47 readmissions. 'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. 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. Daily reviews are in place to ensure discharge packages of care are established within appropriate time scales that reflect individual need and to maximise flow through the inpatient system. Mental Health service is currently reviewing the process of facilitating discharges and avoiding delays so that services have adequate admitting capacity and ensuring that admissions or readmissions are for the shortest period possible and lead to effective discharge.





Breast Screening

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

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

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

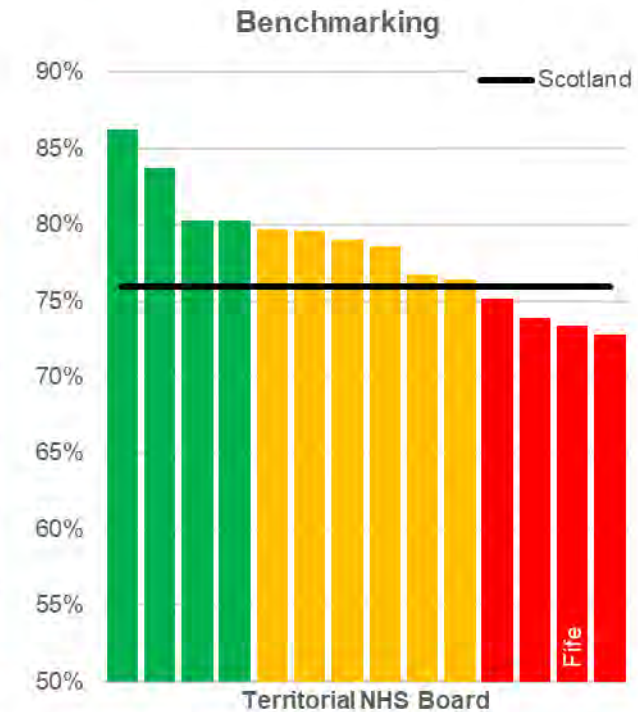
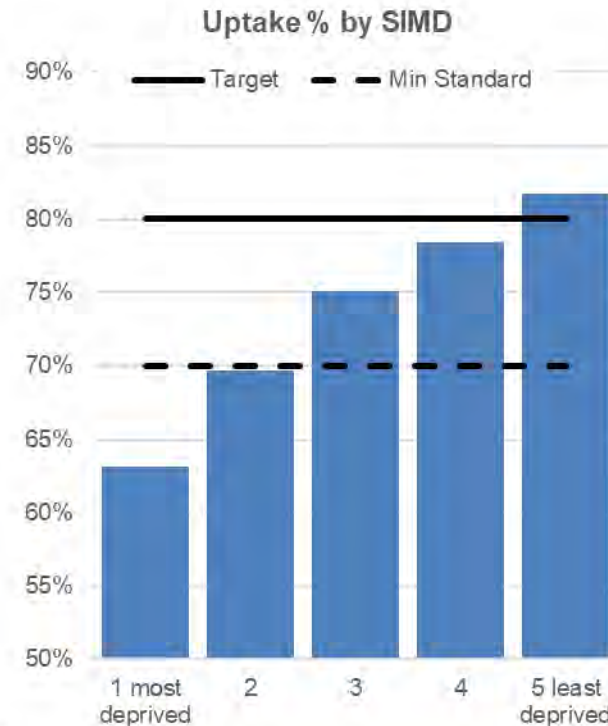
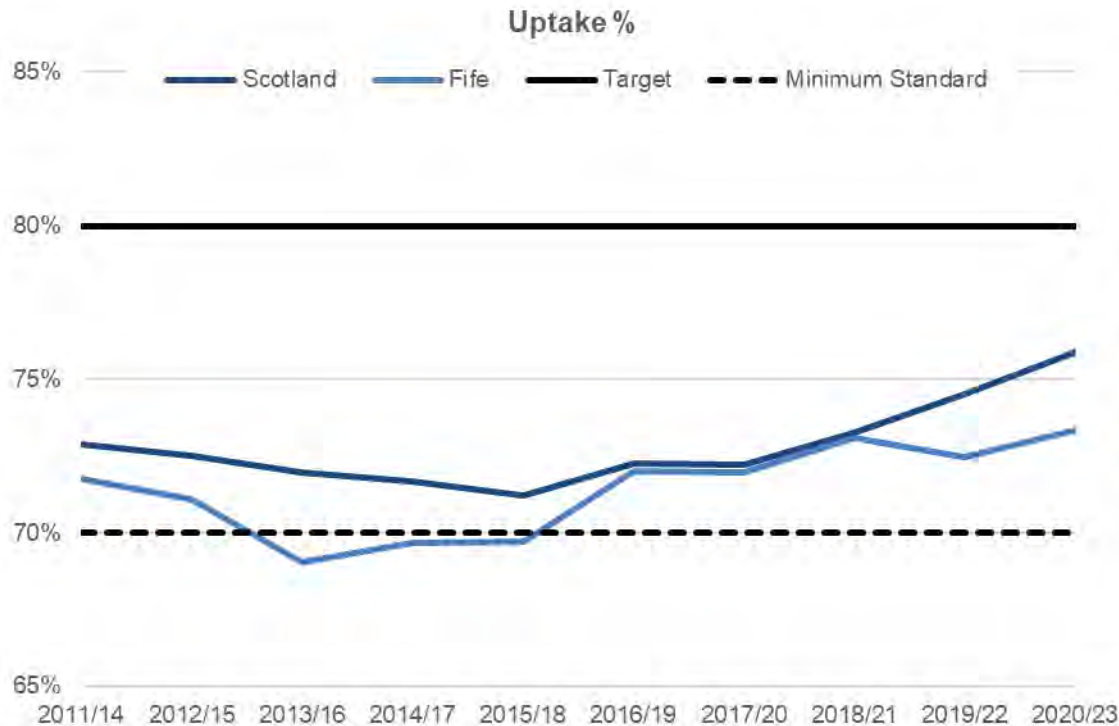
Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas. Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. South-East Breast Screening Programme promote breast screening on Facebook, targeting residents living with a geographical area, ahead of a breast screening mobile unit visit. NHS Fife also undertake onsite outreach promotion ahead of the mobile unit visits. Scoping work ongoing for telephone interventions for first time breast screening participants as well as partnership working with organisations across Fife. Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

Challenges:

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





Bowel Screening

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

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

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

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

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

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

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

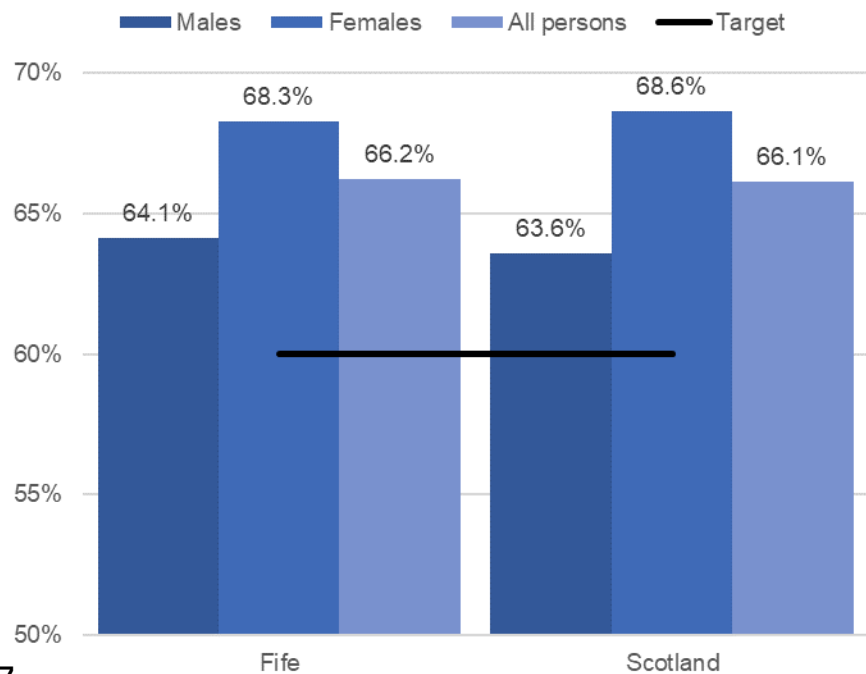
Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. Bowel screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote bowel screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 72.9% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 22.3% in Scotland.

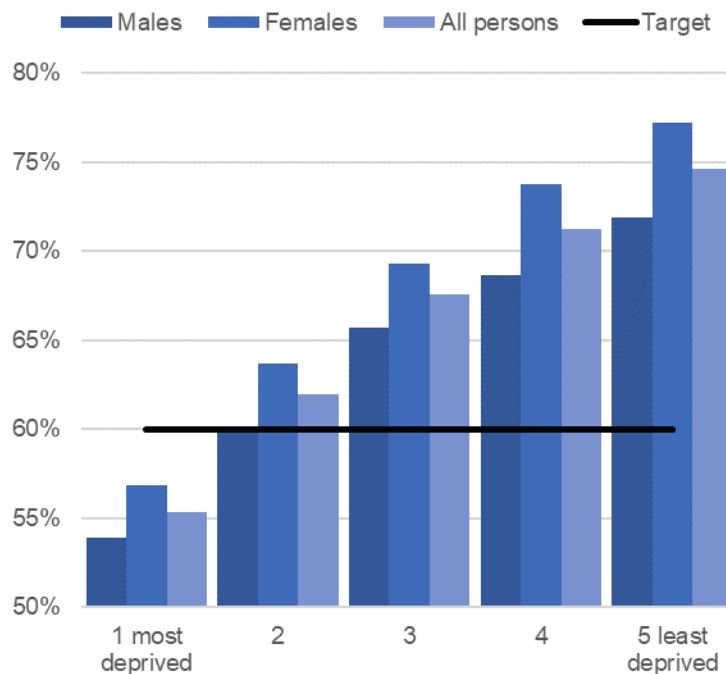
Challenges:

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

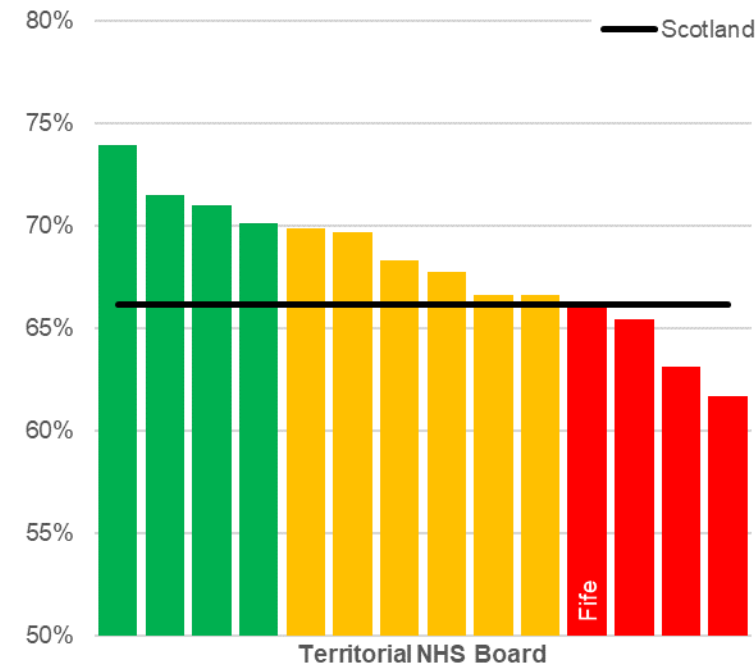
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

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

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

87.3%

81.7%
most deprived

4.3% ↑ to achieve Desirable Threshold

Desirable Threshold achieved for 2022/23

Data Analysis

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

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

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

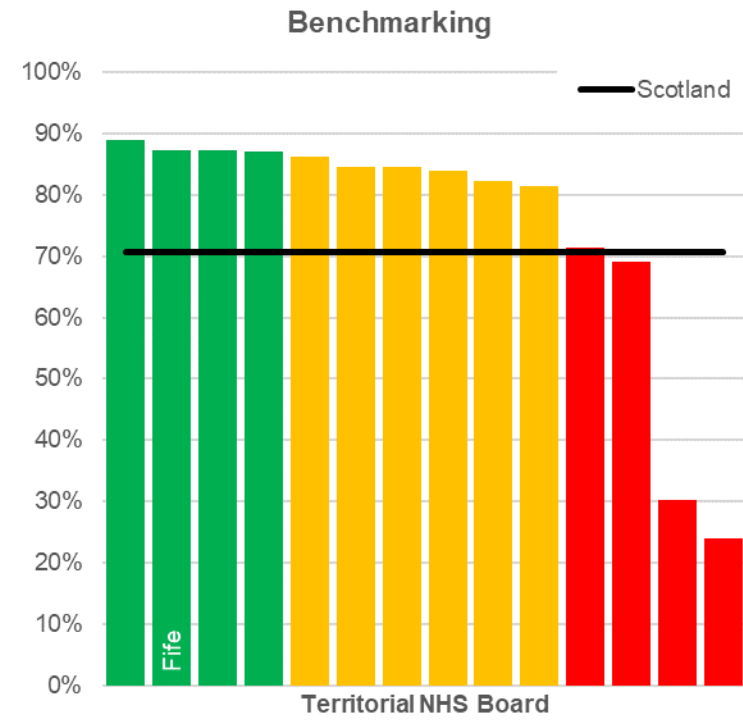
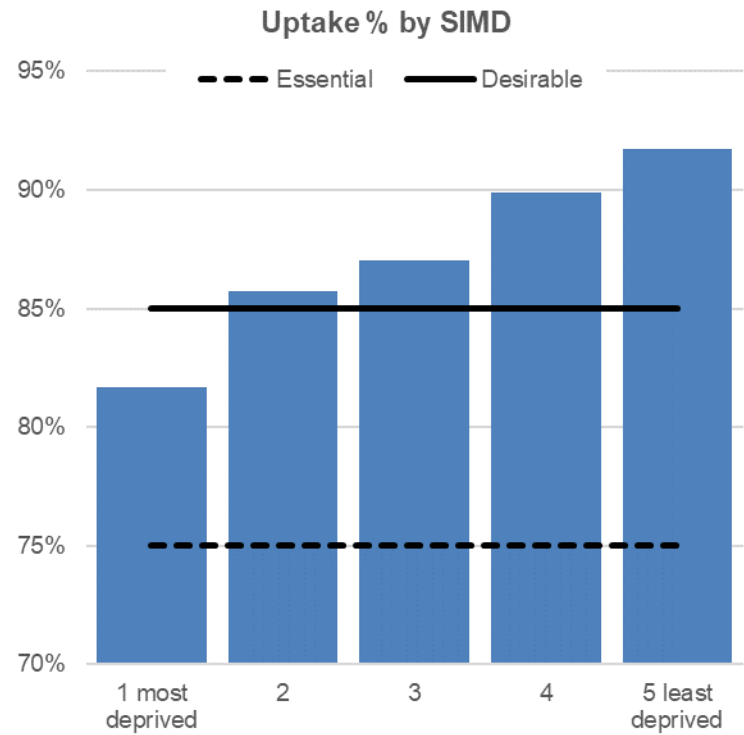
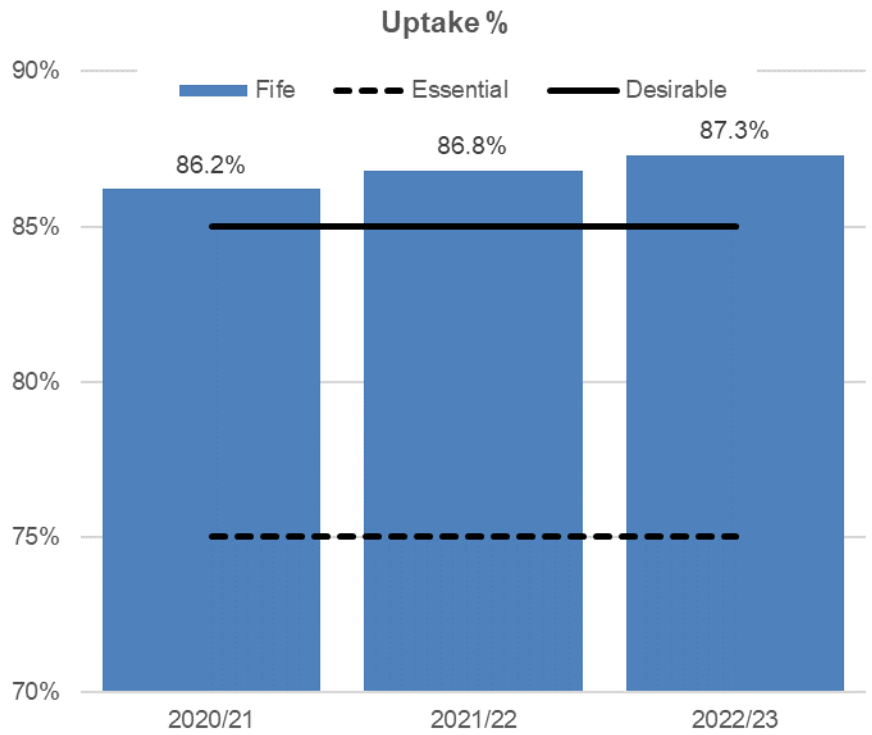
Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer to oversee the implementation of the Screening Inequalities Action Plan. AAA screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote AAA screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service.

Challenges:

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

C4. Public Health & Wellbeing





Infant Feeding

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

35.6%

Below Scottish Average (aiming to increase)

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Sep-24 was 35.6%, an increase from month prior (29.1%) and year prior (30.1%). The % that had Ever Breastfed decreased from 70.4% in Jun-24 to 64.9% in Sep-24.

Exclusively Breastfed at First Visit decreased from 43.4% in Jul-24 to 38.1% in Sep-24, but Ever Breastfed increased from 66.0% in Jun-24 to 71.0% in Sep-24.

Comparing Year Ending (YE) Sep-23 to YE Sep-24, there were reductions in all infant feeding categories for both First Visit and 6-8 Week Review.

NHS Fife remains in the Mid-range compared to mainland NHS Boards in Sep-24 for % Exclusively Breastfed for both First Visit (NHS Fife 38.1%; highest 52.2%) and 6-8 Week Review (NHS Fife 35.6%; highest 46.1%).

Achievements & Challenges

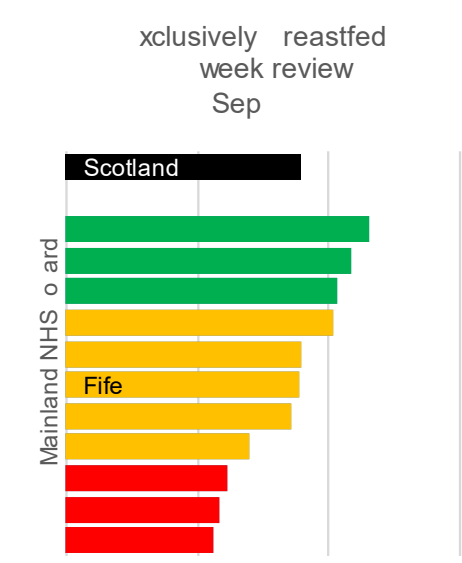
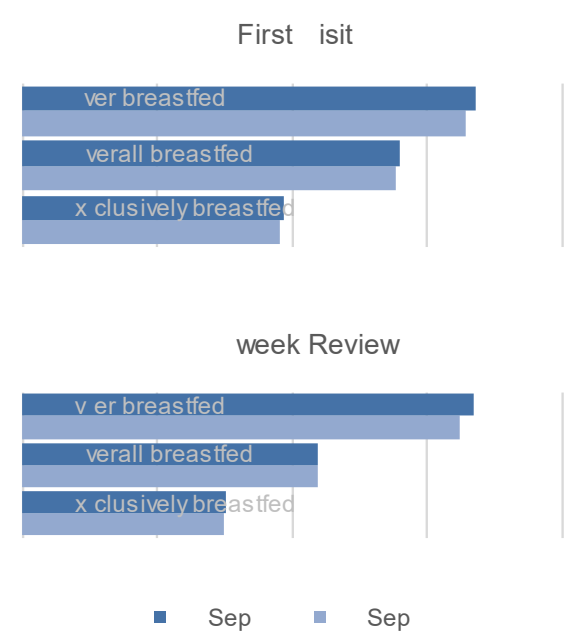
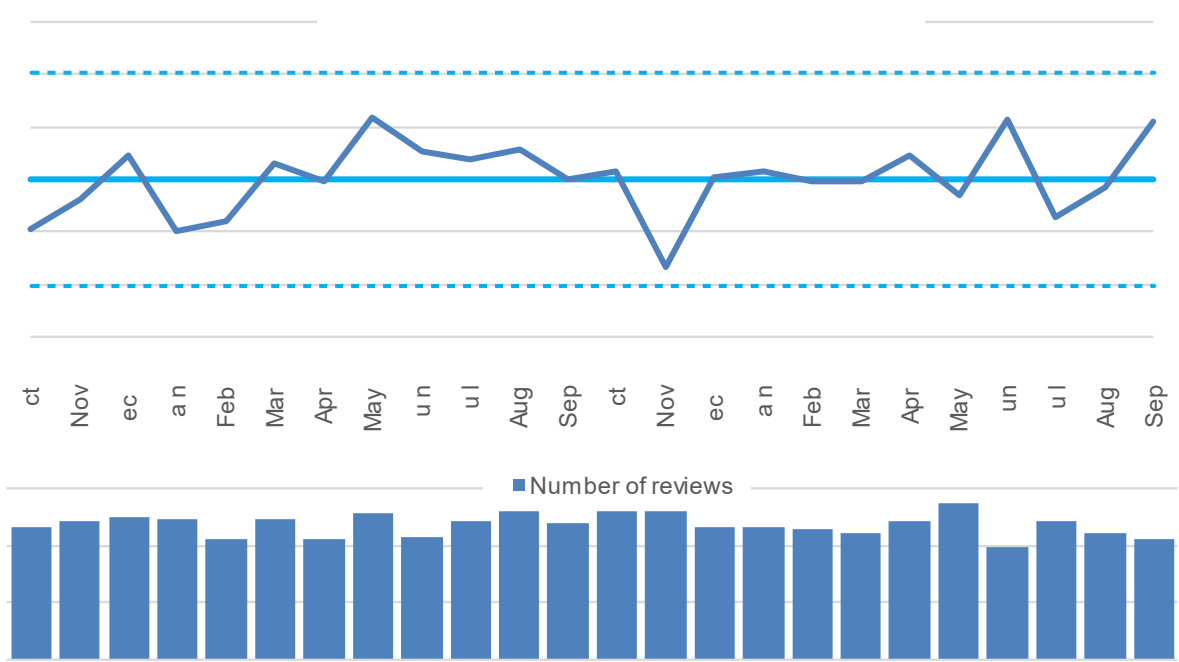
99% of Infant feeding assessments completed by 6-8 week review by Health Visitors. One to one individualised support offered to Breastfeeding mums by either HV or breastfeeding support worker as required.

Health promotion - All antenatal contacts are mandatory by HV service and Family Nurse Partnership which includes a discussion on benefits of breast feeding before birth with parents.

Health Promotion key messages on Breast feeding shared across social media platforms. A robust communications strategy is now in place.

HV/FN/Breastfeeding Support across Community Children's Services received UNICEF baby friendly Gold Award. Fife has a successful breastfeeding pump loan scheme and has just purchased over 70 new pumps. Long term sickness absence rates within Breastfeeding team impacting on support available for complex feeding issues. After a period of staffing issues and critical function staffing beginning to improve.

C4. Public Health & Wellbeing





Developmental Concerns

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

17.2%

Above Scottish Average (aiming to decrease)

Data Analysis

In quarter ending (QE) Sep-24, from 680 reviews carried out, 17.2% of children had one or more development concerns at 27-30 months: this was a decrease from the 19.6% in QE Jun-24, and whilst higher than the same period the year prior (QE Sep-23; 16.5%), it is slightly less than the year ending (YE) Sep-24 at 17.4%.

NHS Fife is in the mid-range of all Mainland NHS Boards (best performing was 7.4%) and is just above the Scottish average of 16.5%.

From 679 reviews carried out at 13-15 months, 16.3% of children had one or more development concerns. This is almost equal to QE Jun-24 and lower than year prior (18.7%).

From 723 reviews carried out at 4-5 years, 17.3% of children had one or more development concerns. This is higher than both QE Jun-24 (14.2%) and year prior (15.5%).

Achievements: Reduction of children with developmental concerns recorded at 27-30 month review by 2.4% since QE June-24.

HV Service delivery of Universal Health Visiting Pathway at 27/30 months across Fife is completed by HVs.

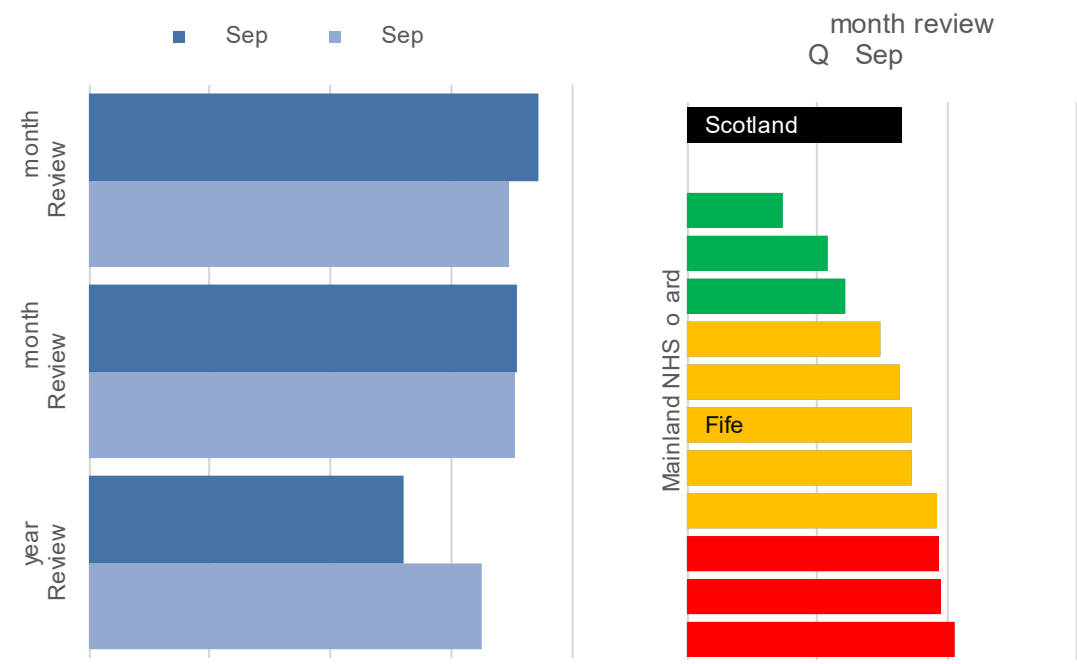
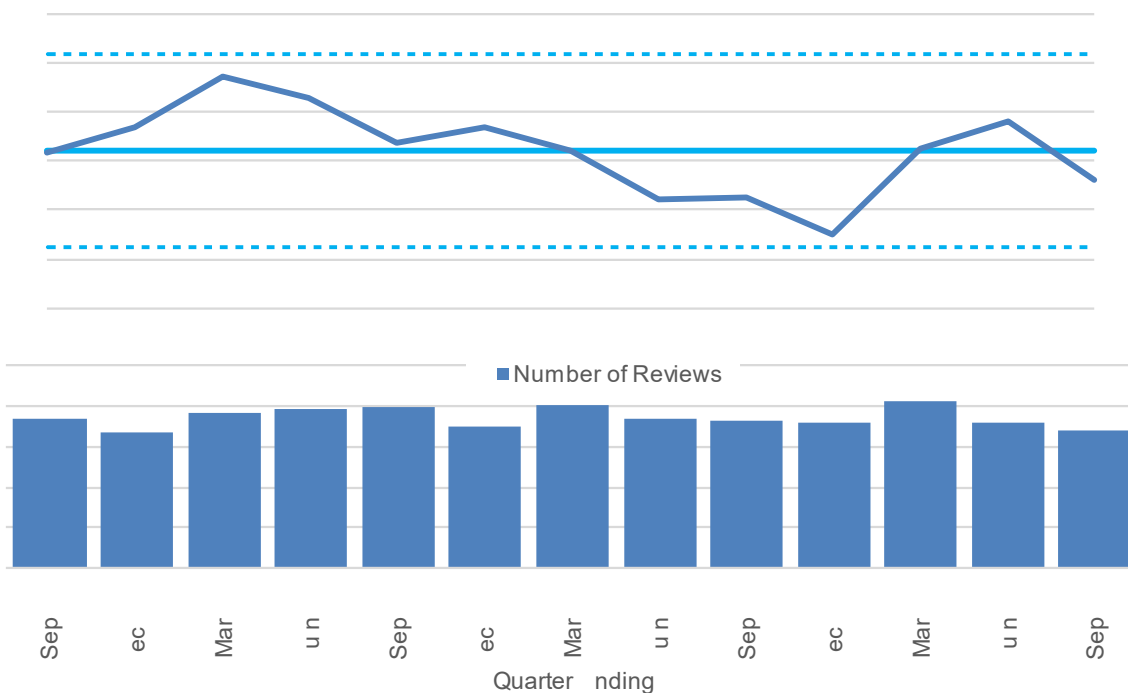
High uptake of 27/30 month review offered to parents/carers.

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 and also offered within nursery setting. Early intervention strategies supported by CNN.

Challenges: There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.

C4. Public Health & Wellbeing





Childhood Immunisations

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

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

94.0%

85.7%

8 ↑ to achieve target

60 ↑ to achieve target

Data Analysis

6-in-1 at 12 months of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake decreased slightly from 94.5% in the last quarter to 94.0% in the most recent quarter, which is below target and just below the average of 94.5% (based on the last 18 quarters). PCV, Rotavirus & MenB also saw decreases on previous quarter. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.4%.

MMR2 at 5 years of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake, at 85.7%, was the same as the previous two quarters. This continues to be below target, below the average of 88.4% and remains the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 saw small increases in uptake compared to the previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 91.0%.

Service Narrative

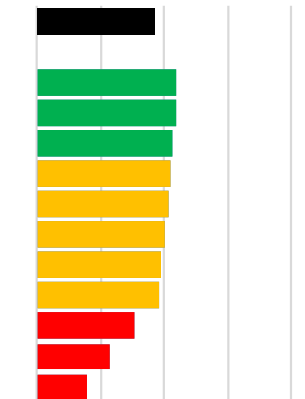
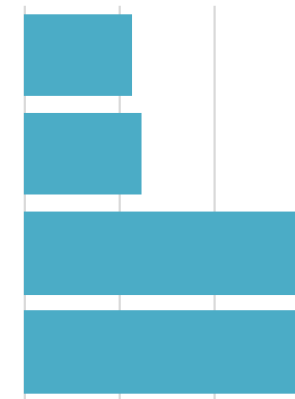
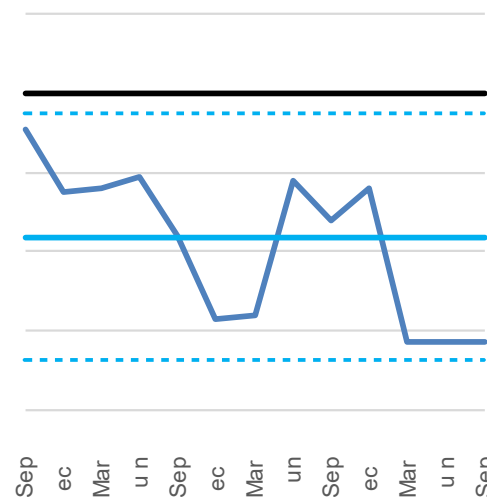
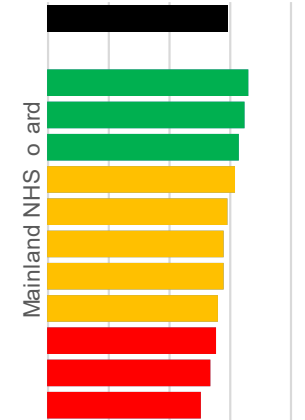
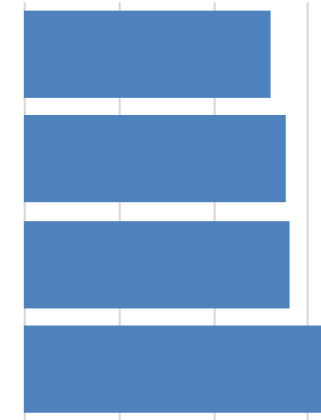
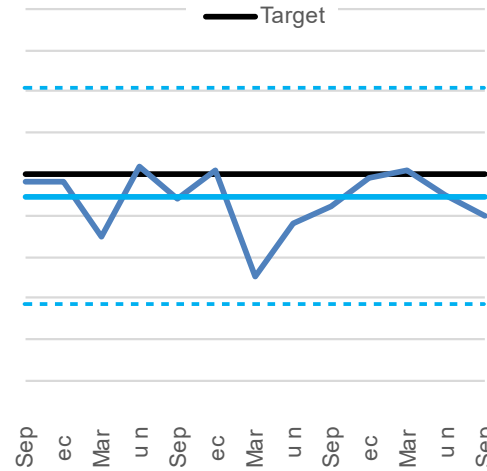
Whilst it is disappointing to note the lower uptake of MMR2, 2025 will bring a refreshed approach to addressing this concern. On a positive note, it is encouraging to observe a minimal decrease in the 6-in-1 vaccination data.

We will be refocusing on our Quality Improvement (QI) initiatives, particularly on MMR2 uptake, with an emphasis on improving engagement and reducing DNA rates.

As part of this effort, we are eager to trial new approaches, including working within preschool nursery settings and evaluating the effectiveness of a text reminder service.

Our delivery plans will also focus on identifying children under 5 with incomplete MMR records, inviting them to arrange appointments, and potentially offering additional clinics during school holidays.

The transition to a locality-based service will enable more targeted efforts in areas with low uptake. Alongside this, we plan to review the venues currently used for infant clinics to ensure accessibility and suitability.



Q Sep



Influenza/Covid Vaccinations

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

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

81.1%

77.8%

Above Scottish Average (aiming to increase)

Above Scottish Average (aiming to increase)

Data Analysis

Influenza: As of 02 Feb-25, uptake for Influenza vaccination in Fife for ages 75+ was 81.1% with numbers plateauing: Fife had achieved the target of 80% uptake by the end of Dec-24. Care Home residents are the priority group with the highest uptake at 82.6%. Uptake for all Health Care Workers was 33.1%. Fife is in the mid-range of all Scottish boards for overall uptake at 53.4% (Scottish average 53.0%).

Uptake for Children overall was 50.9% with the highest uptake being the Primary cohort at 65.0%.

Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 77.8% and numbers have plateaued. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 82.1%. Uptake for Frontline Health Care Workers is 18.9%. Fife is in the mid-range of all Scottish boards for overall uptake at 48.4% (Scottish average 47.4%).

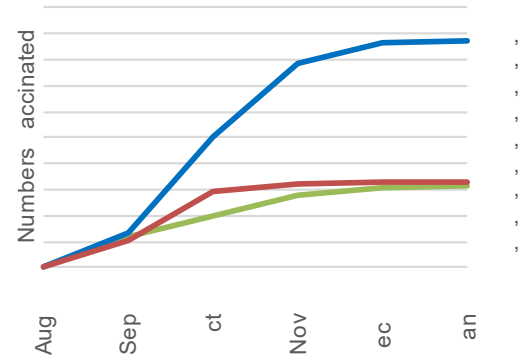
Service Narrative

Winter 2024 was a successful programme within NHS Fife, with both Flu uptake meeting the 80% trajectory; Covid uptake almost meeting target; and both above the Scottish average.

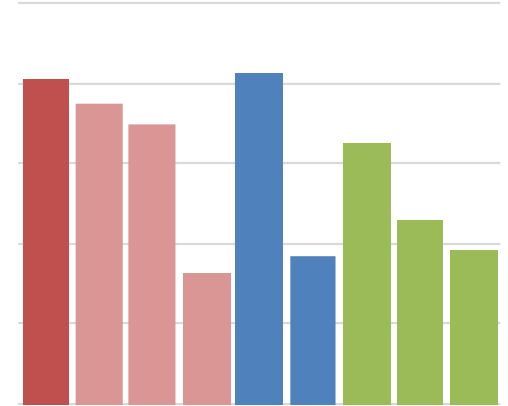
Health and Social care workers remains disappointing in terms of uptake. Flu was prioritised this year, with all staff being able to access Community Clinics, Community Pharmacy from the commencement of the Programme, Peer vaccination was scoped and implemented across Acute Service and HSCP. The Immunisation team provided several mop up roving staff clinics across Health and Social care with varying levels of success. Further scoping will be undertaken for Winter 2025 and a specific lessons learned event will be held in relation to the uptake of vaccination within HSCW.

Ongoing works in relation to high school flu uptake will be scoped for Winter 2025. Winter 2024 did see an improvement on Winter 2023, but further improvement is required.

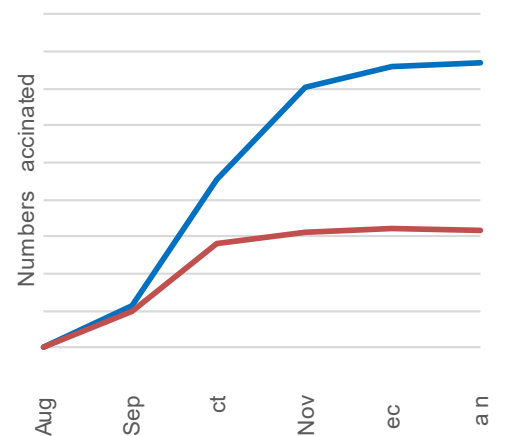
Children Age Cohort Priority Groups Total



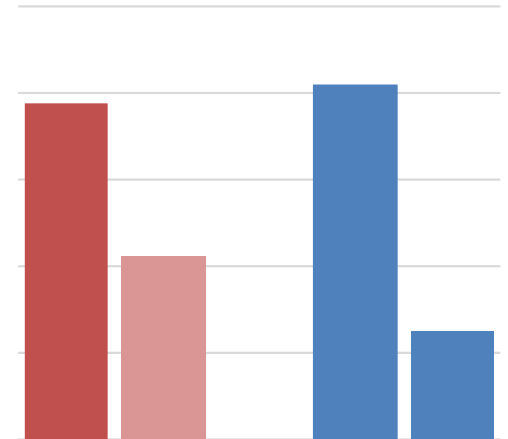
Uptake by Priority Group as of Feb



Priority Groups Total Age Cohort



Uptake by Priority Group as of Feb



Meeting: NHS Fife Board
Meeting date: 25 March 2025
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 at the end of month 10 continues to reflect the ongoing financial challenges across the health and social care system in Fife.
- At the end of January 2025, we are reporting an overspend against revenue budgets of £32.021m. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB).
- The overspend for the health board retained budget to the end of January of £15.776m includes a continuation of the underlying and current cost pressures described in the financial plan. At the end of January, the projected overspend for health board retained is much improved when compared with the original planned residual deficit.
- This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.
- There is a reasonable level of confidence we will achieve the full £25m 3% efficiency target.
- The IJB position has deteriorated further with their current forecast outturn (December reported position) indicating a projected deficit of £37.718m. This situation will make it exceedingly difficult for the overall Board financial position to meet or improve on the forecast deficit reported in the financial plan in March 2024.
- Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year. Their letter notes the board's efforts to improve the NHS Fife health board retained position in-year. The key area of challenge driving the forecast overspend when compared to the financial plan, is the deteriorating IJB position.

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 10 months to January 2025. 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 advised in July 2024 reduced 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 financial 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

At the end of January, we are reporting an overspend against revenue budgets of £32.021m. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB).

The overspend for the health board retained budget to the end of January 2025 of £15.776m includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of January 2025, projected overspend for health board retained is much improved when compared with the original planned residual deficit. It is important to note that whilst savings trajectories are now higher in the remaining 3 months of the year, there

is a reasonable level of assurance the increasing focus on grip and control will ensure delivery of the minimum 3% planned cost reductions required in full.

The reported overspend on the health delegated budget of £16.245m remains a significant concern. At the end of September, the IJB reported a forecast outturn of £21.571m which increased to £29.067m by the end of October. Despite a recovery plan totalling £13.5m approved by the IJB at an extraordinary meeting of the IJB in October 2024, the forecast outturn has deteriorated further at the end of December to £37.718m. The latest reported position of the IJB (December) is indicating that the recovery plan actions are unlikely to be delivered and consequently the overall forecast overspend position for NHS Fife is currently reflecting this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

In early January Scottish Government confirmed they will provide a maximum amount of repayable brokerage up to £37m for 2024/25 and notes the Board’s efforts to improve the financial position in year and acknowledges the key area of challenge driving the worsened forecast, compared to our financial plan, is the IJB financial position for which steps are being taken to minimise the increasing cost pressure in year. We have received formal feedback following our recent Quarter 3 and draft Financial Plan review meeting with Scottish Government colleagues held on 4 February.

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 corporate risk register. An assessment of the major financial risks is contained in the Medium-Term Financial Plan. The target level of “moderate” for the in-year position has now been increased to “high.”

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 monthly review process in consultation with senior finance colleagues, Directorate Management Teams across both NHS Fife and the IJB and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

Finance, Performance & Resources Committee – 11 March 2025

2.4 Recommendation

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

- The reported revenue overspend position of £15.776m for health board retained services which is an improving position when compared with the original planned residual deficit.
 - Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
 - The reported overspend for the health delegated services (IJB) of £16.245m, the increasing level of risk in relation to this and the consequence of the risk-share situation in-year.
 - The forecast year-end outturn following an update of the risks identified in the Board’s financial plan for 2024-25.
 - 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 January 2025

Report Contact

Margo McGurk

Director of Finance

Margo.mcgurk@nhs.scot

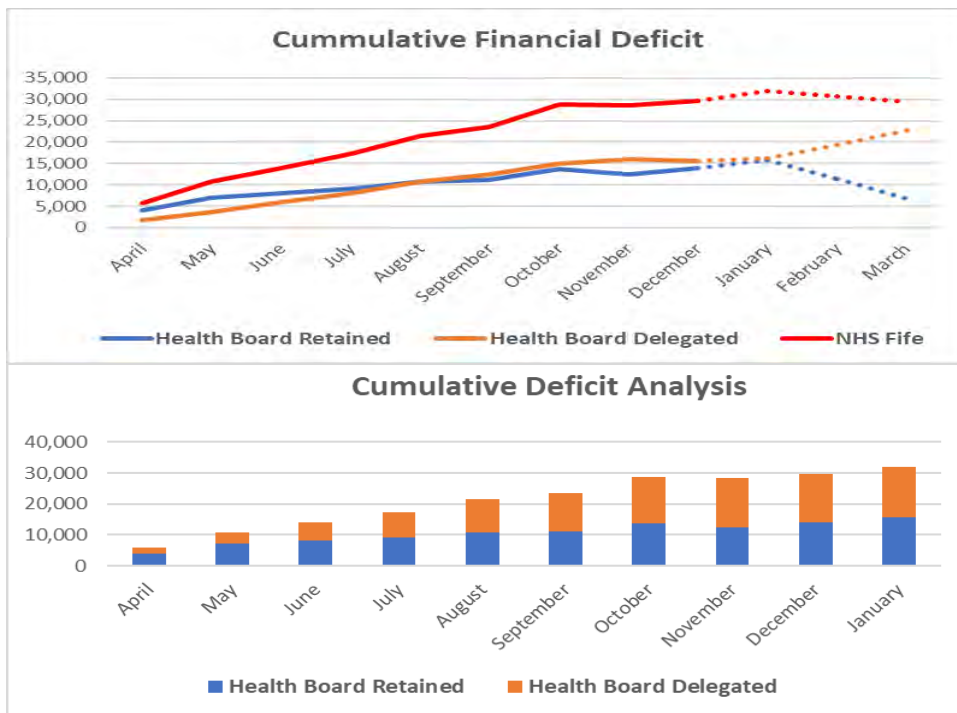
Appendix 1

1. Financial Position January 2025

- 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 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m.
- 1.2 Scottish Government have previously advised that whilst NHS Fife is not forecast to meet financial balance in year, the Board must continue to work towards achieving this. In early January Scottish Government confirmed they will provide a maximum amount of repayable brokerage up to £37m for 2024/25 and requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of this year. Based on current forecasts this level of brokerage will enable delivery of a breakeven position at the financial year end subject to the deficit projected for the IJB not exceeding circa £40m.
- 1.3 At the end of January, we are reporting an overspend against revenue budgets of £32.021m as detailed in Table 1 below. This position comprises an overspend for health board retained services of £15.776m and £16.245m for the health delegated budget (IJB). The health board retained overspend reflects the residual deficit identified in our financial plan which has been improved in part by the allocation of NRAC monies in November and other non recurring opportunities.

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	318,885	267,189	280,106	-12,917
IJB Non-Delegated	10,141	8,802	8,234	568
Non-Fife & Other Healthcare Providers	105,505	87,861	92,951	-5,090
<u>Non Clinical Services</u>				
Estates & Facilities	98,789	80,819	80,811	8
Board Admin & Other Services	100,479	84,298	84,068	230
<u>Other</u>				
Financial Flexibility	21,162		-765	765
Income	-42,558	-35,666	-36,326	660
TOTAL HEALTH BOARD RETAINED SERVICES	612,403	493,303	509,079	-15,776
<u>Health & Social Care Partnership</u>				
Fife H & SCP	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245
TOTAL NHS FIFE	1,059,319	863,346	895,367	-32,021

- 1.4 The reported overspend on the health delegated budget of £16.245m continues to be of significant concern as we approach the final months of the financial year. The reported position for January has deteriorated on the December position as has the forecast outturn for health delegated budgets. The latest reported position for the IJB is indicating that the recovery plan actions have yet to deliver any significant cost reduction and are unlikely to be delivered. Consequently, the overall forecast overspend position for NHS Fife reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.
- 1.5 We require to sustain the level of work completed to date and take forward all achievable options to further improve the forecast position 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 charts below track our financial performance since the beginning of the financial year.



The chart above reflecting the cumulative deficit to date highlights the indicative forecast outturn for both health board retained and health board delegated. The current forecast outturn for health board retained assumes a minimum of 3% savings will be delivered and therefore it is essential that we do not fall behind in planned trajectories. Additionally, the flexibility afforded by anticipated slippage in the AFC funding allocation and a decrease in the required CNORIS contribution for 2024/25 indicates the forecast outturn for NHS Fife based on all known current financial data will be £29.472m.

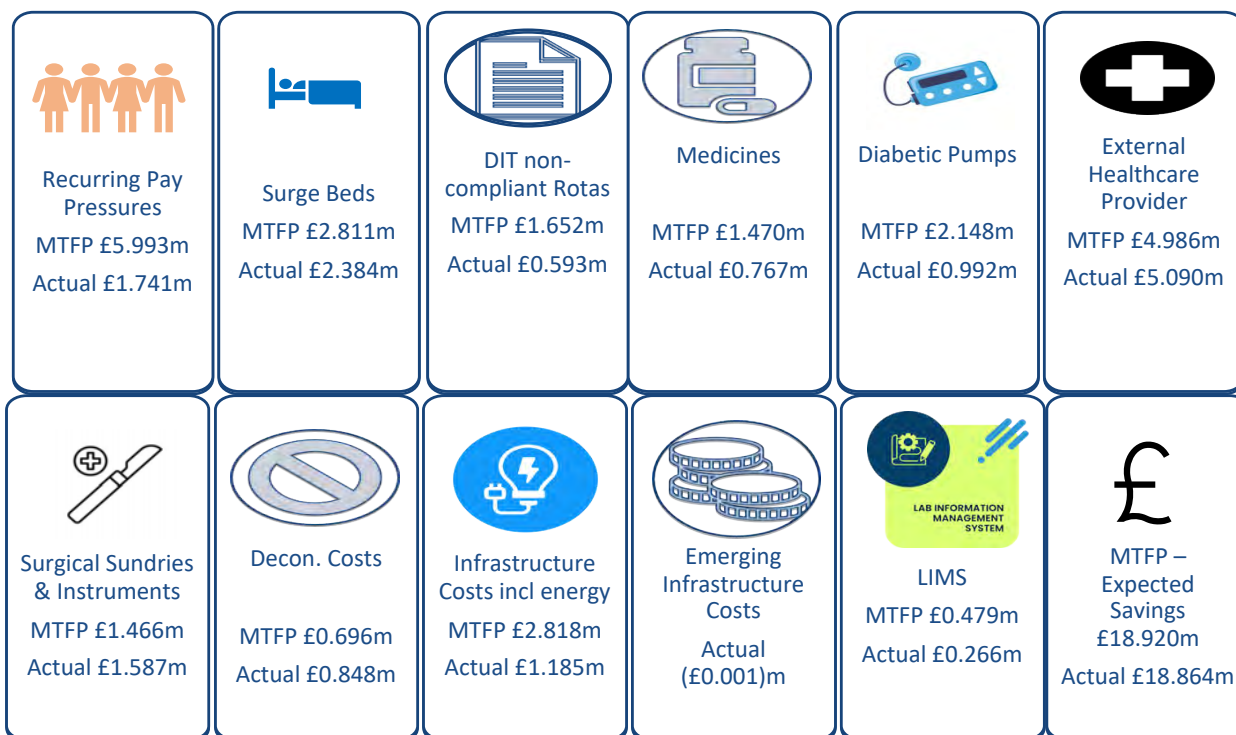
There remains a significant level of risk associated with the health delegated budget position which requires to be addressed through both the delivery of planned savings and the recovery plan as referenced in this paper.

2 Health Board Retained Services

- 2.1 At the end of January 2025, the level of overspend on health board retained indicates we are on target to deliver a significant improved position on the forecast outturn identified in

our 2024/25 financial plan. This improvement is however limited to the health board retained budget position.

- 2.2 The overspend to the end of January 2025 is £15.776m and includes a continuation of the underlying and new cost pressures described in the financial plan, albeit some have reduced following the allocation of the additional NRAC funding. The following graphic identifies that these specific cost pressures are driving the overall overspend £15.776m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions.



- 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 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) was confirmed at £200m nationally. The NHS Fife share is £13.7m and costs must be contained within this amount. Expenditure incurred to January has been relatively low due to the timing of implementation across services with only £0.270m recorded in the reported overspend across the Health Board and the IJB. Work is ongoing locally and nationally to determine the level of potential in-year flexibility from this allocation as a result of the time it will take to fully assess and implement these reforms.
- 2.5 The Acute Services Division is reporting an overspend at the end of January of £12.917m. This is driven mainly by the cost pressures noted in the graphic at para 2.2. The average monthly overspend for the first half of the financial year was £1.5m which has decreased to an average in month overspend of £1.2m in January. This improvement is largely due to the allocation of NRAC funding in November but also the impact of several of the savings programmes.

2.6 The £12.917m overspend in Acute Services is across both pay budgets at £4.983m and non-pay budgets at £7.934m. The total pay overspend of £4.983m includes the costs of recurring pay pressures, surge and junior doctor rota compliance partially offset by the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £3.340m with an underspend in registered staff of £1.266m giving a total overspend on nursing of £2.074m. Senior medical staffing was underspent by £0.032m and junior medical staffing was overspent at £2.528m, a total overspend on medical staffing of £2.496m. This position continues to be under review to determine any further remedial action possible beyond the current savings plans in place.

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

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division				
Surgical Directorate	108,447	90,219	94,543	-4,324
Medical Directorate	126,464	107,043	114,929	-7,886
Women, Children & Clinical Services	81,517	67,984	68,648	-664
Acute Nursing	1,064	884	779	105
Other	1,393	1,059	1,207	-148
Total	318,885	267,189	280,106	-12,917

2.7 Included in the Acute Services position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of December, set aside services reported an overspend of £5.847m which accounts for 45.26% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, residual 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 IJB as the services are managed by NHS Fife but is reflected in the IJB financial plan.

2.8 Service Level Agreements and contracts with external healthcare providers are £5.090m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at December is tracking in line with the financial plan with most 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	117	98	97	1
Borders	54	46	61	-15
Dumfries & Galloway	33	28	57	-29
Forth Valley	3,311	2,759	3,297	-538
Grampian	423	353	274	79
Greater Glasgow & Clyde	1,991	1,659	1,659	0
Highland	170	141	203	-62
Lanarkshire	148	124	215	-91
Lothian	34,544	28,786	31,917	-3,131
Scottish Ambulance Service	122	101	104	-3
Tayside	47,141	39,284	43,841	-4,557
	88,054	73,379	81,725	-8,346
UNPACS				
Health Boards	16,221	13,517	10,257	3,260
	16,221	13,517	10,257	3,260
OATS	1,165	900	900	0
Grants	65	65	69	-4
Total	105,505	87,861	92,951	-5,090

Scottish Government has confirmed that the cross-boundary uplift will be set at 6.21% including consultant uplift with a further amendment to reflect pay awards for junior medical staff once they are known and any other funding allocated to Health Boards on an NRAC basis this year which are acknowledged to meet inflationary pressures. This recommended model based on funding increases uses the same methodology that has been applied in previous years. However, the 2024/25 pay award funding allocated to Boards in October includes an amount to support Boards with the pay aspect of the SLA uplift and consequently has reduced the anticipated overspend on SLA agreements included in our forecast.

- 2.9 Corporate Directorates are underspent by £0.145m in total which is a deterioration on the position reported in December. The overspend in Digital and Information has increased on the previous month following the payment of costs relating to 2023/24 which had not been previously notified. Additionally, we have received confirmation of our CNORIS contribution for 2024/25 which we have accounted for in corporate budgets. Whilst this remains an overspend against budget the contribution notified to us is £1.2m less than initially planned for. Digital and Information continues to be the area of Corporate Services with the highest level of financial risk, and discussions are ongoing with colleagues looking at all aspects of grip & control including vacancy management.

Table 4 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Chief Executive	248	207	219	-12
Communications	550	458	539	-81
Finance Director	8,041	6,717	6,565	152
Medical Director	10,328	8,248	7,761	487
Nurse Director	4,661	3,920	3,815	105
Public Health	3,838	3,235	3,106	129
Workforce Directorate	4,362	3,659	3,662	-3
Pharmacy Services	16,772	13,939	13,491	448
Digital + Information	19,298	16,306	16,702	-396
Other Board Functions	32,381	27,609	28,208	-599
Total	100,479	84,298	84,068	230

- 2.10 The Estates & Facilities in month position remains in line with that reported in December. Positive work continues by the Energy Manager reviewing all energy costs and water rates which has been delivering one-off cost reductions. The single largest area of cost pressure is equipment maintenance.

Table 5 Estates & Facilities	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Energy	11,275	8,383	8,420	-37
PPP	28,637	23,741	23,720	21
Equipment Maintenance	3,023	2,519	3,034	-515
Pays	37,590	31,164	31,048	116
Other Non Pays	18,264	15,012	14,589	423
Total	98,789	80,819	80,811	8

3 Financial Flexibility

- 3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas. The allocation covering the non-pay aspects of the 2023/24 pay award £13.7m remains the only significant allocation still held in reserves. This allocation is being reviewed across all Boards to determine potential in-year flexibility and at January based on current information on requests to review Band 5 nursing posts, indicative slippage for NHS Fife of £7m has been reflected in the forecast outturn.

All other allocations within reserves will be required to cover existing commitments within the financial plan.

4 Income

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

HB retained income	£'000
SLA	9,837
ACT	3,868
Healthcare to LA	3,155
Dining room income	1,137
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	13,606
RTA	986
Other	7,422
Total HB retained income budget	42,558

5 IJB Health Delegated Budget

5.1 The health delegated budget is reporting an overspend of £16.245m to the end of January. 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 August, for Locums and AHPs will generate a VAT efficiency saving and consequently reduce costs, however transition has been slower than anticipated.

GP prescribing spend deteriorated in month, circa £0.788m, reporting an overspend of £4.494m. The current projected overspend is £4.5m and it is currently anticipated this will not be exceeded.

Complex and Critical Care Services which include Mental Health Services continued to move adversely reporting £8.246m overspent in January from £8.094m at the end of January. The closure of Cairnie ward in January has enable planned savings to be achieved.

The full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to IJB delegated services is reporting a year to date overspend of £2.496m.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	446,916	370,043	386,288	-16,245
TOTAL HEALTH DELEGATED SERVICES	446,916	370,043	386,288	-16,245

The financial position of the IJB has steadily deteriorated throughout the year with the Month 9 (December) forecast reaching £37.718m. The overspends in each of the funding partner budgets are unaffordable and unsustainable at this level.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife and Fife Council; this is essentially a c60% share to NHS Fife and c40% to Fife Council.

The IJB forecast overspend position is the highest in-year change to the opening financial plan and is being monitored closely by the IJB, NHS Fife and Fife Council.

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 December is described below.

6.2 At the end of month ten of the financial year we are reporting a significant level of success against our planned trajectories. Savings of £18.864m have been delivered and we are tracking just slightly behind plan at this time in the financial year. Current financial assessment of all RTP programmes indicate a reasonable level of confidence £25m of savings should be delivered by the end of the financial year. Several plans within the individual RTP programmes are expected to deliver an increasing level of savings in the few months of the financial year. Work continues to identify opportunities to increase the level of recurrent savings that can be delivered in year to reduce the level of non recurring savings carried forward into 2025/26. Savings identified to date as recurring are per the table below and total circa £16.3m. This assumes all savings delivered in 2024/25 will be maintained in 2025/26.

Scheme	Target Saving	January 2025 Planned YTD	January 2025 Delivery YTD	Forecast Saving	Recurring Saving	
1. Medicines Optimisation	£2,000,000	£1,309,091	£1,613,739	£2,000,000	£978,183	Target Saving (FY): £25,000,000 Planned Saving (YTD): £18,920,061 Linear target (YTD): £20,833,712 (for 3% schemes only) YTD Saving: £18,464,435 Total Gap: £NIL
2. Unscheduled Care Bundle	£700,000	£583,333	£573,465	£687,431	£600,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	£0	
4. Estates Rationalisation	£2,000,000	£964,000	£908,200	£2,000,000	£500,000	
5. Non-Compliant Rotas	£1,000,000	£750,000	£1,331,667	£1,739,000	£1,982,000	
6. Legacy Covid Costs	£1,000,000	£833,333	£676,502	£821,644	£537,894	
7. Supplementary Staffing	£5,000,000	£4,166,667	£4,878,687	£5,680,000	£5,000,000	
8. Procurement	£500,000	£416,667	£329,993	£400,000	£400,000	
9. Corporate Directorates	£1,500,000	£1,250,000	£1,250,000	£1,500,000	£1,500,000	
10. Business Transformation	£2,400,000	£1,866,667	£1,190,725	£1,318,766	£168,245	
11. Surge Reduction	£1,850,000	£1,513,636	£426,067	£450,000	£450,000	
12. Planned Care	£1,200,000	£1,000,000	£2,257,099	£2,709,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£3,666,667	£1,666,667	£2,000,000	£2,000,000	
14. Bal. Sheet			£1,161,624	£3,094,624	£0	
Total YTD – for 3% savings schemes		£18,920,061	£18,864,435	£25,000,466	£16,316,322	
Key						
Significant shortfall on Target of plan						
Delivering target but not in full						

Supplementary Staffing

6.3 At the end of January 2025 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £5.877m 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 continue in an overspend position.

Year to Date January 2025

	AGENCY SPEND			BANK SPEND			Grand Total	YTD Actual Jan 2024	YTD Average Spend Jan 2024	Full year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total				
	Locums £	£	£	Locums £	£	£				
Medical Directorate	2,107,136	456,758	2,563,894	1,304,506	3,006,373	4,310,879	6,874,773	12,122,220	11,794,570	14,153,478
Surgical Directorate	79,678	69,536	149,213	373,579	854,863	1,228,442	1,377,655	4,099,764	3,786,751	4,544,101
Women, Children + Clinical Serv.	649,942	-51	649,891	1,009,207	708,581	1,717,788	2,367,678	1,852,736	1,897,350	2,276,820
Corporate Services	0	0	0	12,998	60,901	73,900	73,900	265,735	89,998	107,997
Health Board retained	2,836,756	526,243	3,362,998	2,700,291	4,630,717	7,331,008	10,694,006	18,340,455	17,568,668	21,082,396
Community Care Services	529,553	563,987	1,093,540	191,353	4,830,373	5,021,726	6,115,267	7,707,540	8,047,018	9,656,422
Complex And Critical Services	8,488,465	1,378,726	9,867,191	324,151	5,173,538	5,497,689	15,364,880	15,699,370	15,637,152	18,764,582
Primary Care + Prevention Serv	510,535	0	510,535	1,071,398	519,820	1,591,217	2,101,753	2,813,011	2,743,468	3,292,161
Professional/business Enabling	0	954	954	0	9,815	9,815	10,768	7,517	12,004	14,405
H&SCP	9,528,554	1,943,667	11,472,221	1,586,901	10,533,545	12,120,446	23,592,667	26,227,438	26,439,642	31,727,570
Grand Total	12,365,309	2,469,910	14,835,219	4,287,192	15,164,262	19,451,454	34,286,673	44,567,893	44,008,310	52,809,966
Reduction excl investment impact								7,646,449	6,874,662	
Adjustments for other RTP Programmes which include Supplementary Staffing to avoid Double count									997,860	
										5,876,803

The £5m target for supplementary staffing reduction was identified after taking account of the appropriate vacancy factor. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction is offset by investment in permanent posts as described in the table below. Supplementary staffing has significantly reduced particularly for the nursing workforce, however, establishment costs have increased to reflect impact of investment in permanent posts, £0.998m per table below. The net impact at the end of January is an improvement to the financial position of £4.878m (excluding reductions included in other RTP programmes). The current trend of saving indicates supplementary staffing will exceed the £5m target.

The improvement across medical supplementary staffing is a consequence of both pay award and NRAC funding. Within nursing budgets, we continue to deliver significant traction towards the overall supplementary staffing savings target.

January YTD	Supp Staffing M10 to Report	Core Staffing M10 to Report	Net Movement
Jnr Medical	111,920	(14,216)	97,704
Snr Medical	752,092	345,909	1,098,001
Reg Nursing	3,414,268	(1,973,325)	1,440,943
Unreg Nursing	1,598,523	643,516	2,242,039
Total	5,876,803	(998,117)	4,878,687

It is anticipated that the supplementary staffing reduction 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 has delivered ahead of target at the end of January. However, the stretch target of £3m is no longer considered achievable due to delays in the availability of certain medicines, however the original target of £2m is anticipated to be delivered. Work is underway to scope out opportunities for 2025/26.

Unscheduled Care bundle review

- 6.5 This scheme is slightly behind target and the indicative level of savings which could be delivered has been revised downwards. This position reflects the financial impact of the challenging winter environment the acute hospital is currently operating within.

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June and there is a reasonable level of confidence we will deliver the full £2m target. A significant level of saving was confirmed in July, August and September including PFI insurance rebates. The remaining savings are anticipated to be delivered in the few months of the financial year with £0.250m recognised in January 2025.

Surge Bed Reduction

- 6.7 Despite the significant effort to reduce and hold the level of unfunded surge capacity challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The indicative forecast has been revised downward to reflect the ongoing challenges and the likelihood of limited savings being achieved. 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 Rotas continue to be compliant, and a higher level of savings than initially assessed is expected to be delivered. However, it is essential to ensure work continues to maintain this position and currently there is potential risk that increased banding supplements may be incurred with a small number of clinical fellows.

Unfunded Covid Costs

- 6.9 The use of NRAC funding has significantly reduced the level of unfunded legacy costs. Remaining costs are primarily staff costs and work continues to identify appropriate and timely exit strategies.

Planned Care

- 6.10 The previously identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also supported the operational costs of delivering robotic assisted surgery which was previously unfunded. Further savings of £0.507m have been identified in quarter three to support existing non-pay cost pressures across acute services. It is expected this scheme will deliver £2.7m this year.

External Care Providers

- 6.11 Approximately £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, £3m, is in relation to SLAs predominately with other Scottish Health Boards. A national agreement has been reached on SLA uplifts for 2024/25 which confirms the SLAs with other health boards will not attract a CRES saving and therefore this element of the target will not be delivered.

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. Work to date has identified savings of c£0.329m and whilst every effort continues to deliver this target, the target has been revised downwards to reflect the most likely position.

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. Several digital savings opportunities alongside vacancy management controls have secured savings to the end of January of £1.191m. Most of the savings secured are non recurring to support the ongoing work of the business transformation programme which aims to deliver sustainable efficiencies in the subsequent financial year.

7 Forecast Outturn

- 7.1 Included in the medium-term financial plan submitted to Scottish Government were several risks which could impact on the financial outturn. In line with Scottish Government's expectations, we continually review those risks and their combined impact on the forecast outturn.

Agenda for Change Reform

The current national position of the implementation of these reforms indicates there is the potential for a significant underspend against this allocation in-year. The Scottish Government has signalled to all boards any slippage this financial year in this allocation is available to boards to reduce the overall year-end financial forecast. Current activity within the national portal set up to request a review of band 5 nursing posts indicates slippage in the allocation to NHS Fife of circa £7m. In line with requests from Scottish Government to all boards, we have revised our forecast outturn at March to reflect an improvement of £7m as a result of the indicative slippage available. This position will be reviewed monthly as we await national guidance to reflect the potential costs of AFC reform in our 2024/25 annual accounts.

Fife Integration Joint Board risk share

At the end of December, the IJB is reporting an overspend of £37.7m representing a further deterioration of £3m on the previously notified forecast for November of £34.9m. The NHS Fife share of the forecast outturn in line with the IJB integration scheme is £22.6m. The IJB approved a recovery plan in October totalling £13.5m as a response to the deteriorating position. The latest reported position of the IJB continues to indicate that the recovery plan actions have yet to deliver any significant cost reduction and are unlikely to be delivered. Consequently, the overall forecast deficit outturn for NHS Fife reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

Forecast Outturn Position at January 2025

Forecast Budget Area	January Forecast £'000	January Forecast £'000	January Forecast £'000	January Forecast £'000
		Scenario 1 - IJB Outturn £38.368m	Scenario 2 - IJB Outturn £40m	Scenario 3 - IJB Outturn £42m
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	-15,318	-15,318	-15,318	-15,318
IJB Non-Delegated	650	650	650	650
Non-Fife & Other Healthcare Providers	-6,556	-6,556	-6,556	-6,556
<u>Non Clinical Services</u>				
Estates & Facilities	9	9	9	9
Board Admin & Other Services	145	145	145	145
<u>Other</u>				
Income	700	700	700	700
Financial Flexibility including full delivery of 3% savings	4,465	4,465	4,465	4,465
Agenda For Change Reform	9,063	9,063	9,063	9,063
TOTAL HEALTH BOARD RETAINED SERVICES	-6,842	-6,842	-6,842	-6,842
<u>Other Financial Risks</u>				
Fife IJB (November Position £37.718m) SLAs -as per paper now included above	-22,631	-23,021	-24,000	-25,200
TOTAL HEALTH BOARD FORECAST OVERSPEND	-29,472	-29,862	-30,842	-32,042
Deficit anticipated per 2024/25 Financial Plan	-29,750	-29,750	-29,750	-29,750
Maximum Brokerage Cap 2024/25 confirmed by SG	37,000	37,000	37,000	37,000

The forecast position reported is £29.472m overspend and is an improvement on the previous forecast reported in December of £2.233m. The improvement is a result of the notification of a significant reduction in our CNORIS contributions for 2024/25 as well as a further allocation from Scottish Government to support AFC reform offset by an increase in the risk share for the IJB. The level of IJB overspend is of significant concern given the pace at which it continues to deteriorate, and the table above presents three scenarios identifying the impact on the forecast outturn for NHS Fife should the current IJB forecast deteriorate further.

- Scenario 1 represents the impact should the worse case scenario as provided by the IJB materialise.
- Scenarios 2 and 3 highlight the impact to NHS Fife's outturn should the IJB move to £40m and £42m deficit.

At the beginning of January 2025, we received confirmation from Scottish Government they would provide a maximum amount of repayable brokerage up to £37m for 2024/25. Whilst the scenarios detailed in the table above would indicate that the maximum brokerage cap of £37m will be sufficient to enable the board to break even at the end of the financial year, the scenarios also provide detail of the potential scale of brokerage required which is repayable alongside the total brokerage from previous financial years.

8 Capital

- 8.1 Capital expenditure for the 10 months of the financial year due to phasing of schemes with costs to date is £5.115m reflected in the table below. The Capital Resource Limit (CRL) has been increased to reflect our recent success in securing additional capital funding of circa £4.4m. Included in the additional funding received is £0.500m for investment in our mental health estate, which when added to the existing budget ringfenced in 2024/25 for mental health alongside slippage in other capital projects also directed to mental health infrastructure, will ensure completion of the refurbishment works in ward 3 at QMH in the current financial year. The additional funding received also supports £1.3m investment in imaging equipment, £0.750m in digital with the balance allocated to numerous prioritised capital projects across both health board retained and health board delegated services. As we move through the remainder of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit. All capital equipment has been ordered and expected to be delivered by the year end and all projects are expected to be complete in line with plans.

	CRL Funding £'000	Total to Date £'000	Projected 2024/25 £'000
Statutory Compliance	3,116	1,819	3,116
RTP/Clinical Prioritisation Contingency	591	551	591
Capital Equipment	4,193	652	4,193
Digital & Information	1,981	1,059	1,981
Mental Health Estate			
Mental Health Estate	2,263	111	2,263
Capital Staffing Costs	220	157	220
Capital Repayment			
Contingency to be allocated	3		3
Anticipated Funding - HEPMA	723	151	723
Anticipated Funding - Medical Education	791	615	791
Greenspace Projects	35		35
Capital to Revenue Transfer	(450)		(450)
Total Confirmed CRL	13,465	5,115	13,465

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, comprising £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 £15.776m for health board retained services which is an improved position when compared with our original residual deficit identified in our financial plan.

- The 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 £16.245m, the very high level of risk in relation to this and the requirement for a risk-share situation in-year.
- The forecast year-end outturn following an update of the risks identified in the Board's financial plan for 2024-25.
- The year to date spend against the Capital Resource Limit

10 List of appendices

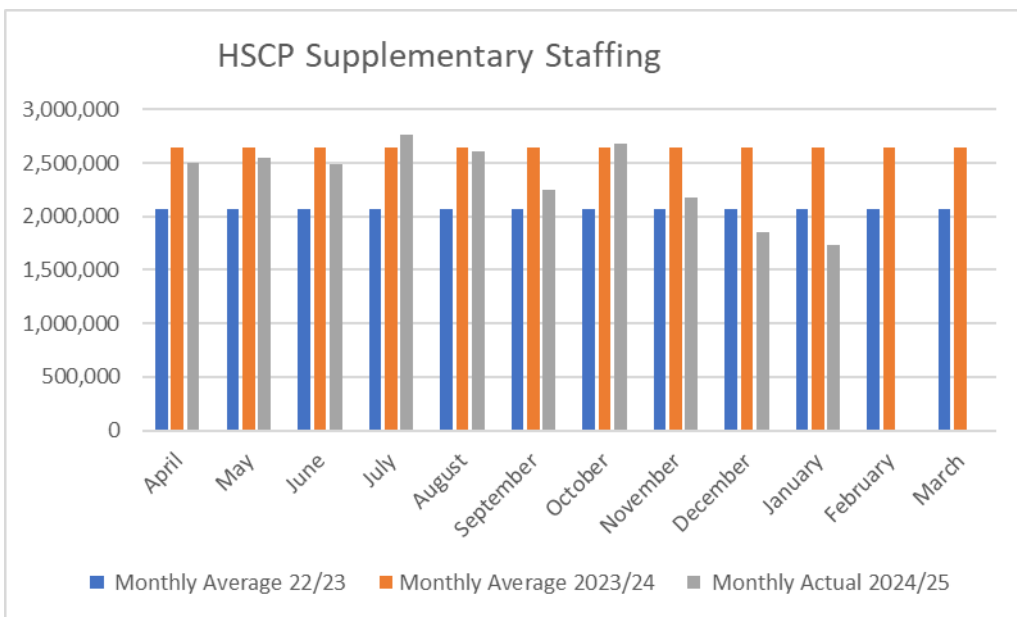
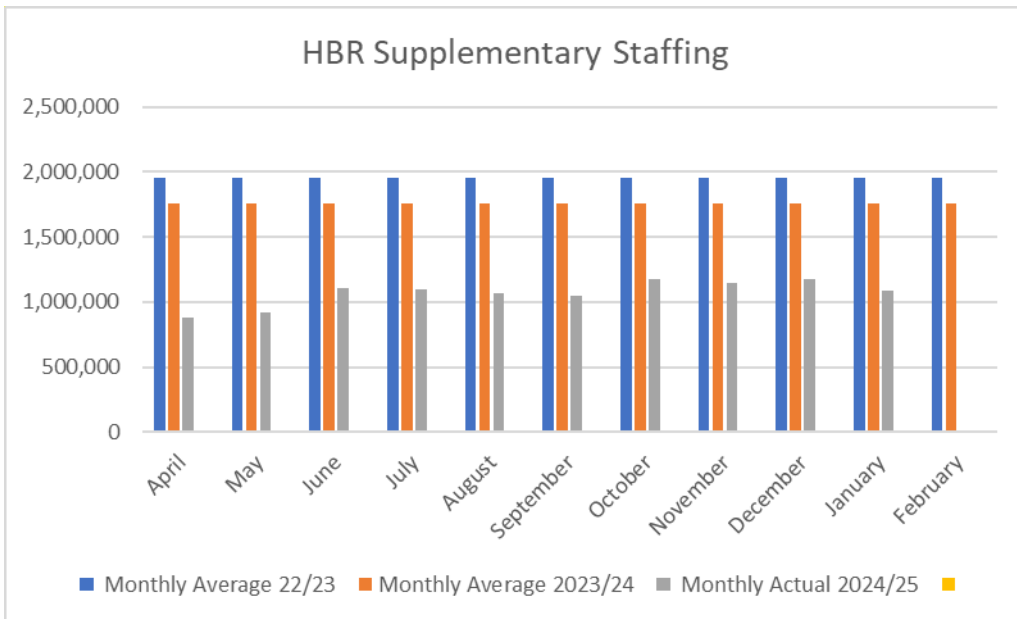
Appendix A – Supplementary Staffing

Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Supplementary Staffing April to January 2025

													2024/25	2023/24	2022/23
		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total	Average per Month	Average per Month	Average per Month incl C-19
Health Board Retained	Medical NHS Locum	167,687	241,265	272,346	306,962	297,953	290,634	246,298	309,609	238,428	329,108	2,700,291	270,029	226,061	209,307
	Medical Agency	250,222	283,273	379,682	261,800	323,327	265,445	270,704	257,563	294,940	249,798	2,836,756	283,676	447,248	557,773
	Nurse Agency	163,400	29,917	53,835	13,978	39,763	37,962	51,818	13,230	63,359	58,982	526,243	52,624	519,260	632,325
	Nurse Bank	299,121	366,528	402,595	515,209	404,666	449,232	607,823	562,177	576,005	447,361	4,630,717	463,072	564,298	558,170
	Sub Total HBR	880,430	920,983	1,108,458	1,097,949	1,065,710	1,043,273	1,176,642	1,142,579	1,172,733	1,085,250	10,694,006	1,069,401	1,756,867	1,957,575
Health Delegated (H&SCP)	Medical NHS Locum	203,432	199,228	181,472	189,705	150,799	120,497	158,361	115,917	119,329	148,160	1,586,901	158,690	245,321	208,792
	Medical Agency	921,999	989,750	1,109,614	1,066,421	1,158,034	879,276	1,175,085	769,237	732,683	726,454	9,528,554	952,855	913,579	452,483
	Nurse Agency	441,085	336,583	220,756	242,605	265,659	224,574	124,256	9,903	38,367	39,879	1,943,667	194,367	505,706	602,075
	Nurse Bank	932,889	1,021,584	977,873	1,263,081	1,038,393	1,021,635	1,217,412	1,277,575	960,747	822,358	10,533,545	1,053,355	979,358	809,198
	Sub Total H&SCP	2,499,405	2,547,145	2,489,714	2,761,812	2,612,885	2,245,982	2,675,114	2,172,632	1,851,127	1,736,851	23,592,667	2,359,267	2,643,964	2,072,547
Total	3,379,835	3,468,128	3,598,173	3,859,761	3,678,595	3,289,255	3,851,756	3,315,210	3,023,859	2,822,100	34,286,673	3,428,667	4,400,831	4,030,122	



Appendix A Supplementary staffing contd.

Year to Date January 2025

	Bank	Agency	
	AHP	AHP	Grand Total
Medical Directorate	0	0	0
Surgical Directorate	10,320	4,150	14,470
Women, Children + Clinical Serv.	0	582,740	582,740
Corporate Services	0	0	0
Health Board retained	10,320	586,890	597,210
Community Care Services	0	191,660	191,660
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	0	191,660	191,660
Grand Total	10,320	778,549	788,869

Appendix B – Subjective Analysis

Health Board Retained

January 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	47,455	39,697	37,485	2,212	962.49	948.31	925.94
Allied Health Professionals	16,023	13,450	12,347	1,103	244.99	238.93	250.33
Budget Reserves -pay	-2,412	-2,074	2	-2,076		0.10	
Healthcare Sciences	11,011	9,180	9,004	176	175.03	173.26	171.36
Medical & Dental	91,191	75,835	77,708	-1,873	626.11	606.50	624.82
Medical Dental Support	3,088	2,558	2,678	-120	56.77	59.01	58.17
Nursing & Midwifery	127,831	106,752	108,666	-1,914	2,200.06	2,271.34	2,268.27
Other Therapeutic	15,909	13,219	12,609	610	280.52	253.91	254.37
Personal Social Care	852	726	1,007	-281	6.94	14.18	15.18
Senior Managers	1,978	1,647	1,593	54	25.00	21.14	21.00
Support Services	34,647	28,822	29,122	-300	882.01	833.21	873.89
Total Pay	347,573	289,812	292,221	-2,409	5,459.92	5,419.89	5,463.33
Budget Reserves Non Pay	2,570	1,406	-46	1,452			
Financial Flexibility	21,162		-765	765			
Cssd/diagnostic Supplies	5,613	4,705	5,834	-1,129			
Drugs	36,825	32,410	33,177	-767			
Equipment	8,165	6,678	7,792	-1,114			
Heating Fuel And Power	11,356	8,465	8,499	-34			
Hotel Services	6,458	5,375	6,335	-960			
Other Admin Supplies	10,379	8,584	10,238	-1,654			
Other Supplies	7,488	6,514	6,732	-218			
Other Therapeutic Supplies	2,229	1,837	1,512	325			
Property	10,612	8,676	8,946	-270			
Surgical Sundries	19,322	16,251	19,024	-2,773			
Total Non Pay	142,179	100,901	107,278	-6,377			
Purchase Of Healthcare	139,184	116,131	122,187	-6,056			
Total Purchase of Healthcare	139,184	116,131	122,187	-6,056			
Board Administration	0	0	0	1			
Family Health Services	6,363	5,654	5,602	52			
Total Family Health Services	6,363	5,654	5,602	53			
Other (inc Depreciation)	21,868	18,117	18,117	0			
Savings	-2,205	-1,646	0	-1,646			
Total Other	19,663	16,471	18,117	-1,646			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	654,961	528,969	545,405	-16,435	5,459.92	5,419.89	5,463.33
Income	-42,558	-35,666	-36,326	660			
Total Net Expenditure	612,403	493,303	509,079	-15,776	5,459.92	5,419.89	5,463.33

Appendix B contd– Subjective Analysis

Health Board Delegated

January 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	19,736	16,416	16,392	24	432.40	442.00	425.09
Allied Health Professionals	31,221	26,046	24,200	1,846	548.38	481.69	480.74
Budget Reserves -pay	115	96	0	96			
Healthcare Sciences	230	192	225	-33	4.68	5.23	4.48
Medical & Dental	27,005	22,348	26,804	-4,456	152.34	123.79	125.60
Medical Dental Support	2,864	2,414	2,197	217	69.37	57.54	59.50
Nursing & Midwifery	121,976	101,489	101,128	361	2,156.36	2,156.52	2,126.91
Other Therapeutic	10,959	9,249	9,525	-276	132.84	152.61	149.92
Personal Social Care	2,320	1,927	1,656	271	41.18	34.59	33.82
Senior Managers	170	142	87	55	1.00	0.67	1.00
Support Services	678	564	988	-424	1.81	17.59	16.64
Total Pay	217,274	180,883	183,202	-2,319	3,540.36	3,472.23	3,423.70
Allocations Awaiting Distribution	7,290	2,375	0	2,375			
Cssd/diagnostic Supplies	249	207	341	-134			
Drugs	9,238	10,554	11,322	-768			
Equipment	1,557	1,293	2,039	-746			
Heating Fuel And Power	85	72	92	-20			
Hotel Services	349	291	681	-390			
Other Admin Supplies	5,314	4,285	4,386	-101			
Other Supplies	509	379	380	-1			
Other Therapeutic Supplies	372	310	131	179			
Property	380	339	589	-250			
Surgical Sundries	4,186	3,541	3,602	-61			
Total Non Pay	29,529	23,646	23,563	83			
Purchase Of Healthcare	50,600	41,765	45,071	-3,306			
Resource Transfer	21,448	17,858	17,839	19			
Total Purchase of Healthcare	72,048	59,623	62,910	-3,287			
Board Administration	0	0	0	0			
Gds	28,166	23,471	23,471	0			
Gms	66,248	54,623	53,013	1,610			
Gos	8,380	6,984	6,984	0			
Gps	102,635	85,559	89,973	-4,414			
Total Family Health Services	205,429	170,637	173,441	-2,804			
Other (inc Depreciation)	48	40	40	0			
Savings	-9,451	-7,920	0	-7,920			
Total Other	-9,403	-7,880	40	-7,920			
Social Work Healthcare	7	5	7	-2			
Social Work Healthcare	7	5	7	-2			
Total Expenditure	514,885	426,913	443,163	-16,250	3,540.36	3,472.23	3,423.70
Income	-67969	-56870	-56875	5			
Total Net Expenditure	446,916	370,043	386,288	-16,245	3,540.36	3,472.23	3,423.70

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Reform, Transform, Perform Q3 Performance 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 performance up to the end of January 2025 for the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.
- The overall assurance level is moderate for delivery but there is now confidence the savings target of £25m will be achieved.
- The January finance position is £18,864,435 (YTD saving) versus a planned YTD saving of £18,920,061 (shortfall variance of £55,626).
- The total savings forecast for 3% schemes is £25,000,466 versus a target of £25M (shortfall variance of £Nil).

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 performance of the 13 complimentary schemes up to end of Quarter 3.

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.

Assurance levels has changed across the 13 schemes; seven deliverables have significant assurance, 2 have moderate assurance, and 4 have limited assurance.

The *Moderate* assurance level continues for overall delivery at this time, although noting that there is significant confidence based on current trajectories that we will deliver £25m savings. Priority focus on the moderate and limited assurance schemes will continue to identify opportunities to accelerate performance for the remainder of the year although recognising the challenging operational landscape for services.

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 regular RTP staff briefings and staff can contribute suggestions through the RTP mailbox and suggestion form.

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 £25,000,466, which present a shortfall of £Nil from the target of £25m. The January position has seen an improvement in performance with total savings only £55,626 short of the projected savings target. There is now confidence that we will deliver £25m savings for the financial year.

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 in place, with risk profiles continually reviewed via the Corporate Programme Management Office, these are incorporated into the monthly 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.

Executive Director Group – Thursday 20 February 2025.

Finance, Performance & Resources Committee – Tuesday 11 March 2025.

2.4 Recommendation

This paper is provided to members for assurance – this report provides a moderate level of Assurance regarding delivery of RTP, but noting there is significant confidence of being close to delivering £25m savings.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – January 2025.

Report Contact

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RTP Performance Report

January 2025

Ben Hannan

Director of Planning and Transformation

17 February 2025 nhsfife.org

Introduction

The purpose of this pack is to provide an update on the 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	January 2025 Planned YTD	January 2025 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000 Planned Saving (YTD): £18,920,061 Linear target (YTD): £20,833,712 (for 3% schemes only) YTD Saving: £18,464,435 Total Gap: £NIL 250/542
1. Medicines Optimisation	£2,000,000	£1,309,091	£1,613,739	£2,000,000	
2. Unscheduled Care Bundle	£700,000	£583,333	£573,456	£687,431	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation	£2,000,000	£964,000	£908,200	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£750,000	£1,331,667	£1,739,000	
6. Legacy Covid Costs	£1,000,000	£833,333	£676,502	£821,644	
7. Supplementary Staffing	£5,000,000	£4,166,667	£4,878,687	£5,680,000	
8. Procurement	£500,000	£416,667	£329,993	£400,000	
9. Corporate Directorates	£1,500,000	£1,250,000	£1,250,000	£1,500,000	
10. Business Transformation	£2,400,000	£1,866,667	£1,190,725	£1,318,766	
11. Surge Reduction	£1,850,000	£1,513,636	£426,067	£450,000	
12. Planned Care	£1,200,000	£1,000,000	£2,257,099	£2,709,000	
13. SLA & External Activity	£5,000,000	£3,666,667	£1,666,667	£2,000,000	
14. Bal. Sheet			£1,161,624	£3,094,624	
Key	Total YTD – for 3% savings schemes		£18,920,061	£18,864,435	£25,000,466
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 31/01/2025
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	-	£2,000,000	£2,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£687,431
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	-	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Significant	Improvement	£1,000,000	£1,739,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Limited	-	£1,000,000	£821,644
7. Supplementary Staffing	Janette Keenan/David Miller	Significant	Improvement	£5,000,000	£5,680,000
8. Procurement	Claire Dobson	Moderate		£500,000	£400,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,318,766
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£450,000
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,709,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

RTP – January 2025 Look Back

January 2025 figures have shown an improvement in performance with total savings only £55,626 short of the projected savings target. There are still areas which require continued focus until the end of the financial year.

Supplementary staffing has seen an improvement in savings achieved, savings are now starting to be realised through direct engagement work. Further work is underway to increase compliance for direct engagement by the end of the financial year.

Procurement there is confidence that the savings target will be achieved as the number of schemes continues to develop and savings are being quantified.

Business transformation the effect of direct impact digital projects as well as the bridging actions to date around vacancy management have seen an improvement in savings achieved. Further plans are being developed to deliver savings in other areas of the organisation.

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.

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.

RTP – January 2025 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.

Work is underway to **rationalise our estate**. Work has commenced to look at additional opportunities around rationalising the Cameron and Stratheden estates. A full estate appraisal is currently underway.

Addressing **non-compliant rotas** is on track. The first round of monitoring began in September with all rotas passing this current round. Savings achieved to date are higher than expected.

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

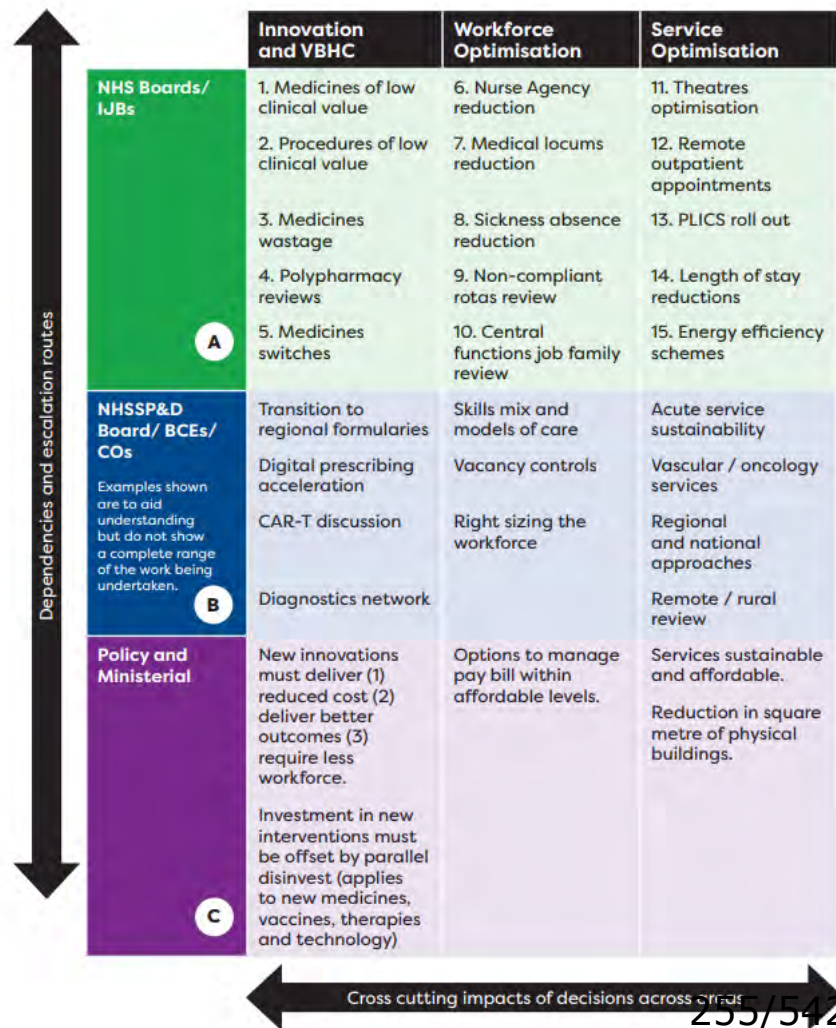
The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

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	£687,431
	Savings YTD	£573,465
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	£1,250,000
	Savings YTD	£1,500,000
12. Planned Care Executive Lead – Claire Dobson	Assurance Rating	Significant
	Target Saving	£2,709,000
	Savings YTD	£2,257,099

Status Update

- These schemes are on track to deliver, Corporate Directorates and Planned Care are projected to deliver beyond the savings forecast.
- There is significant assurance 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

Significant

Target Saving FY

£2,000,000

Forecast Saving FY

£2,000,000

Savings YTD

£1,613,739

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
- Reporting structure reviewed and updated to show scheme finance position accurately
- Medicines Waste campaign launched

Planned Activity:

- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines
- Comms and engagement plan with all staff.
- Reducing medicines waste in hospital.

Challenges / Opportunities:

- Launch of aflibercept 8mg with 25% reduction in contract price; awaiting confirmation of addition to ERF
- Patent dispute has delayed the launch of biosimilar omalizumab; this was projected to deliver £29k in 2024/25; now unlikely to deliver any benefits this financial year
- Oxaliplatin interim pricing agreement agreed by National procurement prior to new contract in February
- Approximately £140K cost pressure arising due to IV fluid contract extension
- Supply problem for Acetylcholine; unlicensed product being purchased at significant cost pressure

4. Estates Rationalisation

Executive Leads – Neil McCormick

Assurance Rating	Moderate
Target Saving FY	£2,000,000
Forecast Saving FY	£2,000,000
Savings YTD	£908,200

Status Update:

- Assurance maintained at moderate due to confidence in forecast for delivery. Budget allocation weighted towards the end of the year which should enable savings to be banked towards the year end.

Progress to date:

- Closure of underutilised administration buildings complete with all staff relocated within existing estate/Fife Council sites.
- Office accommodation optimised within existing estate.
- Bed modelling works complete, planning around next steps and governance.
- Site appraisal works initiated and updated property valuations awaited.
- Mental Health Estate Steering Group established to drive change in this key area.
- Saving targets confirmed for 25/26 (£2m).

Planned Activity:

- Complete Cameron site consolidation (alternate space for Addictions team). Additional capital required to implement changes.
- Confirm mental health requirements service and estate requirements (what/where/when).
- Draft property rationalisation plan developed. Awaiting property valuations.
- 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.
- Identify energy programme of initiatives for 25-26.

Opportunities/Threats

- £2m savings now identified and expected to be realised by end of financial year.
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Site opportunities may be constrained by ongoing clinical commitments and pace of change.
- Energy inflation and new sustainability regulations may affect savings made elsewhere.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Feb 25

- Receive updated site valuations
- Develop target saving items for 25/26
- Develop metering strategy for estate

Mar 25

- Agree outline plan for mental health estate
- Achieve £2m savings target for FY24/25
- Agree scope and cost to enable residual Cameron consolidation
- Set energy saving programme /initiatives for 25/26

4. Estates Rationalisation

Executive Lead – Neil McCormick

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that site opportunities may be constrained by ongoing clinical requirements resulting in the inability to achieve desired savings targets.	<p>Closely managing expenditure through Senior MT and aiming to identify any additional savings.</p> <p>Work closely with mental health service to improve their model of care whilst reducing estate risk and footprint.</p>	3	3	9 – Moderate Risk
There is a risk that other SG policy drivers could impact our budget position (e.g. sustainability team and vehicle electrification all funded from existing budget position).	Find other saving opportunities within existing budget allocation to help off-set.	3	3	9 – Moderate Risk

5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating

Significant

Target Saving FY

£1,000,000

Forecast Saving FY

£1,739,000

Savings YTD

£1,331,667

Status Update:

- Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.
- Rota monitoring began in September 2024 with results from the first round completed in November and all rotas are compliant.
- A second stage of monitoring underway with final savings being reported at the end of the financial year.

Progress to date:

- Second stage of monitoring has begun in some areas with others to begin in the next few weeks.

Planned Activity:

- Second stage of monitoring results to begin being received in March 2025.
- Information being collated from survey results and will be shared for information purposes.

Opportunities/Threats:

- None identified until results received and reviewed.

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Feb 25

- Second stage of monitoring to begin

Mar 25

- Rota monitoring continues and results begin to be available.

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.	The current communication and management of monitoring expectations by Service Managers and Senior Clinical Staff has been effective and resulted in sufficient returns and all monitoring passed. The risk remains moderate due to the requirement to sustain this.	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.	Rotas have passed first stage of monitoring which proves they can be fit for purpose. Some returns were challenged by Senior Staff within the Medical Directorate due to refusal to take breaks and claiming non-compliance. This has been addressed however risk remains the same as it is required to be sustained messaging and ongoing review as returns are being submitted.	3	4	12 -Moderate risk

6. Legacy Covid Costs

**Executive Leads – Claire
Dobson/David Miller/Alistair
Graham**

Assurance Rating

Limited

Target Saving FY

£1,000,000

Forecast Saving FY

£821,644

Savings YTD

£676,502

Status Update:

- Limited assurance at this time as full savings identified not delivered, although there has been improvement in performance due to NRAC monies being used to remove cost pressures in Workforce and D&I.

Progress to date:

- A paper outlining plans to reduce the workforce covid costs approved by Board.
- Viability of an exit plan for D&I Items being assessed.

Planned Activity:

- NRAC funds to be used to remove the cost pressure.

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 staff side colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Assurance Rating	Significant
Target Saving FY	£5,000,000
Forecast Saving FY	£5,680,000
Savings YTD	£4,878,687

Status Update:

- Assurance level moderate, savings have improved due to the reallocation of NRAC funding. There is confidence the savings target will be achieved.

Progress to date:

- Direct engagement model introduced on 5th August and to January has generated £451,656 in savings. Compliance rate currently around 79%.
- Direct engagement project handed over to Workforce to manage as business-as-usual model.
- Review of existing rosters on eRostering system undertaken to ensure staffing levels are appropriate.

Planned Activity:

- Continue to work to improve direct engagement compliance rates and sustain.
- Scoping improvement work in haematology continues - opportunities for process efficiencies identified.
- Scoping additional savings opportunities in overtime rates paid to bank staff.
- Scoping introduction of pay rate caps for agency staff.
- Introduction of AHP Reduction Plan from March 2025.
- NQP recruitment cycle underway.

Opportunities/Threats:

- Anticipated impact of year 2 reduction in working week on requirement for backfill through supplementary staffing.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Feb 25

- Continue to improve direct engagement compliance rates through Compliance User Group.
- Review locum rates and recommendation on whether rate cap should be introduced.
- Review overtime payments to bank staff and recommendation on whether this should be ceased.
- NQP recruitment cycle started.

Mar 25

- Introduce SSTFG guidance for AHP staff
- Completion of haematology service review.

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.	4	4	16 – High Risk
There is a risk that the external drivers such as reduction in working week and RTP WTE reduction may impact on our ability to reduce usage of supplementary staffing.	Service redesign to be considered as part of WTE reduction and RWW. Limited funding available for backfill of posts for RWW on a non-recurring basis.	4	4	16 – High Risk

8. Procurement

Executive Lead – Claire Dobson

Assurance Rating	Moderate
Target Saving FY	£500,000
Forecast Saving FY	£400,000
Savings YTD	£329,993

Status Update

- Assurance level continues at moderate, there is confidence that the savings target will be achieved as the number of schemes continues to develop and savings are being quantified.

Progress to date:

- Plus sized/bariatric equipment on order (anticipate reduction rental costs as soon as installed).
- Ongoing testing with teams on optimal approaches/process/strategies to minimise waste and stock levels.
- Idea generation and scheme development continues.

Planned Activity:

- Glove stock levels to be reviewed, reflecting on the impact of 'Gloves Off' campaign.
- Finalise revised Bariatric / plus size equipment process changes to optimise savings.
- Continue to explore ideas, test practice changes, track expenditure and engage with teams to identify additional opportunities.
- Galvanise focus to secure end of year target.

Challenges / Opportunities:

- Data is cumbersome to extract to support scheme identification, development and to quantify impact.
- Limited returns of linen to date.
- A number of schemes are supporting a reduction in landfill/clinical waste.

8. Procurement

Executive Lead – 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 and develop the schemes.	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	£1,318,766
Savings YTD	£1,190,725

Status Update:

- Assurance level remains as limited. However, through the effect of direct impact digital projects as well as the bridging actions to date around vacancy management, around £1.1M of savings have been verified to date.

Progress to date:

- Approach developed around consolidation work proposed in Corporate function areas (such as Change/Performance & Planning, Health Records and an Organisational Assurance theme).
- Initial project meeting held with Workforce related to Corporate function transactions and to move such routine enquiry over to a new service desk model.
- More focused reviews in the areas of Management Support and Digital Dictation in planning phases to understand current systems and ways of working.
- 3 VMF process digital training sessions completed with a process testing phase to commence end of February.
- Bridging action related to exit strategy for fixed-term posts within administration job family being progressed with all relevant Directorates.
- Programme Blueprint shared and endorsed via Business Transformation Leadership Group. Discussions being picked up via EDG.

Planned Activity:

- Further staff data analysis to determine those likely in scope/impacted for consolidation and review projects.
- Decision required on consolidation approach and priority order. Following this engagement with senior management on staff lists to verify, as data is unreliable.
- Pilot test of digital VMF process.
- Discovery work related to understanding HR/Workforce transactions that are suitable for a shared desk model.

Challenges / Opportunities:

- Organisational appetite for change of this scale appears limited.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.

23/33 Immature management information set-up means discovery phases later in starting thereby delaying projects, as data and evidence base needs to be built and established by programme. 270/542

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Feb 25

- Testing of the VMF process/ Jobtrain automation work.
- Progress understanding the current systems and ways of working within Digital Dictation & Management Support areas.
- Agree approach to corporate function consolidation and priority order.

Mar 25

- Outline target operating model endorsed at Senior levels – Decision required to inform future plans / milestones.

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. Savings accredited to programme related to workforce reductions for Admin.Serv. Job Family have been done so after removing other prior approved savings detailed in CIP schemes/formalised Service proposals.	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.	Programme undertaking a midyear review with Finance colleagues. The rationale and validation of original programme targets is being reviewed as part of that process, along with any underpinning assumptions.	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 directly 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	£450,000
Savings YTD	£426,067

Status Update:

Assurance levels remain limited as surge reduction savings have been impacted by high continuing levels of emergency admissions across winter period, 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 Doctor'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.
- Development of Supported Discharge Improvement Group for operational improvements.

Planned Activity:

- Scoping of substantive workforce (Medical, Nursing, and AHP) – SBAR to be presented to RTP Executive Leadership for supported discharge workforce.

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.

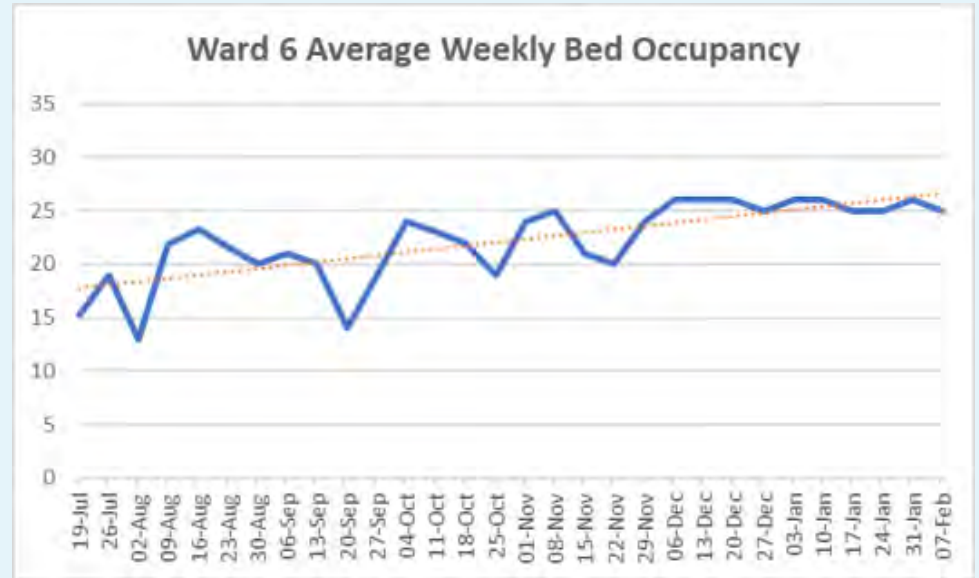
11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£450,000
Savings YTD	£426,067

Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- Year on year reduction in number of patients boarded into surgical wards - December average of 23 patients.
- Within Ward 6 the current 18-week average bed occupancy is 23.



11. Surge Reduction

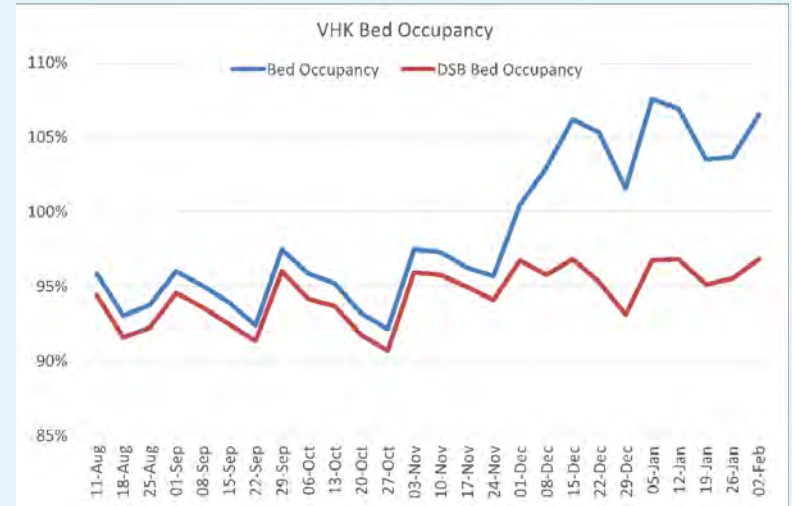
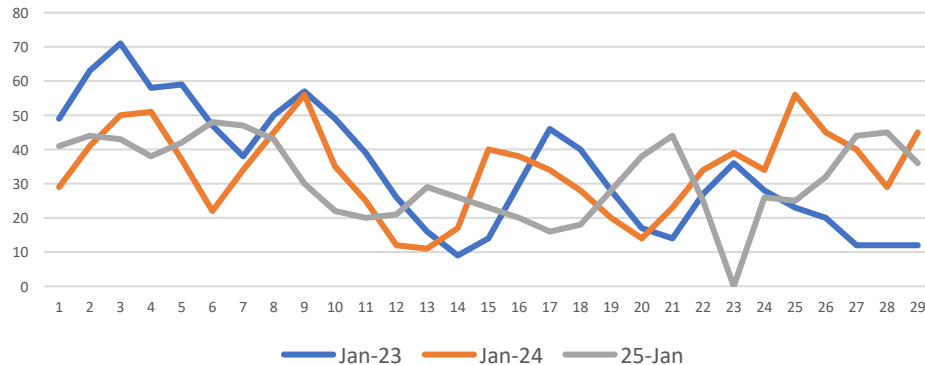
Executive Lead – Claire Dobson

Assurance Rating	Limited
Target Saving FY	£1,850,000
Forecast Saving FY	£450,000
Savings YTD	£426,067

Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 27 patients daily.
- Median Daily Hospital Occupancy is 96.8%.
- Median VHK Back Door Ward Occupancy is 94.8%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 104.3%.

Surgical Directorate Boarding January 2025



11. Surge Reduction

Executive Lead – Claire Dobson

Milestone Plan

Feb 25

- Scoping of substantive workforce (Medical, Nursing and AHP) – SBAR to be presented to RTP Executive Leadership.
- Development of Supported Discharge Improvement Group for operational improvements.
 - Review criteria for Wards 6 & 9.
 - Review escalation processes.

Mar 25

- Scoping of substantive workforce (Medical, Nursing and AHP) – SBAR to be presented to RTP Executive Leadership.
- Development of Supported Discharge Improvement Group for operational improvements.
 - Review criteria for Wards 6 & 9.
 - Review escalation processes.

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
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
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

13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating	Limited
Target Saving	£5,000,000
Forecast Saving	£2,000,000
Savings YTD	£1,666,667

Status Update: Assurance remains limited while discussions with external partners continue

Progress to date:

- 2 meetings have been held with NHS Tayside to discuss the current decontamination service. NHS Tayside recognise issues relating to quality and seek an opportunity to improve. The costs associated with this SLA will be considered following NHS Tayside’s review of the offer being made by an external provider. Plans are in place to share this information by mid-February. Service level discussions will continue thereafter.

Planned Activity:

- Ongoing development of Performance Management dashboard
- Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements by 1 April 2025
- RTP/SLA Moving towards a business-as-usual model in 2025/26 - Closing report to be developed

Opportunities & Threats:

- The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift

13. SLA and External Activity

Executive Lead – Margo McGurk

Milestone Plan

Feb 25

- Development of an activity dashboard to support Performance Management group meetings

Mar 25

- Move towards business as usual model

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.	Cost pressure has been reduced from £5M to £2M due to ScotGov uplift for 2024/25. Discussions are ongoing with external partners as financial planning assumptions have not been accepted. Performance Management group planned for 2025/26 period to reduce the risks associated with current and future challenges	5	4	20 - High Risk

Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Annual Delivery Plan 2024/25 Q3 Update
Responsible Executive: Ben Hannan, Director of Planning and Transformation
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains quarter 3 update on progress for Annual Delivery Plan (ADP) 2024/25.

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 **42** deliverables that are not aligned to a Recovery Driver.

As of the end of Dec-24 (quarter 3 of 2024/25), there are ten that is **'complete'** with majority of deliverables (71.7%/147) being **'on track'**. Additionally, there are thirty seven deliverables at **'at risk'**, seven that are **'unlikely to complete on time/meet target'** and four **'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	1	5	27	1	1	35
Improve Quality of Health and Care Services	3	13	63	5	3	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	3	14	39	4	-	60
Total	7	37	147	10	4	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 overall Q3 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25.

2.2 Background

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

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

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

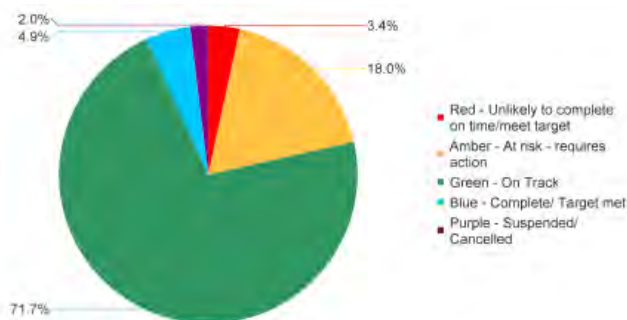
2024/25 Quarter 3 Update

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 **42** 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 Dec-24 (Quarter 3 of 2024/25), there are **ten** deliverables that are **'complete'** with most **(71.7%/147)** **'on track'**. There are **seven** deliverables that are **'unlikely to complete on time/meet target'**. There is also **four** deliverable that has been **'suspended/ cancelled'**.



Summaries from Committees

Following committees, here is a summary about the discussion at the committee meetings about the ADP Q3 update:

Public Health and Wellbeing Committee

A discussion took place about the RAG status as the RAG status does not necessarily match the update of deliverables provided by the service. The achievement of agreed actions does not necessarily result in improvement in outcomes.

A review of how the ADP will be reported for 2025/26 will propose how we incorporate evidence to support outcome positions against actions.

Staff Governance Committee

No comments

Clinical Governance Committee

Clarity around Rheumatology sustainability was sought, reflecting comment within the IPQR. Stated that issues were national with work Centre for Sustainable Delivery) CfSD leading on this. There is also a plan in place locally.

Finance, Performance and Resource Committee

In relation to Rheumatology sustainability, clarity was sought on timescales to complete the review of the service and what impact this would have on the service. This will be provided at next Committee as progress has been delayed.

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 27 February 2025
- Public Health and Wellbeing Committee 3 March 2025
- Staff Governance Committee 4 March 2025
- Clinical Governance Committee 7 March 2025
- Finance, Performance and Resource Committee 11 March 2025

2.4 Recommendation

The Board are asked to:

- **Assurance** – the Annual Delivery Plan provides a moderate level of assurance.
- **Approve** – Approve the ADP Q3 return for submission to Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q3

Report Contact

Bryan Archibald

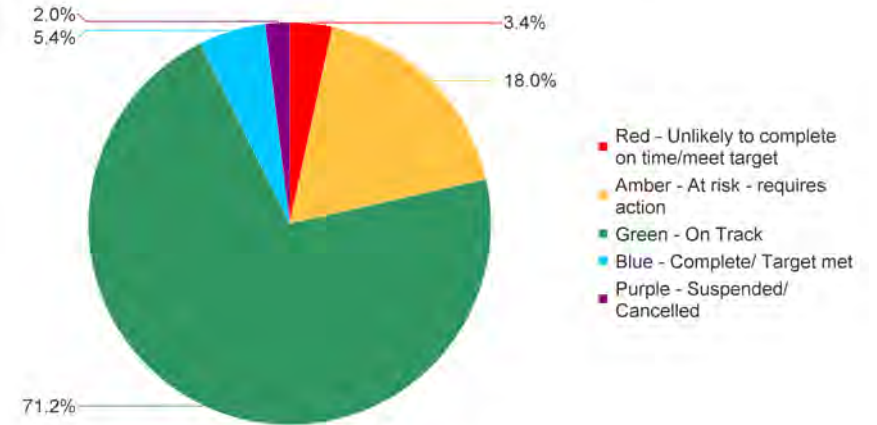
Planning and Performance Manager

Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q3 Progress Summary

Q3 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	3	16	2		22
2. Urgent and Unscheduled Care	1	5	8		1	15
3. Mental Health		3	13	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		4	21	1	2	28
7. Women & Children Health	2	2	8	1		13
8. Workforce		4	13	1		18
9. Digital & Innovation		9	10	2		21
10. Climate		1	11		1	13
Other	2	5	33	2		42
To Improve Health and Wellbeing	1	5	27	1	1	35
To Improve the Quality of Health and Care Services	3	13	63	5	3	87
To Improve Staff Experience and Wellbeing		5	15	1		21
To Deliver Value & Sustainability	3	14	39	4		60
ALL			2			2
Total	7	37	146	11	4	205

Q3 RAG Status



Q2 V	Q3 >	Red	Amber	Green	Blue	Purple	Total
		5	3	1			9
		2	29	17		2	50
			5	128	4	1	138
					7		7
						1	1
Total		7	37	146	11	4	205

Annual Delivery Plan 2024/25 - Q3 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
SLA and External Activity	Finance & Strategy	<p>Assurance remains limited while discussions with external partners are pending</p> <p>There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier</p> <p>The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift</p>	<p>Agreement to start discussion on the potential withdrawal process from current decontamination provider</p> <p>Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance</p> <p>Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation	Digital	Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
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	<p>Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays.</p> <p>Overall surge numbers have increased, if including wards 6 and 9.</p> <p>Paper going to SLT on 02/02/25.</p>	<p>Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint</p> <p>Continue to monitor Locum Surge Consultant post</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	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	Amber - At risk - requires action
Digital & Information Projects	Digital	Programme behind its financial recovery target.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.</p> <p>Revised Acute Medicines Optimisation Plan in progress</p> <p>The availability of resources required to make the required changes in clinical practice is challenging.</p>	<p>Reporting structure reviewed and updated to show scheme finance position accurately</p> <p>Medicines Waste campaign launched</p>	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services	Acute Services	Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation	Property & Asset Management	Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track
Infrastructure - Workforce	Digital	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met

Annual Delivery Plan 2024/25 - Q3 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	<p>GDS: Primary Care have received several expressions of interest for the Scottish Dental Access initiative with one formal application being progressed.</p> <p>Continue to provide for un/de-registered population of Fife with urgent and emergency care.</p> <p>Offer short courses of targeted care throughout Fife.</p> <p>PDS and Primary Care working together.</p> <p>Monthly meeting with SG on access to registration in Fife and how we can improve situation, increase in targeted approach with Dental Body Corporates (DBC). Weekly reporting on GDP cover in DBC practices.</p> <p>Progressing with local interest in Scottish Dental Access Initiative Grant (SDAI) grants provided by SG. Work with the NHS Comms team progressing to consider options to increase GDP workforce to the NHS dental services in Fife and further promote SDAI locally for the 3 areas agreed by SG.</p> <p>NDIP is a way we ensure to capture children who may be unregistered and require dental treatment. The PDS are responsible for all unregistered children in Fife</p>		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		No progression	No progression, remains at risk as is out of scope work.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	<p>Work has been ongoing in regard to the nursing cover for the Levenmouth area, though this remains problematic.</p> <p>The wider ADHD pathway review is still ongoing and therefore there is no change within the service capabilities whilst this is pending.</p> <p>Milestones are led by the H&SCP, therefore there is limited ability in the Community Paeds service to influence this.</p>		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	National Programme continues to report as Amber status		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Development of improved digital processes i.e. online pre-employment and management referral programmes.		Business Analyst recommended extension of current provider but system is now decommissioned and required major change project, at pace, to implement suppliers new digital platform. System not yet fully operational and business risk remains with significant impact on service delivery.	Options provided for decision on future system procurement or extension of current provider.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 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	OH Service review identified 3 levels of service provision options with recommended resource implications required, to be included in Workforce Directorate transformation update paper to EDG Jan 2025. Outcome and actions awaited.	Consultation on model of OH Service delivery on-going.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		Due to service pressures, there has been no active work with Health Promotion, however there has been increased momentum in the national work regarding this, so we are also planning to build on this at a local level. We have been working with our key partners i.e. education and health visiting to progress the local conversations about the plan, within the WFBW strand. SLTs are the connector between local and national work. Good engagement with key partners regarding the national plan. On-going work taking place in early years settings.	Work with colleagues from Health Promotion to identify key messages and activities for promotion within the partnership Having identified the relevant strategic strands within the Children's Services plan start to implement a speech, language and communication development plan. Promote information and learning from the national plan with colleagues.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Progress is being made in increasing treatment trajectory as effect of Fife participation in the PHS RECAST look back exercise. This is still likely to be below the Scottish Government target due to resources (financial and staff) available to test and find the number of target patients . Green RAG status as this years performance will contribute to the overall elimination goal		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
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	All Public Health contributions are ongoing. Opportunities Fife work may overlap with Employability team.	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. Hosted an Inclusion Health workshop to explore development of an Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	QI work in relation to inequalities and deprivation. Work with Localities to address areas of low uptake across all programmes	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. Outreach model and Strategy	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The Mental Health and Wellbeing Strategy Working Group has been established and met on 3 occasions (6/9/23,24/10/24 and 7/11/24). The draft strategy is being finalised by the group and work is ongoing to develop the year one delivery plan. The group have made significant progress during quarter 3 and are on target for final approval by the IJB in March 2025.	Establish Working Group. Draft local strategy and agree priorities for supporting delivery plan.	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The changes in processes aligned with the implementation of the new Child Protection Guidance 2021 have now been fully integrated. This work aligns with GIRFEC indicators, The Promise, and the principles of the UNCRC. Work is being progressed to develop data gathering and analysis processes to strengthen this work	Ensure existing collation processes are sufficient.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
<p>Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25</p> <p>Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites.</p> <p>Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients.</p> <p>Create referral pathway for in patient discharge on an opt out basis</p>	6.3	<p>Up to 31 October, appointments offered are at 2,986 which keeps us on track.</p> <p>The service is currently offering 12 sessions weekly using the mobile unit being utilised across all localities .</p> <p>We have weekly onsite clinics at QMH and VHK maternity units.</p>	<p>Following needs analysis, outreach work rolled out in Glenrothes and Dunfermline localities. Updated e-referral pathway has been circulated across the FHSCP, acute & primary services.</p> <p>Referrals from maternity services for pregnant smokers has shown a slight decline, there are currently 27 successful quits and 28 active caseloads for pregnant smokers, weekly clinics in the VHK and QMH maternity units. Collaborative work planned for January 2025 to support workforce development for early referral to service.</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.</p>	7.3	<p>Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25.</p>	<p>Establish income maximisation referral pathways for CAMHS, AHPs, Child Clinical Psychology Service</p>	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p>	3.1	<p>CAMHS continues to work on the development of Clinical Pathways, which is near completion.</p> <p>CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Focus Groups</p> <p>Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.</p> <p>A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
<p>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.</p>	3.1	<p>The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard.</p> <p>CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services.</p> <p>Ongoing recruitment continues to ensure workforce is at full capacity.</p> <p>CAMHS will continue to develop Parent/Carer focus groups ensuring their participation and engagement underpins service developments and their needs are met.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Ongoing progress - requires further support and discussions via a steering group to build clear governance structures.	VMF submission to convert fixed term contracts to substantive	6. Health Inequalities	Green - On Track	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	Provided PH input to HRPD Safety Group Agreed how to progress work around drug related deaths relating to HRPD		6. Health Inequalities	Green - On Track	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.		Investigation and management of screening programme incidents and adverse events.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	Workstreams have progressed, with enhanced focus on teratogenic medicines (including valproate) in light of national directives. Revisions to HRPD approach delivered and there has been a range of communication activities put in place	Continued focus on valproate additional safety measures focussed on men following national clinical safety alerts Work to embed topiramate advice received - the programme will drive this work	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Develop and Enhance Children's Services		Child Wellbeing Pathway Implementation Group continuing to lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group. Awaiting a response to guide next steps The promise - Plan 24-30 being reviewed by Healthcare & the Promise group. Ongoing work identified and actions created.	Child Wellbeing Pathway Implementation Group to further lead specific training and awareness sessions related to CWP alongside releasing related 7 minute briefings. Implementation of health raised IRD process for named person and paediatricians. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. UNCRC - SBAR to EDG & SLT from previous CHC outlining the need for an implementation group to oversee the incorporation of the act moving forward. The promise - identify clear actions from the Plan 24-30 for the HC & Promise group to work through towards implementing the foundations of the Promise across the workforce.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	Screening Milestones are reoccurring.	<p>Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance</p> <p>Produce the annual NHS Fife Integrated Screening Report</p> <p>Work to understand reasons for non-attendance and explore methods to address these</p> <p>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan</p> <p>Investigation and management of screening programme incidents and adverse events.</p>	6. Health Inequalities	Green - On Track	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.	6.3	<p>Area Immunisation Steering Group meeting took place 03/12/24 as planned.</p> <p>Invites with draft TOR and draft annual workplan issued for first meeting of Immunisation Transformation Oversight Group for first meeting scheduled 16/01/24.</p> <p>Approval of Immunisation 2024-27 Framework at IJB delayed due to change of personnel.</p>	<p>Review of annual teenage data at Dec 24 meeting of Area Immunisation Steering Group.</p> <p>Establish new Immunisation Transformation Group to provide oversight of inclusion and quality improvement work.</p>	6. Health Inequalities	Green - On Track	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	<p>Actions from Home First Delivery Plan have mainly been achieved - particularly in the development of DN ANP roles; digital solutions; enhanced referral pathways for paramedics/ANPs; call before convey; anticipatory care planning. Further delivery plan developed for 24/25 to progress further home first actions</p> <p>Integrated Discharge Services have been redesigned and pathways developed that are in line with the Home First Strategy and avoid any unnecessary duplication of assessment, this is done collaboratively with Health, Social Work and Social Care and our Voluntary Sector.</p> <p>There is a robust verification process, gives assurance that people go back to their home or community environment as soon as possible. This approach for 24-25 will be business as usual.</p>		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	The new revised NHS transport claims leaflet has been approved and will be available in electronic and hard copy format and promoted January 2025. A new NHS community transport leaflet has been completed and will be available in electronic and hard copy and disseminated and promoted in January 2025.	Communication and information will have been distributed across NHS Fife and Fife HSCP as well as key external partners.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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>Community Chest Fund SBAR well received by SLT and Quality & Communities Committee - ongoing monitoring and evaluation of projects.</p> <p>The locality event proved to be a huge success with over 115 delegates attending. The positive feedback via MENTI and emails to the team after the event reinforced that the stakeholders had an increased understanding of locality planning and agreed the event was very worthwhile.</p> <p>The 7 Nov/Dec locality meetings are complete. A presentation was delivered to group members to raise awareness of "alcohol harm" at a locality level and delivery plans for 24/25 were reviewed.</p> <p>SBAR regarding the impact of Community Chest funding was presented to SLT in October.</p>		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	<p>Review completed and improvements made to process guided by PHS NDIMMT advice including harm reduction. Subgroup established based on RADAR alerts and quarterly reports.</p>	<p>Conduct full start to finish review to identify any improvements that could be made and implemented to drug alert process Establish ADP subgroup with relevant partners to identify risks across Scotland and prepare for potential impact on Fife</p>	6. Health Inequalities	Green - On Track	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	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>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.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>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.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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 for healthy food for all and community food, procurement and food economy have identified priorities for the next year and working on these action plans.	good ongoing work of partnership and working groups.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Resilience Coordinator joined the team in quarter 3 this role is to assist with monitoring of Business Continuity planning and the facilitation of reports for managers. Following B13/23 internal audit feedback and action plan was enabled. Business continuity policy for NHS Fife is in its final stages of approvals and stakeholders engagement.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Work continues on track with the income maximisation referral pathway with Midwives, Health Visitors and FNP. The new income maximisation pathway for families with a child with a disability is progressing, working group has been established, the lead has participated in the national peer support network. A meeting with the external evaluators support team has been scheduled for January 2025. The funding agreement paperwork has been completed with Scottish Government	Funding to expand income maximisation pathway. Establish working group and workplan September/October Update from CARF on Q2 referrals.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Following review of sustainability Ambassador interest. Progress and actions will be explored and developed, this will include the development of a training plan.	LDP required evidence review for readiness for resubmission to Scottish Government.	10. Climate	Green - On Track	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	2023-2024 Anchor Metrics are being collated ahead of the required submission date to SG. These metrics are aimed to demonstrate how as a Board we are building and progressing from our previously submitted baseline metrics. A further request for future objectives have been issued and are being worked through.	As employability initiatives develop and progress, capture successes and learn lessons for future intakes. Firm up plans for Employability and Community Wealth Building workshop Review all Anchor activity and measure through Progression Framework ahead of reporting to Anchor Programme Board	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
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	Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neurodevelopmental 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. This work continues through embedding this new model across Fife to ensure the National Specification is met.		3. Mental Health	Green - On Track	Blue - Complete/ Target met	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		Review of one stop shop in Cowdenbeath locality to have completed and one stop shop to have moved. Review of first one stop shop In Kirkcaldy to commence	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	A revised business case is required with a focus on RTP for further submission due to current financial climate.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
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	Due to changes in service management during this quarter it has not been possible to take forward the review of the specialty nursing workforce. The Epilepsy Specialty Nurse role is under review.	Diabetes: Business case written	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Project is at ESTABLISH phase Project on hold due to the ongoing review of Buchan Associate (commissioned by NHS Fife RTP Programme - Infrastructure workstream) HIS/ PE engagement is on hold until January 2025		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	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		Weekly report of Stage 1 data to Services including compliance with 80% timeframes.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Request for service to provide process mapping regarding gathering of complaint factual accounts and approval/sign off. This will help highlight good practice and areas for improvement with a comparison of areas across NHS Fife.			Red - Unlikely to complete on time/meet target	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.		Mental Health SIG has not met hence Amber status Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan still in development as at January 2025 Evaluation Framework work requires Strategy and Delivery Plan to be finalised/agreed	Contributed PH perspective to Draft Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		3 x PET Feedback Volunteers going through the recruitment process. Implementation across NHS Fife of new and tested Complaint Factual Account Document (previously statement memo / investigation template) which is easier to complete. Meeting still to be arranged to discuss and plan a lived experience group. Streamline education and training resources for PET.			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Scottish Government are removing funding for 'ReSPECT' - developing a new 'Future Care Plan' pathway which will not be on stream for at least another 2 years; workstream now revisiting existing options and exploring new opportunities		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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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	PT activity has been higher in 2024 than 2023; longest waits have decreased and the improved target trajectory seen in Q2 has continued into Q3. Referral rate for highly specialist PTs however continues to rise. The Psychology Service as a whole is not yet in balance and is still focused upon longest waits, therefore performance is anticipated to fluctuate.	Enhance digital offer and increase support to help people engage with this.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event. Business case for additional resources and funding to be developed for consideration		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		Due to recruitment challenges work has not progressed at the pace initially projected.	Development of educational solutions in Care Homes and Data collection. Review of evaluation work	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	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	Test of change commenced 15/01/25 to schedule GP patients in the out of hours period to prevent admission. Reviewing admin documentation with a view to commence new documentation 01/02/25 within assessment areas of AU1. Learning will be taken forward into SDEC. Reviewing use of ECAS for IV infusions with an aim to remove them from the Unit.	Paper to be signed by RTP & EDG with a fully costed and deliverable SDEC	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	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 over due review patients, review of referrals process . 90 day improvement plan now commissioned by Head of Service and oversight group convened. - Transformation oversight group has now met 3 times since the last reporting period and has an action tracker in place - progress with consultant recruitment with one preferred candidate - workforce plans underway for nursing, physio and OT supported by the professional service leads - performance data being captured and reported to the oversight group A transformation oversight group is in place to maintain oversight of progress and mitigate any risk. Some challenges remain notably with reduction of locum spend, outstanding backlog of reviews and medicines overspend.	Create Rheumatology Transformation Oversight Group to review and support delivery of progress	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

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Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Investment that will come through to NHS Fife from participation as Spoke/partner to NHS Tayside Commercial Clinical Trials Delivery Centre (in 27/28) has changed focus of initiative. Meetings with Dean SOM, Director of Research SoM and Executive Director Research Governance and Integrity University of St Andrews to plan for alignment of potential staff resource via VP Research, Innovation and Collections at University of St Andrews with VPAG staff resources investment and possible infrastructure	Business options template to be developed (subject to availability of briefing document from SBS) and submitted to VP Research, Innovations and Collections.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
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		ICM to join NHS Fife InPhase Project team. Meetings paused in December by Clinical Governance Team. Lead IPCN and ICD (Surveillance Lead) to join the national working groups being established: System Requirements working group IPC Business Processes working group				Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the WHP by end Dec 2024	7.2	The gynaecology service has identified some nurse support to endometriosis. However, consultant lead absence, which will impact some waiting times. Endometriosis was a service delivered in the tertiary centres and is still delivered by tertiary centres in most health boards. Some consideration to the sustainability of this service in NHS Fife, that was set up without any additional funding from the tertiary unit pre 2018, needs to be considered. The number of referrals for menopause has continued to increase. It is well managed by the clinicians within the service, but waiting times have grown slightly. Testosterone prescribing is now possible but can't be fully met this financial year as it is unachievable in the current climate and with the current resources. It will be reviewed and revised for 2025/26.		7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action
Continue to deliver the Community Listening Service.		Work is currently ongoing with Directorate finance contact to scope whether opportunities exist to cross charge CCL volunteer expenses to GP Practices where volunteers are placed. Correspondence has been shared with Practice managers to explore possible options. The need for admin support around this service is also being looked at from within Directorate		8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	There has been progression in both Q3 milestones and plans to take forward participation and engagement in support.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		preparatory work ongoing. work packages and diary templates being created and confirmed currently. Go live date intended to be Feb / March 2025	Preparatory work partially completed and working towards transition over to TrakCare and MORSE digital systems	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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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 are developing a quality data dashboard to systematically review and analyse both qualitative and quantitative data. This initiative aims to inform quality improvement efforts, ensuring the sustainable and most effective use of resources in the delivery of care.	Establish SLWG with associated agencies to establish improvement plan scope for multi agency information sharing and chronology	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Forensic Mental Health Services review and benchmark across the Forensic Network in relation to appropriate pathways. There has been good progress of patients from Medium Secure being supported straight into the community and there has been patient flow with inpatients but room for improvement. Rehab resource (chestnut lodge) will be fully functioning again to create more bed capacity and maximise rehabilitation and recovery. 3rd Party ToC also active in the ward area to support progression of patients into community. FCMHT reviewed assessment tools and outcomes monitored with no impact of removal of BEST.	Develop LSU facility improvement plan. MWC action plan Develop FCMHT improvement plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	Numerical evidence indicates improved delivery but some issues remain with recording compliance and occasional performance caused by small numbers on MAT 1 and MAT 5. These can be rectified before the reporting period next quarter. MAT 6 recording has improved but clarifications are needed on eligibility of staff to be trained across the full ADP workforce including third sector. Again this is a small issue and can be recovered for next quarter. Experiential data compliance is excellent with over 40 service users, staff and family members interviewed so far. Marked differences in experiences and satisfaction with the services and system from previous year.	Plan redeveloping in year based on numerical and experiential information and feedback from governance structure Process information developed for MAT 6 to 10	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
Targeted actions to improve the quality of our Immunisation services	1.2	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Support the creation of Person Centred Care Planning Principles		Principles have been agreed				Amber - At risk - requires action	Green - On Track
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Continue to work nationally by supporting work with ARHAI Scotland on the development of changes to the NIPCM and TBPs Deliver - Winter preparedness programme			Amber - At risk - requires action	Green - On Track	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	Meetings held with stakeholders in Public Health, Research, Information and Knowledge and Property and Estates. Discussion with the Acute Cancer Services Delivery Group are ongoing. Public Health has reviewed and updated the cancer data.	Meetings with Stakeholders Discussions with Acute Services Cancer data reviewed and updated	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track

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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	Looking to identify keeping mums and babies together, with babies who are experiencing Neonatal Abstinence Syndrome (NAS), pathways being developed. Antenatal Education now implemented. Guideline to be developed for babies going home on tube feeds. Service User group is being formed with Best Start midwife		7. Women & Children Health	Green - On Track	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	Work continues with system supplier to embed supplementary questionnaire in Trakcare as part of the current clinical workflow to allow recording. Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire. Work continues on both these aspects so full compliance can be achieved.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	OA Services have an established SLWG in place to develop new OA CMHT SOP - this is near completion and target date is end Feb 25. Pathways are now being rolled out across OA CMHT'S to provide consistent systems and processes across the 3 localities.	Define optimal model of CMHT design as output of Reform, Transform and Perform Framework actions	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Provide information and expert advice as required			Green - On Track	Green - On Track	Green - On Track
Continued development of digital front door for patients	9.5	Programme continues to progress against its plan. Initial service to commence February 2025	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	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.		East Region HP service established, with agreed Standard Operating procedures, cross-Board digital solutions in place and shared training opportunities.		1. Primary and Community Care	Green - On Track	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.		Full HPT workforce complement recruited across the East Region. Ongoing training. Significant pressures from other respiratory infections.	Good ongoing service capacity and competency.	1. Primary and Community Care	Green - On Track	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. Overall list sizes below planned numbers submitted to SG for 20/25. Continue to focus on longest waits within financial envelope. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list size decreased by 5% from end Q2	4. Planned Care	Green - On Track	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	Internal CAH hours have increased. Reviews of all existing double up packages is on track and producing savings	Reduce the needs for double up packages of care whilst utilising a variety of techniques and different equipment; ICASS collaboration ToC (Single Handed Care) To reduce the unit cost of a Care at Home service: commissioning	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

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Delivery of Clinical Governance Strategic Framework		New trigger list and adverse event process in place from 6th January 25. New governance structure for deteriorating patient being implemented from January 2025. Policy and Procedure Framework returning to CGOG for endorsement in February 2025.	Date agreed for first organisational learning event-learning from Clinical Experience Collaborative in April 2025 Adverse Event Staff support pathway agreed by CGOG in August 24 (work underway to progress roll out) Deteriorating Patient work ongoing early indication of a decrease in cardiac arrests for 2023 with a new governance structure to be implemented from Jan 2025. Adverse Event Trigger list agreed and will launch January 2025 Work to assess Datix replacement ongoing NHS Fife Policy and Procedures Framework presented in first draft at CGOG in Dec 2024		Green - On Track	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events					Green - On Track	Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Deliverables were prioritised in the medium term to take account of delivery of digital medicines programme and winter pressures. Delivery continues and reporting is through Pharmacy SLT.	Continue progress and establish reporting cycles	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Risk appetite now agreed by the Board and the Risk Management Framework has been updated and gone through EDG and the Audit and Risk Committee. Due to the Board in January 2025.	Completion of risk appetite work.		Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working with NHS Lothian for reciprocal hernia/ bariatric continues. Recruitment for substantive vascular consultant completed which will support the existing network and national discussions regarding vascular services.	Vascular consultant in post	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper - including no cost option - for Adult NDD Pathway and required resources presented to CCCS QMAG. Paper being revised following this, for further discussion at QMAG.	Presentation of options paper to CCCS QMAG.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Medical Education Leadership Team strategic planning event being held on 21 Jan 25 to develop the strategic framework further.			Green - On Track	Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	No bed pressure cancellations within QMH over Q3. Introduction of telephone confirmation of attendance for surgery to minimise DNA rates within the hospital	New monthly report focussed on DNA rates to monitor trends and opportunities for improvement	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Joint funding opportunities being discussed as they arise with regional NHS and HEI partners via the South East Academic Liaison Group	Scope and identify funding opportunities for joint funding applications on priority areas for NHS Fife.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track

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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	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 undertaken to ensure Fife-wide awareness of resources to support long waiting patients	National resource sharing of best practice available to key staff. Extension of pre-assessment window for patients will give early flags for patients requiring support to be fit for surgery.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Work progressing and ENP roles are being reviewed.	Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets	1. Primary and Community Care	Green - On Track	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	Pre-assessment embedded as BAU	5. Cancer Care	Green - On Track	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	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. Engagement in new Critical Care SDG		4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Work on-going re build of TrakCare within Psychology Service to support compliance with CAPTND reporting requirements. TrakCare 'super users' from Psychology Admin Team trained; training for all clinicians planned for Q4.	Introduction of new electronic appointment management and recording system Fife CAMHS will fully comply with CAPTND and will embed supplementary questionnaire within TrakCare as part of clinical workflow to allow recording and will liaise with NHS Fife Information Services to ensure reporting of items from this questionnaire.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of work was revised: Ward 1 will move to ward 3 instead of Ravenscraig. Ravenscraig will move to ward 1. Work underway to develop Ward 3 to provide safe & therapeutic environment for older adult MH population currently cared for in ward 1. Completion date estimated April 2025. Work will then commence on Ward 1 to create safe environment for Ravenscraig population. Completion date to be confirmed, estimated July 2025.	Commence programme of decant to Ravenscraig site and commence ligature works and upgrades Application of the MH Built Environment (MHBE) assessment tool across the full MH estate.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track

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Increase NHS Fife Innovation Test Bed activity		Phase 2 milestones met for all projects in Reducing Drug Death SBRI. Contract variations being drafted/submitted to alter future milestones based on feedback from stakeholders. NHS Fife continues to manage the Steering Group and update on milestone achievement and variations,	Ensure Phase 2 project milestones met, with reports submitted and reviewed, with appropriate payments made for 2 projects. Feedback from Steering Group to applicants. Support Mental Health Phase 2 projects and contribute to delivery within HISES Boards.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Call before you convey continues to support redirection, and care home redirections have been included within call before you convey from 27/01/25. ANP model remains in place with support from an Acute Medical Consultant as the senior clinical decision maker in times of high demand.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	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.		Promote winter preparedness training sessions to care homes in Fife		8. Workforce	Green - On Track	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		Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims			Green - On Track	Green - On Track	Green - On Track
Local Enhanced Services Review		Work continues to identify hi/low values within activity levels across NHS Fife GP practices with a RAG status to highlight any issues within LES.	Engagement and data collection from GP Practices Develop clear plan for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.5	Programme continues to progress against its plan.	Implementation of OP Note Extended use of Digital Hub eObs Benefits Review	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Maximising Scheduled Care capacity	4.3	Overall waiting times on track and continue to be monitored weekly against trajectories. Winter planning for surgical activity has maximised use of QMH. Backfill and additional theatre lists throughout Q2 and increase on OP activity.	All trajectories for OP and TTG ahead of SG submission for overall numbers.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track

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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 mental health & wellbeing services and supports in primary care and community settings.	3.3	In Quarter 3, the MHWPCCS coproduction feedback was analysed and change ideas were prioritised. A proposal for a six-month TOC in NEF was submitted to and approved by the 13/11/24 meeting of the MHWPCCS project board. The TOC will bring together a range of stakeholders to achieve the following objectives: to review and improve integration of mental health & wellbeing services & supports locally; to improve relationships, knowledge and understanding of services available and how these can be accessed; to provide clear, accessible pathways into mental health & wellbeing services and supports; and to increase people's sense of trust, safety and support with the system. TOC to commence in Jan 2025.	Complete phases 1-3 of coproduction activity (discover, define, develop) Complete analysis of coproduction feedback and prioritise change ideas Identify and submit TOC proposal to the 13/11/24 MHWPCCS project board (approved) Develop plan (incl evaluation plan) for TOC, bringing together a range of stakeholders, with a view to improving access to mental health & wellbeing services and supports locally. TOC to commence in Jan 2025 (for 6 months).	3. Mental Health	Green - On Track	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 which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU		Green - On Track	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	This will be fully implemented by March 2025	Understanding, planning and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Stakeholders met to discuss revising local pandemic response planning			Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	New hospital & ED pathway in place for children and YP with a QR code directly to community based third sector support. This is aligned with the new CP IRD process. First monitoring meeting is set for February 2025. Soft launch of public campaign at end of Q3 to coincide with high risk seasonal period.	Development of new hospital liaison pathway for children and young people affected by their own substance use to be completed and to include stronger linkage to community based support post discharge. This to be monitored by representations at ED and in hospital wards Public campaign of harms and risks to CYP from drug use to be launched	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Redesign of community frailty services progressing and new model anticipated to be implemented by 31/03/2025 Heart Failure planning has paused and we will revisit in 2025, with a robust way of implementing Diuretic IV training. District Nursing continue with the Test of Change and no issues identified.	ARC staff aware of new model. Organisational change process fully established. The process, systems and pathway group is working at pace to support the redesign. For Test of Change to progress within Heart Failure Services who begin IV Diuretic training. To ensure this Test of Change is rolled out across Fife.	2. Urgent and Unscheduled Care	Green - On Track	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	Phase 3 of the Enhanced ICT test of change is being progressed which will commence Jan 2025. This is to support the Fife Rehab Model and Bed Base Model. The Fife Rehab Model is dependent on the transformation of the Bed Base Model and can't progress fully until that is known. FELS work is now complete Ongoing collaboration with Red Cross as part of a Discharge to Assess model and to reduce the use of assessment beds, will continue to November 2025.	Fife Rehab Model/D2A Model Complete stakeholder engagement Implement appropriate D2A pathways Fife Rehab Model Develop implementation plan and undertake potential TOC.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Draft Options Paper has been tabled with Senior Manager and is now in final review stage for scrutiny and comment; meeting held with Project Chair, Programme Lead and Change & Improvement Manager on 05.12.24. Programme Manager seeking review with Head of Service on feedback for finalisation of Options Appraisal Paper.		3. Mental Health	Green - On Track	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	Acute Cancer Services Delivery Group reconvened and revision of Terms of Reference. Review of Haematology Day Unit Underway. Framework for Effective Cancer Management discussed at Government fortnightly meetings. Review of PTL meeting underway.	Acute Cancer Services Delivery Group reconvened. Review of PTL meeting underway	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Cohort 4 Fellows (2) meetings with Supervisor Panel members and agreed oversight of first 6 months (Feb '25-August '25) at 0.2FTE, leading to 0.8FTE from Aug '25. NHS Fife staff as members of Supervisor Panels and one candidate to conduct project and program of work with NHS Fife Emergency Department	Cohort 3 Fellows commenced at 0.8WTE. Cohort 1 12 month reviews and Cohort 2 9 month reviews. Cohort 4 Fellows appointed	8. Workforce	Green - On Track	Green - On Track	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		PHAC Risk 518 now closed and new risks for business continuity planning and emergency response are enabled as frameworks planning is in place it now needs time to be embedded & tested locally	Business continuity management framework facilitated and dashboard insights now available for monitoring purposes. Incident management framework is now also in final stages of review.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/24), which comes into force from 1 April 2024.	8.4	Third quarterly High Cost Agency report being prepared for submission to SG in January 2025 and 2nd quarterly HCSA report proceeding via governance. HCSA data capture refined for 3rd/4th quarter reporting and to facilitate identification of RAG status path to green.	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	Green - On Track
Undertake regular waiting list validation.	4.7	Use of patient hub to contact patients to assess ongoing need for surgery. Weekly validation of lists through medical secretaries now in place.	Inclusion of medical secretaries in weekly Waiting Times Group. Enhanced monitoring of adherence to waiting times guidance for patient booking.	4. Planned Care	Green - On Track	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	Draft Cancer Framework Annual Delivery plan created.	Reviewed Cancer Framework Annual Delivery Plan for 2024/25	5. Cancer Care	Green - On Track	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	Invoicing sheet has positive feedback from the trail with full roll out completed in early 2025. This should allow for better future audit of this service in the future. Glaucoma shared care service is running well in all 4 locations with 3 still accepting new referrals however national scheme is still stalled due to EPR (openeyes) issues	Invoicing sheet has been updated to speed up completion time for optoms and refine information collected for future audits. This has been trialled by a select group and will be rolled out in Jan 2025 for all participating practices	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups		ongoing evidence through SG reports				Green - On Track	Green - On Track
Delivery of Research Innovation and Knowledge Strategy		Draft Strategic themes shared and circulated to internal RIK staff, internal stakeholders and external stakeholders for feedback and comment. Feedback reviewed and four strategic themes confirmed. Objectives to be developed and confirmed by first RIK Oversight Group of 2025 (1Q 25/26)	RIK/Partner Stakeholder version developed for circulation and feedback. Draft RIK Strategy available for submission to RIK Oversight Committee (Nov 14th)	9. Digital & Innovation		Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Acute are embedding alongside existing care assurance processes				Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Meeting with workforce development to support collaborative approach to leadership education across the organisation	SLWG to commence in November to embed the framework within Leadership programme			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		Support nurse in post until March 2025 will be focusing on CAIR users				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		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development		8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met
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	we have an established pathway for prison release to either sector team/FCMHT depending on legal status and GP registration		3. Mental Health	Green - On Track	Blue - Complete/ Target met	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.					Green - On Track	Blue - Complete/ Target met	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	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	SBAR paper presented to SLT in November 2024 and it was agreed in the current financial climate the spend to implement this is cost-prohibitive		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
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	10.6	To be reported via PAM Sustainability Team, Pharmacy will contribute to return.		10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Remains ongoing, areas identified through scoping exercises will be explored as they arise. Focussed pieces of work will be added to ADP when applicable.		6. Health Inequalities	Green - On Track	Green - On Track	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	<p>We were unable to recruit to the Project Officer post established to take forward this work. The HSCP Recovery Plan has now paused recruitment of new posts for 2024-25 and will review at the beginning of 2025-26, which will limit our ability to achieve this outcome in the short-term.</p> <p>The carer's experience survey was completed, and valuable insights were gained from the 237 respondents. Of those numbers only 22% of carers said they have access to high quality information at a time and place of their choosing. We will review this data and set out the actions required to improve this response.</p> <p>The review of the model of delivery for Social Work Assistants, led by a Service Manager and a SLWG, has not yet completed and will be carried into Q4.</p>		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - eRostering	9.1	National Programme continues to report as Amber status. No interface development with Payroll systems completed. Local redesign and validation of roster build to be completed		9. Digital & Innovation	Amber - At risk - requires action	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	<p>Work is underway with the recently recruited Social Work Assistants to work with carers through the Adult Carers Support Plan (ACSP).</p> <p>A review is ongoing to analyse the collaborative working with internal and external partners to improve connectivity with unpaid carers. This will involve reviewing existing Service Level Agreements (SLA) and how to further develop these in support of unpaid carers.</p> <p>This objective involves collaboration with Citizens Advice & Rights Fife (CARF) who were commissioned to deliver an income maximisation project in The Wells. CARF have been unable to recruit to the posts to deliver this project to date. We continue to work with CARF and internal colleagues to take this forward.</p>		6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews within existing areas are being carried out. The roster reviews are moving at pace and will ensure rosters are accurate and additional support / training is provided. Once any corrections and revised templates are in place, this will support the implementation of SafeCare in these existing areas and help inform an effective and robust process for on-boarding new services when implementation resumes.	Revised eR rollout plan to be finalised for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
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	Externally commissioned partners were invited to apply to deliver the range of short breaks required. These are now established: The new 'Short Break Crisis Prevention Service' will be delivered by Crossroads who will provide 20 hours to each of 100 unpaid carers. The 'Respite' short breaks is being delivered by Fife Voluntary Action and is beginning to grow the number of breaks on offer.		6. Health Inequalities	Green - On Track	Green - On Track	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	Workforce review carried out and qualitative and quantitative data analysis underway	Support sufficient HV trainees to ensure adequate staffing trained staff available. Define a clear staffing model vision and identify strategies and actions to ensure sustainability can be assured.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	Initiatives to enhance the skills of practitioners and professionals in identifying and supporting carers at the earliest possible stage are ongoing. Continuous professional development opportunities remain a priority, with a collaborative workshop scheduled this quarter to strengthen partnerships and improve coordinated support for carers. In addition, a range of specialist support services continue to be commissioned, including hospital-based initiatives designed to proactively identify carers as early as possible. These measures aim to ensure that carers receive timely and appropriate support tailored to their needs.		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
PPD Succession Planning		Level 2 BLS and AED training places offered during Q3 exceeded demand. On track to deliver ~7000 training places. Clinical skills refresher training delivered to support mobilisation of staff within Partnership.	4 Return to Practice Nursing candidates recruited (2 x Acute, 2 x Partnership)		Amber - At risk - requires action	Green - On Track	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		Staff have continued to progress through the PTPT programme, with successful appointments to posts in Fife following qualification	Resolution of role within hospital setting		Amber - At risk - requires action	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Further admin support has been scoped which will help Strategic Lead with collation of data to report on this project		8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Development of Employability Strategy underway.	Review of MA numbers in line with key stakeholders. EMERGE taster sessions planned for January and February 2025.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Recommendations identified from benchmarking on the handling of absence management in this quarter. Work will progress into Q4 to implement recommendations. New Staff Care brand launched.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Revised workforce planning guidance received in December 2024 (DL 2024/33) and arrangements in hand for template submission to be developed, considered via governance routes and submitted to SG by 17 March 2025.	Preparation for development of draft NHS Fife Workforce Plan 2025-2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track
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.		The team continue to progress towards a the required number of Designated Prescribing Practitioners (DPPs), to ensure support of new prescribers. The scope of practice and available support for newly qualified prescribers is being reviewed ahead of implementation	Revised end of placement meetings in place for all EL Pharmacy Students Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	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 sim training has been delivered for the current cohort, with positive feedback. EL based on inter-professional approach, involving medics and nursing, has been undertaken, also receiving positive feedback. Foundation training programme staff continue to progress, and work is ongoing to deliver the next cohort Staff have progressed through NES clinical skills development, to the benefit of local patient groups. There have been developments allowing for local delivery of this training approach The board has champions identified as per NES SLA and a small number starting the RPS Core Advanced curriculum.	Continued work on simulation planning. Preparation November trainees starting (2 staff) Governance of FTY programmes to finalised		Green - On Track	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	Study Support Services are to be delivered by Education Directorate within Fife Council but has been subject to delays due to staffing issues. This will be reviewed with Education colleagues and a Plan developed for 2025-26 onwards. All other outcomes are now in progress through externally commissioned services and the quality and impact of these will continue to be reviewed.		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	MH Redesign and workforce mobilisation programme has required a review of staffing which will help inform future service models and ensure sustainable services		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Drafting of the Framework underway and information requested from each of the services.	Draft Framework		Green - On Track	Green - On Track	Green - On Track

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Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment Hub 1 Lead is underway with advert now 21st Jan 25. Comms plan under development to count down to go live with first students arriving on their clinical placements on 27th Jan 26	<p>Completion of Cameron Education Hub(large space in Cameron with teaching rooms x4, sim house, sim GP consulting room and 4 trolley sim area) and appointment of Hub Manager</p> <p>Successful recruitment to short term curriculum development posts</p> <p>Work on patient participation</p> <p>Ongoing involvement with NES and University of St Andrews (USTAN) re widening participation with Fife schools and their pupils. Carousel events organised at Cameron (5/12) & QMH (4/12) with high school pupils</p>		Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		259 colleagues from across NHS Fife & FHSC have actively continued to the inquiry phase so far (17 December 24) with more opportunities across January and February 2025 to further build insights and develop the underpinning activities to create alignment across the employee journey.	Core leadership behaviours - have been developed further, by leaders at all levels in Fife. The significant elements of a leadership framework (i.e. set of activities) are understood and shaped further, aimed at embedding our leadership ethos in practice.	8. Workforce	Green - On Track	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	Action complete- to be removed	Integration of Primary Care Nursing and Admin teams	1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		Due to focus on operational demands and the capacity required for of implementation of the new IDL system and new stock control system, preparatory work on centralisation of medicine procurement function (an initial enabler) has been delayed. There are longer term challenges known with securing the significant funding required for the wider centralisation and automation programme	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
SLA and External Activity		Assurance remains limited while discussions with external partners are pending There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift	Agreement to start discussion on the potential withdrawal process from current decontamination provider Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Unable to complete due to delays to integration with new LIMS		5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation		Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
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	Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays. Overall surge numbers have increased, if including wards 6 and 9. Paper going to SLT on 02/02/25.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor 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	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Plans in place to transform current AU1 nursing staffing model into A and B teams to form the basis of an SDEC staffing model. Medical model still under review.	Abbreviated IDL has to be in place Same day assessment admission documentation has to be in place	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	No specific deliverables for the national build this quarter however phase one (local delivery) is still to fully complete.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	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	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		The new IDL system has gone live, a very significant change for clinical teams across the health board. Support work is ongoing. Implementation of stock control system continues with preparatory work at a late stage and UAT starting early 2025	Go live of Pharmacy stock control system delayed due to system supplier delays Secondary file control build for stock control. Development and implementation of detailed project plans for electronic discharge document and Pharmacy Stock Control, to enable successful delivery. Completion of UAT on meds rec system Project plan for HEPMA to be progressed (agreed in Q2) Automation of dispensaries paused due to current financial constraints	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Continue to progress the Primary Care data sharing activities.		9. Digital & Innovation	Amber - At risk - requires action	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	Scottish Government Budget allocations have been cut by circa £0.760m so commitments and plans will need to be reviewed in line with reduced budget envelope. Finance colleagues have been providing support to identify all MH current spend to support financial planning.	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	3. Mental Health	Amber - At risk - requires action	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	Increased number of patients redirected to QMH MIU. 4 hour breaches have increased due to longer waits for beds due to longer length of stay, increasing from 4 days to 6 days for emergency admissions. ED performance remains below trajectory.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	GP IT Supplier placed into Administration. Await formal programme impact assessment	Agreed Business Case for GP IT Replacement	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	National Programme will not conclude a National LIMS Build till January 2026		9. Digital & Innovation	Amber - At risk - requires action	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.	10.1	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.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.5	Programme behind its financial recovery target.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	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	Identify opportunities within budget to increase activity and maximise capacity		5. Cancer Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines. Revised Acute Medicines Optimisation Plan in progress The availability of resources required to make the required changes in clinical practice is challenging.	Reporting structure reviewed and updated to show scheme finance position accurately Medicines Waste campaign launched	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop and Implement the Corporate Communication Strategy		To complement the Corporate Communications Strategy and following our first all staff internal communications survey in December 2024. A new Internal Communications plan is being developed and due to be published from 1st April 2025 to reflect feedback from the survey and ensure internal communications and opportunities for staff engagement are in place to support RTP and to enable change management across the organisation.	Strategy to be used to inform a range of bespoke Communications plans to support a wide range of Re-form, Transform and Perform (RTP) projects across NHS Fife including Unscheduled Care Redesign and internally our People and Change work		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		Public Participation and Community Engagement Strategy 2024-28 The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.	Our Public Engagement and Community Engagement Strategy and operational plan will help to inform and shape our engagement work in support of RTP and in partnership with Fife Health and Social Care Partnership Engagement Team.		Amber - At risk - requires action	Green - On Track	Green - On Track
Develop Strategic vision across all of Primary Care	1.2	CTAC services now progressed to 95% implementation. Plans to full implementation and business as usual by end of financial year 2024/25 CTAC and Imms workforce fully integrated	Progress CTAC to a state of business as usual. In line with National Direction, evaluate the effectiveness of the level of Pharmacotherapy in place.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track
Procurement Savings within Acute Services		Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Monthly RTP reporting continues, plans being developed for the 3% schemes and next steps at the end of 2024/25 financial year. 2025/26 plans are being developed for the 4 RTP programmes.			Amber - At risk - requires action	Green - On Track	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Overall we are doing well, working hard to hit our targets and working with all relevant parties to help achieve this. We haven't reached the 70% of all domestic waste recycled or composted however we still have a few more months to try and achieve this target. We did meet the target to reduce the domestic waste by a minimum of 15%. We are now in the middle of a trial to help with the correct segregation of waste and hoping this will help us reach our final figures.		10. Climate	Green - On Track	Green - On Track	Green - On Track
Action plan for the National Green Theatres Programme	10.6	We are still waiting for Stryker to commission the Neptune system in phase 3. This has been an ongoing battle but we are getting there.	Have Neptune system put in place at Victoria Hospital	10. Climate	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment activity paused for 24/25 fiscal year. Shared Service Agreement for ERRS under review to be completed by end of December 2024.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Decarbonisation of Fleet in line with Targets	10.4	Out of 12 to be converted to electric, 5 are leased and will take place by September this year. Timeframe of the rest are Dec 2025		10. Climate	Green - On Track	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Programme continues to progress against its plan.	Cyber Assurance Action Plan Agreed	9. Digital & Innovation	Green - On Track	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	Education pilot mainstreamed phase continues. Capacity created has been used to provide targeted education and prevention in pupil support services and health and wellbeing programmes. School nursing and third sector alliance has developed into a training/workforce development approach	Decision to be made if pilot is to continue within project board and ADP Joint Commissioning Group Dependent on decision further training plans will be developed for pilot schools dependent on identified need from students and school community School nursing and third sector alliance to commence	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		Phase 1 completed and this will be submitted to SG by the end of January.	Complete Phase 1 submission (Business Continuity) of the Whole Systems Infrastructure Plan	10. Climate	Green - On Track	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 Five Population Health and Wellbeing Strategy	1.4	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	Approved Prevention and Early Intervention Strategy is shared across HSCP and our Partner agencies.. In addition an Easy Read version will be created. Establish an oversight group with delivery subgroups	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Development and initiation of NHS Five Innovation Project Review Group (IPRG)	9.5	Review of IPRG underway to separate out elements of the Governance Pathway to allow for stage gate approval process and refined governance pathway.	Review membership and document set for IPRG to identify any alternations to membership or if the IPRG documentation could be improved	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Five		Work underway in various specialties on ACRT, PIRT and EQUIP pathways.	To support local teams work with centre for sustainable delivery roll out ACRT, PIRT and EQUIP pathways		Green - On Track	Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	we have completed the integration of workforce between CTAC and Immunisations with the 10/2 model , where Band 3 staff support CTAC for 10 months of the year with long term screening and low level foot screening, they then return to Immunisation to support he Winter Programme	S3 to S2 changes Communications Strategy to Stakeholders	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Enhance the capacity and capability across the team		The progress of the Procurement Team's development and the department's ability to provide enhanced support across the organisation continues in Q3.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation		Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans		Green - On Track	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.		Workforce planning activity has intensified in line with RTP requirements. HCSA data capture refined to meet SG and HIS reporting expectations.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	Green - On Track	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.		The Financial Management Team (FMT) is fully integrated across services providing business partnering and management accounting support in all areas of financial management with clear focus on RTP; and HSCP savings programmes.			Green - On Track	Green - On Track	Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Following local engagement with a national realistic medicines leader around respiratory prescribing earlier in 2024, the primary care pharmacy approach to review has continued to develop, incorporation of components within extant polypharmacy review approach. Within the east region formulary, steps are in place to encourage appropriate prescribing. The local approach is MDT focussed and incorporates a number of communication initiatives to reach across groups.	Development of a local plan for implementation. Delivery of patient reviews to ensure appropriate inhaler use to reduce emissions from inhaler propellant.	10. Climate	Green - On Track	Green - On Track	Green - On Track
Improve sustainability of Primary Care	1.1	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) - Current proposal is to test a hub model in the West of Fife between Jan - March 2025. Test Urgent Care Hub close to Acute site to determine potential increased redirection rate - potentially at risk as no current suitable facility to house a hub model close to the VHK. Current in-hours resources have been allocated within KDY Cluster and removal of this resource to support a hub would be detrimental to PCIP service delivery Develop hub to establish MDT approach, across Primary care and community services - ongoing discussions with GMS regarding PCIP MDT hub model approach, however, at risk, due to current allocated resources to ANP, MH, & MSK is not sufficient enough Fife Wide to attempt such hub model Develop workforce across in/out of hours - this has been delivered 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 the current proposal is to test this hub in the west of Fife		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capability within the team to deliver service improvement and meet growing service demand		The financial processing requirements of Direct engagement are now embedded and the Finance Directorate continue to support Workforce, ASD and the H&SCP with the optimum service implementation aspects.			Green - On Track	Green - On Track	Green - On Track
IPQR Review		Monthly reports distributed accordingly with inclusion of Stroke Bundle compliance at request of Medical Director. Review took place of all metrics with changes made where applicable. Team training on PowerBI completed. Testing taking place on data collations.	Mid-year review of trajectories/targets Include Stroke Bundle Monthly reports produced and distributed accordingly Start dashboard build		Green - On Track	Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Programme continues to progress against its plan.		9. Digital & Innovation	Green - On Track	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	MH DCAQ and Inpatient Dashboards established. Functionality and content continues to be developed and reviewed to ensure data is accurate. KPI's in place and MHQI data suite is held within D&I Data & Insight hub	Dashboards established and functional for DCAQ & Inpatient. KPI's across all services identified and collation process underway MHQI suite of information accessible and sources of data identified and accessible.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement an approved Environmental Management System.	10.5	NHS Fife is undertaking environmental impact assessments of departments of interest such as laundry and laboratories to assess any significant environmental risks. Following these assessments, adaptations or recommendations are provided to encourage action to reduce environmental impact where possible. NHS Fife has a full EMS policy, legal register, and is beginning to create the main procedural documents to establish how the EMS will function to work towards a full EMS system across the organisation.	Have made progress with our aspects and impact register	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	We have carried out an analysis of our current changing and showering facilities across NHS Fife. We are currently utilising funding from Cycling Scotland to upgrade storage facilities at Victoria Hospital.	Analyse facilities across NHS Fife sites to ensure they support active travel requirements	10. Climate	Green - On Track	Green - On Track	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	AU2 garden not yet complete, looking to be complete early 2025	Have completed AU2 staff garden project.	10. Climate	Green - On Track	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.		Work continues on the service redesign, with NHSF actively participating in this process through engagement at the Consortium Quality Board meetings.			Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	<p>Work on Entonox/nitrous paused in November 2024 as we are awaiting an external occupational hygiene assessment of maternity (identified as an exposure risk to staff). All other areas using nitrous/Entonox assessed as low risk and no further action required. Work is ongoing (BAU) reviewing usage of nitrous/Entonox.</p> <p>There is nothing further to add at this stage. It is expected that the group set up to specifically review the Technical Update for Entonox mitigation will conclude by the end of March with the Medical Gas Committee assuming responsibility for ongoing oversight</p>	Review risk assessments surrounding exposure limits of Nitrous oxide	10. Climate	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Data is currently being collated into databases, there is continuing work ongoing to build on the initial data request as further reporting requirements are requested. An SBAR for a test of performance automation for the IJB report has been submitted to committees and the IJB Board, with a proposal for the first automated report to be produced in the new financial year, which will take place in 25/26 Q1. Further automation for other reports will be completed after the IJB report is complete and approved.	Collate data into databases and develop proof of concept of automation	6. Health Inequalities	Green - On Track	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	NHS Fife is currently reviewing risks through public sector collaborations and establishing a path forward for monitoring, evaluation and making recommendations for climate adaptations to be undertaken within the organisation based on current priorities and future predictions of climate scenarios. Our main adaptations will focus on retrofit and nature-based solutions to flooding and overheating. These adaptations will not only help the board become more resilient and prevent service disruption but also enhance biodiversity and provide greenspaces for patients and staff.	Work with the resilience team on flood management plans and identify key sites that are at risk	10. Climate	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		<p>Winter Preparedness Plan 24/25 was on agenda of EDG 20/12 and approved to be shared with CGC at EDG on 09/01.</p> <p>Plan comprised of information from SG Winter Preparedness Checklist (submitted mid-Oct) as well as feedback collated at Planning Event.</p> <p>ADP 24/25 Q2 report was compiled before being endorsed by EDG, Committees and Board for submission to SG.</p>	<p>Feedback from Planning/Review Event to be presented at IUCPB</p> <p>Produce Winter Plan and complete Winter Preparedness Checklist for SG</p> <p>ADP24/25 Q2 to be produced</p> <p>Guidance for ADP25/26 received</p>		Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		<p>Transferred to Morse is complete, however, some areas required further input from digital colleagues.</p> <p>Trak Care slight delays - further work required by digital to accommodate opt in option. Person-centred booking.</p>	ERP transferred from Tiara to MORSE (complete)	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		Workforce Directorate transformation update paper to EDG on 20 December 2024 with PMO support to move the recommendations into actions in Q4.	Embed new service delivery model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		On track	Closure report to NHS Fife Board	9. Digital & Innovation		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Complete NHS Fife's Phase 2 M365 Programme		Complete	Assess future options for maximisation of M365 products in line with current licence	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	9.3	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.			Review evaluation available	7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Developed summary report outlining the NHS Fife Change Model and submitted to EDG in January 2025	Develop Change Model overview.		Green - On Track	Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Mid Year Report signed off by NHS Fife Board in November 2024. Now published on NHS Fife webpages at https://www.nhsfife.org/strategy/	Deliver the 2024-25 Mid-Year Report to the November Board.		Green - On Track	Green - On Track	Green - On Track

Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & PDPR Compliance Rates
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Learning and Development Manager

Executive Summary

- This paper is a response to the escalation of current performance metrics of both PDPR completion and core skills / mandatory training compliance rates across the organisation; raised at the NHS Fife Board held on 26th November 2024.
- This paper captures the progress made in the recovery plan implemented in December 2024 to drive up performance against two of NHS Fife's corporate objectives for 2024/2025, i.e.;
 - a) 80% compliance achieved by 31st March 2025 for all staff across our core skills / mandatory training suite and
 - b) 60% of staff having completed a Personal Development Plan Review (PDPR) by 31st March 2025.
- Appendix 1 illustrates the outstanding actions identified in December 2024 that will be progressed by 31st March 2025.
- The paper also includes a long-term sustainability plan identifying actions required to increase performance metrics into the 2025-2026 reporting period as seen in Appendix 2. An impact assessment of these actions has been assigned to demonstrate likely impact across the range of actions.
- The recovery plan and ongoing sustainability plan both outline a complex suite of activities, that rely on multiple stakeholders and opportunities to remove barriers now, and for the longer term. The barriers are illustrated as either understood or likely at this time, with a view to continued investigation and resolution for increased performance now and longer-term sustainability, over time.
- This paper provides a **limited** level of assurance.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

- Safe, Effective & Person Centred

2. Report Summary

2.1 Situation

NHS Fife shows an overall core skills compliance rate of **64%** as at January 2025. The 2024/2025 corporate target for core skills compliance rates is **80%** by 31st March 2025. NHS Fife has a trajected shortfall of **16%**.

NHS Fife has a completion target of **60%** against PDPR completion rates. NHS Fife shows an overall compliance rate of **44.3%** against PDPRs as at 31st January 2025. NHS Fife has a trajected shortfall of **15.7%**.

2.2 Background

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 “appropriately trained”. The core element is the Personal Development Plan and Review (PDPR) process underpinned by an electronic recording and monitoring system TURAS. It has been recognised that the most important element of the PDP process is the quality “face to face”, meaningful discussion between reviewer and reviewee.

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements associated with their role.

2.3 Assessment

Achieving core skills compliance and PDPR completion rates is a complex task, and necessitates commitment from every manager, every employee and NHS Fife in understanding their importance, and our obligations in both regards. Through implementation of the recovery plan a number of barriers were identified and although work to resolve these commenced in December 2024, further work is required to reduce these to meet the defined targets before end March. In the longer term, it will be necessary to fully understand the levers required to redress and support the adoption of good practices as the norm across the organisation.

The progress made to date in relation to the Action Plan activities that were stood up and are currently progressing in December include:

1. Data Reconciliation

- Efforts are underway to reduce incomplete appraisal sign-offs. As of 17th December 2024, 27 out of 300 contacted had completed their Appraisal document, with more expected in January 2025. Tracking progress is challenging due to new Appraisals being added. Currently, there are 296 'one dotter' Appraisals.
- Ensuring that all paper-based appraisal conversations are accurately reflected in Turas Appraisal to support compliance reporting. Services using this approach have confirmed that all previous paper-based appraisal conversations have been accurately recorded and that future conversations will be documented promptly to meet the 31st March 2025 deadline.
- Integrating 'standalone' Turas accounts into NHS employments to enhance Core Skills compliance reporting. In December, 380 standalone accounts were linked to NHS Fife employments and are now included in Core Skills reporting. Efforts are ongoing to associate approximately 1300 additional accounts, with the goal of completing as many as possible by the 31st March 2025 deadline.

2. Appropriate training provision

- Ensuring core skills training capacity is appropriate to meet demand levels. Training providers have confirmed the number of spaces available up to 31st March 2025 will meet the levels required.
- Increased number of Turas Appraisal training session to meet anticipated level of demand in this area.
- Communications provided directly to all managers in early December 2024 outlining Corporate Induction completion requirements. This has resulted in increased activity from managers requesting Corporate Induction packs for their new members of staff.

3. Service Engagement

- From week commencing 2nd December 2024, Executive Directors in all Corporate Services and individual managers were provided with reports detailing current Core Skills and PDPR compliance rates for all employees within their own services. This is the first time ever this type of report has been available in NHS Fife.
- Informing Corporate Services managers of the expectation that 100% compliance is reached across both Core Skills and PDPR by 31st March 2025.
- Providing reports to the Executive Directors of Acute Services and HSCP detailing current Core Skills and PDPR compliance rates for all employees within their own services. Following a delay in issuing individual manager reports due to the high level of data reconciliation work associated to the standalone accounts, this work has now recommenced and will be completed by the close of week commencing 17th February 2025.

These initiatives have already yielded positive outcomes, with increases in both Core Skills and PDPR compliance by the end of January 2025. PDPR engagement reached 44.3%, marking the highest compliance rate since April 2022. Organisationally, Core Skills compliance rose by 4% in just one month, reaching 64% by year-end, with the most significant improvements seen in Acute Services (3%) and HSCP (2%). These results highlight the progress made through standalone account efforts, particularly among employees in Medical and Dental roles or those who participated in Corporate Induction learning and hold AfC clinical positions.

Core Skills compliance levels remained at 64% at the end of January with the main contributing factors to the lack of increased compliance attributed to a decline in Resuscitation and Equality and Diversity engagement with both topics reflecting a 5% decrease in engagement compared to the previous month. Training providers will be asked to determine causes of decline and identify appropriate recovery actions to mitigate further declines and improve compliance rates.

Recovery Plans 2024/2025 and 2025/2026

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/2026.

Likely Results from the Short-term Recovery Plan

PDPR completion rates: In summary, if all corporate areas deliver 100% completion rates and the full (joint sign off) of appraisals are delivered, we are confident we will see a 7% increase in PDPR rates which will take our completion rates to 50% overall. To further improve this rate, will require the extended efforts of managers and employees in the HSCP & Acute services.

Core skills compliance rates: And, if all TURAS standalone accounts can be linked to NHS Fife employment, we are fairly confident we will see around 10% increase in core skills compliance. If all desk-based employees in corporate services achieve 100% compliance, this will drive up performance by 4%, taking our overall rates from 60% to circa 74%. To further improve this rate, will require the extended efforts of managers and employees in the HSCP & Acute services.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance, and rates which reflect quality PDPR conversations, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

Providing workforce with opportunities to enhance, or refresh, skills and knowledge will support the Staff Governance Standard for staff to be well informed, appropriately trained and provided with a continuously improving and safe working environment. It will also support the strategic priority of the Board to improve staff experience and wellbeing leading to an engaged and positive workforce.

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work. Manager reports detailing Core Skills compliance and PDPR engagement are being issued with OBIEE reporting capacity now available.

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

The equality, diversity and human rights training introduces staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with the Director of Estates and Facilities and Director of Workforce. The paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

The Core Training Compliance updates and PDPR completion rates have previously been considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle i.e.;

- Executive Directors Group – 20 December 2024
- Staff Governance Committee – 7 January 2025
- Area Partnership Forum – 22 January 2025
- NHS Fife Board – 30 January 2025

This recovery plan instigated from the NHS Fife Board meeting on 26th November 2024, will progress the governance cycle in the next quarter via:

- Executive Directors Group – 20 February 2025
- Staff Governance Committee – 4 March 2025
- Area Partnership Forum – 19 March 2025
- NHS Fife Board – 25 March 2025

2.4 Recommendation

This paper is provided to NHS Fife Board members for:

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

3. List of Appendices

The following appendices are included with this report:

Appendix 1 illustrates the recovery plan and the actions that have been completed to date.

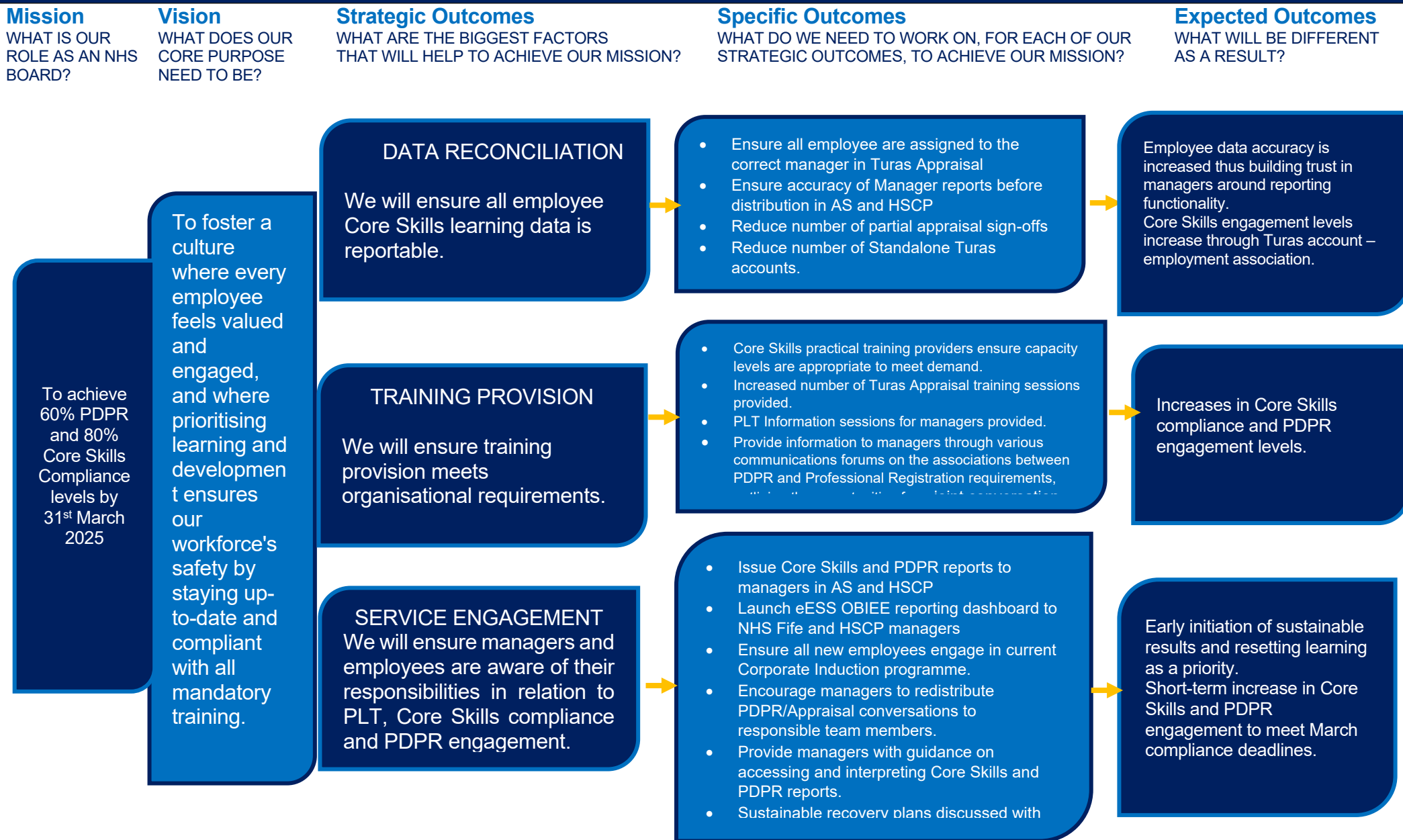
Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/2026.

Report Contact:

Jackie Millen
Learning and Development Manager
Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2024-25



Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2025-26



Meeting: Audit & Risk Committee

Meeting date: 13 March 2025

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:

- External Quality Assessment
- Internal Audit Framework
- Counter Fraud Standards Assessment

2. The Committee considered the following items of business:

2.1 Global International Accounting Standards Changes in 2025

The Committee were advised on the changes to the Global International Accounting Standards and took a **“moderate” level of assurance** that FTF Internal Audit will develop an improvement plan to ensure conformance with the new Standards during 2025/26, and to ensure actions to address recommendations from the EQA is implemented. The Committee noted that the Committee's Terms of Reference will be updated to reflect the Global International Accounting Standards requirements.

2.2 Internal Audit Progress Report

The Committee took a **“moderate” level of assurance** from the report and noted that the change to the 2024/25 Internal Audit Plan has been electronically approved by the Audit and Risk Committee after the last meeting. The Committee noted that an updated Internal Audit Framework will be presented to the Committee in May 2025.

2.3 External Audit – Follow Up Report on Audit Recommendations

The Committee were updated on the two audit recommendations included within the 2023/24 External Audit Plan and took a **“moderate” level of assurance** from the report.

2.4 External Auditors' Interim Audit Report

The Committee were provided with a verbal update in relation to the areas of work that can be brought forward in the interim period, in preparation for the year-end Annual Accounts.

2.5 External Annual Audit Plan

The Committee took **assurance** from the update provided and noted that the plan includes the audit fee for 2025/26 and represents a 2.3% increase.

2.6 Patients' Private Funds - Audit Planning Memorandum

The Committee took **assurance** from the paper and were advised that a stand-alone Audit Planning Memorandum is being prepared for patients' private funds.

2.7 Blueprint for Good Governance Improvement Plan Update

The Committee took a “**moderate**” **level of assurance** and **noted** progress in delivery of the Board's current Improvement Plan, including the development of an assurance framework for the Board, which is expected later in the year.

3. Delegated Decisions taken by the Committee

3.1 Losses & Special Payments Quarter 3 Report

The Committee **agreed** to hold a Development Session on Losses & Special Payment, to enhance the understanding of reporting.

3.2 Risks & Opportunities Group Progress Report - March 2025

The Committee **agreed** to hold a Development Session in the forthcoming year to better understand the evidence around managing corporate risks.

4. Update on Performance Metrics

N/A.

5. Update on Risk Management

5.1 The Committee 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 Committee received an update on the new risks for Substance Related Morbidity and Mortality and Hospital Acquired Harm. The Committee were advised that work continues at Board level to identify areas of discomfort for risks that are above the risk appetite level.

6. Any other Issues to highlight to the Board:

None

Alastair Grant
Chair, Audit & Risk Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 13 MARCH 2025 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Cllr Mary Lockhart, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Susan Dunsmuir, incoming Director of Finance (*observing*)
Andrew Ferguson, Senior Manager, Azets
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Chris McKenna, Medical Director
Caitlin McKenzie, Senior, Azets
Maxine Michie, Deputy Director of Finance (*deputising for the Director of Finance & Strategy*)
Pat Kilpatrick, Board Chair (*part*)
Carol Potter, Chief Executive (*part*)
Arlene Wood, Non-Executive Member and incoming Chair of the Committee (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to two observers to today's meeting: Arlene Wood, Non-Executive Member, who will take over the position as Chair of the Committee from April 2025, and Susan Dunsmuir, who will join NHS Fife on 1 April 2025 as the new Director of Finance.

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 Nicola Robertson (Area Clinical Forum Representative) and routine attendees Andy Brown (Principal Auditor), Margo McGurk (Director of Finance & Strategy) and Dr Shirley-Anne Savage (Associate Director of Risk & Professional Standards). A welcome was also extended to Dr Chris McKenna, Medical Director, who has assumed the Executive lead for risk management.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 12 December 2024

The minute of the last meeting was **agreed** as an accurate record.

4. Chair's Assurance Report Presented to Fife NHS Board on 30 January 2025

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

5. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates on the Action Lists.

6. INTERNAL AUDIT

6.1 Global International Accounting Standards Changes in 2025

The Chief Internal Auditor updated the Committee on changes to the new Global International Accounting Standards Changes in 2025, which are fully detailed within the paper. It was noted that the Standards will be applied from a public sector perspective.

It was reported that an improvement plan will be developed, which will ensure Internal Audit's conformance with the new Standards during the forthcoming year and also ensure that actions are taken to address the recommendations from the recently undertaken External Quality Assessment (EQA). The improvement plan will be presented to the next Committee meeting, followed by updates to the Committee on a bi-meeting basis. The Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

It was reported that reference to the Standards will be incorporated into the Committee's Terms of Reference, which document is currently being reviewed as part of the annual review process. It was also reported that it is anticipated that the new Standards will be incorporated into the guidance within the Scottish Government Audit & Assurance Committee Handbook, and that this has been raised with the Scottish Government to enquire about timescales for this.

The Committee took a "**moderate**" level of assurance that FTF Internal Audit will develop an improvement plan to ensure conformance with the new Global International Accounting Standards during 2025/26, and to ensure actions to address recommendations from the EQA is implemented.

Members also:

- **agreed** that the Audit and Risk Committee Terms of Reference will be updated to reflect the Global International Accounting Standards requirements, to be brought to the May meeting of the Committee; and.

- **agreed** that the internal audit improvement plan will be monitored by the Audit and Risk Committee.

6.2 Internal Audit Progress Report

The Regional Audit Manager highlighted that the amendments to the 2024/25 Internal Audit Plan have been approved electronically by the members of the Audit and Risk Committee in the period since the last meeting.

An overview on the key points from the progress report were provided, and a summary of the findings from the Environmental Management internal audit review, which has concluded since the December 2024 Audit and Risk Committee, was highlighted.

It was reported that, overall, good progress has been made to implement, deliver and monitor requirements of the Directors' Letters for the Annual Accounts.

Following a question, assurance was provided that completion of prior years' audits can, on occasion, continue into the following year.

It was advised that an updated Internal Audit Framework will be presented to the Committee in May 2025.

The Committee took a **“moderate” level of assurance** and **noted** that the change to the 2024/25 Internal Audit Plan has been electronically approved by the Audit and Risk Committee after the last meeting.

6.3 Internal Audit – Follow Up Report on Audit Recommendations 2023/24

The Regional Audit Manager reported that progress continues to be made by management in implementing actions to address recommendations made in internal audit reports. It was highlighted that there are four recommendations remaining from reports published more than 12 months ago, and assurance was provided that internal audit is content that the approved revised target implementation dates are reasonable and appropriate in the stated circumstances.

The Committee took a **“significant” level of assurance** on the progress being made in implementing actions to address recommendations made in internal audit reports.

7. EXTERNAL AUDIT

7.1 External Audit – Follow Up Report on Audit Recommendations

The Head of Procurement & Financial Services reported that there were two audit recommendations included within the 2023/24 External Audit Plan, and an overview was provided on how both those recommendations have been addressed. Assurance was provided that refinement to an internal process is required, in relation to the recommendation to undertake a review of the general ledger account codes and the associated mappings into the financial statements.

The Deputy Director of Finance provided assurance that the Finance Directorate are prepared in relation to the engagement process for this year's Annual Accounts and that they have been presented with the audit expectations from the External Auditors.

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

7.2 External Auditors' Interim Audit Report

A Ferguson, Azets, provided a verbal update and highlighted the areas of work that can be brought forward in the interim period, in preparation for the year-end Annual Accounts, including significant work around the revaluation of Victoria Hospital, income and expenditure mapping, and exploring wider pieces of work that can be brought forward. An overview was provided on the constructive session held recently with the full Finance Directorate to prepare for the Annual Accounts process.

The Committee **noted** the update.

7.3 External Annual Audit Plan

C Brown, External Auditor, advised that the report has been updated to include details of the audit fee for 2025/26, following release by Audit Scotland. The fee has been discussed and agreed with management and represents an increase of 2.3% from the previous year. It was noted that there are no further changes to the plan from that previously presented to the Committee.

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

7.4 Patients' Private Funds - Audit Planning Memorandum

The Head of Procurement & Financial Services explained that NHS Fife Board manage a number of patients' private funds, which are held separately from the NHS Fife Board Accounts, and that a stand-alone Audit Planning Memorandum is being prepared.

An explanation was provided on auditing community hospitals, and it was advised that funds held by NHS Fife are predominately for mental health patients on long-term stay, which only occurs at certain sites. The Head of Procurement & Financial Services agreed to clarify the process for auditing patients' private funds.

Action: Head of Procurement & Financial Services

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

8. ANNUAL ACCOUNTS

8.1 Initial Annual Accounts Preparation Timeline

The Head of Procurement & Financial Services presented the initial Annual Accounts preparation timeline and highlighted that the robust timescales are always a challenge in relation to ensuring maximum time for external auditors to review the Annual Accounts.

It was highlighted that the Integrated Joint Board have a slightly later submission date for their Annual Accounts, and assurance was provided that early discussions have taken place to explain NHS Fife's position, and that communication channels will remain open to share any developments, which may impact on submission dates.

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

9. RISK

9.1 Corporate Risk Register

The Medical Director reported that a new risk for Substance Related Morbidity and Mortality has been considered by the Public Health & Wellbeing Committee, and that, following closure of the Optimal Clinical Outcomes risk, a new risk for Hospital Acquired Harm has been developed for consideration by the Board at its next meeting. Further detail is provided as an appendix and captures where the risk derives from and the mitigations that sit against it. It was reported that, through delegation within the system, subgroups are responsible for the delivery of each of the subsets of the risk and taking accountability of monitoring actions.

It was advised that the Off-Site Sterilisation and Disinfection Unit risk has been removed as a corporate risk and is now monitored as an operational risk. An overview was provided on the number of risks aligned to each strategic priority, and it was noted that an updated risk appetite statement has been included as an appendix. It was also reported that a further corporate risk is being developed for dentistry.

Discussion followed, and it was advised that work continues at Board level to identify areas of discomfort for risks that are above the risk appetite level. It was also advised that a continual area of development for the Board is in relation to making decisions in relation to resources and activity for risks that are higher than the target score. It was emphasised that a continued approach to risk, transformation work and prioritising resource across the whole system is required, and to continue those discussions. The importance of 'deep dives' was highlighted, noting the likelihood of this term being replaced by a more meaningful name, and the role of the Committee in terms of ensuring the overall systems and processes are working properly was highlighted.

The Medical Director agreed to share the deep dive on the Substance Related Morbidity and Mortality risk.

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 the risks as far as is possible to do so.

9.2 Risks & Opportunities Group Progress Report - March 2025

The Medical Director reported that the Risk & Opportunities Group continues to support the Executive Directors' Group in the ongoing development of the effective Risk Management Framework. It was advised that responsibility of the group includes considering the review of the Risk Management Framework, key performance

indicators, deep dive reviews for risks, and horizon scanning of potential future risks. It was noted an annual assurance statement for the group will be provided in May 2025, as part of the overall suite of assurance reports included within the year-end Annual Accounts.

Discussion took place on the current usage of the terminology of 'deep dives', and it was suggested to remove this to replace instead with a reference to a comprehensive re-evaluation of each risk ('risk and focus' is a term used elsewhere) and to have a rolling and prioritised programme of these detailed reviews, commencing with the highest-level risks.

It was agreed to hold a Development Session in the forthcoming year to better understand the evidence around managing corporate risks.

Action: Medical Director/Board Committee Support Officer

The Committee took a **"moderate" level of assurance** from the update provided.

10. GOVERNANCE MATTERS

10.1 Audit & Risk Committee Self-Assessment Report 2024/25

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Audit & Risk Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. It was advised that a long-standing vacancy on the Committee for much of the previous year had regrettably affected attendance levels. Within the responses, there were mixed opinions on whether the required level of independent challenge and discussion is evident at the Committee, particularly around broader internal control-related matters. It was advised that the Committee could be strengthened by including a member with specific risk management experience and that would be a focus of the forthcoming Non-Executive recruitment. The length of papers was highlighted, and it was also noted that further development on the full scope of assurance responsibilities that sit with the Committee was requested. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, and a meeting has been arranged in the coming weeks with the Chair and Committee Chairs to start discussions on Board-wide enhancements.

The Chair took the opportunity to encourage members to approach the Chair, should they have any issues that they would wish to discuss on a one-to-one basis.

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

10.2 Annual Review of Audit & Risk Committee Terms of Reference

The Board Secretary provided a verbal update and advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an

annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

It was reported that the Committee's Terms of Reference will be presented at the next Committee meeting, following the incorporation of the Global International Accounting Standards changes, as discussed earlier in the meeting, and feedback/comments from a scheduled Committee Development Session in April 2025 to discuss the Committee's Terms of Reference. Assurance was provided that the timing for the revised Terms of Reference to go to the NHS Fife Board is still within the required timeframe.

The Committee **noted** the update.

10.3 Blueprint for Good Governance Improvement Plan Update

The Board Secretary provided background detail, advising that a survey was undertaken in December 2023, which took the form of benchmarking against the Blueprint for Good Governance. Following on from that exercise, an action plan was developed and approved by the Board in March 2024. An update on the action plan was last presented at the September 2024 Audit & Risk Committee meeting.

Progress on a number of actions were highlighted. It was reported that one outstanding action is mainly linked to work that is ongoing at a national level, including improving diversity of Board members via this year's recruitment exercises. The second outstanding action is related to creating an assurance framework for the Board, and it was reported that NHS Scotland Board Secretaries are in discussions around good practice in this area, which will be adopted a local level. A first draft of the assurance framework is expected later in the year.

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

10.4 Losses & Special Payments Quarter 3 Report

The Head of Procurement & Financial Services highlighted the key points from the report and advised that the Board's losses and special payments have increased by £814,528 in quarter 3 (£1,026,309) in comparison to quarter 2 (£211,781) 2024/25. The increase was predominantly as a result of the increase in value of the clinical ex-gratia compensation payments, which will be given further scrutiny going forward. An overview was provided on the quarterly analytical review, provided within the paper.

It was questioned what systems and processes are in place to enable learning and identify patterns. In response, it was advised that the work of the Organisational Learning Group is still developing and that this will form part of consideration to share learnings across the whole system.

It was agreed to hold a Committee Development Session on losses & special payments, to enhance the understanding of reporting.

Action: Head of Procurement & Financial Services/Board Committee Support Officer

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

10.5 Procurement Tender Waivers Quarter 3 Report

The Head of Procurement & Financial Services reported that, during quarter 3, there were two waivers of competitive tender for the provision of oral nutritional supplements, with a value of £353k, and urology thulium fibre laser consumables, with a value of £78k, which have both been approved in line with NHS Fife’s Standing Financial Instructions.

Discussion followed, and an explanation was provided on the reasons why tender waivers can be provided to the same suppliers on a cyclical basis, and assurance was provided that this is scrutinised by the Finance Team. An explanation was also provided on the methods of paying for assets through a contract. A further explanation was provided on provision of oral nutritional supplements and the mitigations circumstances for the tender waiver.

The Committee took a “**significant**” level of assurance that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

11. FOR ASSURANCE

11.1 Audit Scotland Technical Bulletin 2024/4

The Head of Procurement & Financial Services highlighted that the bulletin is provided to the Committee for awareness around the key developments that are being highlighted to the Auditors, and that this edition of the bulletin is largely around the Annual Accounts.

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

11.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that the External Quality Assessment, Internal Audit Framework and Counter Fraud Standards Assessment have been deferred to the next meeting and added to the 2025/26 workplan.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no escalations to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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

14.1 Chair

The Board Secretary, on behalf of the Board and Executive team, warmly thanked the Chair for his service and chairmanship during his time on the Committee. Members joined in thanking the Committee Chair for his input into the work of the Committee. It was advised that Arlene Wood, Non-Executive Director, will take over the role from 1 April 2025.

Date of Next Meeting: Thursday 15 May 2025 from 2pm – 4.30pm via MS Teams.

Meeting: Clinical Governance Committee

Meeting date: 7 March 2025

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:

- Value Based Health and Care Delivery Plan (May 2025)
- Public Protection, Accountability & Assurance Framework (May 2025)
- Participation & Engagement Report (Date to be confirmed)
- East Region Neonatal Services Report (Date to be confirmed)
- Safe Delivery of Care Health Improvement Scotland Inspection Report (May 2025)

The Committee approved the proposed workplan for the financial year 2025/26, noting that additional items from the corporate objectives process will be added on, as appropriate.

2. Matters Arising

2.1 Orthopaedic Hip Fracture Audit Update & Action Plan

The Committee received a verbal update, noting that a comprehensive review and full impact assessment is complete. The paper will go to the May 2025 Committee meeting following discussion at Executive Directors Group.

2.2 Clinical Outcomes of Closed Loop System Insulin Therapy

The report provided an overview of the clinical benefits to patients of closed loop insulin therapy and highlighted the short term and long term advantages of this technology in reducing the risk of complications associated with poor blood glucose control. Committee took a **“moderate” level of assurance** from the report. It was advised that NHS Fife has the highest rate of implementation of this form of treatment, which is testament to the commitment and dedication of the team.

3. GOVERNANCE

3.1 Clinical Governance Oversight Group Assurance Summary from 11 February 2025 Meeting

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

3.2 Mental Health Oversight Group (MHOG) Assurance Summary from 22 November 2024 Meeting

The Committee took a **“moderate” level of assurance** from the assurance summary and were advised that there are plans in place to ensure that there is joint governance and oversight, in partnership with the Health & Social Care Partnership, for the new Mental Health Strategy.

3.3 Corporate Risks Aligned to CGC

There are 4 corporate risks aligned to the CGC. The committee discussed the ‘Deep Dive’ review associated with the new risk of Hospital Acquired Harm. Mitigating actions were noted. The committee also had opportunity to review the Whole System Capacity risk.

Risk mitigation for Cyber resilience and Digital and Information to be provided on risk register, it was agreed to discuss the detail of this out with the 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
9	Quality and Safety	Within risk appetite
17	Cyber Resilience	Above risk appetite
18	Digital and Information	Above risk appetite
22	Hospital Acquired Harm	Endorsed by CGC

4. STRATEGY AND PLANNING

4.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Committee took a **“moderate” level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

5. QUALITY AND PERFORMANCE

5.1 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. The stroke bundle was discussed and further detail was provided in relation to door to needle time for thrombolysis, it was agreed to consider a wider report around Stroke Care Standards at future CGC meeting.

5.2 HEALTHCARE ASSOCIATED INFECTION

The Healthcare Associated Infection report was reviewed and discussed. An

unannounced Health Improvement Scotland follow up visit took place in December 2024 at Victoria Hospital and the report is expected to be published in March 2025. A paper will be presented to CGC in May relating to the publication and progress with the action plan.

Information was requested by CGC relating to MRSA and CPE screening compliance rates, further detail to be provided.

There were no infection and prevention control issues for escalation to the Board with a **moderate level of assurance** taken.

5.3 Quality of Care Review Framework

The CGC were provided with an overview of the Quality of Care Review Framework. The report provided a moderate level of assurance on NHS Scotland's Excellence in Care (EiC) Programme and its Quality of Care (QoC) Review process, designed to continuously improve patient care standards. Noted further work is underway to consider the application to Mental Health and Community based services.

6. Information Governance and Security Steering Group Assurance Report

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. Assurance was provided in relation to the active incidents, and that there are no concerns to be raised in terms of any disclosure for this financial year.

7. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

7.1 Patient Experience & Feedback

The Committee took a **"moderate" level of assurance** from the overall report noting that all the hard work and improvements implemented have resulted in positive traction for complaints performance both in Stage 1 and Stage 2 complaints.

8. ANNUAL /OTHER REPORTS

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

- Director of Public Health Annual Report 2024 (**"moderate" level of assurance**)
- Medical Education Annual Report 2024 (**"moderate" level of assurance**)
- Organisational Duty of Candour Annual Report 2023/24 (**"significant" level of assurance**)

8. Delegated Decisions Taken by the Committee

- Endorsed final version of CGC Terms of Reference
- Endorsed the Annual Delivery Plan Quarter 3 Report

- Approved Annual CGC Workplan for 2025-26

9. 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
- The Quality & Care Review Framework was commended as a robust system of assurance in relation to elements of clinical care.
- The risk management approach used in the Information Governance & Security was commended
- The improvement work undertaken by the Patient Experience and Feedback team and achievements made in Stage 1 and Stage 2 Complaints was acknowledged

Arlene Wood
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 7 MARCH 2025 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive
Nicola Robertson, Area Clinical Forum Representative
Joy Tomlinson, Director of Public Health

In Attendance:

Bryan Archibald, Planning & Performance Manager (*items 8.1 & 9.1 only*)
Lisa Cooper, Head of Primary & Preventative Care (*deputising*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
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 routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Gemma Couser (Associate Director of Quality & Clinical Governance), Susan Fraser (Associate Director of Planning & Performance), Lynne Garvey (Director of Health & Social Care), Ben Hannan (Director of Planning & Transformation), Helen Hellewell (Deputy Medical Director, Health & Social Care Partnership), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division), Margo McGurk (Director of Finance & Strategy), Neil McCormick (Director of Property & Asset Management) and Dr Shirley-Anne Savage (Associate Director for Risk & Professional Standards).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. **Minutes of Previous Meeting – Friday 17 January 2025**

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

4. **Chair’s Assurance Report Presented to Fife NHS Board on 30 January 2025**

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

5. **Matters Arising / Action List**

The Committee noted the closed item on the Action List.

It was noted that the Safe Delivery of Care Report has been published and will be presented to Committee at the May meeting.

5.1 **Orthopaedic Hip Fracture Audit Update & Action Plan**

The Medical Director provided a verbal update and reported that a comprehensive review has been undertaken by the Senior Clinical and Managerial Team in Orthopaedics and Acute Services in relation to theatre capacity. A paper has been prepared and will be discussed at the Executive Directors’ Group before being presented to the Committee at the May 2025 meeting, along with the action plan.

The Committee **noted** the update.

5.2 **Clinical Outcomes of Closed Loop System Insulin Therapy**

The Medical Director advised that the report presented describes the clinical outcomes of the closed loop system insulin therapy and the reasons to continue to invest in the technology for patients, of which an overview was provided. It was advised that the introduction of this technology for people with diabetes in the short / medium term, will provide a significant reduction on consequences associated with the condition. An overview was also provided on the funding elements.

Following questions, it was advised that NHS Fife has the highest rate of implementation of this form of treatment, which is testament to the commitment and dedication of the team. It was noted that, meantime, there are only a small number of patients on the waiting list who are receiving standard treatment for diabetes and follow up. It was also advised that there is an element of choice for patients, however, there will be some patients who will not meet the strict criteria.

Discussion took place on early intervention outcomes, with it being noted that some aspects of using the technology are having an immediate positive impact. The impact, particularly for children trying to manage glucose levels, was also highlighted.

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

6. **ACTIVE OR EMERGING ISSUES**

There were no active or emerging issues to be raised.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Committee Self-Assessment Report 2024/25

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the recent survey undertaken for Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committee self-assessment outcomes. The length of papers and ensuring that members feel confident to raise points during Committee meetings were highlighted. The Chair emphasised the importance of supporting members on the Committee and took the opportunity to encourage members to approach the Chair, should they have any issues that they would wish to discuss on a one-to-one basis. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, and a meeting has been arranged in the coming weeks with the Chair and Committee Chairs to start discussions on Board-wide enhancements.

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

7.2 Annual Review of Clinical Governance Committee Terms of Reference

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the annual publication of the Code of Corporate Governance.

It was advised that, following an internal audit recommendation to review the respective Terms of Reference in relation to possible duplication between the Clinical Governance Oversight Group and the Clinical Governance Committee, the only duplication identified were items that had been escalated from the Group to the Committee.

An overview was provided on the updates, which were tracked as changes within the document. The addition to section 5.1, around receiving external reports from the Mental Health Welfare Commission, was highlighted.

The Board Secretary clarified that Best Value is covered explicitly in the Committee's year-end statement, with a section demonstrating how this has been achieved as part of the Committee's yearly workplan.

The Committee **endorsed** a final version for further consideration by the Board.

7.3 Clinical Governance Oversight Group Assurance Summary from 11 February 2025 Meeting

The Medical Director highlighted the key points from the Clinical Governance Oversight Group meeting held on 11 February 2025, as detailed within the assurance summary.

An explanation was provided on the reporting structure to the Clinical Governance Oversight Group, noting that a diagram explaining this is contained within the Clinical Governance Strategic Framework.

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

7.4 Mental Health Oversight Group Assurance Summary from 7 February 2025 Meeting

The Medical Director highlighted the key points from the Mental Health Oversight Group meeting held on 7 February 2025, as detailed within the assurance summary.

The Committee noted the risk of ligatures, and an explanation was provided that this related to use of Velcro on equipment and was being addressed.

Following a question relating to the Mental Health Welfare Commission unannounced visit and mental health legislation, an explanation was provided that this relates to patients with delayed discharge due to guardianship.

It was confirmed that there are plans in place to ensure that there is joint governance and oversight, in partnership with the Health & Social Care Partnership, for the new Mental Health Strategy.

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

7.5 Corporate Risks Aligned to Clinical Governance Committee, including updates on Whole System Capacity and Hospital Acquired Harm

The Medical Director provided a brief overview on the updates to the Whole System Capacity risk, Quality & Safety risk and Cyber Resilience risk, as detailed within the report. Following a question in relation to the Whole System Capacity risk being above the Board’s risk appetite, it was explained that once the planned work for 2025/26 has taken effect, the risk level would then be reviewed. It was also confirmed that the Hospital Acquired Harm risk is specifically related to hospitals, and assurance was provided that the community aspect is considered within the Health & Social Care Partnership.

In terms of the new risk for Hospital Acquired Harm, it was advised that the wording of the new risk was agreed at the Committee meeting in January 2025 and a brief overview was provided on this risk, as detailed within appendix 3. It was reported that work is ongoing to mitigate each element of the risk through an action plan. It was questioned how the effectiveness of the Organisational Learning Group is measured, in terms of assessing the outcome impact of the Hospital Acquired Harm risk mitigations, and the Medical Director agreed to take this forward as an action and discuss with the Associate Director of Quality & Clinical Governance.

Action: Medical Director

Concern was raised in relation to the Information Governance and Cyber Security risk requiring clearer mitigation within the corporate risk register, and the incoming and outgoing Chair will meet with the Director of Digital to discuss further.

Action: Director of Digital & Information

The Committee:

- **noted** details of the corporate risks aligned to this committee as at 20 February 2025;
- **noted** the risk appetite status of the risks against the new risk appetite;
- **noted** and comment on the draft deep dive for the suggested new risk Hospital Acquired Harm; and
- **considered** and were assured of the mitigating actions to improve the risk levels and took a “**moderate**” **level of assurance**.

7.6 Proposed Annual Workplan 2025/26

Discussion took place, and it was advised that additional items for the workplan arising from the corporate objectives process will be added on, as appropriate.

The Committee **approved** the final annual workplan for 2025/26.

7.7 Delivery of Annual Workplan 2024/25

It was advised that the Value Based Health and Care Delivery Plan, the Public Protection, Accountability & Assurance Framework, Participation & Engagement Report and the East Region Neonatal Services Report, have all been deferred due to timings, and added to the 2025/26 workplan.

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Chair welcomed the Planning & Performance Manager to the meeting, who spoke to the report. It was highlighted that there are 87 deliverables within the ADP 2024/25, which are aligned to the ‘Improving Quality & Care’ strategic priority. A brief overview of the assessment section within the report was provided.

Discussion followed, and an update was provided in relation to rheumatology transformation, which has been paused since November 2024. It was noted that rheumatology is a national issue with input from the Centre for Sustainable Delivery, who are leading a programme of work at a national level. It was advised that there are significant issues for rheumatology, which are multi-factorial, and that a discovery phase is underway. Assurance was provided that an Oversight Board has convened who are monitoring the deliverables for this work. It was agreed to update the ADP report before submission, and the Head of Primary & Preventative Care agreed to provide wording.

Action: Head of Primary & Preventative Care

The Committee took a “**moderate**” **level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Director of Nursing advised that the falls position continues to be below the upper control limit, and that a lot of work is ongoing in this area, including an improvement plan. It was noted that the driver for the falls position is due to the patient cohort and the focus on preventing falls, which is complex. An improved position for pressure ulcers was reported, and it was advised that education and training continue to be delivered. An overview was provided on the position for healthcare-associated infections.

The Medical Director reported that the main area of focus for Significant Adverse Event Reviews (SAERs) relates to the improvement trajectory around the completion of reports, and it was advised that the governance process has improved over the previous year. It was noted that the number of SAERs is almost consistent with the previous year.

In terms of Hospital Standardised Mortality Ratio (HSMR), it was advised that the position is below the Scottish average 0.95.

The stroke bundle position was reported as having improved since the last reporting period, and that work continues in this area. It was advised that the National Audit Programme Board discuss the stroke bundle and indicators at each meeting. Further detail was provided in relation to door to needle time for thrombosis, and it was advised that improvements are expected due to a resource allocation from the Scottish Government. An explanation was provided on the reporting of the additional resource, and that any areas of concern or escalation would be brought forward to the Committee. It was agreed that a summary of the annual report that is submitted to the Managed Clinical Network will be presented to the Committee on an annual basis. The Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

It was noted that for the mental health quality indicators, control limits and targets have been added to the report. The anti-ligature work that is ongoing in relation to updating our estate was also highlighted.

The Committee took a “**moderate**” level of assurance from the report and **endorsed** the quality & care section.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and advised that the surveillance programme continues to be suspended at a national level. It was highlighted that an unannounced Health Improvement Scotland visit took place in December 2024 at Victoria Hospital and that the report is expected to be published the following week and will be presented to the Committee in May 2025. It was also highlighted that the national cleaning services specification remains at green status. In terms of COVID-19, it was reported that there has been two new Antimicrobial Resistance and Healthcare Associated Infection Scotland reportable outbreaks/incidents, which are detailed in the report.

The Director of Nursing agreed to provide additional information relating to the quarter 3 report for methicillin-resistant Staphylococcus aureus (MRSA) and carbapenemase-producing Enterobacteriaceae (CPE), out with the meeting.

Action: Director of Nursing

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

9.3 Quality of Care Review Framework

The Director of Nursing advised that the report provides assurance on NHS Scotland’s Excellence in Care Programme and Quality of Care review process, and an overview was provided on the process. It was highlighted that the framework will ensure a standardised approach across Scotland. It was advised that an annual summary will be provided to the Committee, and the Board Committee Support Officer will add to the workplan.

Action: Board Committee Support Officer

The Committee agreed to commend the approach to the NHS Fife Board.

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

10. DIGITAL / INFORMATION

10.1 Information Governance and Security Steering Group Assurance Report

The Director of Digital & Information outlined the key points from the executive summary within the paper. It was highlighted that the Network and Information Systems (NIS) action plan primarily focusses on looking at resilience and disaster recovery testing, and recovery preparedness, which is a focus nationally. It was also highlighted that training, education and awareness continues for staff from a cyber resilience perspective. It was reported that work continues around the Information Asset Register to understand the data being held, and that this links to the accountability framework. Incident reporting was also highlighted, and it was advised that during the 12-month period from January 2024 to December 2024, eight incidents were reported to the Information Commissioner’s Officer, and that during that period two incidents were not reported within the 72-hour period required. It was noted that further definition on the 72-hour period has been sought from the Information Commissioner’s Office.

Questions followed, and assurance was provided in relation to the active incidents, and that there are no concerns to be raised in terms of any disclosure for this financial year. An explanation was also provided on compulsory audits.

The Committee agreed to commend to the NHS Fife Board, the comprehensive and robust approach to risk management.

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.

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Story

The Director of Nursing presented on a patient story in relation to celebrating breastfeeding support. The peer supporters were acknowledged and praised for their breastfeeding support.

The Committee welcomed the presentation.

11.2 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and highlighted the key points from the executive summary, noting that all the hard work that has been ongoing has resulted in positive traction for complaints performance. It was advised that there are 16 open cases with the Scottish Public Services Ombudsman.

It was also advised that NHS Fife continues to be the best performing Health Board in Scotland for Care Opinion, which has also improved staff morale. It was confirmed that patient volunteers are approached for feedback. It was agreed to include detail of the feedback within the next quarterly report.

Action: Director of Nursing

It was agreed to highlight to the NHS Fife Board in the Chair's Assurance Report the improvement work that has been undertaken.

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

12. ANNUAL REPORTS / OTHER REPORTS

12.1 Director of Public Health Annual Report 2024

The Director of Public Health advised that the report was presented to the Public Health & Wellbeing Committee on 3 March 2025, and that the final version will be presented to the NHS Fife Board at their meeting on 25 March 2025.

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

12.2 Medical Education Annual Report 2024

The Medical Director advised that, as NHS Fife achieves Teaching Board status, it is expected that more regular reporting to the Committee will take place on medical education. An overview was provided on the contents of the report, and the totality of undergraduate medical education that is underway was highlighted. It was also highlighted that positive progress has been made in relation to postgraduate training, and that further work will be ongoing to increase the numbers further.

An overview was provided on the improvement work being carried out for the areas of concern highlighted in the postgraduate survey of student feedback. The Medical Director agreed to provide more detail in relation to the undergraduate areas that are red flagged within the report.

Action: Medical Director

The Committee examined and considered the contents of the report and took a **"moderate" level of assurance** in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife.

12.3 Organisational Duty of Candour Annual Report 2023/24

The Medical Director advised that there are no significant changes in relation to the areas of reporting, since the previous year, and that positive progress has been made. Table 2 within the report was highlighted, and it was advised that it sets out the events where Duty of Candour applied in the years from 2018 – 2024 and that this additional information is being included for completeness, as Duty of Candour was applicable to events which concluded the review process after respective annual reports were submitted.

Following a question in relation to the uptake and engagement with training, the Medical Director agreed to discuss the relevance of the outdated TURAS module with the Clinical Governance team.

Action: Medical Director

The Committee took a “**significant**” level of assurance from the report and noted that any incidents that conclude after submission of the 2023/2024 report will then be included in the 2024/2025 report.

13. LINKED COMMITTEE MINUTES

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

- 13.1 Area Medical Committee held on 8 October 2024 (confirmed) & 10 December 2024 (unconfirmed)
- 13.2 Cancer Governance & Strategy Group held on 31 October 2024 (unconfirmed)
- 13.3 Clinical Governance Oversight Group held on 11 February 2025 (unconfirmed)
- 13.4 Fife Area Drugs & Therapeutic Committee held on 18 December 2024 (unconfirmed)
- 13.5 Mental Health Oversight Group held on 7 February 2025 (unconfirmed)
- 13.6 Resilience Forum held on 12 December 2024 (unconfirmed)
 - NHS Fife is now accredited to provide Major Incident Medical management & Support (HMIMMS) internationally Advanced Life Support Group (ALSG) accredited training for all staff involved in Hospital Response.
 - NHS Fife Acute Services & Health & Social Care Partnership has agreed to include Psychological Support Cell in any response event where Major Incident response is required.

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

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

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

It was agreed to commend the Quality & Care Review Framework, the risk management approach used in the Information Governance & Security Steering Group Assurance Report, and the complaints improvement, to NHS Fife Board.

15. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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.

16. ANY OTHER BUSINESS

16.1 Chair

The Medical Director, on behalf of the Board, warmly thanked the Chair for her service and valuable contribution during her time on the Committee. Members joined in thanking the Committee Chair for her input into the work of the Committee. It was advised that Anne Haston, Non-Executive Director, will take over the role from 1 April 2025.

Date of Next Meeting – Friday 2 May 2025 from 10am – 1pm via MS Teams.

Meeting: Finance, Performance & Resources Committee

Meeting date: 11 March 2025

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.

2. The Committee considered the following items of business:

2.1 The Committee took a moderate level of assurance from the Finance, Performance & Resources Committee Self-Assessment Report 2024/25.

2.2 The Committee endorsed the updated Terms of Reference for onward submission to the NHS Fife Board.

2.3 The Committee took a moderate level of assurance from the Annual Delivery Plan Quarter 3 Report and endorsed the plan for onward submission to the NHS Fife Board and Scottish Government.

2.4 The Committee took a significant level of assurance from the Decarbonisation of NHS Fife Fleet paper.

2.5 The Committee took a limited level of assurance from the Financial Performance Report

2.6 The Committee took a significant level of assurance from the Procurement Key Performance Indicators paper

2.7 The Committee took a moderate level of assurance from the Procurement and Commercial Improvement Programme (PCIP) paper.

2.8 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 limited 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 (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. Any other Issues to highlight to the Board:

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 MARCH 2025 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Sinead Braiden, Non-Executive Director
Alastair Grant, Non-Executive Director
Cllr Mary Lockhart, Non-Executive Director
Janette Keenan, Director of Nursing
John Kemp, Non-Executive Director
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Claire Dobson, Director of Acute Services
Susan Dunsmuir, Incoming Director of Finance
Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Ben Hannan, Director of Planning and Transformation
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management
Maxine Michie, Deputy Director of Finance
Susan Fraser, Associate Director of Planning and Performance (*for Item 7.1*)
Paula Lee, Head of Procurement (*for Items 8.3 and 8.4*)
Kerrie Donald, Executive Assistant (*minutes*)

1. Apologies for Absence / Thanks

Apologies were noted from attendee Alistair Graham, Director of Digital and Information.

The Chair paid tribute to Margo McGurk, for whom this was her last meeting before retiring in April 2025. Members joined with the Chair in thanking Margo for her input to the Committee and wished her a long and healthy retirement.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 14 January 2025

The minute from the previous meeting was **agreed** as an accurate record.

4. **Chair's Assurance Report Presented to NHS Fife Board on 30 January 2025**

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.

6. **GOVERNANCE MATTERS**

6.1 **Finance, Performance & Resources Committee Self-Assessment Report 2024/25**

The Board Secretary presented the report, thanking members for taking the time to complete the survey. It was noted that common themes were highlighted across all board committees, including the reduction in number of late papers being circulated and ensuring real time data is supplied in papers. The Committee Chair encouraged direct contact from any member who wished to discuss any recommendations with him.

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

6.2 **Annual Review of Finance, Performance & Resources Committee Terms of Reference**

The Board Secretary presented the updated terms of reference, noting the minor changes tracked within. It was confirmed that the Director of Planning and Transformation is listed within the 'attendees' section of the remit, due only NHS Fife Board members being members of Board committees.

The Committee **endorsed** the updated terms of reference for onward submission to the NHS Fife Board.

6.3 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance and Strategy provided an in-depth review of the paper, highlighting that the table within the assessment section has been updated to show the relevant risks to the Committee, and highlighting where each risk sits in relation to the Board's agreed risk appetite.

Following a query regarding the target score of Risk 13 - 'Delivering a balanced in-year financial position', the Director of Finance and Strategy reminded members the target score was changed to reflect the forecast position NHS Fife based on the November figures.

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.

6.4 **Review of Annual Workplan 2025/26**

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan.

The Committee **approved** the annual workplan.

6.5 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Quarter 3 Report

The Associate Director of Planning and Performance presented the report, highlighting that of the 60 deliverables within the 'Deliver Value and Sustainability' strategic priority, 39 were on track, 14 are at risk or not likely to be completed within the year, and four are complete.

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

7.2 Decarbonisation of NHS Fife Fleet

The Director of Property and Asset Management presented the paper, highlighting that NHS Fife are currently 80% compliant, however plans are in place to ensure NHS Fife will be 100% compliant by the end of 2025. The Director of Property and Asset Management praised the team for ensuring all systems were in place in a timely and effective manner.

Following a query from A Grant, Non-Executive Director, the Director of Property and Asset Management noted that the installation of additional charging points at NHS Fife sites is a separate programme, however work is underway within the team to review car parking areas with the potential to cover them with solar panel canopies to generate charging to effectively subsidise the cost of electricity charging points.

The Committee took a **significant level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an overview of Acute performance, highlighting the January A&E performance was at 72%, which is below national standards but an increase on the month prior and an increase on the previous year. It was highlighted the team have been testing the Same Day Emergency Care model with positive results. The co-location of Emergency Care Ambulatory Service and Rapid Treatment Unit has resulted in 20-30 patients being seen each day, with 90% of patients going home. Work is planned to build further on this model to reduce the pressure from the front door.

The Director of Acute Services noted that a deep dive into neurological cancers has been undertaken, the findings of which have shown an increase in referrals for prostate since 2018, overall urology referrals have increased by 68% and urgent referrals that have been upgraded has increased significantly since 2021.

Work has been ongoing with Scottish Government and the Centre for Sustainable Delivery regarding plans for 2025/26 to consider how NHS Fife will bring all waiting times into the 52 weeks range, including submitting bids to Scottish Government to look at how to tackle the backlogs in 2025/26.

Following a query from Non-Executive Director J. Bennett, the Director of Acute Services advised that as part of the Planned Care planning for 2025/26, Scottish Government have asked Boards to submit a plan for all specialties that are at red or amber status. It was further noted that information along with data on those specialties where NHS Fife does not think it will be possible to meet the 52 week target by March 2026, will be collated into the plan and presented at a future meeting.

Action: Director of Acute Services

The Director of Health and Social Care provided an in-depth review of the delayed discharge performance, highlighting an improvement in bed days lost due to standard delay, noting that in comparison to other Boards, NHS Fife is still in the top 50% of performing Boards for all standard delays.

Following a query from the Chair, the Director of Health and Social Care highlighted the demand for long-term care and numbers coming through the system have increased significantly, indicating people are living longer and are living with long-term health conditions which require long term care, resulting in ongoing effects for social care.

The Committee took a **limited level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Financial Performance Report

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the improvement on the forecast financial position. It was noted from the £25m savings NHS Fife are delivering for 2024/25, £16.3m will be on a recurring basis.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Procurement Key Performance Indicators

The Head of Procurement joined the meeting and provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting an overall validated savings of £793k, comprising £624k direct cash releasing and £169k cost avoidance. It was however noted these savings are offset by a significant cost pressure of £120k, resulting in a net saving of £673k.

Following discussion, the Head of Procurement highlighted processes are in place to manage stock control, including inventory management, which has already been Implemented in NHS Fife, and Scan for Safety will be implemented at a later date (as overseen by the Medical Devices Committee and reported to Clinical Governance Committee).

The Committee took a **significant level of assurance** from the paper.

8.4 Procurement & Commercial Improvement Programme (PCIP)

The Head of Procurement provided an overview of the report, noting the PCIP is a self-assessment carried out following collaboration with partner boards. It was noted of the eleven questions answered by NHS Fife, the performance towards eight was ranked as advanced, two were ranked as good and one was ranked as improving.

The Committee took a **moderate level of assurance** from the paper.

8.5 Reform, Transform, Perform (RTP) Performance Update

The Director of Planning and Transformation provided an overview of the report, highlighting workforce and supplementary staffing have now moved to a significant level of assurance for delivery, noting NHS Fife continue to show good progress in medicines optimisation despite the global medicine issues. Challenges have been identified in the business transformation space; however bridging actions have been identified to deliver these savings.

The Chair praised the work completed to get to this position and encouraged the positive energy to continue achieving targets in 2025/26.

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 5 February 2025 (unconfirmed)
- 9.2** Procurement Governance Board held on 29 January 2025 (unconfirmed)
- 9.3** IJB Finance, Performance and Scrutiny Committee held on 15 January 2025 (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

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

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; Thursday 8 May 2025 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 3 March 2025

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:

- Mental Health Strategy Implementation
- Food4Fife Delivery Plan
- Alcohol & Drugs Partnership Mid-Year Report

The Committee **approved** the proposed workplan for the financial year 2025/26, and **agreed** to add to the workplan, the planned quality improvement initiatives and priorities for the screening programmes.

2. The Committee considered the following items of business:

2.1 Anchor Institution Update

It was highlighted that the Scottish Government have requested an additional local meeting with all Board leads to understand the joint working with local employability partnerships. The Committee took a **“moderate” level of assurance** from the work progressed by the Anchor Operational Group and **noted** that the annual progression and future intentions are moving in a positive direction.

2.2 Annual Reports

There were two annual reports 2023/24 presented for assurance:

- Director of Public Health Annual Report 2024 (**“moderate” level of assurance**)
- Sexual Health & Blood Borne Virus Framework Annual Report 2023/24 (**“moderate” level of assurance**)

3. Delegated Decisions taken by the Committee

3.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Committee took a **“moderate” level of assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the Board and for submission to the Scottish Government.

3.2 Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029

It was agreed to include within the final report, the detail around the work carried out by the Equality & Human Rights Steering Group and the various services. The Committee **examined** and **considered** the implications of both reports and **recommended** to Fife NHS Board that both reports are published, subject to the additional detail being added.

4. Update on Performance Metrics

4.1 Integrated Performance & Quality Improvement Report

Noted a transformation group has been established with responsibility for exploring specific improvement actions to increase uptake of childhood immunisation. Waiting times for Child & Adolescent Mental Health Services (CAHMS) has been sustained and remains above the target for the reporting period. There is an improvement on the waiting times for psychological therapies and is line with the local trajectory. The national review which will set the new target for the smoking cessation service is awaited. Reducing developmental concerns at 27 – 30 months old will be a longer-term aim and that there is also interest at national level on this metric. The Committee took a **“moderate” level of assurance** from the report and endorsed the Public Health & Wellbeing section.

4.2 Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update

Noted that Fife continues to deliver in line with the Joint Committee on Vaccination and Immunisation guidance. Also noted a lessons learned exercise is being completed. Advised an Attendance Management Oversight Group monitor the impact on staff absence and pressures within the system. The Committee took a **“significant” level of assurance** that the Winter Vaccine Programme met the agreed targets set out by the Chief Medical Officer.

5. Update on Risk Management

There are six corporate risks aligned to the PH&WC. A specific high level corporate risk regarding access to general dentistry across Fife, has now been articulated and proposed to the Primary Care Group Strategic Oversight Group and will be presented to Committee in May 2025. Preliminary discussions have commenced at the Primary Care Governance & Strategic Oversight Group to review the risk level for the Primary Care Services risk.

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	Below risk appetite
Health Inequalities	Within risk appetite

Risk	Actions Required
Policy obligations in relation to environmental management and climate change	Below risk appetite
Primary Care Services	Above risk appetite
Pandemic Risk	Within risk appetite
Substance Related Morbidity and Mortality	Under consideration Within risk appetite

6. Any other Issues to highlight to the Board:

None.

John Kemp
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 3 MARCH 2025 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
Dr Chris McKenna, Medical Director (*from agenda item 6.2*)
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Lisa Cooper, Head of Primary & Preventative Care Services (*deputising for Lynne Garvey*)
Susan Fraser, Associate Director of Planning & Performance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Ben Hannan, Director of Planning & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Neil McCormick, Director of Property & Asset Management

The minutes were produced from the recording of the meeting, by Hazel Thomson, Board Committee Support Officer, who was not in attendance at the Committee itself.

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 Lynne Garvey (Director of Health & Social Care), Margo McGurk (Director of Finance & Strategy) and Carol Potter (Chief Executive) and routine attendee Dr Gillian MacIntosh (Head of Corporate Governance & Board Secretary).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 13 January 2025

It was agreed to clarify within the previous minutes, that the new corporate risk requires to go to the Audit & Risk Committee before onward submission to NHS Fife Board for approval.

Action: Board Committee Support Officer

The minute from the previous meeting were then **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 30 January 2025

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.

A request was made to confirm the timescale for implementing the roll out of the corporate risk dashboard to the Standing Governance Committees. The Director of Public Health explained that the Risk & Opportunities Group has made a lot of progress, including a transition of some risk responsibilities, which has held up confirming timescale for rolling out the dashboard. It was agreed that a timescale is confirmed for the next Committee meeting in May 2025.

Action: Director of Digital & Information / Board Committee Support Officer

6. GOVERNANCE MATTERS

6.1 Public Health & Wellbeing Committee Self-Assessment Report 2024/25

The Chair advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Public Health and Wellbeing Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. The length of papers, resolving points of disagreement during meetings, and ensuring that members feel confident to raise points during Committee meetings, were highlighted in the self-assessment. The Chair encouraged all members to speak to him about concerns so these can be addressed. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

The Board Secretary was thanked for all her hard work in preparing the report.

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

6.2 Annual Review of Public Health & Wellbeing Committee Terms of Reference

The Chair advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

Following queries from members, the Board Secretary (*post meeting*) clarified that Best Value is covered explicitly in the Committee's year-end statement, with a section demonstrating how this has been achieved as part of the Committee's yearly workplan.

The Committee considered the remit and **endorsed** a final version for further consideration by the Board.

6.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the table within the paper detailing the five corporate risks aligned to the Public Health & Wellbeing Committee which have been agreed and approved. It was advised that following suggestion from the Committee to consider a specific high level corporate risk regarding access to general dentistry across Fife, this risk has now been articulated and proposed to the Primary Care Group Strategic Oversight Group and will be presented to Committee in May 2025.

It was highlighted that the risk descriptor for the Primary Care risk has been updated, to ensure a continued focus on patients at the centre. A request was made for additional narrative for this risk, to include the risk drivers and mitigations. It was advised that preliminary discussions have commenced at the Primary Care Governance & Strategic Oversight Group, including a review of the risk rating, and it is expected that the risk level will be on track by the next update to the Committee in May 2025.

Further detail was requested around the mitigating actions in place, for the Substance Related Morbidity and Mortality risk, and on the actions that are being implemented for the Population Health & Wellbeing Strategy risk to contribute to reducing health inequalities. It was reported that these risks rely on other programmes of activity, including those within multiple agencies, and that further consideration will be given to presenting the metrics to the Committee. It was also noted that further detail will be provided within the underpinning delivery plans, action plans and annual reports.

The Committee:

- **noted** details of the corporate risks aligned to this committee as at 20 February 2025
- **noted** the risk appetite status of the risks against the new risk appetite
- considered and were assured of the mitigating actions to improve the risk levels and took a **“moderate” level of assurance**

6.4 Proposed Annual Workplan 2025/26

It was agreed to add to the workplan, the planned quality improvement initiatives and priorities for the screening programmes. A question was raised about alignment of the corporate objective relating to waiting well initiatives. It was agreed to clarify this out with the meeting.

Action: Director of Public Health / Board Committee Support Officer

An explanation was provided on the deferment of the Food4Fife Delivery Plan from January 2025 to November 2025.

The Committee **approved** the workplan, subject to the additional items, as above.

6.5 Delivery of Annual Workplan 2024/25

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan (ADP) Quarter 3 Report

The Associate Director of Planning & Performance highlighted the 35 deliverables within the ADP 2024/25 which are aligned to the 'Improve Health and Wellbeing' Strategic Priority, and she provided a brief overview of the assessment section within the report.

Further detail was requested in relation to the improved digital processes, as the provider has now been decommissioned, and what that means for NHS Fife. The Associate Director of Planning & Performance agreed to take this forward as an action.

Action: The Associate Director of Planning & Performance

A query was raised in relation to assessing the deliverables, and it was advised that further work on internal controls is required for 2025/26, and to ensure that the detail provided is more explicit.

The Committee took a “**moderate**” level of **assurance** from the report and **endorsed** the Annual Delivery Plan Quarter 3 return for formal approval at the Board and for submission to the Scottish Government.

7.2 Anchor Institution Update

The Director of Public Health advised that the executive summary within the update paper sets out the key points and progress over the previous year. It was reported that the Anchor Institution baseline metrics for 2023/24 will form part of this year's ADP submission to the Scottish Government. The two appendices were highlighted, and it was advised that they are a combination of both the guidance that the Scottish Government has provided and the completed information which will form the ADP return.

An overview was provided on progress over the previous year, including widening employment access and community asset transfer. It was advised that a key focus for the forthcoming year is to expand employability initiatives and work opportunities within Fife, prompt invoice payments, progress and use of renewable energy on our sites, greenspace development and work with stakeholders. It was reported that the Scottish Government have requested an additional local meeting with all Board leads to understand the joint working with local employability partnerships.

An explanation was provided on the apprenticeship detail within the appendices, which was noted as baseline metrics, and that there has been progression over the previous year. Committee members noted that it would be helpful to see trend information on employability in future. They also noted the potential in engaging the private sector as part of the local anchors approach. It was noted in response that working with external partners has not yet been a strong focus of this work to date. However, it is anticipated this will be a feature of joint work with Fife Partnership through their Community Wealth

Building programme. An explanation was also provided on the key metrics, such as the local spend percentage within Fife, which has fallen in comparison to 2023 (16.24% from 24.73%).

The Committee took a “**moderate**” level of assurance from the work progressed by the Anchor Operational Group and **noted** that the annual progression and future intentions are moving in a positive direction.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health advised that the national data release for childhood immunisation uptake was most recently updated in September 2024. The Head of Primary & Preventative Care added that a transformation group has been established with responsibility for, exploring specific improvement actions to increase uptake of childhood immunisation. It was noted that the IPQR will be framed around that moving into 2025/26. A brief update was provided on the transformational work for immunisations, and it was advised that the metrics are expected to be updated in the next iteration of the report.

The Head of Primary & Preventative Care reported that the waiting times for Child & Adolescent Mental Health Services (CAHMS) has been sustained and remains above the target for the reporting period. An improvement on the waiting times for psychological therapies was also reported and is line with the local trajectory.

It was advised that the national review which will set the new target for the smoking cessation service is awaited. It was noted that there are some variances in reporting smoking cessation at a national level, which make it difficult to interpret performance. Improvement actions are being taken forward for the smoking cessation service, including a focus within areas of deprivation. It was also noted that there have been challenges to deliver the service due to loss of clinic space. It was advised that discussions are ongoing with the Estates Department to explore potential venues for the service going forward, and the Head of Primary & Preventative Care agreed to provide further detail out with the meeting on the reasons for the loss of venues. A positive uptake for smoking cessation within maternity services was also reported.

Action: Head of Primary & Preventative Care

The Committee noted the child development concerns report within the IPQR. It was advised that reducing developmental concerns at 27 – 30 months old will be a longer-term aim and that there is also interest at national level on this metric. The Director of Public Health highlighted the challenges with aligning the IPQR to the Population Health & Wellbeing Framework, and ensuring a balance around metrics, performance and improvements.

The Committee took a “**moderate**” level of assurance from the report and **endorsed** the Public Health & Wellbeing section of the IPQR.

8.2 Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update

The Head of Primary & Preventative Care advised that the rolling programme for Winter Covid and Flu vaccines continues with direction from the Chief Medical Officer. It was reported that Fife continues to deliver in line with the Joint Committee on Vaccination and Immunisation guidance, and appendix 2, which outlines the uptake detail, was highlighted. An overview was provided on the delivery plan, noting that a lessons learned exercise is being completed.

It was reported that data comes from various sources, and a brief overview was provided on the data that is being collated in relation to people who have been admitted to hospital with influenza.

It was advised that the Attendance Management Oversight Group monitor the impact on staff absence and pressures within the system.

The Committee took a “**significant**” level of assurance that the Winter Vaccine Programme met the agreed targets set out by the Chief Medical Officer.

9. INEQUALITIES

9.1 Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029

The Director of Nursing highlighted the key points from the Executive Summary of the paper. It was reported that NHS Fife has developed an Equality Outcomes Plan 2025-2029, which sets out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation. It was noted that these new equality outcomes have been aligned with key national directives, including Scotland’s Anti-Racism Strategy and the Maternity and Neonatal Care Strategy, and that work has commenced. An overview was provided on the outcomes, as detailed within the report.

A request was made to include within future reports, the methodology on how the priorities are assessed and are linked to the protected characteristics. It was advised that there will be an interim report presented to the Committee in 2027.

The Director of Nursing agreed to include within the final report, the detail around the work carried out by the Equality & Human Rights Steering Group and the various services.

The Committee **examined** and **considered** the implications of both reports and **recommended** to Fife NHS Board that both reports are published, subject to the additional detail being added.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Director of Public Health Annual Report 2024

The Director of Public Health advised that the report follows on from the update provided to the Committee in January 2025 on the key findings. It was advised that feedback from the previous Committee meeting has been considered and a set of recommendations are now included within the report. It was advised that the report is

aligned with the priorities contained in the 10 year Population Health & Wellbeing Framework which it is anticipated will be published in early April.

The Committee considered the response that NHS Fife could make in relation to the key priorities within the report. It was advised that the expectation is that the report will be used to generate discussion and inform planning. It was also noted that there will be actions related to the Population Health & Wellbeing Framework which will support this wider agenda. It was noted that the topic chosen for inclusion in the Director of Public Health report is decided on a year-to-year basis and that this is often informed by national areas of concern as well as local concerns about the health of the population.

It was reported that actions through existing national plans, as well as those which are still subject to ministerial approval, will support providing a consistency of actions at a local level around enabling healthy living and areas of influence that NHS Fife has as a health-promoting organisation.

An explanation was provided on the process for monitoring progress on the recommendations within the report.

The Director of Public Health was thanked for all her hard work.

The Committee **discussed** and were welcomed to **offer** final comment for the Director of Public Health Annual Report 2024 to proceed to presentation to NHS Board in March 2025. The Committee **recommended** that the report will broadly cover the following:

- Food and physical activity need to be addressed taking a whole systems approach and key settings provide great opportunities for this
- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life
- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provide a key opportunity for partners to contribute to making healthier places and communities

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

10.2 Sexual Health & Blood Borne Virus Framework Annual Report 2023/24

The Head of Primary & Preventative Care advised that the report describes the sexual health & blood borne virus service and what has been delivered in line with the National Sexual Health and Blood Borne Virus Framework. It was advised that the service works in partnership with both the third sector and independent sector and that a focus is on prevention and early intervention with specific actions as deliverables which sit under the Prevention & Early Intervention Strategy. It was reported that a consultant within the service is also an ambassador for the service and takes forward ensuring that outcomes are generated by the improvement work, and that the service model is continually reviewed and evolved in line with learnings.

An increase in the uptake for pre-exposure prophylaxis for HIV, and an encouragingly low rate of new infections and late diagnosis, was reported. It was advised that there has been an increase in the demand for HIV treatment and care, due to new people coming into Fife who are already diagnosed. In response to a question about changes to achievement of targets before and after COVID, it was reported that an early analysis is being carried out for the Hepatitis C Programme, which is delivered in line with national targets.

It was highlighted that sexual health & blood borne viruses will be a priority area for the ADP in 2025/26.

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

10.3 Violence Against Women Annual Report 2023/24

The Head of Primary & Preventative Care advised that the report has been developed through multiple agencies and is currently being presented through the various governance routes. It was advised that the report brings forward the four priorities in line with the national strategic framework and the work being carried out with partners. It was highlighted that NHS Fife has a Gender-Based Violence Service (within the Sexual Health Service), who are key contributors to this programme of work.

It was agreed to include in future iterations of the report, further detail on the reduction in violence against women, in relation to outcome measures and experience measures. It was also agreed to consider in terms of next steps, parallel publication to highlight this work.

Action: Head of Primary & Preventative Care

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

11. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

11.1 Public Health Assurance Committee held on 18 December 2024 (unconfirmed)

11.2 Equality and Human Rights Strategy Group held on 4 February 2025 (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 MARCH 2025

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.

14. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 12 May 2025 from 10am – 12.30pm via MS Teams.

Meeting: Staff Governance Committee

Meeting date: Tuesday 4 March 2025

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee's Workplan is on track and is updated for each meeting of the Committee. The Workplan for 2025/2026 was agreed, with a few Staff Governance related additions.

2. The Committee considered the following items of business:

2.1 The Committee discussed and took a '*moderate*' level of assurance from the Annual Review of the Terms of Reference and agreed to add details in respect of the oversight of our Staff Health, Wellbeing and Workplace Safety activity.

2.2 The Committee also discussed and took a '*moderate*' level of assurance from the Committee's Self Assessment report, noting that some of the feedback from the self assessment had already been factored into the Committee's agenda and Workplan.

2.3 In respect of the Internal Control Evaluation Report 2024/2025, the Chief Internal Auditor provided a comprehensive overview and highlighted the evidence of progress in the efforts of the Committee. The Committee took a '*moderate*' level of assurance from the content of this report.

2.4 In addition, the Committee took a '*moderate*' level of assurance from the comprehensive update provided in respect of the People & Change Board, albeit there are on-going challenges in relation to sickness absence rates and achieving a sustainable reduction. The Committee will be provided with details of the sickness absence Recovery Plan at the May 2025 meeting.

2.5 Further feedback on the Recovery Plan and the work undertaken by the Workforce Directorate to support an improvement in PDPR and Core Skills / Mandatory Training was provided. While the position continues to provide a '*limited*' level of assurance, the Committee again acknowledged the commitment of colleagues to improving this, both in the current and future years. Reports on progress will be provided at each SGC meeting.

2.6 The Committee took a '*moderate*' level of assurance from the detailed overview provided in respect of the new Leadership Framework for the Board, noting the work undertaken to date to develop the Framework and look forward to supporting the next steps.

3. Update on Performance Metrics

The Committee took a '*limited*' level of assurance from the IPQR update provided:

- An increase in the Board's reported sickness absence rates from 6.91% in November 2024 to 7.80% in December 2024, which will therefore mean it is unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.
- A 0.2% increase in the PDPR metrics (44.3% as at January 2025), so also not anticipated to meet the reduced local PDPR target of 60% by 31 March 2025.
- Improvements were noted across the reported professional vacancy rates.

4. Update on Risk Management

The Corporate Risk report was noted by the Committee as providing a '*moderate*' level of assurance overall. It was agreed that the risk ratings were reflective of the current position, with each of the Committee's named risks rated as follows:

- Workforce Planning & Delivery – Risk Level High
- Staff Health & Wellbeing – Risk Level High
- Implementation of Health and Care (Staffing) (Scotland) Act 2019 – Risk Level Moderate

Further details on the mitigating actions being taken to manage these risks are detailed within the minutes and it has been agreed to review and reword these risks to ensure they reflect the current financial, planning and resourcing landscape.

5. Any Other Issues to Highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
March 2025

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 4 MARCH 2025 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
Vicki Bennett, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)
Co Chair
Anne Haston, Non-Executive Member
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates LPF

In attendance:

Jane Anderson, General Manager, Women & Children's Clinical Services (*for Item 8.1 only*)
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP (*deputising for Lynne Garvey*)
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance (*for Item 8.2 only*)
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Pat Kilpatrick, NHS Fife Chair
Jocelyn Lyall, Chief Internal Auditor (*for item 7.4 only*)
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
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 in particular Anne Haston, Non-Executive Member, and Fiona Forrest, Acting Director of Pharmacy & Medicines, who were attending their first meeting of the Committee. The Chair thanked all staff for their continued efforts during the current financial and workforce pressures.

Special wishes were extended to Margo McGurk, Director of Finance & Strategy, who is retiring on 4 April, for her valued contribution to the work of the Committee.

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 was being recorded for the purpose of producing the minutes.

1. Apologies for Absence

Apologies for absence were received from attendees Lynne Garvey, Director of Health & Social Care, and Margo McGurk, Director of Finance & Strategy.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 7 January 2025

The minutes of the meeting held on 7 January 2025 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 30 January 2025

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 January 2025.

5. Matters Arising / Action List

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

6. Overview of Staff Governance Committee Meeting

The Chair invited the Director of Workforce to speak to the matter.

The Committee was advised that this was a new agenda item that was being tabled at the start of the meeting to provide members with a summary of the work being undertaken in relation to the NHS Scotland Staff Governance Standard. It was noted that in future a workforce report would be brought to each meeting of the Committee.

7. GOVERNANCE MATTERS

7.1 Annual Review of Staff Governance Committee Terms of Reference

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee was advised that amendments to the Terms of Reference (ToR) had been tracked within the paper and that only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. These changes were highlighted within the ToR and included updated

attendee job titles, Employee Relations matters and the Chair's Assurance Report to the Board which had been added to the Committee's scope of work.

A Haston, Non-Executive Member, enquired whether the Committee's oversight of Staff Wellbeing should be more explicitly highlighted within the ToR. The Director of Workforce and Employee Director agreed with this recommendation. It was agreed that the ToR would be updated to include a more overt reference to the Committee's oversight of Staff Health and Wellbeing, and that this additional change would be circulated to members for approval before the next meeting.

Action: Head of Corporate Governance & Board Secretary/Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Significant' level of assurance** from the report and, subject to the amendments discussed, **endorsed** a final version for further consideration by the NHS Fife Board.

7.2 Staff Governance Committee Self-Assessment Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee.

An overview of key themes observed within the report was provided, noting that a meeting with Committee Chairs was due to take place to reflect on common themes across the exercise as a whole. Areas for improvement were also highlighted, including limiting where possible the lag in reporting data, ensuring discussions remain focussed on strategic rather than operational detail, reducing the circulation of late papers and ensuring Development Sessions include topics of relevance and are well attended by Non-Executive Members. It was noted that, overall, the Committee's current mode of operation had received a positive assessment from members and attendees.

In response to a comment from the Director of Planning & Transformation, it was agreed that for next year's Self-Assessment exercise, the question set would be reviewed to ascertain if any enhancements could be made.

Action: Head of Corporate Governance & Board Secretary

The Committee **took a 'Moderate' level of assurance** from the Staff Governance Committee Self-Assessment Report 2024/2025.

7.3 Health and Care (Staffing) (Scotland) Act 2019 Quarter 3 / Annual Report 2023/2024

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a summary of the Board's activity up to 31st December 2024 in relation to the implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA).

Key achievements during Quarter 3 detailed within the report were highlighted, along with key milestones for Quarter 4 and actions for the 2025/2026 period including the revised Implementation Plan for the roll out of eRostering and SafeCare. The Committee noted that, as a result of the roll out of the Direct

Engagement model, the third High Cost Agency Return submitted to the Scottish Government reflected a one-third reduction in the number of shifts exceeding the 150% threshold set within the legislation. Efforts were ongoing to triangulate workforce risks alongside whistleblowing cases where staffing concerns had been raised.

It was advised that the HCSA Annual Report template is currently being completed for submission to the Scottish Government by 30 April 2025. The Committee was informed that, given the submission date was outwith the Committee meeting cycle and the timeline for the fourth quarter data capture, consideration will be given as to how the template will be shared with members for review and feedback prior to submission to the Scottish Government.

The Director of Workforce commented that feedback received from Health Improvement Scotland to date on the Board's performance and progress in relation to the implementation of the Act was positive.

The Committee **took a 'Moderate' level of assurance** from the report, **noting** that reporting will continue to evolve and **endorsed** its presentation to the NHS Fife Board in March for consideration.

7.4 Internal Control Evaluation Report 2024/2025

The Chair welcomed the Chief Internal Auditor and invited her to speak to the report.

The Committee was provided with a comprehensive explanation of the overarching themes of the report, which focus on improvement, strong leadership and maintaining robust controls. The challenging circumstances being faced by NHS Fife and other Health Boards across Scotland and the work being undertaken by the Reform, Transform and Perform (RTP) Programme in ensuring a sustained focus on the safe delivery of care, savings and pace of change were highlighted. The need for strategic long term sustainable change as noted in the Audit Scotland 'NHS in Scotland 2024' report was emphasised.

Effective leadership and a clear vision and strategic direction for reform were highlighted as essential for developing an integrated transformation plan and for building on the work undertaken in first year of the RTP Programme. The challenges of achieving the outcomes of the RTP Framework, despite being well embedded, were acknowledged and in relation to this, the importance of transparent and realistic performance reporting, consideration of barriers to achievement, collaborative working and a focus on lessons learned was reiterated.

Evidence of continuous improvement and strong assurance of reporting through Committee governance structures was highlighted as a positive achievement. It was emphasised that Workforce Risks and their potential impact on service delivery continue to remain significant, whilst capacity, including the impact of vacancies and sickness absence, remains a significant risk, with supplementary staffing costs noted as a continuing though improving financial pressure. The report referenced ongoing work to agree staffing establishments, with a focus on data quality to inform the Workforce Plan and the role of the People & Change Board in delivering safe, sustainable workforce improvements, whilst contributing to savings.

The Committee was informed that there had been a robust management response to the recommendation to improve the Health & Safety Sub Committee Incident Reporting and work was underway to develop an enhanced report to include data analysis and incident themes.

The Chair and the Director of Workforce expressed thanks to the Chief Internal Auditor for the work undertaken to finalise the report.

The Committee **took a 'Moderate' level of assurance** from the Internal Control Evaluation Report 2024/2025.

7.5 Equality Outcomes Progress Report and Plan 2025-2029

The Committee noted that the paper circulated was an incorrect version. Following discussion, it was agreed to defer this matter until May 2025, to ensure that the Board's Equality Outcomes Plan for the period 2025 to 2029 is informed by the most up-to-date learning and reflection.

Action: Director of Nursing/Director of Workforce

7.6 Annual Staff Governance Committee Workplan 2025/2026

The Chair invited the Director of Workforce to speak to the report, which detailed the Committee's annual programme of work for the period 2025/2026.

The Chief Executive requested that the Workplan be edited to reflect that the Corporate Objectives 2025/2026 should be allocated to the Chief Executive.

Action: Head of Workforce Planning & Staff Wellbeing

The Employee Director requested that the Annual and Mid-Year Report of the Area Partnership Forum be included in the Workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee agreed that the Workplan would be updated to reflect that the 'Improved and Safe Working Environment' strand of the Staff Governance Standard would be tabled to align with the quarterly publication of the Health & Safety Incident Report.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised that Workplan would be updated to specify individual dates when updates on Core Skills/Mandatory Training, Personal Development & Planning Review (PDPR) and Protected Learning Time would be presented to the Committee.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the report subject to the amendments discussed and **noted** the content of the 2025/2026 Staff Governance Committee Annual Workplan.

7.7 Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the 2024/2025 Annual Workplan, since it was last presented to the Committee on 7 January 2025.

The Committee **took a 'significant' level of assurance** from the update provided.

8. STRATEGY / PLANNING

8.1 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, Direct Engagement, Non-Compliant Rotas, Whole Time Equivalent Reduction, Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award, Attendance Management and Priorities for 2025/2026.

It was reported that as at 31 January 2025, the Board had achieved £4.8 million in Supplementary Staffing savings and was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan. The Direct Engagement model for Locums had achieved savings to the value of £451,656 since it had been rolled out in August 2024. Additional work is progressing to increase compliance rates, which are currently at 79%. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

In relation to Whole Time Equivalent (WTE) Reduction, improved system-wide data consolidation has facilitated reliable modelling and benchmarking with other Health Boards. In line with a Circular recently issued by the Scottish Government in relation to the implementation of the final hour of the planned Reduced Working Week for AfC staff, it was noted that work is ongoing to develop plans by July 2025, to support full implementation by April 2026. The Committee was informed that the Band 5/6 Nursing Review continues at pace. A Programme Plan for 2025/2026 is currently being developed and will include planning for the final hour's reduction in the working week, recommendations for Allied Health Professionals agency usage reduction and WTE reductions.

In her capacity as Co-Chair of the Attendance Management Oversight Group, the General Manager, Women & Children's Clinical Services provided an update on Attendance Management, noting that sickness absence as at February 2025 was 7.99%. The Committee was informed that work is ongoing to establish a correlation between absence data, reasons for staff absence and how these align with support available to staff and that a progress update would be brought back to a future Committee.

Action: General Manager, Women & Children's Clinical Services/Head of Workforce Resourcing & Relations

Following the benchmarking exercise completed in relation to the application of the Once for Scotland (OfS) Attendance Management Policy and in line with recommendations approved in partnership with Staff Side colleagues, it has been agreed to adopt the use of triggers rather than targets to manage short-term

absence and to consistently apply the three formal stages to manage long-term absence, taking action at the 29 day trigger stage in order to facilitate timely and supportive management conversations with staff.

Development of the 2025/2026 Plan for recovery continues as a priority action. Recommendations from a multi-factorial review of absence management conducted by the Health & Social Care Partnership are due to be discussed to identify pilot areas for a Test of Change.

The Employee Director commended the positive work being done in the area of absence management.

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

8.2 Annual Delivery Plan Quarter 3 Performance Report 2024/2025

The Chair welcomed the Associate Director of Planning & Performance to the meeting and invited her to speak to the Quarter 3 progress update against the 2024/2025 Annual Delivery Plan.

The Committee noted that there are 21 deliverables aligned to the Strategic Priority to 'Improve Staff Experience and Wellbeing' and, as of December 2024, 16 of these are reported to be 'on track', whilst five remain 'at risk'. It was noted that delivery of the eRostering Implementation Programme and helping carers to take a break from their caring role were among the deliverables that have moved trajectory from being 'on track' in Quarter 2 to being 'at risk' in Quarter 3.

The Committee **took a 'Moderate' level of assurance** from the report and **endorsed** the 2024/2025 Annual Delivery Plan Quarter 3 return for formal approval by the NHS Fife Board and onward submission to the Scottish Government.

8.3 Workforce Plan for 2025/2026

The Chair invited the Head of Workforce Planning & Staff Wellbeing to provide an update on the Workforce Plan for 2025/2026.

The Committee was informed that work is continuing at pace to finalise collation and analysis of the responses received to develop the Workforce Planning Template in alignment with the Annual Delivery Plan, financial plans and ongoing business transformation work, for onward submission to the Scottish Government. A draft will be shared with members once completed. It is anticipated that the Template will be presented at the Executive Directors' Group on 20 March 2025 and at the Area Partnership Forum later this month.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing in relation to the Workforce Plan for 2025/2026.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report, which provided a progress update on the Board's Recovery Plan that was implemented in December 2024 to improve performance in the areas of Personal Development Planning & Review (PDPR) and Core Skills compliance.

It was reported that as at 31 January 2025, Core Skills compliance was at 64% against a corporate target of 80% and PDPR was at 44.3% against a corporate target of 60%. It was noted that this was the highest level of compliance which had been achieved in the past five years. The Committee was provided with an overview of the mitigating actions to improve compliance including data reconciliation, ensuring provision of core skills training and capacity and engagement with services. Reference was made to training reports that have been made available to Executive Directors in all Corporate Services, as well as to Line Managers, offering the opportunity to directly access and review training compliance for individual staff members. Efforts are ongoing for similar reports to be made available to Executive Directors and managers in the Health & Social Care Partnership and Acute Services. It was noted that Good Practice Guides will also be issued to promote engagement across the system.

The Committee was informed that, in the event that all corporate areas achieve 100% PDPR completion, it is anticipated that an overall Board compliance rate of 50% could potentially be achieved. Additionally, if all TURAS standalone accounts could be linked to NHS Fife employment, it is anticipated that an overall completion rate of 74% could likely be achieved.

S Braiden, Non-Executive Member and Equality & Diversity Champion, commented that the current metrics were still a risk to the Board and that it was important to see improvements going forward. The Employee Director welcomed the concerted efforts being employed, particularly in relation to data quality, and was optimistic that these would deliver better results. P Kilpatrick, NHS Fife Chair, emphasised the importance of continued focus and a systematic approach to improve performance in this area.

The Committee **took a 'Limited' level of assurance** from the report.

9.2 NHS Fife Leadership Framework

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provided an update on the development of the NHS Fife Leadership Framework (Our Leadership Way), as part of the 2024/2025 Corporate Objectives and in support of the organisation's commitment to a healthy workplace culture.

A comprehensive overview of the Framework that had been developed through engagement with staff via a Volunteers' Group and wider Enquiry Groups across the organisation was provided. It was advised that the Programme illustrates 'Our

Leadership Way' as a shared leadership philosophy designed to promote the agreed leadership behaviours which matter most to NHS Fife. An outline of the Delivery Plan for the Framework was also shared with the Committee, highlighting nine key activities that will be progressed through 2025/2026 including Launch / Promotion, Attraction, Onboarding, Nurture / Train, Reward & Recognition. It was noted that the Programme had been endorsed by the Executive Directors' Group on 27 February 2025 and was due to be presented to Fife NHS Board later this month. The collaborative efforts of employees across the organisation who had engaged in the Programme were recognised. The Committee unanimously commended the work that had been undertaken to develop 'Our Leadership Way' and expressed support for the programme.

Discussion took place on the importance of Senior Leadership commitment to successfully embedding the programme in the organisation. The Chief Executive reiterated the expectation that senior leadership commitment to the programme would be evidenced by a deliberate and overt reference to actions in the Executive Director Cohort's individual performance objectives, which would support the embedding of the Leadership Framework.

In addition to the Framework, the Director of Workforce advised that developing and supporting managerial capability had been earmarked as a priority area for the Workforce Directorate for 2025/2026. Commenting on the organisation's commitment to redevelop its Performance & Assurance Framework, the Director of Planning & Transformation emphasised that the Leadership Framework should be regarded as part of the effort to deliver the Board's overall Strategy.

The Committee **took a 'Moderate' level of assurance** from the report and endorsed presentation of the Leadership Framework to the NHS Fife Board.

9.3 Whistleblowing Quarter 3 Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which provided a progress update on Quarter 3 Whistleblowing activity for the 2024/2025 reporting period.

It was reported that there was one Whistleblowing concern raised in Quarter 1 that is presently close to completion, two anonymous concerns were raised during Quarter 2, one Whistleblowing concern was received in Quarter 3 (which was being dealt with at Stage 1) and a previously unreported Whistleblowing concern from 2023/2024, which has been concluded in Quarter 3 of the current reporting year, was detailed within the report. It was advised that there had been no articles within the local press highlighting new issues of a Whistleblowing nature in Quarter 3.

An overview of the work being undertaken by the new Speak Up / Whistleblowing Coordinator was provided, acknowledging that this role has made a notable difference to the support given to staff to encourage a speak up culture within the organisation. It was noted that the Whistleblowing Oversight Group continues to progress work in relation to management and improvement of whistleblowing processes and communication activities.

The Committee was advised that the Recruitment Pack for the Board's currently vacant Non-Executive Whistleblowing Champion position had been finalised and

submitted to the Scottish Government Public Appointments Team to progress recruitment to this role.

The Committee **took a 'Moderate' level of assurance** from the report, acknowledging that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up and to improve the timeliness of handling concerns.

9.4 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to provide an update.

J Kemp commended the engagement and collaborative efforts being undertaken by various stakeholder groups across the system to improve staff wellbeing. The importance of continuing to invest in staff wellbeing support to both mitigate and manage sickness absence was highlighted, along with the requirement for an ongoing review of what further efforts could be made in this context. The Chief Executive and Employee Director agreed to discuss what additional support could be offered to promote staff wellbeing.

Action: Chief Executive/Employee Director

The Head of Workforce Planning & Staff Wellbeing advised the Committee that engagement with Fife Health Charity was ongoing to explore additional areas of support to improve staff wellbeing.

In response to a query from J Kemp regarding what additional efforts could be employed to improve Staff Vaccination metrics, the Head of Service, Primary and Preventative Care Services, H&SCP, commented that the Vaccination Programme had been extremely agile and that the output of the lessons learned exercise would be shared with the relevant Governance Committees to provide feedback on what could be done differently to promote uptake.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.5 Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member & the Board's Equality & Diversity Champion, to provide an update.

The Committee was informed that work was ongoing in the areas of racism and neurodiversity. Having expressed intent to gain a better understanding of Violence & Aggression occurrences within the Board, S Braiden advised that she was scheduled to attend the April and June 2025 meetings of the Quality Matters Assurance Group and would work closely with this cohort in the coming months. Referring to the recommendation in the Internal Control Evaluation Report that Mental Health Services should be noted as a risk in the Corporate Risk Register, the importance of remaining cognisant of the significant pressures facing staff in Mental Health Services in relation to the delivery of services in the current, medium and longer term was reiterated.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10. QUALITY/PERFORMANCE

10.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflected the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

It was reported that Sickness Absence had increased from 6.91% in November 2024 to 7.80% in December 2024. The work of the Attendance Management Oversight Group to effect improvements in this area, as well as ongoing efforts by other stakeholder groups across the system to improve Staff Health & Wellbeing, were highlighted. It was noted that actions to improve PDPR metrics reported at 44.3% in January 2025 had been discussed earlier in the meeting.

The report highlighted that vacancy rates as of September 2024 were 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (Allied Health Professionals). The Committee was advised that a Development Session was due to be held to reevaluate this metric for purposes of the IPQR.

A Haston, Non-Executive Member, queried the use of 'other' as a reason for sickness absence and also what mitigating efforts were being employed to prevent staff absence due to stress, anxiety and depression. In response, the Head of Workforce Resourcing & Relations highlighted efforts being made to reduce the use of this absence code and the use of absence triggers, rather than targets to promote supportive conversations with staff members.

Highlighting the importance of understanding the underlying reasons for sickness absence, the Chair enquired whether there was work ongoing to remove the absence code 'other' from the system. The Director of Workforce acknowledged that additional work needed to be undertaken to address this issue.

The Committee **took a 'Limited' level of assurance** from the report and **endorsed** the Workforce section of the Integrated Performance & Quality Report.

10.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided 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 7 January 2025.

Referring to Appendix 1 of the report, 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.

An overview of the mitigating actions detailed in the paper was provided. It was advised that a risk-focussed Development Session would be held to reset and reword Workforce related Corporate risks to ensure that they reflect the current financial, planning and resourcing landscape. Following discussion, the Committee agreed that Mandatory Training would be considered by the Risks & Opportunities Group, to determine whether this risk should be aligned to Clinical Governance rather than Staff Governance, considering its impact on quality of care.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the Corporate Risks aligned to the Staff Governance Committee **noting** that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Area Partnership Forum held on 22 January 2025 (unconfirmed)
- 11.2 Health & Social Care Partnership Local Partnership Forum held on 12 November 2024 (confirmed)
- 11.3 Workforce Planning Forum held on 15 January 2025 (confirmed)
- 11.4 Equality & Human Rights Strategy Group held on 4 February 2025 (unconfirmed)

Noting that the Acute Services Division & Corporate Services Local Partnership Forum meeting on 19 December 2024 had been cancelled, the Chair requested the Director of Acute Services to provide an update. The Director of Acute Services advised that the meeting (which had been cancelled due to operational pressures and number of apologies submitted) had been rearranged for February 2025 and the draft minute was currently being finalised for circulation. From the discussions which had taken place at the meeting, matters to be escalated to the APF included the lack of clarity in relation to the Vacancy Management approval process and a request to be more involved in the Board's business transformation work going forward.

The Committee **noted** the update provided by the Director of Acute Services.

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, 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 25 March 2025

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.

DATE OF NEXT MEETING

Tuesday 13 May 2025 from 10.00 am to 12.00 noon via MS Teams

Meeting:	NHS Fife Board
Meeting date:	25 March 2025
Title:	Director of Public Health Annual Report 2024
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Lucy Denvir, Consultant in Public Health Jo-Anne Valentine, Public Health Manager

Executive Summary:

- This report provides an overview of the main themes within the Director of Public Health Annual Report 2024. The report will be published following final discussion at NHS Fife Board on 25th March 2025. This will align with the expected publication date of the national Population Health Framework for Scotland in April.
- The subject area of the report focuses on eating well and physical activity in the context of healthy places and spaces.
- The report subject areas align with both national and local direction and priorities.
- There is a wealth of partnership work at both strategic and operational level already in progress.
- The recommendations of the report cover the importance of whole systems approaches, a life course approach and links to spatial planning.

The Board is invited to discuss the issues within the report and offer final comment before publication.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities to Improve Health and Well-being

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report introduces the Director of Public Health Annual Report for 2024, *'Healthy Eating, Active Living for Everyone'*. The Director of Public Health annual report provides an opportunity to examine key issues relating to health and wellbeing for local areas. Board is asked to consider the issues raised and recommendations within the report.

The recommendations broadly relate to three key areas:

- The importance of whole systems approaches in addressing healthy eating and physical activity
- The importance of a life course approach in addressing these areas. This is of particular pertinence in the context of the ageing population and maintaining well-being and independence in later life.
- Utilising spatial planning to address these issues and create healthier places and spaces

2.2 Background

The Director of Public Health Annual Report has a long history dating back to the time of Medical Officers of Health in Scotland. It is a vehicle by which the Director or Public Health provides independent professional advocacy and advice about the health of the population. The report benefits from input from across Fife, both within health and care but also across wider partner agencies. The report is led by the DPH with the purpose of focussing efforts on improving the health and wellbeing of individuals and communities within our local population.

The content of the DPH report has been developed in consultation and collaboration with key multiagency partners. The final report will be widely disseminated and publicly available following publication. The purpose of now bringing this to the Board is for discussion and support in advance of publication.

The subject area of this years' DPH report is '*Healthy Eating, Active Living for Everyone*' and highlights the importance of collaboration to create healthy places and spaces across Fife.

Last year the report focused on the area early years of life, which was the second of the six national priorities for Public Health, established in 2018. This year the report is aligned to Public Health Priority 6 'A Scotland where we eat well, have a healthy weight and are physically active'. However, in its content the report also acknowledges these areas are closely linked to the places we live, work and play in so is also aligned to Public Health Priority 1 'A Scotland where we live in vibrant, healthy and safe places and communities'.

2.3 Assessment

The Scottish Government and COSLA will publish a 10-year framework for population health in April 2025. Two of the key areas it will address are 'Places and Communities' and 'Healthy Living'. The content of the DPH Annual Report for Fife 2024 therefore aligns with these national population health priorities. NHS Fife Annual Delivery Plan will also take into account these areas.

Food and eating have a strong and complex social, environmental and cultural context and meaning. Food and physical activity are both influenced by a wide range of factors such as the environment and are closely linked to poverty, deprivation and food insecurity. There is national recognition that the current context of access to ultra processed foods that are high in fat / sugar / salt is having a negative impact on the health of the population. The impact and burden of non-communicable disease in Scotland and Fife has links to poor diet and inactivity such as obesity and Type II Diabetes. The deterioration in the health of the population will impact on healthcare services and the emerging medical and therapeutic options present potential pressures and challenges. As our population ages tackling these issues and enabling our population to live independent and healthier lives into old age will become increasingly important.

The importance of links between spatial planning and public health in creating healthy places and spaces have become increasingly clear. Nationally the publication of National Planning Framework 4 has provided new opportunities for collaboration. We have seen the development and publication of the Place and Well-being Outcomes and Indicators as a result of this increased awareness. Local development of the LDP '*Fife's Place Plan*' provides a key opportunity for partners to influence spatial planning for healthier communities.

Locally Fife has a strong history of partnership working through the 'Plan 4 Fife'. As we emerged from the COVID-19 pandemic partners took the opportunity to review recovery and renewal priorities. In 2021-2022 a series of Leadership Summits and conversations were conducted. Health and Well-being was one theme of these discussions. A key area partners agreed that there was real scope and potential to collaborate on to improve health was physical activity. Partners also agreed that this needed to be set in a context of social connection in our communities and places. The themes of this years' DPH Annual report are a natural progression of this partnership collaboration.

As a result of this the Communities and Well-being Partnership has already identified physical activity as a key area to prioritise for added value partnership collaboration. Work has already begun to develop a whole systems approach to physical activity.

There is a wealth of other partnership activity at both strategic and operational level that is already addressing these areas. For example:

- Food4Fife Strategy and Action Plan 2024-2029
- Local Transport Strategy for Fife 2023-2023
- LDP 'Fife's Place Plan'
- NHS Fife Greenspace Strategy
- Fife College whole setting approach to health and well-being
- NHS Fife Child Healthy Weight Service
- Fife Sport and Leisure Trust – Musculoskeletal programme
- ADP project with Active Communities
- EATS Rosyth
- Cafe Inc – addressing holiday hunger
- 'Bums off Seats'
- Lynebank Hospital greenspace development
- River Leven Programme 'Growing with the flow'

The Director of Public Health Report is structured in two sections. Firstly, addressing healthy eating, the report uses the framework identified in the Obesity Action Scotland and University of Edinburgh report 'Local Levers for Diet and Healthy Weight' 2023. This outlines seven areas for action:

- protect, promote and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standard
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

The section on physical activity uses the areas identified by Public Health Scotland's Systems Based Approach to Physical Activity 2022.

- active places of learning
- active places and spaces
- active workplaces
- sport and active recreation
- active travel
- active health and social care systems

- active systems
- communications and public education

In summary, the content and structure of the report aligns with both national and local policy direction. The report follows a structure that is based on an evidence led approach to addressing the identified issues.

The report concludes by offering some more specific recommendations for focused action. These can be found on pages 52-54 of the report. Along with this an indication is provided of where there are current existing strategic alignments and mechanisms whereby these recommendations can be progressed.

This report provides the following Level of Assurance: **Moderate**, there is extensive evidence about the benefits of healthy eating and physical activity. The barriers to making changes are understood. Achieving sustainable change in these areas in future will be challenging given the complexity of drivers.

	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 content of the report relates to key areas of healthy living and healthy places. These are fundamental to principles of realistic medicine in relation to preventing ill health, promoting independence and contributing to the future sustainability of health and social care services.

2.3.2 Workforce

Our workforce is part of our population and communities so the report is relevant for them. In relation to the key areas of healthy eating and physical activity the report also addresses a whole systems approach through key settings including workplaces. There are opportunities to address many of these issues through NHS Fife ambitions as an Anchor Institution.

2.3.3 Financial

The subject areas of the report address key areas of population health and well-being, healthy living and independence. Prevention is a key aspect of both the NHS Fife Health and Well-being Strategy and the Health and Social Care Partnership Prevention and Early Intervention Strategy. This becomes increasingly important in the light of our ageing population and increased pressures on health service capacity and resources.

2.3.4 Risk Assessment / Management

The subject area of this years' DPH report highlights eating well and being physically active as key areas. These are crucial areas to address both in terms of widening inequalities in health. They are also important in efforts to mitigate the potential risk presented to healthcare resources of increased demand for obesity related medical treatments.

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

The broad recommendations of the report include how NHS Fife both as an organisation and a community planning partner can contribute to healthy eating, physical activity and healthy places and spaces through its' role as an employer and an Anchor Institution. Food procurement is one example of this.

2.3.6 Climate Emergency & Sustainability Impact

The DPH report in addressing healthy eating, physical activity and healthy places and spaces will contribute to NHS Fife's climate emergency and sustainability impact. Work such as that addressing our greenspace and active travel plans is already being progressed.

2.3.7 Communication, involvement, engagement and consultation

A wide range of community planning partners at operational level have contributed to the content of the report. The report acknowledges and celebrates the broad range of activities across partners and communities that contribute to this agenda.

The next step on engagement and consultation includes the Director of Public Health Annual Report 2024 being presented to the following groups:

- Integrated Joint Board
- Fife Partnership Board
- Quality and Communities Committee and Council Area Committees

2.3.8 Route to the Meeting

The key points identified within report have previously been presented at the following groups:

- Public Health Assurance Committee 18th December 2024
- Public Health and Wellbeing Committee 13th January 2025
- Plan for Fife Leadership Board 8th January 2025

The full text version of the Director of Public Health report paper was tabled at:

- EDG 20th February 2025
- Public Health Assurance Committee 26th February 2025
- Public Health and Wellbeing Committee 3rd March 2025
- Clinical Governance Committee 7th March 2025

2.4 Recommendation

This paper is provided to members of the NHS Fife Board for:

- **Discussion**

NHS Fife Board is invited to discuss and offer final comment for DPH Annual Report 2024 prior to publication.

In particular NHS Fife Board is asked to consider their support for recommendations which cover broad areas of:

- Food and physical activity need for actions which take a whole systems approach across key settings
- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life
- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provide key opportunities for partners to contribute to making healthier places and communities

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - DPH Annual Report 2024 (v6)

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Healthy Eating, Active Living for Everyone

Director of Public Health
Annual Report 2024



Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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Published March 2025

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Introduction



In each Director of Public Health Report, there is an opportunity to look at the health of the population in Fife and topics where there are new emerging pressures. This report takes as its central theme healthy weight and physical activity. It sets out the opportunities to improve health and wellbeing across the population through preventive actions.

Six national public health priorities were identified in 2018 by the Scottish Government and COSLA.¹ In 2020-21 the Director of Public Health report provided an overview of these Priorities and the actions for each.² Last year the Director of Public Health Report for Fife 2023 explored one of these national priorities in detail, 'Children and young people in Fife – the building blocks for health' was aligned with public health priority (PHP) 2 'A Scotland where we flourish in our early years'.³ The report this year focuses on a different building block for health, PHP 6 'A Scotland where we eat well, have a healthy weight and are physically active'. The importance of having a healthy, balanced diet and being physically active, through all ages and stages in life is well recognised and having a healthy diet and staying physically active supports both physical and mental health.

The public health priorities for Scotland also include PHP 1 'A Scotland where we live in vibrant, healthy and safe places and communities'.⁴ How we move and what we eat are fundamental to the sustainability of both human and environmental health. As such healthier food and more movement are part of wider place-making to create healthier environments and circumstances in our communities.

This report will review what we know about eating healthily and keeping physically active in the Fife context. It will explore, highlight and celebrate the work and progress of partners and communities to address these issues and in particular the potential for place-based approaches to planning and collaborative working to create healthy places and spaces.

Dr Joy Tomlinson,
Director of Public Health

¹ [Public Health Priorities for Scotland](#)

² [NHS Fife Director of Public Health Report 2020-2021](#)

³ [NHS Fife Director of Public Health Annual Report 2023](#)

⁴ [Public Health Priorities for Scotland](#) PHP 1

Executive Summary

Encouraging our population to eat well and move more are priorities for Fife and Scotland as a whole. Evidence from the Scottish Burden of Disease Study shows us that the health of Fife's population would be improved if everyone were to eat a healthier diet and stay as active as possible. Having a healthy weight and eating a healthy diet significantly reduces the risk of many chronic diseases and poorer health outcomes.

For healthy eating, individual decisions about what we eat are influenced by a range of factors, including our own family and community, affordability and accessibility, and skills and capacity to prepare healthy food.

The early years and childhood establish foundations for healthy eating throughout life. Actions that support and promote breastfeeding where possible and sensitively support all families regardless of feeding method are important in getting a healthy start in life. Providing information and practical techniques can help with healthy food choices and supporting lifelong healthy eating habits. In Fife examples of this include work by Fife Council to encourage uptake of healthy school lunches, and the Café Inc programme providing nutritious meals during school holidays.

There are opportunities to improve the quality and nutrition of food provided through catering and procurement across public and private sectors. Work underway as part of the Food4Fife strategy demonstrates Fife's commitment to do this. The new National Planning Framework 4 provides levers to support a healthy food environment and addressing risks to community wellbeing. There are also opportunities to work supportively with food businesses to encourage healthier approaches.

Movement is essential for life and staying physically active contributes to preventing ill-health and managing disease. Supporting everybody to stay as physically active as possible is something which organisations and people living in Fife can influence and change.

Schools have an important role to play by creating active places of learning so that being physically active is a normal part of our children's lives at playtime, in lessons, afterschool activities and in travel to and from school.

For adults, workplaces can support physical activity. Workplace policies which encourage people to stay active and enable active travel to and from work make a real difference. Wider regional and national travel and transport policies have a significant role in helping people stay active.

Across the lifespan, participation in sports and recreational activities can increase physical activity and support wider wellbeing through social connection. There is significant benefit in encouraging people to make use of outdoor spaces to stay active. In Fife there are a range of high-quality outdoor spaces that partners have developed and maintained and ongoing work such as the Leven Programme, which is supporting use of local natural spaces. Work to address barriers, such as costs and accessibility, will enable all Fifers to benefit.

Health and social care services also have an important role to encourage physical activity and healthy eating. These services engage with a large proportion of our population and can provide information and support about keeping active.

Healthy eating and physical activity are vital for health, however, there remain significant structural barriers for people living in Fife to access a healthy diet and stay physically active as part of their everyday lives. There is a significant opportunity to increase healthy eating and physical activity levels and improve the overall health outcomes of the population in Fife.

Background

The National Approach

Focusing on healthy weight and physical activity is in line with national direction. Scotland has stalling improvements in health. Some health indicators are worsening, and health inequalities are widening. The Scottish Government and COSLA are currently developing a 10-year framework for population health.⁵ This will have four main drivers within an overall prevention focused system:

- Social and economic factors
- Places and communities
- Healthy living
- Equitable health and care

Increasingly, links are being made between public health and spatial planning. In 2021, the Improvement Service and Public Health Scotland published the briefing 'Place and Wellbeing - Integrating Land Use Planning and Public Health in Scotland' since when there have been further developments of the Place Standard Tool and the Place and Wellbeing Outcomes and Indicators.^{6,7,8} The National Planning Framework 4 has also been published.⁹ This all provides a firm foundation for partners in Fife to work together on the Local Development Plan (LDP) which presents a significant opportunity to improve health and wellbeing including through the influence local development and the use of land can have on how we move and eat.¹⁰

In 2022 the Scottish Government passed the Good Food Nation (Scotland) Bill as part of its aspiration to make Scotland a place where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve and eat each day.¹¹ The Act placed a duty on public bodies to produce a Plan including outcomes for health and wellbeing, economic development, education, child poverty and the environment.

Scottish Government's 2024 National Framework for Physical Activity provides a framework for action to improve levels of physical activity at both national and local level which is firmly founded on evidence-based international guidance from the World Health Organization and other global partners as to the approach which is needed to deliver sustainable change.¹²

It recognises that plans and strategies across transport, education, planning and the environment have as great an impact as do those in health or sport in helping to improve the health and wellbeing through increasing levels of physical activity. The document recognises that local delivery is critical to success.

⁵ [Written question and answer: S6W-34287 | Scottish Parliament Website](#)

⁶ [Improvement Service 2024: Place and wellbeing: integrating land use planning and public health in Scotland](#)

⁷ [The Place Standard tool is a way of assessing places. | Our Place](#)

⁸ [Place and Wellbeing Outcomes | Improvement Service](#)

⁹ [Scottish Government 2024: National Planning Framework 4](#)

¹⁰ [Local development plan \(FIFEplan\) | Fife Council](#)

¹¹ [Good Food Nation](#)

¹² [Physical Activity For Health: Scotland's National Framework](#)

Our Local Fife Approach

Fife has a strong history of partnership working and developed a single 'Plan for Fife' in 2017. As we emerged from the COVID-19 pandemic the plan was reviewed to take into account refreshed priorities for Recovery and Renewal.¹³ As part of this a series of 'Leadership Summits' took place during 2021-2022 to allow partners in Fife to engage in focused redesign conversations on key themes, one of which was Health and Wellbeing. Partners agreed that there was real scope and potential to collaborate to improve health through physical activity and food. Partners also agreed that this needed to be set in a context of social connection in our communities and places.

These leadership conversations helped set a local context in which work already underway in a number of areas could gain momentum and flourish. This includes examples such as the 'Food 4 Fife' Strategy 2024, the 'Local Transport Strategy for Fife 2023' and the report 'Our Place – Living in Fife 2023'.^{14,15,16}

In 2023 Obesity Action Scotland and The University of Edinburgh published 'Local Levers for Diet and Healthy Weight'.¹⁷ This report will utilise the evidence-based opportunities highlighted by that research as a framework for exploring healthy eating in Fife. It will also use the strategic outcomes outlined in 'A Systems-Based Approach to Physical Activity in Scotland' as a framework for exploring physical activity.¹⁸

Using guidance offered by the evidence base can help us take an overview of what we are doing and identify areas where moving the focus of our efforts may offer the best opportunities for adding value through collaboration between partners and with communities.

¹³ [OurFife: Recovery and renewal - Plan for Fife 2021-24](#)

¹⁴ [OurFife: Food4Fife](#)

¹⁵ [Fife Council: Local Transport Strategy for Fife](#)

¹⁶ [KnowFife: Our Place: Living in Fife 2023](#)

¹⁷ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

¹⁸ [Public Health Scotland: A systems-based approach to physical activity in Scotland 2022](#)



Healthy Eating

What We Know

Having a healthy weight and eating a healthy diet can significantly reduce the risk of many chronic diseases and poorer health outcomes. An unhealthy diet, high in salt, sugar and fat, is internationally recognised as one of five main modifiable risk factors for poor health and non-communicable (or chronic) diseases.¹⁹ These include oral health problems, Type 2 diabetes, coronary heart disease and cancer.

Obesity, defined as a body-mass index (BMI) equal to or greater than 30, is a risk factor for poor health and many NCDs but is also categorised by the WHO as a ‘complex chronic disease’ caused by interactions of a range of factors including those which are environmental, economic, biological, commercial and social.²⁰

Just under one third (32%) of adults in Scotland were living with obesity in 2023 and a further 34% were living with overweight.²¹ This was the highest level of obesity reported in the Scottish Health Survey and significantly higher than the 24% reported in 2003. Younger adults (16-24) in Scotland were most likely to have a healthy weight and those age 45-54 were most likely to be living with obesity. Rates of adults living with obesity in the most deprived areas in Scotland have been consistently higher than those in the least deprived areas, in 2023 36% of adults in the most deprived areas were living with obesity compared to 25% in the least deprived areas. Data on adult healthy weight and living with overweight and obesity has not been available for Fife since the COVID-19 pandemic, due to its impact on survey data collection, but prior to this time 32% of adults in Fife in 2016-19 were living with obesity compared to 29% in Scotland.²²

Among children in Primary 1 in Fife 74.7% were a healthy weight in 2023/24. In the past 10 years levels of healthy weight have fluctuated between 74.7% and 77.9% (Figure 1). The 2023/24 figure was the lowest figure in this time period and was slightly lower than Scotland (76.5%).²³ The percentage of children at risk of obesity in Fife in 2023/24 was 11.2%, this is higher than the figure for Scotland (10.5%). Persistent inequalities are also seen in child healthy weight (Figure 1). For the 10 years shown in Figure 1 a higher percentage of children in the least deprived areas had a healthy weight, 79.5% compared to 71.3% in most deprived areas in 2023/24.²⁴

¹⁹ [Non Communicable Diseases | NCD Alliance](#)

²⁰ [WHO Obesity and overweight Factsheet](#)

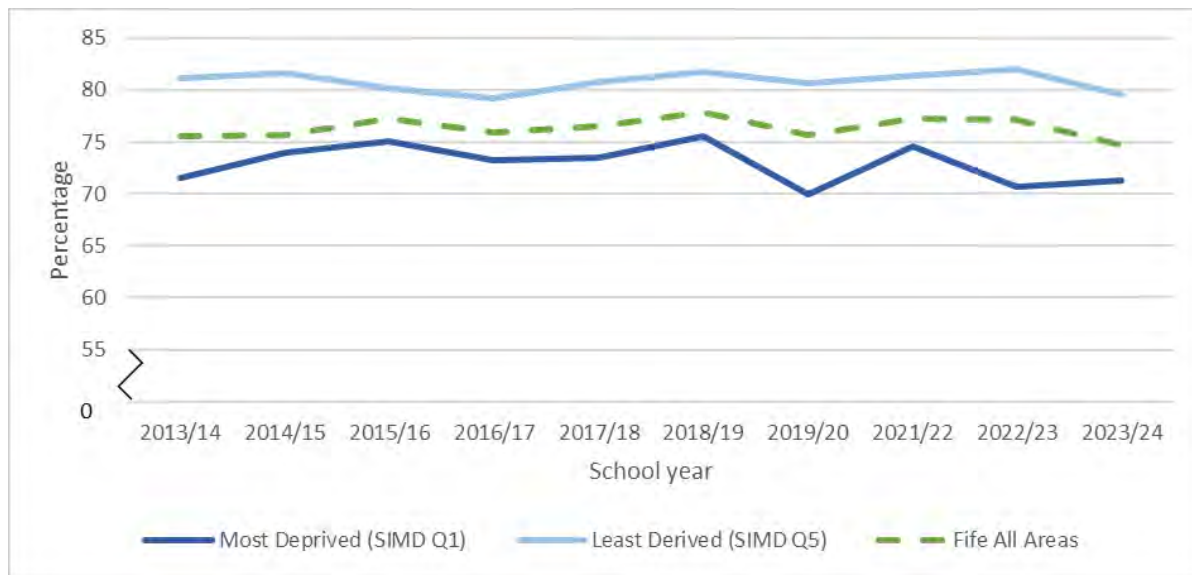
²¹ [9 Obesity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

²² [Scottish Health Survey Dashboard - Rank BMI Obesity 2016-19](#)

²³ [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023-2024](#) (Data Table 3)

²⁴ [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023 to 2024](#) (Data Tables 9 and 10)

Figure 1: Percentage of healthy weight children in P1 in Fife by Most and Least Deprived SIMD quintile; school year 2013/14 to 2023/24



Source: PHS (no data available for 2020/21)

Oral health is a fundamental aspect of overall health and wellbeing. A healthy, balanced, low-sugar diet can prevent caries and simultaneously support general health.²⁵ Dental decay and periodontal disease are very common and largely preventable and are therefore considered widespread public health issues. Dental decay is linked to other diseases, including Type 2 diabetes and obesity, through the common risk factor of diet.

Poor oral health has impacts across the life course. Decay, periodontal diseases, and head and neck cancers are associated with significant morbidity, and mortality for cancers.²⁶ The national oral health improvement programmes emphasise prevention across the life course and are designed to improve and support oral health “from the cradle to the grave”. Working collaboratively across health and social care can optimise preventive efforts for both oral and general health and promote efficient use of resources.

²⁵ [Scottish Dental Clinical Effectiveness Programme - Prevention and Management of Dental Caries in Children](#)

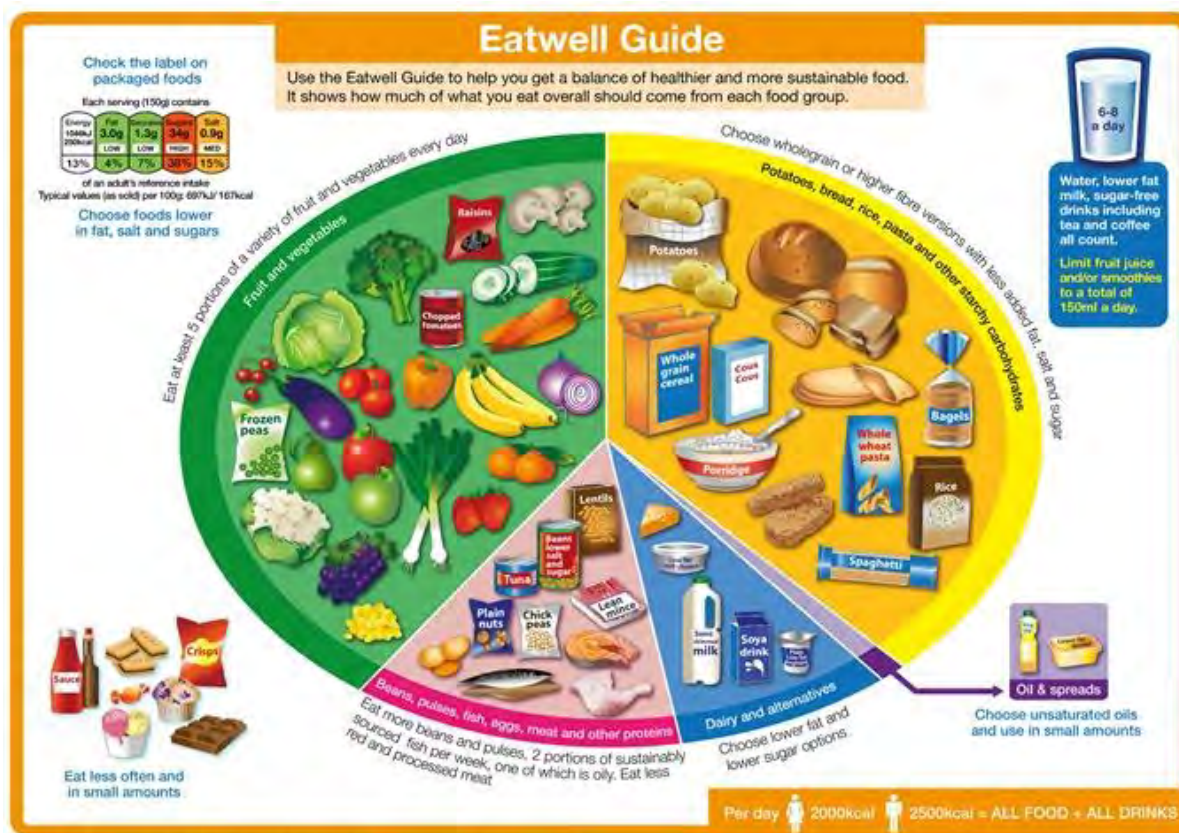
²⁶ [Oral Health Improvement – Scottish Dental](#)

What We Eat

NHS Scotland uses the Eatwell Guide which outlines the recommendations for eating a healthy balanced diet. The guide shows the different types of foods and drinks people should consume – and in what proportions – every day or over a week (Figure 2).²⁷

Food and eating have strong and complex social, environmental and cultural contexts and meaning. Throughout our lives food is vital for living and growing. From maternal and infant nutrition, school meals and into our adult life and then later lives we have different nutritional needs at different stages. What we eat is influenced by a wide range of issues, including access to affordable healthy food. The food environment we live in now means we have less of a relationship with our food, where it comes from and how it is grown, prepared and cooked.

Figure 2: Graphic showing an ideal healthy balanced diet plate split by food types



Source: Eatwell Guide

For some people living in Fife there is food insecurity (the inability to feed oneself and family in socially acceptable ways) influenced by poverty and deprivation with reduced access to healthy, affordable food. Information on levels of food insecurity across Scotland is collected from the Scottish Health Survey.²⁸ The survey asks whether respondents have been worried about running out of food in the last 12 months. Levels are currently at the highest level since recording began in 2017 (8%) following a sharp increase between 2021 (9%) and 2023 (14%).

²⁷ [Food and nutrition - Healthy living | NHS inform](#)

²⁸ [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Diet, Indicator = Food insecurity)

Increases have been seen across all age groups, but adults aged 16-44 (20%) were more likely to have experienced food insecurity in 2023 than other age groups. 11% of adults reported that they had eaten less due to lack of money or resources, an increase from the 6-7% reported between 2017 and 2021. In 2023 the proportion of adults (8%) who had run out of food due to lack of money or resources was double the proportion in 2021 (3%).

Across the UK the cost of foods that are part of a healthy balanced diet has increased in the last few years with fruits and vegetables having the greatest cost per 1,000 calories at £11.79. In 2023 more healthy foods were on average greater than double the price of less healthy foods.²⁹ Food insecure households in the UK were more likely to cut back on purchasing healthy foods, 60% reported cutting back on fruit and 44% reported cutting back on vegetables.³⁰

There can be an imbalance between what we need to eat and our actual consumption. Across Scotland we eat a diet that is too high in calories, fat, salt and sugar and too low in the foods that are the main components of the Eatwell Guide.³¹ Food Standards Scotland and the Faculty of Public Health have both recently issued position statements acknowledging the role ultra processed foods, which are often cheap and widely available, may play in this as ultra processed foods could account for about half of the energy intake of adults in the UK.³²

Across Scotland (22%, 2021) and Fife (21%, 2016-2019) around a fifth of adults' report consuming 5 portions of fruit and vegetables daily.³³

The Scottish Health Survey provides information about what adults and children in Scotland eat, particularly levels of fruit and vegetable consumption. The proportion of adults eating the recommended 5 or more portions daily has varied little in more than 10 years.

Figures from 2021 also showed that of adults across Scotland just under half (48%) met the Scottish Dietary Goal for total fat to be no more than 35% of food energy, just over a fifth (22%) met the goal that free sugars account for no more than 5% of total dietary energy and 6% of adults met the goal of consuming 30g of fibre per day.³⁴

In 2023, just under a fifth of children (18%) aged 2-15 across Scotland ate five or more portions of fruit and vegetables per day.³⁵ The 2023 figure was similar to the figures of 20% and 21% reported in 2021 and 2022 but remains higher than figures between 2009 and 2019 (12 to 16%). Younger children were more likely to have eaten five or more portions than older children in 2023, 22% of those aged 2-7 compared with 15% among children aged 8-15.

The proportion of children that did not consume any fruit or vegetables increased with age from 4% amongst those aged 2-4 years and 5-7 years, to 10% amongst 8-10 years old and up to 14% amongst those aged 13-15 years.

In 2021/22 a fifth of children ate biscuits once a day, a significant fall from the 42% in 2008/9. An even greater reduction was seen in the consumption of non-diet soft drinks once a day or more, from 38% in 2008/2009 to 5% in 2021/2022. Fewer children are now eating 2-3 slices of high fibre bread a day and tuna fish once a week (22%) but consumption of oily fish (19%) and white fish (52%) once a week has risen.

²⁹ [The Broken Plate 2023 | Food Foundation](#)

³⁰ [Food Insecurity Tracking | Food Foundation](#)

³¹ [Food Standards Scotland: Position paper: Processed and ultra-processed foods](#)

³² [Faculty of Public Health position paper: ultra processed foods](#)

³³ [Scottish Health Survey Dashboard](#)

³⁴ [Scottish dietary goals: March 2016 - gov.scot](#)

³⁵ [The Scottish Health Survey 2023 - volume 1: main report](#) Chapter 5: Diet and Food insecurity

Barriers to Healthy Eating

Whilst affordability and food insecurity are two of the main the main barriers to healthy eating other barriers to eating healthily include hidden factors such as having the time and confidence and skills to cook from scratch, lack of resources for energy to cook and the means to travel to shops that offer a wide range of foods.³⁶

Food choice is key to improving nutrition, good nutrition is key to reducing risk of diet related disease such as obesity, heart disease, stroke, and cancer. Lack of confidence and poor cooking skills and lack of food knowledge contributes to the lower fruit and vegetable intake and higher intake of high fat, high sugar foods processed foods by people in Fife. Improved access to affordable healthy food is crucial to making improvements in what people eat.

Improving confidence and cooking skills and increasing food and health knowledge could therefore be effective strategies to promote healthy eating and reduce prevalence of these diseases. In Fife, we support increasing skills and knowledge of community partners through delivery of Food Champion training (REHIS registered 3-day course). The 3-day training aims to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops. It gives participants a better understanding of the relationship between food and health, as well as the key messages which helps and encourages people to make changes to their own eating habits and those they work with. To support and encourage the sharing of information around food and eating well, the training also includes key facilitation skills, a mentoring aspect and practical tips and templates to improve programme delivery and development at a local level.



³⁶ [The Scottish Diet it needs to change, Food Standards Scotland 2018](#)

Case Study – Fife College

Fife College takes the health of its students very seriously and maintains that the importance of student's relationship to healthy food, nutrition, and fitness levels, will connect discernibly with their academic and personal success.

Many courses and departments at Fife College centre their studies around this philosophy and the Sports and Fitness department, and Culinary Arts department are not the only facets of the academic contingent to align their curriculum with these philosophies.

Young adults from the ages of 16-24 are particularly vulnerable to developing obesity, especially if they have been obese or overweight in childhood. There is an increase in prevalence of obesity in accordance with an increase in deprivation. In addition, there is an increase in prevalence for obesity for those with learning disabilities. Many of the Fife College social care programmes and supported programmes introduce parts of the course structure in educating students on nutrition, and fitness and wellbeing within their programmes.

The Student Experience department has many activities and resources that highlight the valuable nature of these areas too.

New Wellbeing Hubs have been created and established on the college's Kirkcaldy and Dunfermline campuses allowing the Health & Wellbeing team to accommodate space for many appointments including Nutrition drop-ins, and other ad-hoc activities based on the Health & Wellbeing calendar of events and monthly topics.

Talks during Welcome sessions centre around student support including access to Health & Wellbeing resources on Food, Nutrition and fitness.

The college has extended its hours for the Breakfast Club and Free Lunches for students so that students can eat twice a day for free on all campuses.

There are many events through the year including a Health & Wellbeing Festival and Get Ready for Xmas event which offers students lots of free drinks and snacks from hospitality students, and from Fife College food trucks, as well as many fitness exercises to try and to join in with.

Other meaningful resources include an Autumn Eats Guide which introduces lots of comforting recipes, Breakfast, Lunch & Dinner, that can be made at home and on a budget.

The Health and Wellbeing team have introduced a walking route within Dunfermline Campus to encourage students as well as staff to increase their daily steps. Fife College Wellbeing and Fitness co-ordinator has produced Fitness and Nutrition Diaries, Student gym inductions, individual fitness programmes, fitness classes for staff and students and a "Mindfulness and Movement" booklet about health for mind and body. The gym facilities and fitness classes are free of charge for students and staff to use.

Food4Fife Strategy and Action Plan 2024-2029

The strategy's vision is to create a sustainable food culture for a healthy Fife.³⁷ Using a 6-pillar food system framework (developed by Sustainable Food Places), the strategy supports work across boundaries and disciplines to address key challenges for food in Fife.

Figure 3: Food4Fife 6 pillar food systems framework



Local Levers for Diet and Healthy Weight

Obesity Action Scotland's 2023 report Local Levers for Diet and Healthy Weight presented seven 'top evidenced-backed opportunities' for obesity prevention.³⁸

The local levers include:

- protect and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standards
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

There are close connections between the Local Levers and the 6 pillars of the Food4Fife Strategy, particularly the Healthy Food for All, Community Food and the Catering and Procurement pillars. The following sections of this report will look at the first six of these local levers in terms of why they are important in Fife and associated actions that have been implemented by local partner organisations. The seventh Local Lever, promote and support physical activity, will be addressed within the Active Living for Everyone section of the report.

³⁷ [OurFife: Food4Fife](#)

³⁸ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

Protect and Support Breastfeeding and Healthy Diets for Children

Why is this important?

Improving nutrition of infants and in early childhood is key for ensuring a healthy weight as they grow into adults. This involves the protection, promotion and support for breastfeeding as well as the appropriate and timely introduction of complementary foods and ensuring a wide and varied healthy diet throughout early childhood. The food consumed by children in their early years has a lifelong effect on the food choices they make as they grow older and into adulthood and consequently on health outcomes.

Background

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7% in 2012 to 44.6% in 2024.³⁹ There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed. As described earlier in this report approximately one fifth of children in Scotland eat the recommended 5 portions of fruit and vegetables per day and approximately 10% of children are at risk from obesity by the time they are in P1.

Modifiable factors/local actions

NHS Fife has been “Baby Friendly” since 2014. The service includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or infant feeding advisors.⁴⁰ Families can also get help with cost of living through Best Start grants and Best Start foods to help make sure infants and young children have access to food. There were 3,855 Best Start grants and Best Start foods applications made from Fife residents in 2023/24.⁴¹

The small team of skilled and experienced Breastfeeding Support Workers in Fife is vital to increase breastfeeding rates. Early, specialised and personalised breastfeeding assistance in the home is essential for establishing breastfeeding. Breastfeeding groups will hopefully help in the normalisation of breastfeeding within the bottle-feeding culture of Fife and provide social support groups for mums to access continued breastfeeding peer support throughout their breastfeeding journey. Breastfeeding peer support training courses have recently run in person and online to enable 24 mums to complete training and to continue to volunteer to support the running of new and existing breastfeeding groups in Fife.

Antenatal parent education infant feeding sessions recommenced in 2024, after a prolonged hiatus following the COVID-19 pandemic. This includes breastfeeding advice as well as information on when to offer solids and signs of readiness, how to access best start foods and safe formula feeding.

Baby bites is an informative interactive weaning session for parents and carers and their baby of around 6 months.⁴² The Baby bites programme has been rolled out to every nurture centre in Fife and will extend into nurseries across Fife.

³⁹ [Public Health Scotland: Infant feeding statistics - Financial year 2023 to 2024](#)

⁴⁰ [Fife Breastfeeding Resources Links](#)

⁴¹ [Social Security Scotland - Best Start Grant and Best Start Foods: high level statistics to 30 September 2024](#)

⁴² [Baby bites - interactive weaning sessions | NHS Fife](#)

Fife's Child Healthy Weight Service, known as Fife Loves Life, supports families to eat well and be physically active.⁴³ The service, which includes self-referral, provides family focused sessions to support being active as a family and working together to make small healthy behavioural changes. The Child Healthy Weight Service will aim to identify and target areas with the worst health outcomes and highest areas of deprivation to deliver a targeted approach.

The Fife Loves Life app also provides a lot of information to support children, young people, and their families. There are a range of topic specific optional workshops for parents and carers and young people to attend as part of the Child Healthy Weight programme which include information and techniques to overcome difficulties and barriers to making changes to eating and activity habits and support the promotion of positive mental health.

Groups for parents and carers of Primary School aged children include supporting healthy choices (positive parenting), supporting your child to eat different foods (fussy eating) and parenting tweens which focuses on children transitioning from childhood to adolescence.

Groups for young people include making healthy choices, wellbeing, best of me (which focuses on ways to increase self-esteem) and emotional eating. All children and young people who take part are offered support from Child Healthy Weight Physiotherapy. Free Fife Sport and Leisure gym and swim passes, for those eligible, are available at all leisure centres throughout Fife.

The NHS Fife Child Healthy Weight Toolkit provides professional guidance designed to promote consistent use of the local child healthy weight care pathway and supports professionals to have conversations with families around diet, activity and other healthy living changes.

Key messages around healthy eating, keeping active, sleep hygiene and positive mental health are included in a short Personal and Social Education (PSE) School Module. The module is designed for young people in their first year of Secondary School.

HENRY (Health, Exercise and Nutrition for the Really Young) Core Training focuses on strengths-based, solution-focused, empathic communication with families around health, exercise and nutrition and is delivered to health and education professionals working with young families.



⁴³ [Child Healthy Weight Service \(Fife Loves Life\) | NHS Fife](#)

Case Study – Health Promotion and Food

Sharing Healthy Eating information is key to influencing food choice. Health Promotion recognises that to elicit engagement on health topics, there is a need to provide information in various formats and adapt key messages to suit specific target groups.

For example, Health Promotion worked with community food workers to trial a resource developed to engage families with young children on key elements of a healthy lunchbox. To engage both children and parents and have a message to take away, the pack included an information sheet of key messages as well as activity sheets for the children to engage in the learning. The sessions included budget friendly healthy snacks for tasting and recipes ideas to try at home

Feedback was very positive with parents commenting on the ease and simplicity of message, surprise that children enjoyed the healthy offering and commenting that that they would change the food choice to include the healthy snacks in future.



Improve Uptake of School Meals

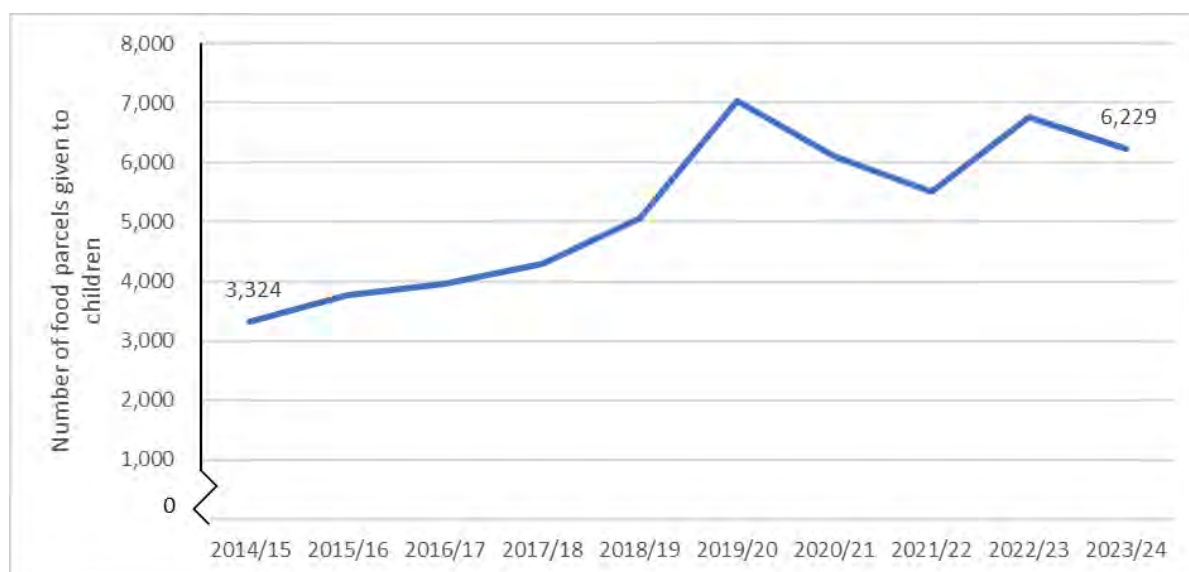
Why is this important?

School meals can improve children’s dietary habits in a way that is equitable across all groups of children. Schools play a significant role in children’s lives as they spend approximately 40% of their time and consume 30% of their meals within the school environment. Free school meals for those who are eligible, play a crucial part in reducing child poverty and food insecurity. Free school meals within primary schools provide a dignified response to food insecurity with all children having access to and eating the same food. Healthy school meals contribute to positive behaviour and improved attention and attainment as well as reduced absenteeism. As already detailed in this report, 11% of children in P1 in Fife are at risk of obesity with fruit and vegetable consumption decreasing as children age.

The adverse effects of food insecurity, inadequate nutrition, and childhood obesity are well-documented, with potential repercussions on physical health, mental wellbeing, and social aspects of life. As a result, ensuring food security for all children with nutritious school meals is of utmost importance.

Some schools in Fife are providing a breakfast service for pupils who arrive in school hungry. The Health and Wellbeing Census Scotland (2021/22) reported that 8% of P7 to S6 pupils went to bed hungry often or always and 18% of pupils in P5 to S6 never ate breakfast on a school day.⁴⁴ Across the UK 20.0% of households with children reported experiencing food insecurity compared with 12.7% of households without children.⁴⁵ The Trussell Trust published end of year statistics for foodbank use throughout the UK.⁴⁶ In Fife for the financial year 2023/24 6,229 parcels were given out to children.

Figure 4: Number of food parcels given to children in Fife by financial year



Source: The Trussell Trust

⁴⁴ [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot](https://www.gov.scot/resources/documents/2022/06/Health-and-Wellbeing-Census-Scotland-2021-2022.pdf)

⁴⁵ [Food Insecurity Tracking | Food Foundation](https://www.foodfoundation.org.uk/food-insecurity-tracking/)

⁴⁶ [End of year stats | Trussell Trust](https://www.trusselltrust.org/foodbank-use-statistics/) EYS 2023-24 raw data (A family of 2 adults and 2 children attending the foodbank is recorded as 4 parcels, 2 adult and 2 children.)

Background

The nutritional quality of a child's diet during their formative years has far-reaching consequences, influencing subsequent development, educational accomplishments, health outcomes, and overall wellbeing. Dietary patterns have a lasting impact on adult eating habits and the risk of non-communicable diseases. Children in the UK typically consume foods high in saturated fat and sugar and low in fibre, with a diet that contains fewer fruits and vegetables than those of children in other countries.⁴⁷

The Scottish Government mandates all food served in schools at lunch, breakfast, morning breaks and tuck shops comply with stringent regulations to ensure pupils receive healthy and nutritious food. The regulations severely restrict the inclusion of salt, sugar, foods high in fat, and low-quality reformed or reconstituted foods.⁴⁸

Meals cooked from scratch with fresh ingredients high in nutritional value constitute healthy meals. This helps meals to be nutritionally dense rather than calorie dense. Children should eat regular balanced diets that contain protein, starchy carbohydrates, vegetables and fruits. The Eatwell Guide recommends eating at least 5 portions of fruit and vegetables daily. Making food look exciting, colourful and fun encourages healthy eating in children. In Council supported nurseries all food served also complies with regulations which helps to improve the acceptance of better food to these young children and their families.

Modifiable factors/local actions

School meals enable children to access affordable nutritious meals, especially with the current high inflation on essential food products. The responsibility of nurturing the next generation is a shared endeavour. Parents, teachers, health professionals, catering staff, and policymakers must join forces to achieve nutritional excellence in and improve uptake of school lunches. Children can flourish academically, physically, and emotionally when they are healthy and happy.

The provision of school meals is an integral part of the Plan for Fife objectives of improving health and wellbeing and minimising the impact of poverty, by delivering food that is high in nutritional value. In the longer term as part of implementing the Food4Fife Strategy, Fife Council aims to use local seasonal food in meal planning that also supports the local economy. Having a pleasant dining experience, a protected lunch time, implementing a staggered lunchtime system and involving pupils in the development of menus all contribute to encouraging children to have a school meal.⁴⁹ Early indications are that Primary 1-5 universal free school meals have been well received in Fife with approximately 75+% uptake. Fife Council is committed to ensuring that parents and carers are aware that children can access free school meals in a dignified and discreet way with an objective of increasing the take up of healthy meals. In terms of free school meals, as well as the nutritional value of the meals, financially taking a free school meal can save a family approximately £475 per child per year.

Fife Council are also focusing on influencing the eating habits of high school pupils by encouraging that cohort to eat nutritious school food rather than off-site low nutrition 'fast food' and confectionery. This is challenging, however, sales of school meals in high schools increased between July 2022 and July 2024, perhaps demonstrating there are encouraging signs that pupils are changing eating habits.

⁴⁷ [Household availability of ultra-processed foods and obesity in nineteen European countries](#)

⁴⁸ [Healthy Eating in Schools: guidance 2020](#)

⁴⁹ [Better Eating, Better Learning](#)

The holiday periods can be a challenging time for many children, young people, and families in the seven local areas of Fife. Café Inc has ensured that over 109,000 nutritious meals were given to children young people and their families over the seven-week 2024 summer holidays and helped to ensure that fewer children and young people miss out on healthy and nutritious meals during the school break. Across the seven locality areas in Fife there were 65 venues for families to access.

Café Inc is Fife Council's holiday hunger programme, and the aims of the project are to provide children, young people and their parent/carer(s) with a nutritious meal during school holidays.⁵⁰ The project is universal and is underpinned by the dignity principles.⁵¹

The Café Inc team also conducted a piece of research over summer and received 128 responses. The key findings were:

- 66% of respondents were not in receipt of free school meals
- 50% were in receipt of Universal Credit
- If Café Inc was not available, 40% of respondents would have fed their children but skipped a meal themselves.

In addition to the survey findings, several powerful stories were collected, showcasing the social and economic impact of Café Inc. These stories highlight how the programme not only provides meals but also serves as an important social lifeline for families who are struggling to make ends meet. These stories demonstrate the real-world impact of the programme, offering insights into how it alleviates stress, builds community connections, and improves the wellbeing of participants.



⁵⁰ [Café Inc | Fife Council](#)

⁵¹ [Nourish Scotland: Guidance Notes on Dignity in Practice - Summary of Findings](#)

Case study – EATS Educates food education initiative in Rosyth Primary Schools



EATS Educates is an ambitious new food education project from EATS Rosyth, to develop a whole system approach to eating fresh fruit and vegetables with children and their families.

Delivered in all four primary schools in Rosyth, the curriculum-focused programme enables children to engage in growing, harvesting, tasting, and cooking fresh fruits and vegetables. The project involves creating and enhancing growing areas at each of the schools, including raised beds, fruit trees and sensory gardens. These new greenspaces benefit both people and wildlife, by improving access to organic fresh fruit and vegetables, enriching biodiversity and increasing climate awareness.

The project commenced in June 2024. So far this has involved construction of 12 new raised beds, improvements and restoration to over 80m² of existing growing spaces, such as brick planters and beds, and gathering feedback from over 750 parents, teachers and pupils on food education and growing. During the summer holidays, pupils and parents were invited to open days in EATS Rosyth's Centenary Orchard, where they took part in activities on growing topics, including harvesting vegetables, making fresh fruit smoothies and beekeeping and honey tasting. As part of the Fife Climate Week in September, pupils attended special 'Apple Days', where they tasted fresh apples, which they picked directly from the Orchard trees, pressed apple juice, cooked apple sauce and learnt about apple preservation techniques.

Creating dietary change is complex and multifaceted. Emphasis must be placed on the food environment, especially the availability and accessibility of healthy foods. Almost one in five children in Fife are now living in absolute poverty, with food insecurity increasing along with associated risks of poor nutritional outcomes and health inequalities including obesity. The benefits for improving children's access to and consumption of fruit and vegetables in Fife are clear. EATS Educates aims to involve children and their families so that they have the opportunity not only to learn, but also gain practical experience and life skills to support lifelong change. The pilot project has been funded for two years by Fife Council and has ambitions to culminate in a transferable education programme which will be rolled out in settings across South & West Fife and beyond.

www.eatsrosyth.org.uk

Public Food Procurement and Provision Standard

Why is this important?

Between Fife Council, NHS Fife and the University of St Andrews, annual spend on food procurement amounts to approximately £15 million each year. Many of the meals provided are for population groups that are vulnerable and for whom nutritional standards are important. Public bodies also have the ability to influence consumption of healthy versus non-healthy meals in non-vulnerable groups across the population. A piece of research in 2021 where 159 adults took part in an online choice experiment found when three-quarters of product options were healthy, 58% of participants selected a healthy option compared to just 41% of participants selecting a healthy option when only 50% of product options were healthy.⁵²

Catering and procurement provide unique powerful levers for promoting good food. There is potential to transform catering across a wide range of settings from nurseries, schools and colleges through hospitals and care homes, workplace canteens and smaller scale catering outlets. As well as improving the eating habits of people across Fife there is the ability to create large scale demand for healthy, sustainable and local food. Improving consumption of food grown locally or within the UK and that is easily accessible locally also helps to reduce carbon impact. Collaboration between catering, procurement and menu teams, suppliers and growers, and distribution contractors is key to enabling change.

There is a close link between this local lever and the local lever work with the Out of Home Sector to reduce calories on the menu and with the Food4Fife strategy catering and procurement pillar.

Background

This local lever recommends that all facilities owned and/or operated by local authorities and health boards including for example leisure centres and NHS premises providing non-patient food and drink should consider:

- Offer price promotions on healthier options
- Reduce the calorie content of foods on offer, either through reformulation or smaller portions, and consider a mandatory calorie cap per item sold
- Provide free drinking water
- Increase the proportion of healthy food and drink on offer to at least 75%.

Modifiable factors/local actions

Collaboration between catering, procurement and menu teams as well as with suppliers, growers and distribution contractors are key to enabling change. As part of the Food4Fife Strategy, a Fife wide procurement group including Fife Council, Fife College, NHS Fife and the University of St Andrews have been working together on ways to achieve this.

At the same time, it is important to take into consideration the taste of healthy food and drink on offer to ensure that these do not negatively impact uptake of meals in these settings.

Bringing local food into our public buildings including schools, hospitals and learning institutions can support local community wealth building. This area is closely linked to the Local Levers of Increasing School Meal Uptake and Working with the Out of Home Sector to reduce calories on the menu where actions considered in those levers include facilities owned and/or operated by local authorities and health boards.

⁵² Allan et al, 2021, Nutr Health, 27(3): 321-327, link: <https://pubmed.ncbi.nlm.nih.gov/33769109/>

Utilising Planning to Improve Food Environments

Why is this important?

The food environment is an important part of how a place can support or undermine our health and wellbeing. This includes access to out of home food consumption including takeaways, temporarily or permanently sited catering vans, hospitality venues, and drive-through sites. A Food Standards Scotland survey published in 2023 indicates that one in 6 adults in Scotland eat out at least once a week.⁵³

For many people their local food environment is comprised of more unhealthy outlets, such as hot food takeaways, than outlets offering healthy and affordable options. Research in 2018 into outlets in Glasgow selling potentially health-damaging products and services, such as fast food, were usually clustered in more deprived areas, leading to greater exposure in these areas and further exacerbating inequalities.⁵⁴

The food environment encompasses more than just the out of home sector but includes all food available to people in their surroundings. Connection to healthy food and drink outlets and to opportunities for community food growing and allotments are examples of positive attributes within a place that can facilitate and engage communities with a healthy diet.

Background

The National Planning Framework 4 (NPF4) intends to drive spatial planning that improves health and wellbeing and reduces health inequality in our communities.⁵⁵ In principle development proposals that would have an adverse effect on the health and wellbeing of communities, particularly in disadvantaged areas, should not be supported. Development proposals that will have positive effects on health should be supported.

NPF4 includes applying and promoting a town centre first approach and covers retail and non-retail outlets. This could include, for example, proposals that incorporate opportunities for exercise, community food growing or allotments. Consideration should also be given to clusters of outlets that may be affecting community wellbeing.

Modifiable factors/local actions

The built environment influences people's access to both healthy and unhealthy foods and planning is an upstream tool that can be used to influence the built food environment over the long term. Planning policy can support the creation of healthy places and facilities and support easy access to healthy food.

As part of the Local Development Plan (LDP) process it would be helpful to further understand the distribution of different types of food outlets and food growing in different communities across Fife. This can be used to map and inform planning of food related retail and non-retail spaces. The LDP preparation and evidence gathering stages can be used as a tool to help identify clusters where the balance of healthy food related retail and non-retail spaces may be affecting community health and wellbeing. This can help implementation of NPF Policies on Health and Safety, Commercial Centres and Retail. The Food4Fife Strategy and associated action plans include projects to map food grown commercially as well as community growing spaces.

⁵³ [Consumer attitudes towards the diet and food environment in Scotland research report - June 2023](#)

⁵⁴ Macdonald, L., Olsen, J.R., Shortt, N.K. and Ellaway, A. 2018. [Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? - ScienceDirect](#). *Health & Place*, 51: 224-231.

⁵⁵ [Scottish Government 2024: National Planning Framework 4](#)

Reduction in Calories on Eating Out of Home Sector Menus

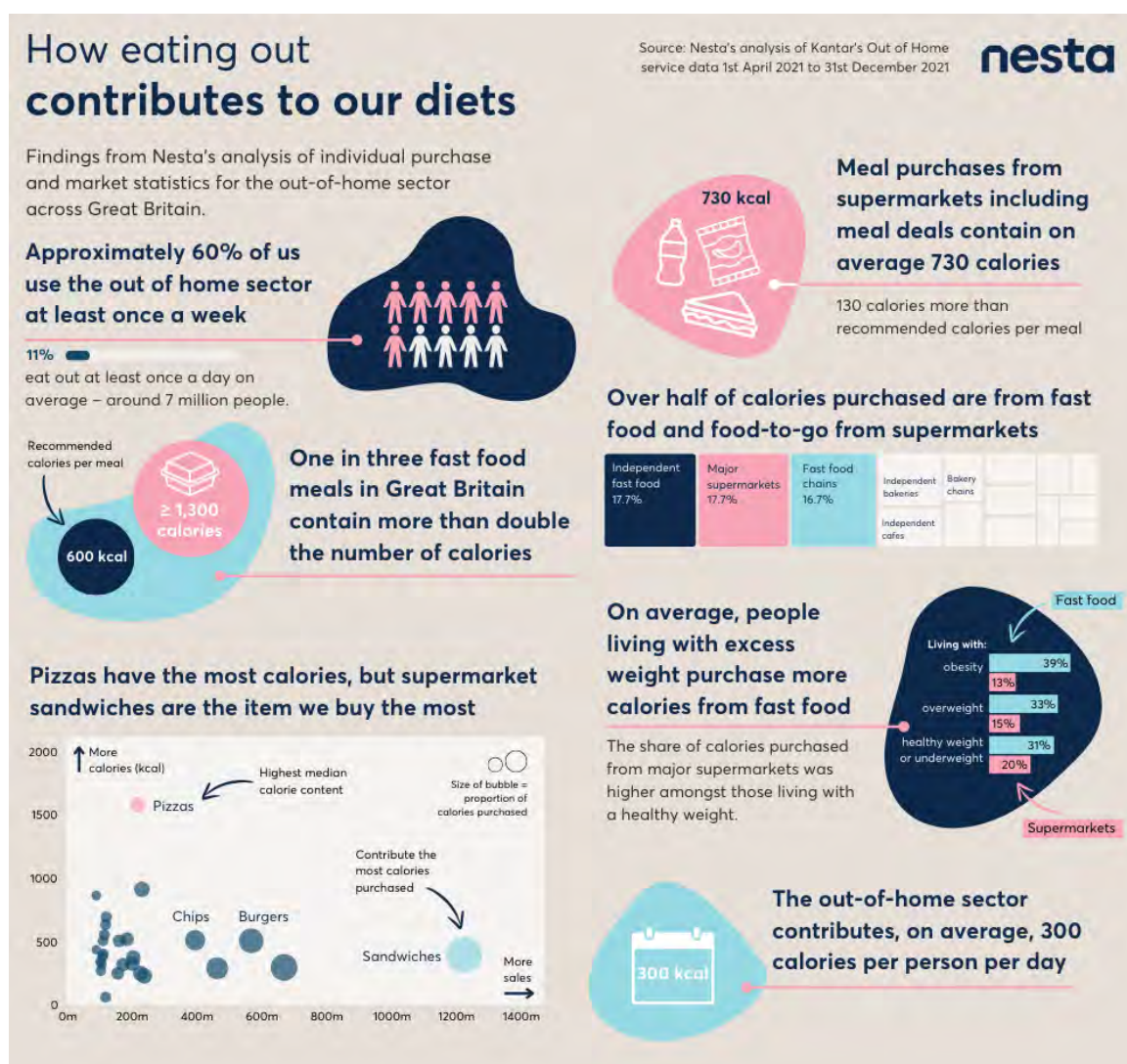
Why is this important?

In 2021, people in Scotland took 3 out of home trips per week on average, with one in 6 adults eating out at least once a week.⁵⁶ Taste, ease, and convenience are main reasons for eating out of home. Portion sizes tend to be bigger resulting in greater caloric intake when eating out of home as compared to eating at home. Takeaways and full-service restaurants have lots of scope for calorie reduction and helping communities achieve a healthy weight.

Background

The infographic below highlights findings from analysis carried out by Nesta in 2021 into individual purchase and market statistics for the out of home sector across Great Britain.

Figure 5: Infographic showing Nesta analysis of purchase and market statistics of the out of home sector in 2021



⁵⁶ [Testing the calories of the UK's favourite takeaway foods | Nesta](#)

Nesta also lab tested 600 of the ten most popular meals from independent takeaways in Great Britain.⁵⁷ The findings lend weight to the viability of portion size reduction as a way of reducing calorie intake. Key findings included:

- calorie content of ‘regular’ or ‘medium’ meals ranged widely
- across all types of food, meals contained an average of 1,289 calories
- 99% of meals exceeded the recommended calorie intake of 600 kcal per meal, 57% exceeded double the average recommended intake per meal, and 2% exceeded the recommended daily intake of 2,250 kcal
- more expensive meals had a higher number of calories, even after adjusting for differences in portion size (in grams).

Modifiable factors/local actions

There is a place for working with the out of home sector to understand retailers’ knowledge of calories on their menus, and knowledge of portion size. Exploratory work between Public Health, Health Promotion and Fife Council Protective Services has begun into a possible pilot in one area of Fife.

There is a close link between this area and the lever relating to utilising planning to improve food environments as well as to public food procurement and provision standards.



⁵⁷ [Testing the calories of the UK's favourite takeaway foods | Nesta](#)

Food Advertising

Why is this important?

Advertised food and drinks are generally less healthy than those recommended as part of a healthy diet.⁵⁸ An Obesity Action Scotland policy statement on food advertising reported that:

- one third of total food and drink marketing spend in the UK is spent on advertising unhealthy products compared to just 1% spent on advertising fruit and vegetables
- Children and adults from more deprived backgrounds are up to 50% more likely to be exposed to unhealthy food advertising than less deprived groups.
- For every four minutes of TV food and drink advertising exposure, children consume approximately 60 calories more than children exposed to non-food adverts. The effect of TV adverts on dietary intake is also shown to be greater for children already living with overweight or obesity
- Exposure to unhealthy food advertising causes increased overall calorie intake in children and results in a higher chance of them preferring the advertised product when making food choices. UK survey showed that young people report seeing adverts for unhealthy products at least twice per day.

Background

Restrictions on food advertising of foods high in fat, sugar and salt (HFSS) are likely to come into effect during 2025. These restrictions only cover TV and online advertising but do not include outdoor advertising so will not include advertising in public spaces, such as billboards, and on public transport. In some parts of England local authorities have been prohibiting HFSS product advertising for all advertising generated by themselves and advertising sponsorship by third parties on council owned spaces, assets and events.

In 2021, Obesity Action Scotland and East of Scotland Partnership published a report that looked at the influence local authorities in Scotland have in restricting outdoor advertisements of products high in fat, sugar and salt.⁵⁹ The findings indicated that local authorities would prefer national level policy on HFSS outdoor advertising as opposed to localised action. The report also highlighted a demand for more knowledge sharing to guide policy decisions. The same report also gathered information on the scale of local authority owned and/or controlled advertising spaces across four local authorities in Scotland, including Fife. The table below shows results for Fife.

⁵⁸ [Obesity Action Scotland: Advertising Position Paper](#)

⁵⁹ [Obesity Action Scotland: Outdoor Advertising Report 2021](#)

Table 1: Local authority owned and/or controlled advertising space in Fife

	Billboards	Bus shelters	Taxis	Public transport	Events/ sponsorship
Fife	None	6 owned by Fife, 153 owned by Clear Channel	Only signage relating to taxi business is allowed	None	Roundabouts – mainly for local business sponsorship

Source: Obesity Action Scotland

Modifiable factors/local actions

The Local Levers report recommends that community planning partner organisations restrict advertising of products high in fat, sugar or salt (HFSS) in their own premises, on their vehicles and on any public advertising spaces they own or manage.⁶⁰ These spaces in buildings, on fleet vehicles or other public spaces could be used for promotion of healthy foods. Community Planning Partner organisations could also restrict HFSS product advertising by third parties on spaces, assets and at events owned or led by them.



⁶⁰ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

Active Living for Everyone



What We Know

In this report we use the UK Chief Medical Officer's definition of physical activity: any form of activity performed by the human body, inclusive of both incidental and deliberate bodily movement.⁶¹ This includes:

- everyday activities: active travel like walking, cycling or wheeling, heavy housework, gardening, DIY, occupational activity
- active recreation: recreational walking, cycling, active play or dance
- sport: sport walking and cycling, swimming, formal and informal sport, structured competitive activity, exercise and fitness training and individual outdoor pursuits.

Physical activity impacts our physical and mental health and wellbeing. Regular physical activity and movement can help to reverse some of the age-related decline in physical function, improve wellbeing, help maintain independent living and create opportunities to increase social connections. However, as people get older physical activity levels typically decline and sedentary behaviour increases. Along with low levels of physical activity this can combine to increase levels of morbidity. Sedentary behaviour has increased in the years since COVID-19 pandemic, with changes to working environments contributing to declining levels of physical activity.



⁶¹ [UK Chief Medical Officers' Physical Activity Guidelines](#)

Physical Activity and Inactivity

There is a substantial evidence base showing the role that physical activity can play in the prevention and management of noncommunicable diseases (NCDs).⁶² NCDs include conditions such as cancers, cardiovascular disease, chronic respiratory diseases, diabetes and mental health and neurological conditions.⁶³ Noncommunicable diseases currently account for more than two thirds of deaths and are the leading causes of ill health in Fife and across Scotland.⁶⁴

Physical inactivity is recognised by the World Health Organisation as one of the 5 leading risk factors of noncommunicable diseases.⁶⁵ A Scottish Burden of Disease (SBoD) study examining the burden of physical inactivity on disease in Scotland reported that almost 3,200 deaths in 2022 were estimated to be attributable to physical inactivity, defined as activity at levels lower than current guidelines.⁶⁶ In Fife this figure was 253 deaths representing 5.5% of all deaths. A third of these deaths, in both Fife and Scotland, were from cancer or cardiovascular disease. Mortality rates attributable to physical inactivity were higher in Fife than the Scottish average and the sixth highest of all health boards. Estimates indicate substantial regional inequalities within Scotland in the burden of disease attributable to physical inactivity.

Of the deaths attributed to physical inactivity across Scotland, the majority (80%) occurred in those in the very low activity category, less than 30 mins per week of moderate physical activity. The finding that more than 80% of these deaths are due to those with very low levels of activity (less than 30 minutes of moderate intensity activity a week) emphasises that these individuals are an important focus for intervention, along with broader system-wide policy actions that impact on the population.

64% of adults in Fife met the guidelines for moderate or vigorous physical activity (MVPA) in 2019-2023 in data collected by the Scottish Health Survey.

This was similar to the 65% reported for Scotland. The proportion of adults meeting the MVPA guidelines in Fife has fluctuated between 60% and 65% since 2012-15. Around a fifth of adults reported very low weekly activity levels, less than 30 minutes of moderate activity or less than 15 minutes of vigorous activity or an equivalent combination of these. This has been a consistent finding since 2012-15 and was 20% in 2019-23.⁶⁷ A higher proportion of men have consistently reported meeting the MVPA guideline than women, 69% compared to 59% in Fife in 2019-23.⁶⁸

Across Scotland in 2023, younger adults were more likely than older adults to have met the MVPA guidelines with the proportion of adults meeting the guideline decreasing with age from the age of 35 years onwards. 74% of adults aged 16-24 years and 71% of adults aged 25-34 years met the guidelines compared to 36% of adults aged 75 years and over.⁶⁹ Almost half of all adults (45%) aged 75 years and over and 30% of adults aged 65-74 years reported very low levels of activity.

⁶² [The burden of disease attributed to physical inactivity](#) page 7

⁶³ [World Health Organisation: Noncommunicable diseases](#)

⁶⁴ [The burden of disease attributed to physical inactivity](#) page 6

⁶⁵ [World Health Organisation: Noncommunicable diseases](#)

⁶⁶ [The burden of disease attributed to physical inactivity](#)

⁶⁷ [Scottish Health Survey Dashboard](#) (query as previous footnote)

⁶⁸ [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Physical Activity, Indicator = summary activity levels, breakdown = Age)

⁶⁹ [Scottish Health Survey Dashboard](#) (query as previous footnote)

In 2023, 72% of those living in the least deprived areas in Scotland met MVPA guidelines compared with 50% of those living in the most deprived areas. Inequalities in meeting MVPA guidelines have been consistently seen since 2012.

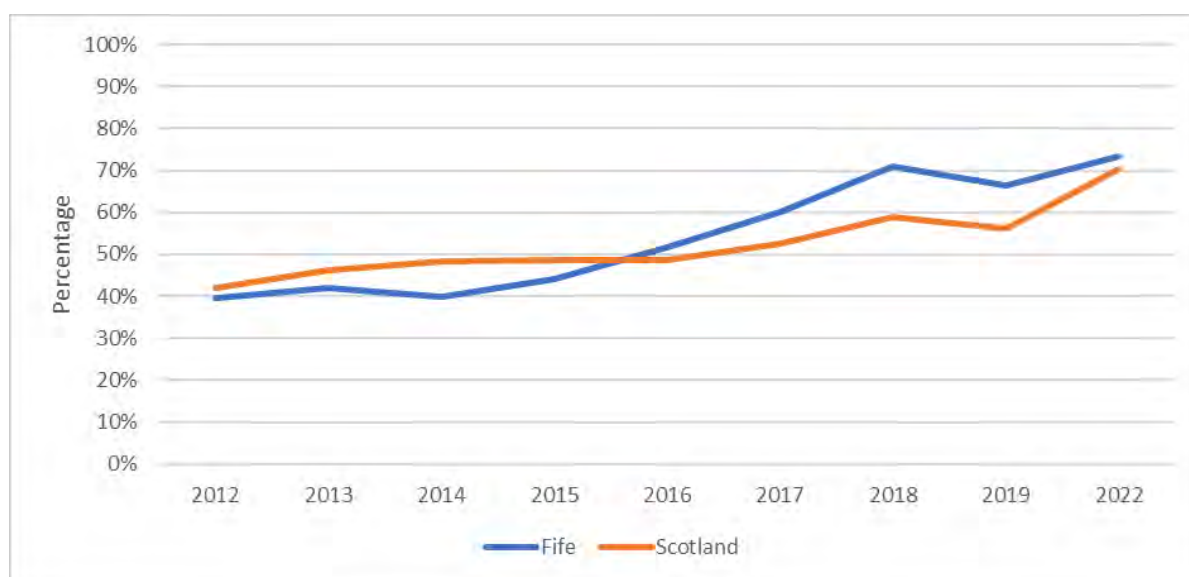
On average adults in Scotland spent 5.7 hours sitting on a weekday and 6.5 hours sitting at the weekend in 2023, excluding time spent at work, college or at school.⁷⁰ There was little difference in the average sedentary time reported by men and women with sedentary time greatest in those aged 65 and over. Sedentary time among children aged 5-15 in Scotland was lower, 3.7 hours on a weekday and 5.1 hours at weekends.

72% of children aged 5-15 in Scotland reported undertaking at least 60 minutes of activity, including school-based activity, on average per day in the previous week in 2023. This fell to 62% if school-based activities were excluded. 17% of children achieved at least 30 but less than 60 minutes per day on average and 12% achieved less than 30 minutes. Fewer girls reported undertaking at least 60 minutes of activity on average per day than boys and were more likely to report less than 30 minutes.⁷¹

Access to outdoors

73% of adults in Fife reported visiting the outdoors at least once a week in data collected by the Scottish Household Survey in 2022.⁷² This was slightly higher than the 70% reported nationally. The proportion of adults reporting visits to the outdoors at least once a week has increased over time in both Fife and Scotland where approximately 40% reported this in 2013 and 50% in 2016.

Figure 6: Percentage of adults visiting the outdoors at least once a week in Fife and Scotland, 2012 to 2022



Source: Scottish Household Survey, 2022

7% of adults in Fife reported that they did not visit the outdoors at all. Almost a fifth of adults living in the most deprived areas reported they did not visit the outdoors at all (19%) compared to none of the adults living in the least deprived areas.

⁷⁰ [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

⁷¹ [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

⁷² [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

Across Scotland reports of accessing the outdoors at least once a week were lower among adults aged 60 to 74 (67%) and aged 75 and over (50%) compared to adults aged 16 to 59 (74%). Reports of not accessing the outdoors at all were highest among those aged 75 and over (22%).

Across Fife, more than three quarters of adults (77%) reported that they lived within 5-minute walking distance to green or blue space in the Scottish Household Survey 2022.⁷³ Since 2013 the proportion of adults reporting this annually has been higher than 70%. Over this time period less than 10% of adults in Fife have reported annually that they lived an 11-minute walk or more to green or blue space and this was 8% in 2022.

Fewer adults living in the most deprived areas (73%) in Fife reported living within a 5-minute walk to green or blue space than adults living in the least deprived areas (82%) but there was less difference in the proportions living 11 minutes or more walking distance, 7% in most deprived areas compared to 6% in the least deprived areas.⁷⁴

Case Study – Move for Your Mood

To support Mental Health Awareness Week in May 2024 Health Promotion and Active Communities Team partnered to encourage people to ‘Move for Your Mood’. This means finding ways you can build movement into your day, and understanding how this benefits your mental health and wellbeing.

A range of resources were developed to support the campaign message. This included leaflets, bookmarks and posters, as well as interactive resources such as fortune tellers that can be downloaded and were very popular. During Mental Health Awareness Week sessions ran on MS Team to highlight all this, pop up stands took place in community venues across Fife and Bums of Seats community walks took place. Lots of community groups, care homes and schools got involved and moved for their mood.

Using language about movement is an inclusive way of describing how people can be more active and helps us understand what is possible instead of focusing on barriers to physical activity.

The Move for Your Mood campaign message:

Moving for Your mood means finding ways you can build movement into your day, and getting to know how it makes you feel. Any way you decide to get moving counts. Whether it’s stretching while making a cup of tea, meeting friends, or doing chores around the house, it all helps us move more!



⁷³ [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

⁷⁴ The most and least deprived areas in Fife are those datazones within the most deprived and least deprived quintile as defined by: [Scottish Index of Multiple Deprivation 2020 - gov.scot](#)

System-based approaches to Physical Activity in Fife

Public Health Scotland’s 2022 System-based Approach to Physical Activity in Scotland provides a framework for taking a systems approach to improving physical activity. Taking a systems approach is about more than working in partnership, but means using systems thinking, methods and practice to better understand public health challenges and identify collective actions.

The framework has eight themes, six of which will be explored within the Fife context in the following sections. The themes of the framework are:

- Active places of learning
- Active places and spaces
- Active workplace
- Sport and active recreation
- Active travel
- Active health and social care systems
- Active systems
- Communications and public education.



Active Places of Learning

Why is this important?

From earliest years, through school age and into further and higher education children and young people spend a large proportion of their lives within learning institutions. As we highlighted in last year's DPH annual report, Children and Young People in Fife, movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health. Places of learning are key places to embedding normalisation of physical activity throughout the school day.

Background

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day.⁷⁵ Around 70% of children aged 5-15 in Scotland reported undertaking at least 60 minutes of activity, including school-based activity, on average per day. However, boys are more likely than girls to meet the recommendation. Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skills. This can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age can help to increase activity levels, create good habits and improve life chances into adulthood.

A whole of school approach, as recommended in '8 Investments that work for physical activity (ISPAH)' includes not just having PE classes, but also active playtime, active classrooms, extra-curricular activities and active travel. It also recommended as important that this involves not just students and teachers, but parents, carers, and the wider community.⁷⁶



⁷⁵ [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

⁷⁶ [English-Eight-Investments-That-Work-FINAL.pdf](#)

Modifiable factors/local actions

Fife Council Active Schools and Active Communities along with Fife Sports and Leisure Trust work, through provision of activity and interventions, to tackle barriers to participation. Recurring barriers to activity such as costs, facilities and perceptions continue to challenge all initiatives and projects. Fife Council Education Service 2023 survey of school aged children has contributed to ongoing work to understand the needs of families with planning programmes.

There are examples across Fife of activities with different age groups:

- The Fife Council 50 Things app, aimed at families, promotes active learning in the early years.
- The Play Away training programme delivered via the Prevention and Early Intervention Training Programme enables people working across Fife to increase their knowledge, skills and confidence in facilitating groups using early years play away resources.
- The Play Practice team offers outdoor learning opportunities with a focus on being physically active outwith schools.
- Learning to ride a bike or learning to swim are life skills that all children need to acquire. The Bikeability programme to teach children cycling skills is a long-standing programme that is offered annually to all Fife schools. Whilst children can use their own bikes there are also bikes that can be loaned to schools for the duration of the programme.
- The Outdoor Education Team deliver Bikeability sessions at Fife Cycle Park with a variety of groups including those with additional support needs and supporting some targeted work with schools.
- Youth 1st's B:active programme promotes physical activity and health and wellbeing for young people, youth workers and volunteers. The project has a dedicated member of staff promotes and co-ordinates training and sessions for Youth 1st member groups. As well as sports tasters and games sessions the programme includes Climate Action Fife sessions and Young STEM Leader and B:active Leader awards for young people.
- In the academic year 2023-24, Active Schools provided extracurricular activities which 19,246 pupils took part in through a range of universal and targeted provisions within Fife schools.



An Active Workplace

Why is this important?

We spend a large proportion of our lives in the workplace, with many spending almost a third of each day at work.⁷⁷ Good work is one of the key building blocks of health. Being physically active throughout the day is good for our physical and mental health and wellbeing. An active workplace leads to more positive social interactions, boosts productivity and can reduce absenteeism.

Background

Changes in the way that we work mean that many of us now do jobs that are largely sedentary and require little movement, which don't require us to be on our feet or to be physically active throughout the day. In recent years, post COVID-19 pandemic, increases in home working have made our working lives more sedentary and reduced travelling time that might have involved walking or active travel. Sitting for prolonged periods of time can increase risk of chronic health problems such as heart disease, diabetes and some cancers, as well as having a detrimental effect on our mental health.⁷⁸

Adult recommendations for physical activity are for adults to be moderately physically active for 150 minutes per week.⁷⁹ Currently 64% of adults in Fife achieve this (69% men, 59% women).

The workplace can be an important place for increasing physical activity for workers of all ages and the people they come into contact with. Workplaces need to increase physical activity in the workplace and protect the health of employees. Local public services can help facilitate active workplaces.

Modifiable factors/local actions

Workplace policies can be designed to provide benefits for both employees and employers. Policies need to encourage positive changes in behaviour and increase everyday incidental physical activity both within workplaces and for those who work from home. The design of workplaces can discourage sedentary behaviour and link to other policies such as active travel.

The Workplace Team in the Health Promotion Service (HPS) of Fife Health and Social Care Partnership actively promote a range of initiatives to Fife workplaces to encourage good and fair work.⁸⁰ This includes encouraging the implementation of policies and procedures in relation to reducing sedentary behaviour and promotion of active workplace initiatives, including promotion of the Healthy Working Lives programme in Fife on behalf of Public Health Scotland. Advice, toolkits, regular training and promotional events for employers and workers is also provided. Walking is the simplest activity to encourage and promote in the workplace. It fits easily in and around the working day and taking part in workplace walking challenges introduce a fun and sociable element.

As large employers in Fife, public sector employers including Fife Council and NHS Fife can be exemplars of both policy and practice. Various services and departments such as human resources, estates and facilities, unions and professional organisations, managers and staff can work with specialist services, such as occupational health services to help tackle existing health conditions and health promotion service to provide preventative information and training to staff to enhance self-care.

⁷⁷ [Time use in the UK - Office for National Statistics](#)

⁷⁸ [The Acute Metabolic and Vascular Impact of Interrupting Prolonged Sitting: A Systematic Review and Meta-Analysis](#): Pub Med

⁷⁹ [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

⁸⁰ [Workplace Team | NHS Fife](#)

Case Study – Annual Walking Challenge

Fife Council's Active Communities team organise an annual walking challenge for people living and working in Fife, encouraging people to walk or wheel everyday over a month.

In 2024 the challenge was to walk or wheel the distance of Fife's Pilgrim Way which is 70 miles.

A total of 262 people participated, either individually or as part of a team, from workplaces and community groups across Fife. They walked or wheeled a combined 9,815 miles.

70% of participants said they had increased their daily walking or wheeling and 97% said they would continue to walk or wheel every day.



Sports and Recreation

Why is this important?

Participating in sports and other recreational activities is important not just for physical health and wellbeing but has an important link to cultural and social outcomes. Play and participation in sport is important for social development of children and continues into adult life.

In adult life continuing to be involved in sport and recreation is a way of encouraging people to keep doing something as they age. Volunteering in sports activities has positive physical and mental health outcomes. Participation in sports has been shown to have positive links to Sustainable Development Goals beyond health including social, economic, development, peace and sustainability goals.⁸¹

Background

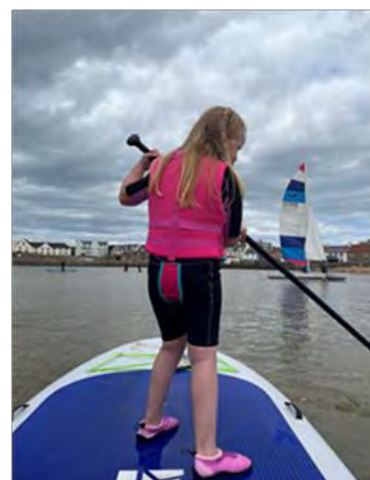
Children and adults from more deprived areas tend to be less involved in organised sports clubs but more active via incidental play and walking than children from less deprived areas who participate more in organised clubs and sports activities. Barriers to participation include access, costs and confidence to participate.

Modifiable factors/local actions

Active Fifers is a collaborative strategic approach between Fife Council and Fife Sports and Leisure Trust working towards increasing participation in physical activity, sport and leisure. The process enabled both organisations to work together in a different way: listening differently to users, trying new things, empowering frontline staff to be more innovative and creative to support and encourage more people to be more active more often.

Building in agility and flexibility to always stay relevant, focusing in on a few key important sub-goals (awareness, under 18's, social connectedness and concessions) has helped Active Fife to achieve bigger and better outcomes and provided a strong platform for the development of area groups to continue to focus increasing participation.

These area groups are able to design and promote a more joined up approach to programming, ensuring that we make best use of available venues and spaces and ensure that we maximise the workforce resource to impact the lives of the residents of Fife, of all ages and levels of fitness and health, by working well together and being focused in our actions.



⁸¹ Sustainable Development Goals, [Sustainable Development Goals](#)

Case Study – Bums Off Seats

Health Walks are low level, accessible, short, recreational group walks that are free to attend. Bums off Seats is a Fife wide health walk programme delivered by Fife Council's Active Communities Team.

The main reasons for people joining a walk include, to meet new people, to feel healthier, manage weight and preferring walking to other forms of exercise.

They currently offer 21 weekly Bums Off Seats health walks which are delivered by 59 trained volunteer walk leaders.

Between June 2023-June 2024, 769 walks took place across Fife with around 366 new participants joining a walk for the first time.



Fife Social Work Programme

Fife Sports and Leisure Trust are working in partnership with the Fife Justice Social Work Service to provide supervised gym sessions for service users. Physical activity brings many physical and mental health benefits and plays a key part in therapies that address the emotional and psychological issues that often underpin offending behaviours. This initiative, funded by the Fife Justice Social Work Service, makes physical activity accessible and supports the rehabilitation of service users.

Active for Leisure

The Fife Sports and Leisure Trust Active for Leisure programme, funded by Fife Council Community Recovery Fund, removes barrier for families and individuals facing disadvantage and enables them to make physical activity part of their daily life. Working with local partners families and individuals can be referred and are offered the opportunity to access both junior and adult activities and the health and wellbeing programme. The programme has seen an increase in referrals from health visitors and social work.

Active Places and Spaces

Why is this important?

Place is more than just the physical environment and geographic area around us. As individuals and as different communities we have relationships with the places we live, work, learn and socialise in. The nature of a place has a profound effect on our health and wellbeing. This includes how our places and the spaces within them can promote, or present barriers to, being more physically active. Places and spaces need to be designed and maintained to enable people to be physically active in their community.

Background

There are many ways specific environments such as workplaces and places of learning can promote and address barriers to being physically active. There are also key systems and services including transport and sport and leisure that have a key role to play. These are addressed in other sections of this report. However, there are other aspects of place such as our natural green and blue spaces, streets, houses and areas for play and recreation. These all need to be cared for, safe and accessible for everyone in our communities. People need to be able to get to and between such spaces easily. Such spaces need to be attractive and welcoming environments for everyone. If that can be achieved then people will be more likely to go out and spend time enjoying being active in those spaces, engaging with and building a relationship with their place and community. Nationally in Scotland there are notable policy frameworks that support this approach.

The Scottish Place and Wellbeing Collaborative have developed a set of Place and Wellbeing Outcomes, underpinned by sustainability and equality.⁸²

⁸² [Place and Wellbeing Outcomes | Improvement Service](#)

Fife Council Research and Insight Team working with the People’s Panel recently produced the report ‘Our Place: Living in Fife 2023’ published in February 2024.⁸³ The work used the Place Standard Tool and the Place and Wellbeing Outcomes. This provided some valuable indicators of how people in Fife feel about various aspects of their place.

The Scottish Government National Planning Framework 4 (NPF4) sets out key principles for development of sustainable, liveable and productive places in Scotland. Local Authorities including Fife Council are in the process of producing Local Development Plans in line with these principles and in partnership with community planning partners.⁸⁴

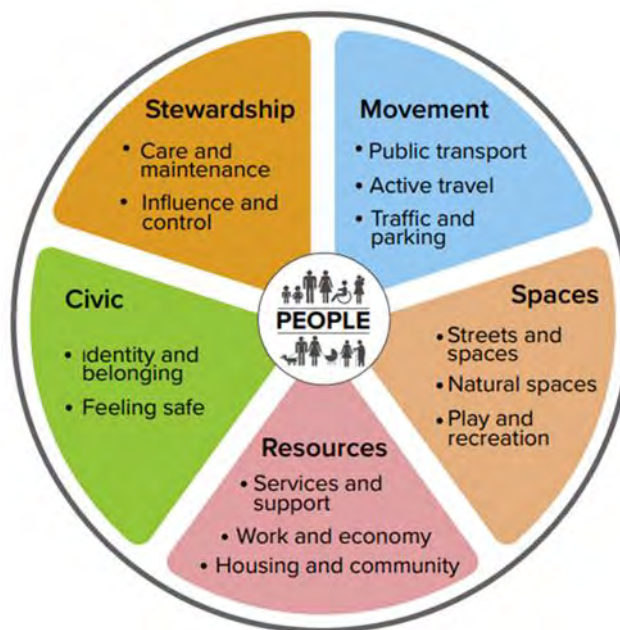
Modifiable factors/local actions

Partner organisations, both public and voluntary sector, can consider their own places. The physical spaces we have access to are an asset for health and wellbeing. We need to look at these spaces through a lens of how they can make it as easy as possible for people to maximise any opportunity to be active both indoors and outdoors.

Fife Council is currently working through the process of producing ‘Fife’s Place Plan’ which is our Local Development Plan (LDP).⁸⁵ Based on the principles set out in the NPF4 this sets out how places will change in the future through how and where developments happen or not. This has a significant potential to influence place-making through spatial planning. LDPs are developed in partnership and the first step is evidence gathering and production of an evidence report. This provides the basis and rationale for the subsequent development of the local approach to planning. The draft evidence report is available and will continue to be developed in partnership.

There are local examples of collaborative work in progress in Fife that can make a valuable contribution to this agenda.

Figure 7: Place and wellbeing outcomes graphic



⁸³ [Our-Place-Fife-2023.pdf](#)

⁸⁴ [Scottish Government 2024: National Planning Framework 4](#)

⁸⁵ [Fife LDP Evidence Report 2024](#)

NHS Fife's Greenspace Strategy

NHS Fife Greenspace Strategy 2030 was developed in 2023.⁸⁶ The aim of this is to use our greenspace estate to take a holistic approach to tackling the interlinked challenges of climate, nature and health emergencies. One of the six key themes in the strategy is improving health and wellbeing for patients, staff and local residents.

Case Study – Lynebank Hospital



Lynebank Hospital has been identified as a site with massive potential to support the success of the Greenspace Strategy which addresses many of the Public Health Priorities. To hear how staff, visitors and patients would like to see the greenspace around Lynebank developed in line with the strategy, Health Promotion conducted a consultation to collect their views. As a result of this consultation process, Health Promotion also held a Lynebank Greenspace Workshop to bring together key stakeholders to discuss plans for the site.

One of the key priorities involves creating greenspaces at the site that will improve health and wellbeing. Ideas for the site put forward by clinical psychology colleagues include making full use of the enhanced grounds and running nature connection sessions. They would use quiet areas to practice mindfulness exercises with patients (and colleagues). Patients would enjoy tending to a sensory garden. When working with families, a relaxing outdoor space for sessions would be less intimidating for young children. They would also introduce eco-therapy with residents, in a place to be at peace and listen to the sounds of nature. We would also like to encourage an increase in physical activity, outdoor meetings, staff taking screen breaks and having lunch when often breaks are not factored into their working day.

The results from the consultation process focused heavily on wellbeing in general and how improvements to the environment in which we work, live and rest can have a positive impact on both mental and physical health and wellbeing.



⁸⁶ [NHS Fife Greenspace strategy - Draft 2 May 23](#)

The Leven Programme ‘Growing with the Flow’

The Leven Programme is a 10-year regeneration project led by the Scottish Environmental Protection Agency (SEPA). It has a large number of partner and stakeholder organisations invested in a number of projects along the River Leven.⁸⁷ One goal is to connect people with the local environment. One of the key project themes is health and wellbeing. A particular project under this theme is development of a Levenmouth Green Health Partnership (GHP). This project is led by Fife Health and Social Care partnership (HSCP) and Fife Coast and Countryside Trust. The Green Health Partnership will utilise and build on existing social referral networks with local providers to improve pathways. The aim is to support people to engage with their natural spaces and places both as part of their everyday lives and to help address healthcare needs.



⁸⁷ [The Leven Programme](#)

Active Travel and Transportation

Why is this important?

Travelling beyond our homes is a part of everyday activity, whether for work or for meeting friends and family and for everyday activities like shopping. Travelling even for short distances is something that we all have to do on most days.

Being able to move out with the home is a social determinant of health. Social isolation is compounded for those who cannot leave their homes to carry out normal daily activities.

Background

In recent decades more and more of us travel by car rather than by public transport or by walking or cycling for every journey that we make. This has resulted in an overall decline in how active we are in our everyday lives. The links between urban design, transport and health and wellbeing are well recognised. Having active travel plans across organisations can support physical activity of staff as well as that of people who use services.

At the 2022 Census, 30% of people aged 16 and over living in Fife who were in work, worked from home.⁸⁸ The number of people working from home in Fife, and across Scotland, has trebled since the 2011 Census when the figure in Fife was 10%. This increase was as a result of the COVID-19 pandemic but for many has become an established way of working. Of those living in Fife who travelled to work (115,483 persons), 16% travelled 20km or more, 35% travelled 5-19km and 28% of people travelled less than 5 km.

The most common method of travelling to work was to drive a car or a van, reported by 73% of people living in Fife who travelled to work at the 2022 Census. This was a small increase from 70% in 2011 Census. At the 2022 Census an additional 6% of people who travelled to work were a passenger in a car or a van and 9% travelled by bus or train. Travelling to work on foot was reported by 9,500 persons living in Fife or 8% of people who travelled to work and 1.1% of people who travelled to work did so by bicycle.

Modifiable factors/local actions

Shorter trips can often be made by foot or by bike, linking into public transport, but this relies on our public transport systems having capacity to meet people's needs. Fife Council's Local Transport Strategy for Fife 2023-2033 sets out the council's vision and priorities for transport in Fife over the next 10 years.⁸⁹ This strategy includes ambitions relating to active travel including the objective to increase the proportion of trips that are walked, wheeled or cycled to 30% by 2033, from a baseline of 23% in 2019. The strategy focuses on how active travel can be improved and made more accessible for all. This includes both infrastructure and behaviour change elements. The draft strategy has engaged a wide range of stakeholders, with the aim of the strategy being approved in early 2025.

⁸⁸ [Scotland's Census](#)

⁸⁹ [Local Transport Strategy for Fife | Fife Council](#)

Figures from NHS Fife’s 2024 travel survey of employees reported that just over three-quarters of respondents (77%) travelled to work in a single occupancy vehicle with 11% taking public transport and a further 6% actively travelling to work (walking, running and cycling). More needs to be done to increase accessibility to public transport and to more active forms of travel and to encourage a move away from driving to work.

Within NHS Fife action to encourage cycling has included a year-round cycle-to-work scheme, an e-bike scheme, cycling training for staff, bike maintenance events and cycling information days and cycling champions via the NHS Fife Active Travel Group. NHS Fife are in the process of finalising an Active and Sustainable Travel Plan which provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities, and Policies) associated with supporting and encouraging active and sustainable travel choices.



Active Health and Social Care Services

Why is this important?

Physical activity is an important part of prevention, treatment, and recovery of many illnesses, diseases and conditions. Physical activity is an important part in the treatment to control diabetes, and in rehabilitation from respiratory conditions, stroke and coronary heart disease interventions and in mental health conditions.⁹⁰ There is growing evidence that movement and meaningful activity can improve quality of life and wellbeing of older adults and those experiencing care. Staff supporting older adults in communities and care settings are key to enabling older adults find ways to continue being active in a way that is meaningful to them.

Background

Health and social care professionals come into contact with large proportions of the population on a daily basis and interact with people who either have or are at risk of having chronic diseases. Healthcare based interventions that target physical activity or combine physical activity with other factors are effective and mostly cost effective. The benefits of physical activity for their patient groups needs to be included within training of health and social professionals.

Modifiable factors/local actions

NHS National Physical Activity Pathway

The NHS National Physical Activity Pathway consists of a set of steps that healthcare professionals can take to encourage people in their care to be more active.⁹¹ The pathway targets adults who are inactive, or not active enough to benefit their health. It can be used in both primary and secondary care settings and can be integrated into existing clinical pathways. The pathway provides health benefits to every adult that becomes more active.

Resources exist to help health and social care professionals with the knowledge and skills to raise the issue of physical activity and to screen adults for current levels of physical activity. Health and social care professionals can then gauge readiness to change and provide person-centred advice to engage, motivate and support people to introduce physical activity into daily lives.

NHS Fife and Fife Health and Social Care Partnership work with Fife Sports and Leisure Trust and Fife Council's Active Communities to deliver physical activity programmes and projects across different population groups and with groups who have different needs. This includes working with social care providers to incorporate physical activity into the daily lives of those living within care settings.

⁹⁰ [Pulmonary rehabilitation | NHS Fife](#)

⁹¹ [NPAP overview - NHS Physical Activity Pathway \(NPAP\) - Food and physical activity - Improving Scotland's health - Population health - Public Health Scotland](#)

Moving More for Health

Being active and moving more has lots of positive benefits for health and wellbeing. Staff from across the Health and Social Care Partnership can play a key role in raising awareness of the health benefits of physical activity.

To explore this topic Health Promotion and Active Communities led a workshop for HSCP Community Led Support Workers in April 2024. This workshop aimed to raise awareness of the health benefits of physical activity, and to discuss opportunities for physical activity in Fife. It also looked at what counts as physical activity and some of the common misconceptions around this.

Feedback from the workshop was very positive with participants reporting that the training was impacting positively on their practice and how they think about physical activity. The workshop has now been adapted and a new training session called Moving More for Health and Wellbeing has been developed. This course is available as part of the Health Promotion Prevention and Early Intervention Training Programme. The training could also be delivered to teams and services on an ad hoc basis.

The training will support participants to understand the benefits of movement and physical activity for health and wellbeing and provide information and knowledge to enable them to support people to be more active. It will allow participants:

- To reflect on the ways we are active and explore perceptions of physical activity
- To raise awareness of the health benefits of physical activity and how moving more can benefit health and wellbeing
- To identify barriers to physical activity and ways of overcoming these
- To explore ways of bringing movement and activity into our day and raising it with the people we support
- To signpost opportunities, services and training in Fife to support physical activity.

Meaningful Activity Network

Fife Council's Active Communities team and Fife Health and Social Care Partnership Care Homes occupational therapy team along with staff who have a role in supporting older adults in care homes and care settings are part of a Meaningful Activity Network. The aim of the network is to allow staff to explore ways of supporting people experiencing care to live active, engaging and meaningful lives to improve wellbeing and positively impact quality of life. The network provides a supportive space for staff working with older adults in care or community settings to be able to share good practice, learn together and collaboratively solve problems.

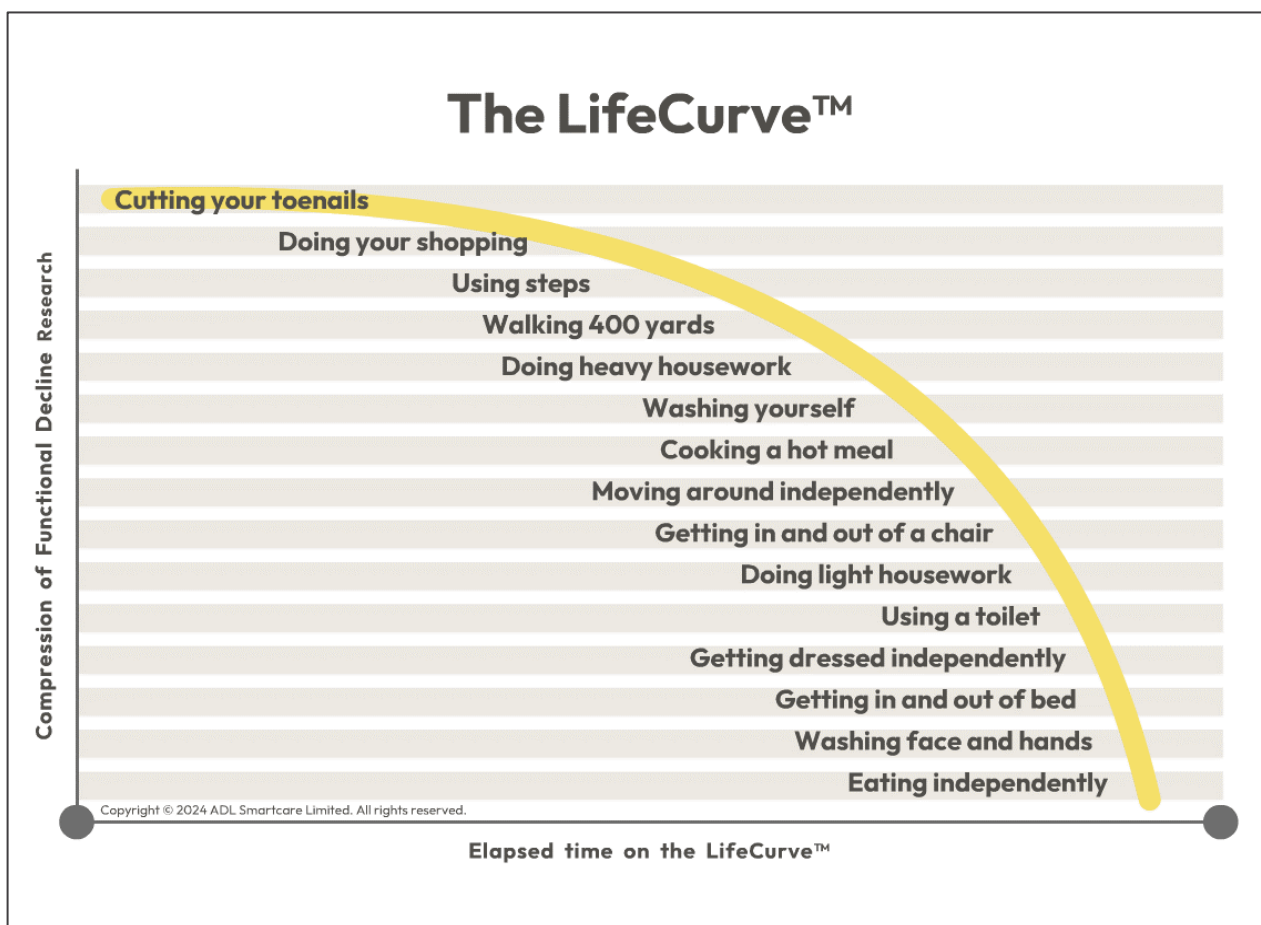
Move More Programme

Fife Sports and Leisure Trust have relaunched a cancer specific rehabilitation programme. Informed by feedback from participants and people using the Maggie's Centre Fife, Fife Sports and Leisure Trust have invested and trained 3 health and wellbeing advisors to deliver the Active Move programme. This programme provides support for people living with a cancer diagnosis to increase physical activity before, during and after cancer treatment.

The LifeCurve™

The LifeCurve™ is an example of a tool that can be used with patients and service users to aid understanding of how keeping more physically active as we age aids our ability to carry out everyday tasks.⁹² It provides a common language on how individuals are ageing which can be understood by the public, professionals and organisations, regardless of their level of experience in ageing or their profession. Research has shown that people lose the functional ability to complete activities of daily living in a specific order. Using activities of daily living along with fitness and strength markers enables a person to position themselves on the LifeCurve™ to see how they are ageing. In developing the LifeCurve™ research showed that intervening with people and increasing their healthy life expectancy does not increase their overall life expectancy, but rather reduces the time they have with greater care needs.⁹³

Figure 8: Graphic showing The LifeCurve™



⁹² [Smart Life in Fife: LifeCurve Assessment](#)

⁹³ [The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve™ - ePrints - Newcastle University](#) Abstract only

Community Engagement for Musculoskeletal (MSK) Waiting Lists

An example of partnership working across health and partnership services is a successful community engagement event held for people currently waiting to see either physiotherapy or podiatry with the purpose of supporting them to self-manage musculoskeletal conditions and signpost them to community resources that can provide further help. One hundred people on the waiting list for either hip or knee problems were given an appointment from the event. The event was a collaboration between Fife Sports and Leisure Trust, Podiatry and Physiotherapy Services, as well as Health Promotion Service and other services from the H&SCP and third sector including Versus Arthritis. The event was a pilot to test this approach with useful feedback from attendees and staff.

Health and Transport

NHS Fife has partnered with SEStran 'Transport to Health' programme of work to support staff and patients look at active travel options when attending work and/or appointments. This is supported by NHS Fife's work towards the NHS Scotland Annual Delivery Plan 2023/24, Priority 6 – Health Inequalities, action 6.6 which is to support Patients have access to all information on any relevant patient transport (including community Transport) and travel reimbursement entitlement. These actions are reflected in the NHS Fife Population Health & Wellbeing Strategy - Delivery Plan 2023/24.

Since March 2023 NHS Facilities and FHSCP Health Promotion Service have designed and promoted a New NHS Fife Travel Expenses Leaflet and Posters across primary care, community services and NHS acute. This resource supports patients understand how to reclaim travel expenses in hope that it supports patients attend appointments. This resource is promoted through the Health Promotion Poverty Awareness Training, and through local anti-poverty groups across Fife.

To complement the Travel expenses resources a new Community Transport Services Leaflet and Poster has been developed in partnership with a range of Community Transport Services to raise awareness of dedicated patient transport available across Fife.⁹⁴



⁹⁴ [How to get to our main hospitals | NHS Fife](#)

Summary and Recommendations

The themes of this years' report fit well with our national and local direction as we address the challenges of health and inequalities in Fife. How we eat and how we move in the context of the places where we live, work and play are crucial influences on our health and wellbeing. In addition, there are inequalities in how these fundamental determinants of health are experienced by individuals and communities.

When we look at the seven 'local levers for diet and healthy weight' there are some areas where we have data, and we have seen some improvements in the Fife context. We are seeing improvements in breastfeeding but this needs to be maintained. Healthy weight at P1 has stalled so we need to find ways of reinvigorating this work. Provision of healthy and nutritious meals throughout school age is important. We have seen encouraging improvements in uptake of school meals through both primary and secondary school which also needs to be maintained. What we are learning about the challenges for some families of feeding their children healthy nutritious meals throughout the school holidays is concerning. Partners could consider further collaboration to address this aspect of eating well.

Other local levers include food procurement, food environments, work with the out of home sector and food advertising. There are good examples of work in these areas. However, a relatively untapped opportunity exists to address some of these areas. The links between public health and spatial planning are increasingly recognised. The ongoing work on Fife's Local Development Plan, 'Fife's Place Plan', provides a means of influencing how our healthier places and communities can develop. Examples could include exploring and addressing the clustering of retail related to unhealthy commodities in some of our most deprived communities.

If we consider physical activity there are key settings where a whole systems approach is possible with particular populations. Examples include places of learning and places of work. Sport and active recreation, active travel and active places and spaces are examples again of where the development of 'Fife's Place Plan' provides opportunities to influence healthier environments and communities. There are some great examples of work in all these areas. We need to make sure within all this we maintain a keen eye on inequalities and make sure access to services, systems and places is focused in populations and communities where it is most needed.

Organisations and partners across Fife have the opportunity to look at their own places and spaces through a physical activity lens. Community Planning structures also provide a significant opportunity for partners across Fife to work together and learn from each other about maximising physical activity in different settings. Collaboration and connection is a key part of this. Community planning partners' engagement with the LDP process provides a significant opportunity to influence spatial planning to create spaces and places that maximise the opportunity for people to be physically active.

Finally, for both eating well and physical activity in addition to a whole systems approach we need to consider where we can address these issues across the life course. The health and social care system may play a crucial role here particularly in view of our ageing population. The 'life curve' gives us a really useful insight into how maintaining basic movement and flexibility into older age can have a significant positive impact on independence, health and wellbeing. This will become increasingly important in the future.

Healthy Eating

Local Lever	Recommendations	Strategic Alignment
Protect and Support Breastfeeding and Healthy Diets for Children	1. Continue to prioritise resource use for services that support breastfeeding and health diets for children, such as the Breastfeeding Support Workers, and Fife Loves Life.	Children’s Services Plan
	2. Promote the NHS Fife Child Healthy Weight Toolkit to professionals who work with families to support consistent evidence-based communication about child diet and physical activity.	Children’s Services Plan
	3. NHS Fife Child Healthy Weight Service to develop targeted approach to offering support in areas of deprivation and poor health outcomes.	Children’s Services Plan
	4. Extend the Baby bites session into nurseries in all localities in Fife.	Children’s Services Plan
Improve uptake of school meals	5. Stakeholders to work together to explore best practice and evidence for how to further increase uptake of school lunches.	Children’s Services Plan. Food4Fife Strategy
	6. Stakeholders to work together to explore how uptake of Café Inc can be promoted to families in receipt of free school meals.	Children’s Services Plan. Food4Fife Strategy
Public Food Procurement and Provision Standards	7. Public Sector organisations in Fife should explore the feasibility of promoting healthier options in catering provision by increasing the proportion of health food and drinks on offer to at least 75% in on-site catering outlets, providing price promotions on healthier items, reducing the calorie contents of food on offer, creating a mandatory calorie cap per item sold and providing free drinking water at catering outlets.	NHS Fife Anchor Strategy Food4Fife Strategy
Utilising Planning/National Planning Framework 4 to Improve Food Environments	8. NHS Fife and Fife Council to explore the feasibility of mapping food outlets and food growing as part of the local development plan process.	Fife’s Place Plan (LDP2) Food4Fife Strategy

Local Lever	Recommendations	Strategic Alignment
Reduction in Calories on Eating Out of Home Sector Menus	9. NHS Fife, the Fife HSCP and Fife Council to explore the feasibility of a pilot to work with the out of home sector to explore understanding among retailers of the calories on their menus, and options to reduce these including portion size reduction.	Food4Fife Strategy
Food Advertising	10. NHS Fife and Fife Council to explore the feasibility of advertising healthy foods using existing sites or assets.	Fife's Place Plan (LDP2)
	11. NHS Fife and Fife Council to encourage community planning partner organisations to restrict advertising of products high in fat, sugar or salt in spaces and at events under their control.	Food4Fife Strategy
	12. Fife Council to explore roundabout sponsorship to exclude unhealthy food from advertising at these sites.	Fife's Place Plan (LDP2)
	13. NHS Fife and Fife Council to work collaboratively and with national partners to explore how NPF4 could be used locally to influence local planning decisions around unhealthy commodities.	Fife's Place Plan (LDP2)

Active Living for Everyone

Systems Approach Theme	Recommendations	Strategy Alignment
Active Places of Learning	1. Fife Council Education Service to continue work to understand the needs of families when planning programmes to increase physical activity.	Children's Service Plan
	2. Fife Council to prioritise resource use for investment in programmes to support physical activity among children, young people and families.	Children's Service Plan
An Active Workplace	3. Health Promotion Service to continue work to reduce sedentary behaviour and promote active workplaces in Fife.	Prevention and Early Intervention Strategy
	4. Health Promotion Service to deliver the Moving More for Health and Wellbeing Training programme for workplaces in 2025 to support organisations to help their staff be more active.	Prevention and Early Intervention Strategy
Sports and Recreation	5. Fife Council to prioritise resource use for the Active for Leisure programme to support families and individuals facing disadvantage to participate in activities.	Plan for Fife ambitions
	6. All stakeholders to consider ways of strengthening their understanding of barriers to participation in sports and recreation, and to identify sustainable ways of addressing these.	Plan for Fife ambitions
Active Places and Spaces	7. Fife Council to continue to explore how active places and spaces can be promoted in Fife's Place Plan.	Fife's Place Plan (LDP2)
Active Travel and Transportation	8. Fife Council to finalise the Local Transport Strategy plans to improve infrastructure for active travel.	Local Transport Strategy for Fife 2023-2033
	9. NHS Fife to finalise an Active and Sustainable Travel Plan to support an increase in active travel by staff and patients.	NHS Fife Active and Sustainable Travel Plan
Active Health and Social Care Services	10. NHS Fife to promote the National Physical Activity Pathway with healthcare professions to support them in encouraging patients to be more active.	Prevention and Early Intervention Strategy. Population Health and Wellbeing Strategy

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Meeting: NHS Fife Board
Meeting date: 25 March 2025
Title: Annual Duty of Candour Report 2023/2024
Responsible Executive: Dr Chris McKenna, Medical Director
Report Author: Gemma Couser, Associate Director for Quality and Clinical Governance

Summary

- This paper presents the Annual Duty of Candour (DoC) Report for 2023/24.
- In 2023/2024 there were 29 adverse events which activated DoC. The most common outcome, for 17 patients, being an increase in a person's treatment.
- The report is presented to NHS Fife Board for endorsement , discussion and agreement to be presented to the Board. Any incidents that conclude after submission of the 2023/2024 report will then be included in the 2024/2025 report.

1 Purpose

This is presented for:

- Assurance
- Discussion

This report relates to a:

- Government policy/directive
- Legal requirement
- National Health & Well-Being Outcomes
- NHS Fife Board Strategic Priorities
 - To Improve Quality of Health & Care Services

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. Incidents which trigger DoC are typically identified through the adverse event review process.

2.2 Background

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The purpose of organisational DoC is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

NHS Fife monitors compliance with the Regulations across the following domains:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Review of reports of the last six Annual Reports indicated there is still a requirement for each report to include a look back at previous years to ensure completeness. In previous years DoC applied to cases which concluded review after the submission of respective annual submissions and as such these were not represented in the annual report.

2.3 Assessment

There were 29 adverse events which activated DoC with the most common outcome, for 17 patients, being an increase in a person's treatment. The full report is contained within Appendix 1.

Overall NHS Fife has carried out the procedure in each case.

Previous years are included for completeness as DoC was applied to cases which concluded review after the submission of respective annual reports.

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

Currently for 2024/25 there are 4 confirmed DoC. It has again been agreed that the full report should be presented to the Clinical Governance Governance Committee in January/ February 2026 before submission to the Board.

A moderate level of assurance is recommended based on the outstanding adverse events reviews for this time period which may still trigger DoC.

	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 learning from adverse event and DoC incidents continues to be a priority. Development of this will be supported through the Clinical Governance Strategic Framework.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

Support is in place from the Adverse Events Team to conclude outstanding compliance feedback and adverse event reviews.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This report has been discussed with Dr Chris McKenna, Medical Director, Claire Fulton, Lead for Adverse Events and Yvonne Chapman, Adverse Event and Risk Coordinator.

2.3.8 Route to the Meeting

11th February 2025 – NHS Fife Clinical Governance Oversight Group
7th March 2025- NHS Fife Clinical Governance Committee

2.4 Recommendation

The report contained in Appendix 1 is presented to the NHS Fife Board for assurance that during 2023/2024 NHS Fife has complied with the legislative requirements set out in the Duty of Candour (Scotland) Regulations 2018.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Draft Annual Duty of Candour Report, 2023/2024

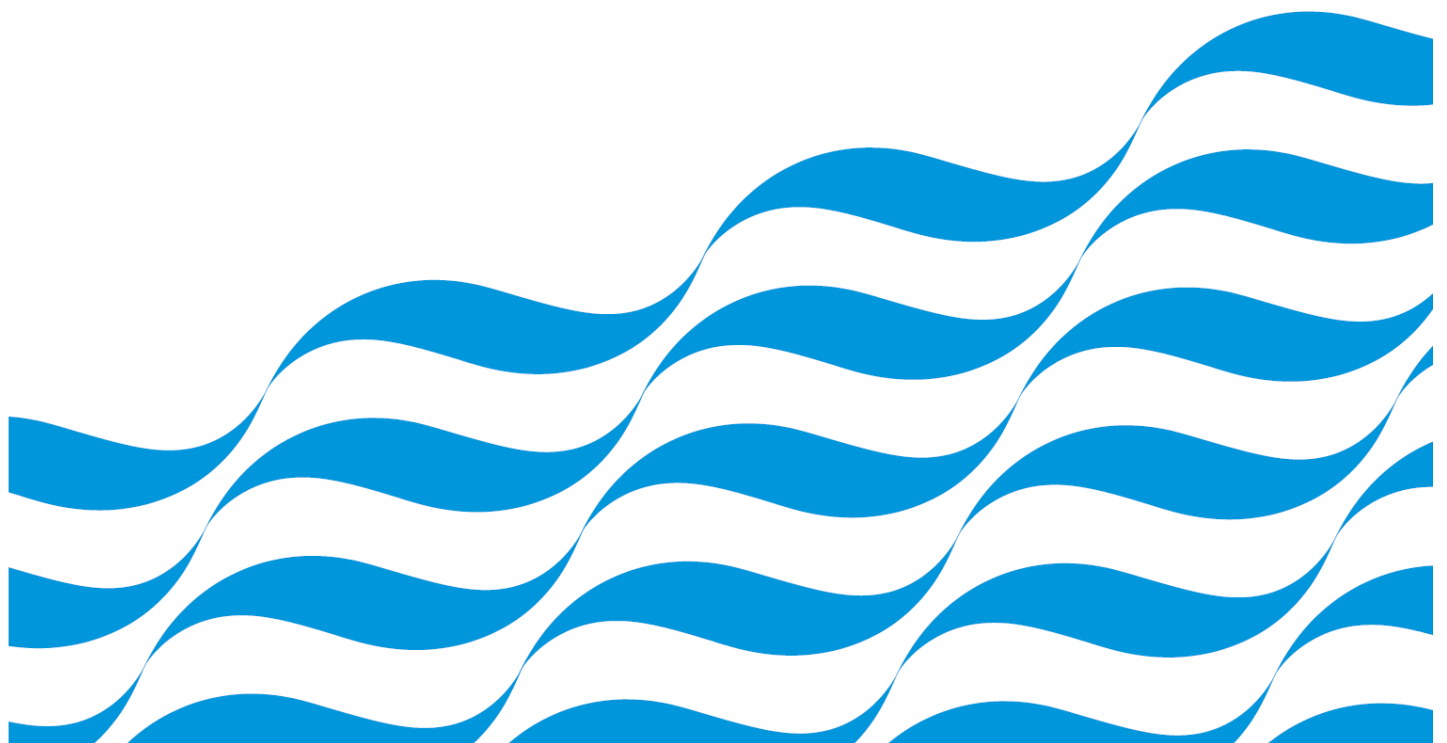
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Annual Organisational Duty of Candour Report 2023-2024



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1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to deliver excellent care and improve population health and wellbeing for the people of Fife¹. In delivering care we aim to deliver safe, effective, person-centred care in an organisation which listens, learns and improves.¹ Supporting of this is our commitment to our organisational values of:



Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2023 to 31 March 2024 (2023/2024). NHS Fife identified events mostly through the adverse event management processes; mainly through the significant adverse event review (SAER) process. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events Policy which is aligned with a national framework². At the heart of the policy is a culture of reporting, learning, apologising and improving.

The target is to complete SAERs within 90 days. However, due complexity of investigations and the commitment to deliver a thorough investigation this timescale is sometimes not achieved. Focused improvement work is underway to improve our compliance with this target. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at years 1 (2018/2019 to 5(2022/2023) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-7 are organisational DoC reports from the seven-health board managed general practices in NHS Fife.

¹ NHS Fife Clinical Governance Strategic Framework 2023-2025

Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance³ outlines the procedure which must be followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
 - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
 - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has a process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

Supporting Patients and Families

Patients and families are at the centre of all that we do. We recognise how distressing it is for patients and families when there is an adverse event. A process has been implemented to improve our engagement with patients and families and sets out the expectations of a key contact being appointed for the patient/family where there has been a significant adverse event in our care. Resources have been developed providing guidance for a key contact role, and a patient/family leaflet on the significant adverse events purpose and process. This approach helps create standardisation across the organisation and provide consistency to patients and families where significant adverse events reviews are taking place.

¹ NHS Fife Population Health and Wellbeing Strategy 2023-2028

² Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

³ Organisational Duty of Candour guidance. The Scottish Government. March 2018

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2023 and 31 March 2024, there were 28 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- [1] Patient Fall
- [2] Tissue Viability
- [3] Other clinical events
- [4] Surgical Complications

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2023 to 31 March 2024.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred 2023/2024
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person’s treatment	17
Changes to the structure of the person’s body	<5
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	0
The person requiring treatment by a registered health professional in order to prevent: the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5

The most common outcome which these events have resulted in is an increase in the person’s treatment. This can range from additional medications being required to additional night’s stay in hospital.

Summary of Years 1-6

Table 2 sets out the events where DoC applied in 2018/19, 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations.

Table 2

Number of Duty of Candour events in each report year	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23	Year 6 23/24
Number of events where DoC applied and where included in respective annual report	46	28	27	36	33	29
Number of events where DoC applied and where not included in annual report	10	10	4	8	5	TBD **
Total number of events where DoC applied	56	38	31	44	38	TBD **

**To Be Determined (TBD) - Will be included in 24/25 annual report

Table 3 sets out the DoC outcomes for the six year period. The most common outcome which triggered DoC is an increase in the person's treatment.

Table 3

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred					
	Year 1 18/19	Year 2 19/20	Year 3 20/21	Year 4 21/22	Year 5 22/23	Year 6 23/24
The death of the person	<5	<5	<5	7	<5	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5	<5	<5	<5
An increase in the person's treatment	34	21	13	24	26	17
Changes to the structure of the person's body	<5	<5	<5	0	<5	<5
The shortening of the life expectancy of the person	<5	<5	<5	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0	0	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	8	<5	<5	<5	<5	0
The person requiring treatment by a registered health professional in order to prevent the death of the person, or any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5	7	<5	<5	<5	<5

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 29 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases
- Offering support and assistance

Improvement since last year has been made in:

- Arranging the meeting following offer to meet

Areas for improvement:

- Providing the patient with a timely written apology

We recognise that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

Clinical teams make the recommendation that Duty of Candour is activated with the final decision made by the Medical Director.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland online learning module. This has been made available to staff through TURAS. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What have we changed and improved as a result?

Further to reviews of DoC events in 2023/2024 the following changes have been implemented:

Reducing Falls

- Care assurance audits on falls and spot checks on falls documentation were carried out to ensure proper procedures are followed for patients at risk of falls
- Falls training was undertaken across many ward areas
- Falls reviewed at ward level to identify themes and trends and inform quality improvement work
- Learning from falls incidents was shared across ward areas and awareness of the falls pathway raised
- New falls toolkit implemented

Reducing Harm from Pressure Ulcers

- Audits of comfort round completion were undertaken to ensure correct procedure is undertaken for those at risk of pressure ulcers
- Ongoing documentation audit to ensure quality and evidence based care prescribing for pressure ulcers
- Refresher training in pressure ulcers including skin care, use of 4AT and comfort round assessment was undertaken to improve pressure ulcer management. Supported by the Tissue Viability Team
- Learning from pressure ulcer incidents was shared

Maternity Improvements

- Training package developed on best practice for undertaking and recording of vaginal examinations in pregnancy

Deteriorating Patient Improvements

- Education and training undertaken on the importance of maintain accurate fluid balance records and acting on significant fluid deficits, FEWS and the deteriorating patient
- Shared learning within planned care of medication incidents
- DNACPR and reversible events and management of choking episodes education
- Safety huddles introduced on nightshift to improve patient safety and communication

Paediatric Improvements

- Online paediatric diabetic training session developed – to support early recognition of diabetes in children and complications

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2024/2025 annual report.

If you would like more information about this report, please contact:

Board Medical Director Office

NHS Fife

Hayfield House

Hayfield Road

Victoria Hospital

Kirkcaldy

KY2 5AH

Telephone: 01592 648077

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

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

To find out more about accessible formats contact:

Fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

NHS Fife

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

 [facebook.com/nhsfife](https://www.facebook.com/nhsfife)

 [@nhsfife](https://twitter.com/nhsfife)

 [youtube.com/nhsfife](https://www.youtube.com/nhsfife)

 [@nhsfife](https://www.instagram.com/nhsfife)

Appendix 1: Kennoway Medical Group

Kennoway Medical Group

The Health Centre
 Jordan Lane
 Kennoway
 KY8 5JZ
 Tel: 01333 350241
 Email: Fife.F20856Kennoway@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 31 March 2024

Kennoway Medical Group provides Health Care to patients within the Kennoway and Levenmouth area (to include: Baintown Windygates, Star of Markinch, Milton of Balgonie, Leven, Coaltown of Burnturk and Cults Hill). The Medical Groups aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2023 and 31 March 2024)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Kennoway Medical Group follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Appendix 2: Linburn Road Health Centre

Linburn Road Health Centre

124 Nith Street

Dunfermline, KY11 4LT

Email: Fife.F20502LinburnRoad@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 31 March 2024

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	<5
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Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2023 and 31 March 2024)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	<5
Total	<5

To what extent did Linburn Road Health Centre follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

We have learnt the importance of arranging appropriate follow up. That any recurrence of a breast lump in the same place should be a high index of suspicion for an underlying pathology. To be just as suspicious of lumps in the breast of men as women.

We have made an effort to actively book follow up appointment with patients when we think it is important to review to make sure resolution of symptoms. To be open with patients about what would need done if there isn't resolution of their symptoms. We have referred more patients to the breast clinic after their first appointment with symptoms that previously we might have treated differently.

Other Information

N/A

Appendix 3: Methilhaven Medical Practice

Methilhaven Medical Practice

Randolph Wemyss Hospital,
Wellesley Road
Buckhaven KY8 1HU
Tel: 01333 426913
Email: fife.f21505methilhaven@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 31 March 2024

Methilhaven Surgery provides Health Care to patients within the Methil, Buckhaven, and Levenmouth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2023)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Methilhaven Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate, as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Appendix 4: The Links Practice

The Links Practice

Masterton Health Centre
 74 Somerville Street
 Burntisland
 Fife, KY3 9DF
 Tel: 01592 873321
 Email: Fife.F20184LinksPractice@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 1 December 2023

Our Practice serves a population of 1953 patients within the Burntisland, Kinghorn, Aberdour area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2023)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did The Links Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Appendix 5: Valleyfield Medical Practice

Valleyfield Medical Practice

Chapel Street, High Valleyfield

Fife, KY12 8SJ

Tel: 01383 880511

Email: Fife.F20729valleyfield@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 1 November 2023

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2024)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Valleyfield Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Appendix 6: Park Road Medical Practice

Park Road Medical Practice

The Health Centre
 Park Road, Rosyth
 Fife, KY11 2SE
 Email: Fife.F21760ParkRoad@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 31 March 2024

Park Road Medical Practice provides Health Care to patients within the Rosyth, Dunfermline within our boundary, Inverkeithing, North Queensferry, Aberdour, Dalgety Bay, Limekilns, and historical patients registered in Crossford areas. The Medical Practice’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2024)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Park Road Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Appendix 7: Kinghorn Medical Practice

Kinghorn Medical Practice

Rossland Place
Kinghorn
Fife
KY3 9RT
Email: fife.f20907kinghorn@nhs.scot



Duty of Candour Report

Report period: 1 April 2023 to 1 December 2023

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

How many incidents happened to which duty of candour applies?	0
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Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2022 and 31 March 2024)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Kinghorn Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate, as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on [Blink \(joinblink.com\)](http://joinblink.com)

What has changed as a result?

N/A

Other Information

N/A

Title of Meeting

**Fife HSCP Integration Joint Board
(Meeting on 4 December 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) – WEDNESDAY 4 DECEMBER 2024 AT 10.00AM

Present:	<p>David Ross (DR) (Chair) Arlene Wood (AW) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Mary Bain-Lockhart (MBL) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary Janette Keenan (JK), Nurse Director, NHS Fife Kenny McCallum (KMCC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Representative Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative</p>
Professional Advisers:	<p>Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Fiona McKay (FMcK), Head of Strategic Planning & Commissioning Helen Hellewell (HH), Deputy Medical Director, NHS Fife James Ross (JR), Chief Social Work Officer, Fife Council</p>
Attending:	<p>Aileen Boags, Lead Pharmacist, NHS Fife Cara Forrester (CF), Communications Advisor Chris Conroy (CC), Head of Community Care Services Clare Gibb (CG), External Communications Advisor Dafydd McIntosh (DMc), Organisational Wellbeing & Culture Specialist Jillian Torrens (JT), Head of Complex & Critical Care Services Jennifer Rezendes (JR), Principal Social Work Officer Lesley Gauld (LGau), Team Manager, Fife HSCP Lisa Cooper (LC), Head of Primary & Preventative Care Services Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Vanessa Salmond (VS), Head of Corporate Services Gemma Reid (GR), H&SC Co-ordinator (Minute)</p>

	TITLE	ACTION
1	CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES	

	<p>David Ross, incoming Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting and gave his thanks to Arlene Wood for her work as Chair and for her support as Vice-Chair of the IJB going forward.</p> <p>David acknowledged the appointment of Lynne Garvey as Director of Fife HSCP & Chief Officer of the IJB as of 4th November 2024 and recognised that this was Lynne's first IJB meeting as Director of Fife HSCP & Chief Officer of the IJB.</p> <p>Acknowledgement and well wishes were also given to Fiona McKay as she retires from the Fife Health and Social Care Partnership in December after 38 years in Health and Social Care, with David giving his thanks on behalf of the Integration Joint Board for Fiona's work during her time as Interim Chief Officer of the IJB.</p> <p>David advised that apologies had been received from Jacqueline Drummond, Fiona Forrest, Hazel Close, Lynn Barker, Lynn Mowatt, Paul Dundas, Margaret Kennedy, Amanda Wong and Joy Tomlinson.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that 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.</p> <p>Members were advised that the Scottish Government Climate Change Report was submitted to Scottish Government following positive voting by members.</p> <p>Some IT issues were identified, with limitations to the sound for those joining the meeting remotely. It was decided to progress with the meeting, whilst doing all we could to mitigate these sound issues for members.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest highlighted.</p>	
3	<p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 27 SEPTEMBER 2024</p> <p>Dave Dempsey questioned if we had received a response from Partners as per Action 2. Audrey Valente advised that no response had been forthcoming as yet.</p> <p>The Minute and Action Note from the meeting held on Friday 27 September 2024 were then both approved as an accurate record.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey began her update by expressing her delight, honour and privilege at being appointed as Director of the Partnership and Chief Officer of the IJB. Lynne acknowledged the previous work of Nicky Connor and Fiona McKay, advising members that she is excited to take the strategic direction forward and highlighting the main focus as being the increasing financial challenge, however stressed that she is working hard with the Senior Leadership Team to implement an accountability framework to mitigate the overspend. Lynne noted that staff had been asked for suggestions to support with the Recovery Plan and SLT were</p>	

	<p>linking in with all staff who had provided input in order to take these suggestions forward.</p> <p>Lynne highlighted the Locality Planning Event, held at the Rothes Halls in November which was very well attended by a wide range of stakeholders and partners.</p> <p>Lynne acknowledged a busy month and advised that she has taken 10 papers into Committees since being in post, however, has been encouraged by the full support from partners, the Executive teams in both Fife Council and NHS Fife throughout. Lynne gave her thanks to all involved for the very much appreciated support.</p> <p>Lynne paid recognition to staff within services, acknowledging the difficult times with financial pressures and remobilisation, highlighting that staff have showed great resilience throughout.</p> <p>Lynne gave her appreciation to Jennifer Rezendes for her contribution to Social Work, as she departs the Partnership in December, acknowledging the immense achievements made during her time in post.</p> <p>Lynne also highlighted that this was Fiona McKay's last IJB, giving her grateful thanks to Fiona for her outstanding contribution to Health and Social Care over the last 38 years, acknowledging the support Fiona provided in aiding her transition into the role as Chief Officer and Director of the HSCP and wishing her very best wishes in her retirement.</p> <p>Lynne concluded her Chief Officer update by wishing everyone a Merry Christmas and advising that she was looking forward to working through the challenges together in 2025.</p> <p>Colin Grieve asked if Fife HSCP had linked in with Ben Hannan in relation to the staff suggestions process.</p> <p>Lynne confirmed that Ben had been extremely supportive during the process.</p>	
<p>5</p>	<p>COMMITTEE CHAIR ASSURANCE REPORTS</p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports had been discussed at the Audit and Assurance Committee on 15 November 2024, the Finance, Performance and Scrutiny Committee on 12 November 2024, the Quality and Communities Committee on 8 November 2024 and the Strategic Planning Group on 7 November 2024.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee highlighted page 19, paragraph 5 – items to be escalated. Dave requested that action is required to scrutinise how risk scores are tracked and asked for a specific Development Session to be arranged to focus solely on Governance. Vanessa Salmond</p>	<p>VS</p>

	<p>advised that the Development Session on 18th December is to be cancelled however the next sessions main topics will include the Integration Scheme and Financial Regulations with a date to follow.</p> <p>Arlene Wood expressed her concern regarding escalation around risk. Audrey Valente proposed to meet with Avril Sweeney and Chairs/Leads of Committee to progress a risk review.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee confirmed that additional committees were taking place, and the Committee will escalate any concerns to the Board.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee had nothing to escalate from Committee but noted that the Risk Score from demographic and changing landscapes has increased from 16 to 20 in light of the current significant financial pressures.</p> <p>Roy Lawrence Acting Chair of the Strategic Planning Group welcomed Arlene Wood as the new Chair of Strategic Planning Group and advised that they are in the process of setting out a plan to refresh the forward approach of the group, with Arlene meeting with all members and Development Session is planned in January.</p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p>	AV
6	<p>STRATEGIC PLANNING & DELIVERY</p> <p>6.1 Winter Planning 2024-25</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024, the Local Partnership Forum on 12 November 2024 and the Finance, Performance & Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Lynne Garvey and Lyndsey Dunn who presented this report.</p> <p>Lyndsey Dunn, Clinical Services Manager for Integrated Discharge Teams, District Nursing and Specialist Services presented the salient points from the report, highlighting the significant increase in people requiring support to return home or to a homely setting. Lyndsey acknowledged that the paper was a collaborative piece of work to support with Winter Pressures. Lyndsey highlighted that in terms of local benchmarking, Fife are placed in the top 25% of best performing Local Authority areas, whilst noting that the financial challenges and ongoing recovery plan may pose difficulty in sustaining this level of performance moving forward.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee advised that committee were assured by comprehensive actions detailed in report around preparedness for winter pressures.</p> <p>Kenny McCallum, Chair of the Local Partnership Forum was assured by the report and had nothing to note.</p>	

Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee commended the report and the ongoing work taking place.

Arlene Wood commended a really comprehensive report, whilst questioning what level of confidence there was that whole system plan will enable us to manage seasonal pressures around surge and queried the Red Cross model, having previously understood there was no funding.

Lynne Garvey noted a low level of confidence based on the recovery actions but stressed that we have a clear escalation process in place. Lynne acknowledged the widely reported pressures at the Victoria Hospital, Kirkcaldy, highlighting how difficult it is for acute services currently and how we are stepping up to support, despite being unable to commission like we normally would. In response to the Red Cross model, Lynne highlighted that the qualitative data from people in receipt of this care is excellent, noting that whilst this is an expensive model to run, we are looking at an alternative in using the Red Cross model as an alternative to assessment beds.

Chris McKenna highlighted that what we do in Fife is hard to replicate elsewhere in terms of collaborative working, acknowledging pressures within all areas where he is supporting clinically in over pressurised areas such as the Victoria Hospital. Chris noted that the way through is effective daily communication, thinking agile, looking at what we can do differently and acting in best interest of patients and colleagues on the ground delivering services. Chris concluded by noting that whilst this will not be an easy winter, he is reassured by relationships that we have in Fife.

David Ross acknowledged efforts of staff at this difficult time.

Lynne Garvey acknowledged the efforts of all and noted that whilst we prioritise acute hospitals, we also have critical unmet need in the community which is equally as important.

Rosemary Liewald gave thanks for report, noting that whilst it doesn't make for pleasant reading it is candid and what we need to see and asked Lynne for an update on mobilisation, recruitment and retention.

Lynne Garvey highlighted that retention has improved, with Jillian Torrens reporting 35 Newly Qualified Practitioners going into our Mental Health wards. Lynne noted that our professional groups are leading on deploying staff into stretched areas, but this is proving difficult currently. Staff suggestions coming forward are for example printing, travel and heating and buildings costs which are making a difference in terms of non-critical spend.

Mary Lockhart queried whether we have a method of monitoring the impact on patients in relation to what has been implemented so far. Mary complimented the coordination of the Discharge Hub at the Victoria Hospital, however highlighted that transport may have an impact on discharge. Mary also questioned whether there has been any obvious impact on absence and sickness within NHS and Community Care.

Lyndsey Dunn acknowledged the transport issue highlighting that teams are pressurised and to coordinate a discharge is huge amount of work, however we are working towards planned date of discharge to ensure transport aligns.

	<p>Lyndsey advised there was no exact figure for staffing absence, noting that she was not aware of any concerns relating to staff absence.</p> <p>Dave Dempsey highlighted that the general media are portraying the Scotland-wide situation, noting Fife appear to be in a much better position and questioned if we should be reporting on this. Lynne acknowledged this fact and contemplated a briefing on how we are performing and promoting the positives, however noted there are also issues within the overall health and social care car system, therefore caution must be exercised around sensitivity of these issues. David Ross advised that he has referenced this in his Leaders' Report going to the Fife Council full meeting.</p> <p>Janette Keenan commented that the overall recruitment was 159 nurses this year, this reflecting graduations after Covid but next year we anticipate issues with recruitment. Learning Disability nursing is seeing reduced recruitment, with universities seeing a 23% attrition rate. In January Healthcare Improvement Scotland (HIS) will be carrying out Safe Delivery of Care inspections in Mental Health hospitals. Janette concluded by noting the vast amount of work going on to ensure staff are supported but acknowledged challenging times.</p> <p>Lisa Cooper responded to Cllr Mary Lockhart around measuring impact and performance, highlighting that frequent meetings are taking place to understand flow and impact on people, along with verification meetings to look a patient journeys through the system to ensure care in the right place at the right time.</p> <p>Morna Fleming noted her disappointed to hear patients are stuck in Victoria Hospital due to transport issues, highlighting volunteer transport services which used to be part of local churches, suggesting that in the worst-case scenario a taxi should be organised.</p> <p>Lyndsey Dunn responded noting that not all patients are able to go in a taxi, with some of our more venerable patients requiring an ambulance due to complex needs, with requirement for a chaperone or medical support.</p> <p>Lynne Garvey noted that in Victoria Hospital they know early on when there are transport issues however many patients need 2-man crews to get home safely, but these crews are bringing patients into hospital during emergencies. Lynne highlighted that we also use Alliance ambulances and WVRS transport where possible, and do not solely rely on SAS.</p> <p>Lynne reminded the IJB that the previously approved repurposing of 2 wards is positively progressing with NHS Fife, giving assurance that this transformational work is progressing into the new year.</p> <p>The Board were assured that actions and escalations are in place whilst noting significant pressures on the system.</p>	
7	<p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Nathan’s Journey: Independent Living in a Homely Setting</p> <p>David Ross advised that given the time and IT issues, the video will be emailed to members.</p>	GR

INTEGRATED PERFORMANCE

8.1 Finance Update

This report was discussed at the Local Partnership Forum on 12 November 2024 and the Finance Performance and Scrutiny Committee on 12 November 2024.

David Ross introduced Audrey Valente, Chief Finance Officer who presented the report.

Audrey Valente presented the salient points from the report, providing the projected outturn position based on information to the end of September, highlighting a £27.108m overspend which is a movement of £5.5m from the July position reported.

The overspend is attributable to five main areas – commissioned additional packages of care, a reduction in savings deliverable, additional staffing and agency costs, increased GP prescribing and funding reduction from Scottish Government, specifically in relation to mental health.

Audrey noted that there remain reserves of £4.8m however these are below policy minimum and are committed for local and national priorities e.g. analogue to digital platforms.

£27m of savings are projected to be delivered by the end of the financial year which is 69% of the £39m approved in March when setting the budget.

Audrey noted that the Recovery Plan approved at the October Extraordinary IJB aims to deliver up to £13m of the agreed recovery actions, however delivery of some of these actions is proving challenging due to whole system pressures.

Audrey stressed that we continue to ensure people are cared for in the right place and as close to a homely setting as possible.

Audrey advised the Board that we are not reflecting recovery actions in the report due to the timing of approval and awaiting management information to allow an evidence-based projection but noted that savings from recovery actions are unlikely to be at the levels expected. Audrey provided assurance that regular reports will be provided to the IJB with Alastair Grant confirming that we are increasing the frequency of the Finance, Performance and Scrutiny Committee to allow additional scrutiny of the financial position.

David Ross invited Committee Chairs to comment on discussions at Committees before opening to questions from Board members.

Kenny McCallum, Chair of the Local Partnership Forum acknowledged the challenges and advised that members are engaging weekly in an attempt to support the recovery plan in the best way possible and are hoping to see improvements in the next couple of months.

Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee acknowledged the financial position, confirming increased scrutiny in the hope that if the position doesn't get better, it won't get worse.

Arlene Wood, Vice-Chair commended a comprehensive report however, expressed concerns that we are in the last quarter of the year, and we are still unclear what the recovery plan will deliver. Arlene sought clarification on what the

	<p>regular reporting to IJB will look like. Arlene also queried the additional £3m in relation to National Care Home Contract Rates and Fife Council pay rises.</p> <p>Audrey confirmed that we are reporting through Finance, Performance and Scrutiny on a 4-weekly basis, and she will think about how to inform the IJB if there is movement in the wrong direction. Audrey will discuss the best way to report this with Vanessa Salmond.</p> <p>Audrey confirmed that funding will be coming for the pay award, but we are still unsure if this meets the full gap, advising that no funding has been identified for the uplift in relation to the National Care Home Contract Rate so this will add to the reported overspend.</p> <p>Rosemary Liewald noted that Audrey had mentioned the huge impact of agency spend (over £1m) and queried whether if using bank instead of Agency will reduce cost. Audrey confirmed this is the current model in operation.</p> <p>Janette Keenan responded highlighting the huge amount of work which has been carried out around supplementary staffing, noting very minimal spend on agency staffing. Janette acknowledged that bank is slightly different, noting these are our own staff but we are trying to do more around grip and control, also acknowledging that bank has no overheads like agency does. Janette highlighted that the reduction in agency will be evident in the financial reports going forward for the rest of the year.</p> <p>Audrey highlighted lots of good work happening in health, noting that the additional spend is in relation to Council agency costs but we are hoping to see an improvement in this to ensure consistency across the Partnership.</p> <p>John Kemp asked if we had any estimate of how much we will deliver in the remaining months of this financial year.</p> <p>Audrey responded, noting that we are positive around the areas of Mobilisation of Workforce and Respite and there should be savings in relation to these, but highlighted that the Care Home recovery action is unlikely to see savings. Audrey confirmed that funding from our NHS partner will be reflected in the report to the next IJB, however was unsure if this will be the full £1.2m reported.</p> <p>The Board noted the report and were assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.</p>	AV / VS
	<p>8.2 SLA Budget Transfer</p> <p>This report was discussed at the Finance, Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Audrey Valente who presented this report.</p> <p>Audrey began her report by stating that we are requesting the IJB to approve the transfer of budget from health retained to health delegated budget. To clarify,</p>	

	<p>these are essentially payments by NHS Fife to other healthcare providers for Fife patients being treated in their Board area.</p> <p>The paper identifies the current financial challenges associated with this budget but recognises improvements and benefits to be made by transferring this budget to the IJB and whilst recognising the additional financial burden this transfer creates, the Integration Scheme clearly identifies these costs as being delegated to the IJB.</p> <p>Audrey noted that although we are unlikely to deliver improvements this financial year, there is a high level of confidence that the cost pressure can be reduced in future years noting that this year, as a result of this transfer, we are transferring a £2.7m cost pressure to the IJB. Audrey further explained that £2m has been identified in the budget, and therefore by taking the budget across to the IJB the projected outturn will increase by £700,000</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair noted that the Committee recognised the need for the transfer as a delegated service.</p> <p>Dave Dempsey noted that the function is delegated and therefore all we are doing is bringing budget in line with how it should have been. Audrey reiterated the financial pressure this brings and noted that we need to follow the Governance route correctly, hence why this paper is being presented to the IJB.</p> <p>Arlene Wood requested that in future more detail is required around what this money is being spent on.</p> <p>The Board approved the transfer of the £5.5m budget in relation to payments to other healthcare providers for Fife patients treated in their Board. This transfer will be backdated to April 2024.</p>	
	<p>8.3 Pharmaceutical Care Services Report 2023-24</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024.</p> <p>David Ross introduced Aileen Boags who presented this report</p> <p>Aileen presented salient points from the report, noting that the aim of the paper is to identify any unmet need and required improvements, stating that the paper is being brought to the IJB to offer significant assurance prior to publication of the final report. Aileen noted that the final report will be made available on the website.</p> <p>As part of this year’s review, Aileen recognised the excellent support received from the HSCP Participation and Engagement Team in supporting a survey, with 270 responses from the public which the highest public response rate seen to date.</p> <p>Aileen highlighted the most notable change in 2023/24 was between June 2023 and November 2023, when one large pharmacy group exited the UK market. However, all contracts in Fife were taken over and existing service provision was</p>	

	<p>maintained, noting a quicker expansion than anticipated which provides greater access to pharmacy services to the people of Fife.</p> <p>Aileen noted some key facts from the report survey around travel between home and community pharmacies. The survey identified an increase in prescriptions dispensed from the 86 pharmacies across Fife, in comparison to the previous financial year. For 2023/24, 75% of smoking cessation attempts came from the community pharmacy stop smoking service, with 53% in the most deprived data zones. Aileen also highlighted 2 uses of emergency Naloxone which supported mitigation of drug deaths.</p> <p>Aileen concluded her report by noting the ongoing service improvement work with community pharmacies to ensure consistent and high-quality care and noted that no unmet need had been identified across Community Pharmacy Services in Fife throughout this reporting period.</p> <p>David Ross invited Sinead Braiden, Chair of Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Sinead confirmed that Committee had discussed and were assured by the report.</p> <p>Rosemary Liewald commended the report detail and questioned how NHS are supporting the expansion of Pharmacy First Plus, requesting an update on the progress with this. Rosemary commented that emergency Naloxone provision is clearly working and hoping to expand across whole of the KY area.</p> <p>Aileen confirmed that we continue to expand Pharmacy First Plus and are now at 31 pharmacies, noting that we are seeing an increase every 6 months in participation, and we continue to support independent prescribers with education and training.</p> <p>Rosemary queried the return of medication to local pharmacies and noted that these can't be reused, questioning if there will be any change to this. Aileen confirmed that the issue is around storage once medicine has left a pharmacy, and this is a National issue with no influence at local level.</p> <p>Alastair Grant highlighted the lengthy process to obtain Community Pharmacies, with ongoing battles to obtain community pharmacies in Freuchie, Saline and Burntisland.</p> <p>Lisa Cooper welcomed this report and highlighted a high-profile medicine wastage programme, requesting IJB support with this.</p> <p>David Alexander requested information around a Community Pharmacy in Windygates. Lisa Cooper confirmed that she will address this offline, with Aileen confirming the enquiry had been passed to Primary Care colleagues. Vanessa Salmond intervened, advising that this issue should be addressed outwith the Board meeting.</p> <p>The Board is assured of the current position and that the full report has been discussed at the Quality and Communities Committee for assurance to the IJB.</p>	
<p>9</p>	<p>GOVERNANCE & OUTCOMES</p> <p>9.1 Directions Tracker</p>	

	<p>This report was discussed at the Finance, Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Vanessa Salmond who presented this report.</p> <p>Vanessa began her report by advising that this paper was being presented to the Board to provide an update on the current status of the 2 open Directions, noting that the paper has been revised following in depth discussions at the Finance, Performance and Scrutiny Committee around differing interpretation of the status as detailed in Appendix1.</p> <p>Vanessa confirmed that appropriate actions are being taken, namely the development and approval of a Recovery Plan and a formal letter to partners to seek additional funding. Vanessa assured members that the position is being monitored closely.</p> <p>Dave Dempsey noted that he does not take assurance as he is unclear of where the responsibility lies.</p> <p>Vanessa confirmed that the paper provides assurance of actions as per section 8 of the Integration Scheme.</p> <p>Audrey Valente highlighted good discussions at the Audit and Assurance Committee, and a plan to cover this in more detail at a Development Session.</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair confirmed a previous agreement to amend the wording regarding delivery outcomes taking place, but not saying resources are allocated.</p> <p>Arlene Wood commented that she was unclear what we are directing partners to do, querying if this is the only 2 Directions we have, given we have 9 supporting strategies with delivery plans.</p> <p>Vanessa confirmed that the paper provides the Board with an update where we are in respect of the 2 open Directions.</p> <p>Lynne Garvey commented that we required a renewed focus to strengthen the use of directions.</p> <p>Audrey confirmed that we are on a journey when it comes to Directions, agreeing that a Development Session, focused on this and Financial Governance was required.</p> <p>The Board noted the current status of the open Directions as per Appendix1 and were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme, with a Development Session to follow.</p>	<p>VS</p> <p>VS</p>
<p>10</p>	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Armed Forces Covenant Duty</p>	

	<p>This report was discussed at the Strategic Planning Group on 7 November 2024 and the Quality & Communities Committee on 8 November 2024.</p> <p>David Ross introduced Fiona McKay and Lesley Gauld who presented the report and shared a PowerPoint presentation highlighting the work of the Fife AFC working group and our commitments for 2025. Fiona confirmed that the Annual Report will be brought to the IJB in December 2025, led by Jillian Torrens as the new Lead for the Armed Forces Covenant Duty going forward.</p> <p>David Ross then invited in turn Roy Lawrence Acting Chair of the Strategic Planning Group and Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committees before opening to questions from Board members.</p> <p>Roy confirmed that the Strategic Planning Group are very supportive of this work. Sinead had nothing to add from Committee.</p> <p>Rosemary thanked Fiona for the report and asked if we had a link with the Veterans First Point team at Lochore. Fiona advised that they are part of the working group and have been fully involved, confirming that Veterans Point is funded by the HSCP.</p> <p>Arlene Wood thanked Fiona for a helpful presentation, noting that going forward it would be helpful to see some outcome measures as part of the report. Arlene noted that feedback from lived experience and specifics around education, housing services and access to healthcare would be valuable and requested a measures framework linking into this piece of work. Fiona advised this can be done. Lesley will pick this up and ensure this comes forward in the next report.</p> <p>Mary Lockhart welcomed the report and requested the age demographic of the individuals who are in touch with the Group. Fiona advised we have a veterans point at Victoria Hospital, Kirkcaldy and we are seeing wide range of age demographics and we strive to ensure we service the whole population.</p> <p>The Board note the content of this Update Report, particularly the progress made over the last year, and were assured that the Health and Social Care Partnership is meeting its statutory requirements under the Armed Forces Covenant Duty.</p> <p>The Integration Joint Board approved this final draft of the Update Report for 2024.</p>	<p>FMcK/LGau</p>
	<p>10.2 Adult Protection Report (Social Work/Social Care)</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024.</p> <p>David Ross introduced Jillian Torrens who presented this report.</p> <p>Jillian began her report by advising that the paper is being presented alongside the annual report to offer assurance that the HSCP are fulfilling their statutory duties in terms of Adult Support and Protection legislation. The paper sets out information in relation to local procedures, with a huge focus on raising awareness of adult support and protection, working with health colleagues and external agencies.</p>	

	<p>Jillian drew the Board’s attention to section 3.3 – statistics in relation to adult support and protection activity, which shows an increase in referrals and the subsequent work involved.</p> <p>Jillian highlighted the major work which has been carried out around audit, looking at improving practice and learning from audit detail, and ensuring that we are linking in with national forums and Care Inspectorate.</p> <p>David Ross then invited Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Sinead confirmed that the Committee were assured by the report after detailed discussions.</p> <p>The Board were assured that Adult Support and Protection activity is being robustly monitored, with ongoing improvement actions identified.</p>	
	<p>10.3 Workforce Report incorporating:-</p> <ul style="list-style-type: none"> • Workforce Year 2 Annual Report 2023-24 • Year 3 Action Plan 2024-25 • Whistleblowing Report 2023-34 <p>This report has been discussed at the Strategic Planning Group on 7 November 2024, the Quality and Communities Committee on 8 November 2024, the Local Partnership Forum on 12 November 2024, and the Finance, Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Roy Lawrence who presented the report.</p> <p>Roy firstly thanked the workforce for their commitment in the most challenging of times, and all who have supported the production and delivery of these reports highlighting collaborative working across the whole Partnership. Roy also thanked the Committees for the feedback on these reports whilst en-route to the IJB, highlighting that any changes as a result of this feedback are noted on pages 190-191.</p> <p>Roy advised that the 4 reports are being presented as appendices, highlighting that over the last year we have been through an internal audit with all recommendations met as well as a Workforce Strategic Risk deep dive in collaboration with the Local Partnership Forum.</p> <p>Roy noted that the deep dive highlighted significant internal and external factors which are impacting on our workforce, with the financial position limiting recruitment and impacting on staff wellbeing, resilience and retention.</p> <p>Roy noted that over the last year the IJB had endorsed the Wellbeing and Equality, Diversity and Inclusion action plans and highlighted the first Annual Whistleblowing Report, confirming the group meet regularly around challenges.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee stated that members had commended the report and supported its progression to the IJB.</p>	

	<p>Kenny McCallum, Chair of the Local Partnership Forum confirmed they were content with the report after full scrutiny at Committee.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee supported the onward progression to the IJB.</p> <p>Lynne Parsons commended on the comprehensive report and gave thanks for the work undertaken to take forward the Whistleblowing objectives, noting the progress made in this area.</p> <p>Chris McKenna highlighted required changes to the report and will pick this up with Roy offline.</p> <p>David Ross highlighted the hugely important work and commended the report.</p> <p>The Board were assured that the Partnership’s performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce, endorsing the SBAR and Reports attached and agreed that they support the IJB to mitigate the workforce challenges faced by the Partnership.</p>	RL
11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – 13 September 2024 • Finance, Performance & Scrutiny – 11 September 2024 • Quality & Communities Committee – 4 September 2024 • Local Partnership Forum – 10 September 2024 • Strategic Planning Group – 5 September 2024 <p>David Ross requested that any queries on the above are directed to the Committee Chair due to timescales.</p>	
12	<p>AOCB</p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.</p>	
13	<p>DATE OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – rescheduled date TBC</p> <p>INTEGRATION JOINT BOARD – WEDNESDAY 29 JANUARY 2025</p>	VS / GR

FIFE PARTNERSHIP BOARD
(Meeting on 04 February 2025)

The Fife Partnership Board considered the following items at their meeting:

- The Opportunities Fife Partnership Employability Pathway Provision 2025-26 was approved by the Board.
- Fifes UK Shared Prosperity Investment Plan for transition Year 4 and the proposed interventions for (2025/26), was approved by the Board.
- Community Wealth Building Deep Dive 2025 identified areas for closer collaboration including employability pathways, community benefits from projects and use of land and assets.
- Fife's Place Plan – Place Matters, was noted by the Board.
- Joint Health Protection Plan, was discussed and opportunities for joint working were raised.

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

4 February 2025

10.00 am – 11.25 am

PRESENT: Councillors David Ross (Convener) and Linda Erskine, Ken Gourlay, Chief Executive, Fife Council, Carol Potter, Chief Executive, Patricia Kilpatrick, Chair of NHS Fife Board, Joy Tomlinson, Director of Public Health and Duncan Fortescue-Webb, Consultant in Public Health Medicine, NHS Fife; Lynne Garvey, Director of Health and Social Care Partnership, Shona Burnet, DWP Customer Service Leader and Irene Henderson, Department of Work & Pensions; Chief Superintendent Derek McEwan, Police Scotland; Alison Taylor, Place Director, Scottish Government; Lee Turnock, Area Commander, Scottish Fire & Rescue Service; Kenny Murphy, Chief Executive, Fife Voluntary Action, Jim Metcalfe, Principal and Chief Executive and David Watt, Chair, Fife College and Beth Harley-Jepson, Project Officer, SESTran, Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St Andrews University, Julie Kennedy, Area Manager, Skills Development Scotland and Julie Shields, Scottish Ambulance Service. James McLean, JCP Senior Customer Service

ATTENDING: Carol Connolly, Executive Director - Place, Morag Millar, Service Manager - Place Programmes and Policies; Bill Lindsay, Service Manager - Policy and Place and Rob Bowditch, Service Manager - Public and Environmental Protection, Environmental Health (Public Protection), Place Directorate; Lauren Bennett, Project Manager (Community Wealth Building), Sinead O'Donnell, Policy and Delivery Manager, Communities and Neighbourhoods Service and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

70. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 6 November 2024.

Decision

The Board agreed to approve the minute.

71. OPPORTUNITIES FIFE PARTNERSHIP EMPLOYABILITY PATHWAY PROVISION 2025-26

The Board considered a report by the Executive Director (Place) presenting partners with an update on the Opportunities Fife Partnership Employability Pathway Provision 2025/26.

Decision

That Board: -

- (1) considered the report and endorsed the updated Opportunities Fife Partnership Employability Pathway Provision for 2025/26 as detailed in Appendix 1 of the report; and
- (2) agreed that 6 monthly briefings would be circulated to Board Members providing an update and progress of statistical analysis figures of employability pathways.

72. FIFE'S UK SHARED PROSPERITY INVESTMENT PLAN

The Board considered a report by the Executive Director (Place) presenting to partners an update on Fife's UK Shared Prosperity Investment Plan for 2022-2025.

Decision

The Board endorsed the updated Fife's UK Shared Prosperity Investment Plan for transition Year 4 and the proposed interventions for (2025/26) as set out in Appendix 2 of the report.

73. COMMUNITY WEALTH BUILDING: DEEP DIVE 2025

The Board considered a report by the Executive Director (Place) asking partners to take a deeper dive into Fife's response to the Community Wealth Building Plan for Fife 2024-2029. The report detailed ways in which partners can support discussions on key issues and opportunities for collaboration and scaling up of successful projects across all anchor organisations to deliver the Community Wealth Building ambition.

Decision

The Board: -

- (1) noted and comment on the progress and the key issues identified in embedding CWB policy and practice across the partnership organisations;
- (2) discussed the opportunity to support implementation through partnership collaboration, and scaling up of successful projects. Partners were asked to consider the following discussion points: -

Discussion Point 1: What impact could we have if the number of Life Chances placements increased from 60 to 600, or if each anchor partner committed to deliver 100 placements each year over the next three years? What would an ambitious target for Life Chances look like for Fife?

Discussion Point 2: What upcoming capital projects are there across the partnership and is there an opportunity to learn from the Dunfermline Learning Campus approach to community benefits? How can Fife Partnership collectively maximise community benefits?

Discussion Point 3: How do we, together as a partnership, make the best use of our land and assets for CWB and climate? What might a coordinated, partnership approach to land and assets look like in Fife? What are the implications for Fife's Place Plan?

Discussion Point 4: What more can we do locally to raise awareness across partners to support active implementation of CWB in Fife?

- (3) agreed that officers would engage with Board Members to explore the possibility of expanding the programme further through partnership organisations.

74. FIFE'S PLACE PLAN – PLACE MATTERS

The Board considered a report by the Chief Planning Officer, Fife Council advising partners on the progress of the Local Development Plan (LDP2) now to be known as Fife's Place Plan. The report highlighted the importance of the land use plan as the spatial expression of the Plan4Fife. Partners were asked to decide on Fife Partnership Board's role through the preparation of the new plan and its spatial strategy.

Decision

The Board: -

- (1) noted the progress in the preparation of the Fife Local Development Plan, Fife's Place Plan and its evidence base;
- (2) considered how it could contribute to the development and implementation of the Local Development Plan and its spatial strategy on a community planning partnership basis; and
- (3) agreed that a workshop would be arranged to look at joining up aspirations through a shared vision for spatial planning in Fife.

75. JOINT HEALTH PROTECTION PLAN

The Board considered a report by Fife Council Environmental Health and East Region Health Protection providing partners with details on the Joint Health Protection Plan 2024-2026 (JHPP). The report highlighted the benefits of close cooperation between NHS Fife and Fife Council in recognising that issues relating to health and population require actions to address the needs of the people and places where they would come into contact with infectious diseases and environmental hazards. The Joint Health Protection Plan 2024-2026 also set out recent organisational changes to how health protection is delivered and detailed the current priorities and challenges.

Decision

The Board considered: -

- (1) if any other partners would benefit in contributing to the plans; and

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- (2) if there were any other opportunities for joint working beyond the core requirements.

76. **DATE OF NEXT MEETING**

The next Fife Partnership Board Meeting would take place on 6 May 2025

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 12 DECEMBER 2024 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Aileen Lawrie, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Andrew Ferguson, Senior Manager, Azets
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Caitlin MacKenzie, Senior, Azets
Margo McGurk, Director of Finance & Strategy (*part*)
Maxine Michie, Deputy Director of Finance (*deputising*)
Audrey Valente, Chief Finance Officer, Health & Social Care Partnership (HSCP) (*deputising*)
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 routine attendees Carol Potter (Chief Executive) and Dr Shirley-Anne Savage (Associate Director of Risk & Professional Standards).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 12 September 2024

The minute of the last 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 to the last Board meeting was presented to the Committee for information only.

5. Action List / Matters Arising

The Audit & Risk Committee **noted** the update on the Action List in relation to the corporate risks mapping exercise.

6. INTERNAL AUDIT

6.1 Internal Audit Progress Report

The Regional Audit Manager advised that resource within the Internal Audit Team had been directed to prioritise the production of the Internal Controls Evaluation Report, and that long-term sickness absence within the team has had an impact on delivery of the Internal Audit Plan for the current year. Assurance was provided that a return to a full strength team is expected in January 2025, and that those absences are not linked to workplace issues; the Chief Internal Auditor has been monitoring the position closely. It was reported that the implications on delivery of the Internal Audit Plan is reflected within the risk assessment section of the report. It was agreed to escalate the risk assessment undertaken to determine the decision not to proceed at present with the audits cited below to the NHS Fife Board via the Chair's Assurance report.

An explanation was provided on the deferment of the Supplementary Staffing and Digital & Information Strategy audit reviews, with it being noted that, due to the significance of the audits, these would be undertaken in 2025/26 and not deferred indefinitely. Following questions on the assessment undertaken to identify these two reviews as suitable for deferral, given their overall linkages to RTP work, the Chief Internal Auditor agreed to provide a further paper outwith the meeting that describes the analysis from the initial plan to support the deferment of these audits. This will then be circulated to members for further information.

Action: Chief Internal Auditor

Clarity was provided that both the Internal Controls Evaluation Report and Internal Audit Progress Report are part of the Committee's remit to be presented on a yearly basis, and assurance was provided that any issues arising during the course of the year in relation to delivery of Internal Audit activity would be escalated.

The Committee took a **"moderate" level of assurance** on delivery of key year-end and mid-year reports and took a **"limited" level of assurance** on the remaining reviews within the 2024/25 Annual Internal Audit Plan.

The Committee also **noted** the progress on the 2024/25 Annual Internal Audit Plan and **approved** the removal of the B19/25 Supplementary Staffing and B23/25 Digital & Information Strategy & Governance reviews as part of the risk assessment of the 2025/26 Internal Audit Planning.

6.2 Internal Controls Evaluation Report 2024/25

The Chief Internal Auditor presented the report and advised that once the management responses are added, adequate and appropriate actions will be put in place to address the nine recommendations within the report. An updated report with the management

responses will be circulated electronically once complete and the final report will come back to the Committee in March 2025 for formal approval.

An overview was provided on the contents of the report, and it was noted that the exceptionally challenging circumstances that NHS Fife (and other NHS Scotland Health Boards) are facing have been fully described within the report. It was also noted that the Reform, Transform & Perform programme has been referenced throughout the report, and the theme of ensuring that there is a sustained focus on safe delivery of quality care has also been included. An overview was also provided on the recommendations within the report.

The Committee took a **“moderate” level of assurance** from the report and **agreed** that the Internal Controls Evaluation Report 2023/24 be presented to each Standing Committee in January.

7. EXTERNAL AUDIT

7.1 Annual Audit Plan 2024/25

C Brown, Azets, spoke to the External Audit Annual Audit Plan, noting that it is similar to last year’s plan, due to the continuing challenging external environment. It was reported that addressing the financial position is the main risk, and that financial sustainability and financial management will be the main focus of the audit. In terms of the financial statement risks, it was advised that there is an additional risk around the provision of the band 5 nursing pay review.

It was further reported that some improvements have been identified for delivering the audit, mainly around carrying out as much work as possible prior to the year-end period, to release the time pressure for the final audit.

It was reported that the timelines set out within the paper will ensure that the Scottish Government deadline date for approval of the accounts, of 30 June 2025, will be met.

The Committee **approved** the External Audit Annual Audit Plan.

8. RISK

8.1 Corporate Risk Register

The Director of Finance & Strategy provided an update and reported that the Corporate Risk Register was considered in detail at the Standing Governance Committees in November 2024, and that the key updates are provided within the paper. In terms of the update to Risk 2 Health Inequalities, it was advised that NHS Fife was unsuccessful in its application to be selected as a pilot site for Marmot Place. However, feedback received was positive in relation to the work that is being undertaken, and NHS Fife is well advanced in taking forward the Marmot principles. It was also reported that work is underway for a potential new corporate risk for Substance Related Morbidity and Mortality, with it being expected that this risk will be presented within the January Standing Governance Committee cycle.

It was advised that the NHS Fife Board approved the revised Risk Appetite Statement at their November 2024 meeting, and that the Risk Appetite Statement may need to be reviewed in relation to the scale of the challenge we will face following Scottish Government recent budget announcement for 2025/26. It was noted that this will be discussed at the Board Development Session on 17 December 2024.

Following a query in relation to the potential inclusion of a specific mental health services corporate risk, it was advised that this potential risk has not yet been considered in full by the Executive Directors' Group, and that the view of the NHS Fife Board will be sought on how to take that potential risk forward.

The Committee 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.

8.2 Risk Management Strategic Framework

The Director of Finance & Strategy reported that a significant review of the Risk Management Strategic Framework was carried out 12 months' ago, and that the delay to finalise the revised document was due to awaiting the recent refresh of the revised Board Risk Appetite Statement. It was noted that there was an opportunity to streamline the documents that support our risk management arrangements, which resulted in all relevant information around systems and processes in relation to risk management across the organisation now being held in the Risk Management Strategic Framework.

An overview was provided on the purpose, remit and key responsibilities of the Audit & Risk Committee in relation to risk management. Discussion took place, and it was agreed that the Committee will carry out a self-assessment on a yearly basis, and include a report of that within the Committee's Annual Statement of Assurance. This will evidence that the Audit & Risk Committee is recognising and taking forward its responsibilities in this important area of governance.

The Committee **endorsed** the Risk Management Strategic Framework for formal approval at the NHS Fife Board.

8.3 NHS Fife Board's Risk Appetite Statement

The Director of Finance & Strategy provided background detail on the progress of refreshing the Board Risk Appetite Statement. It was reported that the revised statement is high-level and linked directly to the introduction of the levels of assurance on all our activity. It was noted that the statement was discussed in detail at the recent NHS Fife Board meeting in November 2024, before being approved.

It was advised that of the Board will not accept risks where the assurance level is below moderate. It was also advised that the financial position and activity around delivering a financial balance will not be met in 2024/25 without significant additional financial support/brokerage from Scottish Government. The Board has tolerated a limited level of assurance for this financial risk throughout this financial year. The importance of regular discussions on the financial risk and ensuring that the NHS Fife Board is being

assured on the position being presented, to then make decisions on the way forward, was noted.

The Committee took a “**moderate**” level of assurance from the updated Risk Appetite Statement.

9. GOVERNANCE MATTERS

9.1 Integrated Joint Board (IJB) Annual Statement of Assurance

The Chief Finance Officer (HSCP) reported that there were no issues or concerns raised around the governance statement, and that there was appropriate disclosure of relevant issues to strengthen financial governance. It was noted that, following the IJB year-end position in 2023/24, a lessons learned action plan has been developed and progress on its delivery will be reviewed at each IJB Audit & Assurance Committee meeting.

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

9.2 Integrated Joint Board Lessons Learned Report on Year-End 2023/24

The Chief Finance Officer (HSCP) advised that the IJB Lessons Learned Report was commissioned by the IJB Finance, Performance & Scrutiny Committee in response to an increase in the financial shortfall within the last quarter of 2023/24. It was reported that a review, including a root cause analysis, was undertaken, alongside independent scrutiny, to provide an understanding of where there was significant movement between the financial projection and the actual expenditure incurred at year-end. It was advised that the review identified a number of improvement actions that will further strengthen the controls that are already in place.

An explanation was provided on the complex reporting structure, particularly around up-to-date data on financial performance. Assurance was provided that there is regular reporting to the IJB Finance, Performance & Scrutiny Committee and the IJB full Board, and that the frequency of meetings between the Directors of Finance, from both the IJB and NHS Fife, has been increased to consider the in-year position as it develops.

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

9.3 Audit Scotland report: NHS in Scotland 2024 – Finance & Performance

The Director of Finance & Strategy presented the report, and highlighted the recommendations section, which set out that Boards should be setting a balanced financial position in the next three years, identifying realistic recurring savings and reducing the reliance on non-recurring savings by considering fundamental changes to how services are offered. It was noted further discussion will take place at the Board Development Session on 17 December 2024. An overview was provided on topics for discussion at the Board Development Session, including a focus on understanding the core budget and driving forward value for the population of Fife, and the need for transformational change. It was advised that clear impact statements will be prepared as part of the transformational plans going forward.

The Committee **noted** the conclusions of the Audit Scotland report.

9.4 Losses & Special Payments Quarter 2

The Head of Financial Services & Procurement reported that losses and special payments had increased to £211,781 in quarter 2 in comparison to quarter 1 (£196,509) 2024/25. It was advised that there had been no significant findings or concerns raised in relation to those losses and special payments recorded in the quarter. It was noted that ex-gratia compensation payments are likely to increase in the remainder of the financial year.

Assurance was provided that the clinical learnings from legal claims are now being reported into the Organisational Learning Group, who report to the Clinical Governance Committee.

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

9.5 Waiver of Competitive Tenders Quarter 2

The Head of Financial Services & Procurement highlighted that during quarter 2, there was one waiver of competitive tender for the CRIS Radiology Information System annual support and maintenance, at a value of £96k, which has been approved in line with NHS Fife’s Standing Financial Instructions.

The Committee took a “**significant**” level of assurance that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

9.6 Review of Draft Annual Workplan 2025/26

The Committee **approved** the proposed draft workplan for 2025/26.

8. FOR ASSURANCE

8.1 Audit Scotland Technical Bulletin 2024/3

The Head of Financial Services & Procurement highlighted the fraud and irregularities at section 7 within the bulletin, noting that it provides a summary of an identified fraud within a public sector body due to a weakness in internal controls. Assurance was provided that an assessment against our own internal control process was carried out, and that there is a limited ability for this particular fraud to occur within NHS Fife.

The Committee took a “**significant**” level of assurance from the Audit Scotland Technical Bulletin for 2024/3.

8.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that two internal audit items have been deferred to the next meeting.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to the Board the removal of the two proposed internal audit reviews detailed in Item 6.1, via the Chair's Assurance Report.

10. 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.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 13 March 2025 from 2pm - 4pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 17 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Gemma Couser, Associate Director of Quality & Clinical Governance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
Lynne Garvey, Director of Health & Social Care
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Planning Transformation
Barry Hudson, Regional Audit Manager (*item 7.4 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Miriam Watts, General Manager, Surgical Directorate
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 Chair congratulated Ben Hannan in his newly appointed role as Director of Planning & Transformation.

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

1. Apologies for Absence

Apologies were received from routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Claire Dobson (Director of Acute Services), Helen Hellewell (Deputy Medical Director, Health & Social Care Partnership), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division), Neil McCormick (Director of Property & Asset Management),

Margo McGurk (Director of Finance & Strategy) and Nicola Robertson (Director of Nursing, Corporate).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 1 November 2024

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

4. Chair's Assurance Report Presented to Fife NHS Board on 26 November 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.

It was confirmed that an update on the East Region Neonatal Service will be presented at the March 2025 Committee meeting.

5.1 Drug Death Cluster Reviews Briefing Update

The Medical Director reported that the briefing provides an update on how Addiction Services is managed and their approach across the whole system and into other sectors. It was noted that a detailed paper was presented at the Public Health & Wellbeing Committee at their meeting on 13 January 2025, which provided a significant amount of detail in relation to the preventative work that is being undertaken within the wider system.

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

5.2 Orthopaedic Hip Fracture Audit Briefing Update

The Medical Director reported that the briefing provided addresses queries raised at the previous Committee meeting and describes the improvement work required. It was advised that further detail will come forward to the Committee in due course in relation to the required improvements relating to the internal audit actions.

Discussion took place, and it was advised that there are a multitude of reasons that come under the 'other delay' mortality theme, and that the forthcoming paper will include further detail around those themes.

An explanation was provided on the difference between elective orthopaedic activity and trauma activity, with it being advised that that they are two separate workstreams of patients and resource.

The bone health preventative aspect to fractures was highlighted in addition to the importance of clear messaging and the educational elements. It was agreed to consider how fragility fracture prevention is incorporated into the context of the wider population outwith the meeting.

It was advised that a further update and action plan will be presented to the Committee at the March 2025 meeting.

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

6. ACTIVE OR EMERGING ISSUES

6.1 Safe Delivery of Care Health Improvement Scotland Inspection

The Director of Nursing provided a verbal update and advised that a follow-up inspection took place in November 2024, and that Health Improvement Scotland have since provided positive verbal feedback. It was advised that actions to be addressed are mainly around workforce, and that further detail will be provided to the Committee in March 2025, once the formal written feedback is received.

The Committee took a **“moderate” level of assurance** from the update, noting that the formal report will be presented to the Committee in March 2025.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Oversight Group Assurance Summary from 10 December 2024 Meeting

The Associate Director of Quality & Clinical Governance reported that the summary provides a broad spectrum on discussions at the meeting. The key areas were highlighted.

It was reported that the new adverse events process was implemented on 6 January 2025 and is aligned to the national Health Improvement Scotland framework, whereby the trigger list is aligned to the level of harm, rather than the type of harm, that has occurred. It was advised that a complex care review process has been put in place with a focus on clustered learning and thematic learning. It was explained that changes to the review process have been documented through the Clinical Governance Oversight Group, including an audit trail on decisions made prior to the new process, and that the changes will be clearly defined within the policy. It was explained that unexpected death events are predominately investigated through the cardiac arrest process; however, a focus will be on the events leading to the outcome.

It was advised that the quarter 2 deteriorating patients report is showing positive improvements, and that the majority of actions identified through the cardiac overview process from the previous quarter have been implemented.

In relation to the recommendations contained within the national audiology review, it was advised that excellent progress has been made in relation to implementing those recommendation, particularly for staff training and peer support within the newborn and screening service. Challenges in relation to performing audiology tests were highlighted. It was noted that overview of the action plan and recommendations sits within the Acute Service Division, and that a discussion is required on the frequency of reporting to enable continued assurance monitoring for delivery of the improvement plan.

Assurance was provided there is no risk to the phasing of the new risk management system.

Following a request, it was advised that the closed loop system insulin therapy paper will be presented to the Committee meeting, once completed.

Action: Medical Director

It was reported that a meeting has been arranged to discuss the timeline and oversight for the Stroke Standards action plan.

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

7.2 Mental Health Oversight Group (MHOG) Assurance Summary from 22 November 2024 Meeting

The Director of Health & Social Care highlighted the key points from the assurance summary and advised that, at the time of the meeting, Child & Adolescent Mental Health Services had met their referral to treatment target. It was also advised that robust discussion took place on adult services, the high level of surge, and consequences of additionality of bank staff, and that assurance was provided from a quality & care perspective.

It was reported that a deep dive from mental health services was provided in relation to those who are on longer stays within mental health wards. Addiction Services also provided an update at the meeting, highlighting they had been held up as gold standard for their MAT performance.

It was reported that the next MHOG meeting will focus on a more detailed plan in terms of the actions being taken in relation to the estates work, and that this detail will be presented to the March 2025 Committee meeting.

The new format flash report from each of the services presenting to the MHOG had been welcomed, and it was agreed a deeper dive will be presented on the Mental Welfare Commission visits and progress in relation to improvement plans.

It was further reported that the MHOG had acknowledged progress on the Mental Health Strategy.

A focus for the next MHOG meeting will be on the mental health redesign paper, risk register and estates-related work.

The Medical Director noted that the work of the MHOG will take time to embed into the Committee’s workplan, and that the assurance reports provided to the Committee will evolve over time.

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

7.3 Corporate Risks Aligned to Clinical Governance Committee

The Associate Director for Risk & Professional Standards provided an overview on the updates to the corporate risks since the last meeting, and reported that the Board’s risk appetite statement was approved in November 2024. The corporate risks have

since been updated using the new risk appetite and an overview was provided on the updates to the four corporate risks aligned to the Committee using the new risk appetite.

The Medical Director provided an update on the suggested new risk, that *patients could come to hospital-acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of specialist workforce and whole system pressures*. It was advised that once the risk levels are determined, the risk mitigation will then be applied. Discussion took place on the wording of the risk descriptor, and it was suggested to change the wording of 'specialist workforce' to 'workforce, in relation to linking to hospital acquired infection, falls and pressure ulcers. It was noted that the risk will capture other harms outwith those provided as examples.

It was advised that the descriptor for performance risks has been reframed, to ensure that there is a focus on the lens of patient safety and outcome. An overview was provided on the updates. It was highlighted that the wording for both Risk 7 & Risk 8 is different in relation to patient outcomes being 'may be' or 'will be impacted'. It was agreed to ensure that the language for all risks states 'may be' as opposed to 'will be'. It was further highlighted that it is difficult for the Committee to scrutinise the cyber and IT elements of the risks, as there is currently no risk mitigation. Suggestion was also made to review the presentation of the information.

It was agreed to present the revised risk descriptors at the January 2025 NHS Fife Board meeting. It was also agreed to present the new risk to the Committee in March 2025, via a deep dive, and then submit to NHS Fife Board for their March 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.

7.4 Internal Controls Evaluation Report 2024/25

The Regional Audit Manager joined the meeting and highlighted the key points from the report in relation to clinical governance, which were all noted as positive. It was advised that there are recommendations in relation to enhancing the process of the delivery plan for the Clinical Governance Strategy Framework.

A further recommendation was reported in relation to reviewing workplans from both the Clinical Governance Committee and Clinical Governance Oversight Group to ensure there is no duplication of reporting, and to ensure that priorities are clear with focussed workplans and agendas. The Board Secretary reported that a review of the Committee's Terms of Reference has commenced, and that a discussion with the Committee Chairs and Executive Leads took place the previous week and included discussion around addressing the duplication issue. It was noted that action on this matter will be taken forward through the usual end-of-year committee review and audit follow-up process.

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

7.5 Proposed Annual Workplan 2025/26

The Associate Director of Quality & Clinical Governance presented the proposed workplan and the anticipated reporting arrangements for year ahead.

It was agreed to add winter preparedness and the Mental Health Oversight Group Assurance Report to the workplan.

Action: Board Committee Support Officer

The Committee took as **“moderate” level of assurance** and **approved** the proposed workplan for 2025/26.

7.6 Delivery of Annual Workplan 2024/25

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

8. STRATEGY / PLANNING

8.1 Single Point of Contact for Cancer Patients

The Medical Director highlighted the key points from the paper and advised that the hub was set up following specific Scottish Government funding for developing and expanding cancer services and how they are delivered. An overview was provided on the areas that have merged to form the single point of contact unit.

It was reported that there are currently no measures for quantifying a case for funding, and that NHS Fife is required to demonstrate the effectiveness of funding, with an expectation that funding will be supported to secure the service going forward. It was reported that next steps are to carry out an evaluation for 2024, and to continue evaluating to demonstrate that funding is being well spent.

The importance of interpersonal relationships and how digital interacts within the service, to ensure patient safety and outcomes, was highlighted.

The Committee thanked Kathy Nicoll, Cancer Transformation Manager, and her team for all their hard work.

The Committee took a **“significant” level of assurance** from the report, noting that a further evaluation report will be provided to the Committee in due course.

8.2 Fife Winter Preparedness Plan 2024/25

The Director of Health & Social Care advised that the plan presents the joint NHS Fife and Health & Social Care Partnership Winter Preparedness Plan, and that it has been structured around the four priorities set out by the Scottish Government. It was advised that the plan supports quality & care, despite significant service pressures due to demand.

The key areas from each priority were outlined, and it was highlighted that, for priority one, 2C General Practices now have a business continuity plan. There is also a commitment for urgent care and protected learning time for General Practitioners to prepare for the winter months. In terms of priority two, it was reported that there has been very good collaboration between the respiratory care team and supporting

patients living in the community, with it being noted that the rapid triage unit has been instrumental. It was reported that in relation to priority three, surge capacity throughout the winter months has had a detrimental impact on financial performance. An overview was provided on the workforce aspect in terms of the mobilisation hub in relation to priority four.

Following discussion, it was advised that a winter planning session and debrief have been combined to engage teams proactively, and that planning, and lessons learned are taken forward on a bi-annual basis. It was also advised that progress on the action plan is reviewed on a regular basis. It was noted that the plan is not required to go to the NHS Fife Board, and that there is no longer a requirement for the report to be submitted to the Scottish Government.

The Committee acknowledged and recognised the extent to which the teams work collaboratively across the whole system in Fife.

The Committee took a **“moderate” level of assurance** from the Fife Winter Preparedness Plan for 2024/25.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Medical Director provided an update on the significant adverse event reviews and advised that a focus is on delivery of a high quality report, improving timescales and learnings. It was noted that there are a series of actions in place to narrow the timescale gap, which is important due to the impact on people and staff, and that this will be monitored through the Organisational Learning Group.

Extensive discussion took place around taking assurance on the processes and major system issues for significant adverse event reviews, and organisational learning. It was advised that there are various information sources that contribute to assurances on these aspects, including the Internal Control Evaluation Report, which is produced by Internal Audit, in their role for auditing systems, processes and controls. Members acknowledged the large amount of work that has been undertaken in this area.

In terms of HSMR, it was advised that the report summarises the effectiveness of quality work undertaken.

It was reported that the stroke care bundle has been added to the report, and that the Medical Director is the responsible officer for this area. It was advised that the annual stroke review was carried out with the national team on 16 January 2025, and that they acknowledge that our performance is recognised as positive. Discussion followed, and it was reported that creating a Hyper Acute Stroke Unit will form part of the developments of stroke service, and that further detail will be provided going forward, including door to needle time to thrombolysis.

It was reported that mental health quality indicators are currently a work in progress, and that control limits have been put in place with targets set for each of those areas, and improvement actions and working groups around each of those spaces. It was noted that the Mental Health Oversight Group will challenge improvements, and report back into the Committee.

The Director of Nursing highlighted that the falls position is slightly above the trajectory, however, remains within the control limits. An overview was provided on the improvement actions, and it was noted that positive progress is being made. It was also noted that there is good collaboration across the nursing and allied health professional teams. It was advised that there was excellent attendance and engagement at the recent Fife-wide Link Practitioner Group meeting.

A slight improvement in the reporting period for pressure ulcers was advised. It was also advised that training is being carried out within clinical areas, as the highest number of pressure ulcers occur within Acute Services. An update will be provided at the next Committee meeting on the quality of care review that is ongoing.

An overview was also provided on performance for healthcare associated infections, as detailed within the report.

The Committee took a **“moderate” level of assurance** and **endorsed** the Clinical Governance aspects of the report.

9.2 Healthcare Associated Infection Report

The Director of Nursing highlighted appendix 2, which is the report and action plan in response to community-associated *Clostridioides difficile* infection (CDI) exception. It was advised that an action plan was developed and included actions in relation to working with General Practitioners and Pharmacists on lab process, and data validation. It was advised that the target is now being met for these infections, and that work will continue in this area, including validation.

Further information on the Antimicrobial Resistance and Healthcare Associated Infection Exception Report and Action Plan will be presented at the next Committee meeting in March 2025.

It was reported that work is ongoing in terms of rolling out a digital recording method for hand hygiene.

The Director of Nursing highlighted the key points from the report, as detailed within the Executive Summary of the paper.

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

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Story

The Director of Nursing presented a patient story on the autism assessment pathway, and members commented positively on the service.

10.2 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and advised that a large amount of work has been carried out to improve the stage one complaints position, with a focus on timely resolution to improve patient satisfaction. It was also advised that work

continues on stage two complaints, and that the Datix team are exploring automating particular elements.

It was advised that the two published decision reports from the Scottish Public Services Ombudsman (SPSO) will be presented at the next Committee meeting.

It was confirmed that if a patient is not satisfied after receiving a response to a stage 2 complaint, the next step would be for them to refer the complaint to the SPSO. It was noted that the SPSO recognise when a good response has been provided and that they provide that feedback on the thoroughness of complaint responses to NHS Fife.

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

11. ANNUAL REPORTS / OTHER REPORTS

11.1 Research, Innovation and Knowledge Strategy 2022-2025

The Medical Director reported positively on delivery of the strategy and the journey to become a research-focused Health Board. It was advised that NHS Fife recruits the highest number of patients for national trials, and that there is a large focus to maximise clinical trials within the organisation.

Discussion followed and it was advised that further detail on commercial funding, barriers to funding and limitations as a research facility, will be provided at a future Board Development Session, and suggestion was made to invite the team to present. It was also advised that a large part of manufacturing new medical products is around the governance, volume and resource required, and that a specialist license is also required.

The Research, Innovation & Knowledge team, and particularly the leadership from Professor Frances Quirk, was acknowledged and they were thanked for all their hard work.

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

11.2 Research, Innovation and Knowledge Annual Report 2023/24

The Medical Director provided an overview on the contents of the report, which highlights the positive work carried out by the Research, Innovation & Knowledge team throughout 2023/24.

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 5 December 2024 (unconfirmed)

11.2 Area Radiation Protection Committee held on 7 November 2024 (unconfirmed)

- 11.3 Clinical Governance Oversight Group held on 22 October 2024 (confirmed) & 10 December 2024 (unconfirmed)
- 11.4 Fife Area Drugs & Therapeutic Committee held on 23 October 2024 (unconfirmed)
- 11.5 Health & Safety Subcommittee held on 6 December 2024 (unconfirmed)
- 11.6 Medical Devices Group held on 11 December 2024 (unconfirmed)
- 11.7 Research, Innovation & Knowledge Oversight Group held on 14 November 2024 (unconfirmed)
- 11.8 Resilience Forum held on 18 September 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

It was agreed to escalate the positive impact contained within the Research, Innovation and Knowledge Annual Report 2023/24 to the NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JANUARY 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 7 March 2025 from 10am – 1pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Sinead Braiden, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
John Kemp, Non-Executive Director
Aileen Lawrie, Area Clinical Forum Representative (*Joined 10:45am*)
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

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
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management
Maxine Michie, Deputy Director of Finance
Belinda Morgan, Emergency Care General Manager
Kerrie Donald, Executive Assistant (*minutes*)
Jocelyn Lyall, Chief Internal Auditor (*Item 6.2*)
Ben Johnston, Head of Capital Planning and Project Director (*Item 7.1*)

1. Apologies for Absence

Apologies were noted from member Mary Lockhart (Non-Executive Director) and attendee Claire Dobson (Director of Acute Services).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of Previous Meeting held on 12 November 2024

The minute from the previous meeting was **agreed** as an accurate record.

4. Chair's Assurance Report Presented to NHS Fife Board on 26 November 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.

Following a query from the Chair, the Director of Property and Asset Management confirmed actions relating to the bed modelling model have been completed, and work is currently underway with Directors to review scenarios, to ensure the impact of bed modelling will be visible within 2025/26.

The action plan will be updated accordingly.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance and Resources Committee

The Director of Finance and Strategy presented the corporate risk paper, noting the level of financial risk remains high due to the combination of high pressures on services, demand and capacity. The target level has been increased given the certain position that it will be difficult for NHS Fife to meet or improve on the forecast deficit of £30m, as projected in the original financial plan. The Director of Finance and Strategy advised that, in response to a letter to Caroline Lamb from NHS Fife Chief Executive Carol Potter, NHS Fife have been permitted brokerage up to £37m for this financial year.

The Medical Director highlighted that the wording of clinical risks within the paper have also been updated to align operational performance issues and the clinical risks these create.

Following a query from the Chair regarding the wording of the whole system capacity risk, it was agreed the wording should remain, as the risk currently sits within the Victoria Hospital site specifically.

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 Internal Control Evaluation (ICE) Report 2024/25

The Chief Internal Auditor joined the meeting and provided an in-depth review of the ICE report, noting the recommendations made within the report highlight the extreme circumstances NHS boards are facing.

Following discussion regarding integration across IJB and NHS Fife, the Chief Executive highlighted there is commitment to ensure close alignment across the Health and Social Care system within Fife.

Following a query from the Chair, the Chief Internal Auditor highlighted all Boards are experiencing similar challenging positions, however NHS Fife have a robust strategy in place with transparent financial and performance reporting, which provides effective assurance in governance terms going forward.

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

6.3 Proposed Annual Workplan 2025/26

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan. The Chief Executive highlighted that, due to realignment across different Directors' portfolios and changes to job titles, the proposed workplan will be revised and presented at the next Committee.

Action: Head of Corporate Governance & Board Secretary

6.4 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Business Continuity and Essential Investment Infrastructure Plan

The Director of Property and Asset Management introduced the plan, noting it outlines the business continuity element of the whole system infrastructure plan. The Head of Capital Planning and Project Director provided an in-depth review of the plan, highlighting it has been supported by the Finance and Capital Investment Group, as well as the Executive Directors' Group.

Following a query from A. Grant, Non-Executive Director, the Head of Capital Planning and Project Director advised that NHS Fife will continue to work with Scottish Government to secure any additional capital formula over and above what has already been identified. The Director of Property and Asset Management noted that the next step within the infrastructure plan is to complete work required imminently, such as replacement of windows within phase 2 of Vitoria Hospital.

The Director of Property and Asset Management noted the Business Continuity and Essential Investment Infrastructure Plan has been a whole system team effort, and thanked Rose Robertson and Lynne Garvey for their significant efforts regarding medical equipment and primary care.

Following a query from the Chair, the Director of Property and Asset Management noted the team continue to reduce all risks within NHS Fife.

The Committee **endorsed** the plan for onward submission to the NHS Fife Board and Scottish Government.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Emergency Care General Manager provided an update on emergency access and delayed discharge, noting the 4 hour access performance has stabilised and is above the Scottish average, despite showing a slight decline from the previous month. It was

further highlighted the team have maintained their scheduled clinical position, with very few clinical appointments being cancelled.

The Director of Health and Social Care provided an in-depth review of Health and Social Care Partnership performance, highlighting an improvement in bed days lost due to standard delay.

Following a query from the Chair, the Emergency Care General Manager confirmed that whilst Urology delays are an issue nationally, work to reduce the delay figures are ongoing regionally. It was further noted the results from the evaluation of the nurse led model at Stirling University have not yet been received.

Following a query from J. Kemp, Non-Executive Director, regarding the potential purchase of additional mobile scanners, the Emergency Care General Manager confirmed that where additional funding is identified from Scottish Government, could help to reduce waiting lists accordingly.

The Committee took a **moderate level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Financial Performance Report

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the finance team continue to work alongside colleagues to review every opportunity to reduce the financial gap. It was also advised that NHS Fife is on track to deliver £25m in savings this financial year, with £15m being on a recurring basis.

The Chair praised the report from the Director of Finance and Strategy, noting the paper illustrates the robust governance, transparency and clarity of the financial position for Committees.

Following discussion, the Director of Finance and Strategy noted that NHS Fife are working very closely with Fife Council to review the IJB financial position, along with other services within NHS Fife, to ensure the best financial position is achievable

Following a query from J. Kemp, Non-Executive Director, regarding SLA uplifts, the Director of Finance and Strategy confirmed that the recently announced pay uplift for 2025/26 will partly cover the inflationary uplift on SLAs. The Chief Executive noted discussions on how NHS Fife collaborates, and brings in activity to NHS Fife from other neighbouring Boards, will begin to take place to ensure patient care and patient outcomes take priority within the conversation.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Reform, Transform, Perform (RTP) Performance Update

The Director of Reform and Transformation provided an overview of the report, noting that while a number of schemes have moved to a 'significant' level of assurance, the overall level of assurance remains at 'moderate'.

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 18 December 2024 (unconfirmed)
- 9.2** Procurement Governance Board held on 30 October 2024 (unconfirmed)
- 9.3** Primary Medical Services Subcommittee held on 3 December 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

There were no issues to escalate to the Board.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 28 JANUARY 2025

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 11 March 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 13 JANUARY 2025 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
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (*items 6.1 & 6.2.1 only*)
Gabe Docherty, Consultant in Public Health (*items 6.1 & 6.2.1 only*)
Susan Fraser, Associate Director of Planning & Performance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Jocelyn Lyall, Chief Internal Auditor (*item 6.3 only*)
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Michele McClung, NHS Forth Valley (*observing*)
Shirley-Anne Savage, Associate Director for Risk & Professional Standards (*item 6.2 only*)
Jillian Torrens, Head of Complex & Critical Care (*deputising for Lynne Garvey*)
Jo-Anne Valentine, Public Health Manager (*item 7.2 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 Michele McClung from NHS Forth Valley, 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 Alistair Morris (Non-Executive Member) and attendees Lynne Garvey (Director of Health & Social Care) and Ben Hannan (Director of Planning & Transformation).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 11 November 2024

It was agreed to add to the minute, under section 8.1, that members raised concern around performance for breast and bowel screening, and for Child & Adolescent Mental Health Therapies and Psychological Therapies.

A typo in section 7.2 was highlighted and the minute will be updated accordingly.

The minute from the previous meeting was then **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 26 November 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 Psychological Therapies Improvement Plan

The Head of Complex & Critical Care provided an overview on the performance statistics, as detailed within the paper, and advised that there have been challenges in meeting the targets. It was reported that enhanced support from the Scottish Government's Mental Health Directorate has been provided in relation to improving performance, through monthly meetings, design re-modelling, and the use of various national tools, which will be beneficial now that the service is moving to the online TrakCare to record service activity.

Members commented on the challenges of identifying sustained improvement within the plan. It was reported that the main challenge is in relation to recruitment, and the impact of vacancies on workload. It was advised that actions within the improvement plan can be more specific and include the percentage performance increase expected.

Discussion took place on speciality roles within the service, and it was reported that a skills matrix is being monitored closely, particularly for specialist roles and vacancies. It was advised that any gaps in workforce have a significant impact on workloads within the service.

It was advised that balancing the financial risk will be challenging for redesign of the service and future plans.

Discussion took place on the level of assurance provided within the paper, and the Committee agreed to take a "**limited**" level of assurance from the update, noting that plans for redesign are under consideration and will be progressed through the Mental Health Oversight Group. An update on the redesign programme, will come back to the Committee later in the year.

6. GOVERNANCE MATTERS

6.1 Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT Standards

E Butters, Fife Alcohol and Drug Partnership Service Manager, was welcomed to the meeting. It was reported that the Fife Alcohol and Drug Partnership Strategy 2024-27 aims to address and respond to the prevalence of harm and premature mortality caused by substance misuse. An overview was provided on the key themes and projects within the strategy, and it was noted that the service is making good progress in relation to compliance with the MAT Standards.

Discussion followed, and the service's position regarding local vs national residential rehab was queried. It was advised that establishing local residential rehab within Fife has been explored, including a submission to Scottish Government, however, this was not supported. It was reported that feedback on the current existing service of care is positive, and that recommendations from Health Improvement Scotland are being addressed through a subgroup of the Fife Alcohol & Drugs Partnership Group.

It was noted that the delay in home naloxone kits was due to a national shortage, and that the service was equipped to deal with the situation using alternatives.

The progress and challenges in relation to compliance of all the MAT Standards was highlighted. It was advised that more people will be treated, however it was advised that there are limitations on what the service can provide, due to the impact on other service areas, such as housing. It was noted that there is a pattern of higher risk of mortality in the most deprived areas and this is seen across Scotland. NHS Fife recognises the importance of the contribution that they organisation can make and is working towards addressing health inequalities in their role as an Anchor Institution.

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

The Committee also **endorsed** the Alcohol and Drug Partnership summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report, for approval at the Integrated Joint Board.

6.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health noted that an update on the corporate risks aligned to the Committee are provided within the paper and comments are highlighted within the appendix. A slight reduction in the risk level for health inequalities was reported, and further detail is provided under item 6.2.2.

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.

6.2.1 Proposed Substance Related Morbidity and Mortality Risk

G Docherty, Consultant in Public Health, provided background detail to the development of the proposed risk. An overview was provided on the risk descriptor

and recommended management actions, and it was noted that the work carried out to date on this first stage has made initial progress, and that further work is required to complete the assessment of broader management actions in this area.

Comments from members followed, and in terms of risk mitigation, it was agreed to revisit the impact and consequence elements of the risk, to ensure that the upstream public health elements are captured, and to also add an additional mitigation action around the primary prevention element.

Action: Director of Public Health/Director of Health and Social Care Partnership

The Director of Public Health thanked the team for all their hard work in developing the risk. It was agreed to revisit the risk in January 2026, and to add to the Committee's workplan.

Action: Director of Public Health/Board Committee Support Officer

Subject to an update to the risk mitigation elements, as described above, the Committee **accepted** the substance related morbidity and mortality risk statement onto the corporate risk register.

6.2.2 Update on Health & Inequalities Risk

The Director of Public Health advised that the paper provides an overview of the policies and actions, and that it highlights the important role of the NHS Board in terms of addressing health inequalities. A small reduction in the health inequalities risk level was advised, following discussion at the Public Health Assurance Committee. This assessment recognised the completion of the Prevention & Early Intervention Strategy as one of the key supporting Strategies for the Population Health and Wellbeing strategy alongside development of wider frameworks and plans which have now been finalised. The new risk around substance related morbidity and mortality was highlighted as a contributor to address health inequalities, as discussed earlier during the meeting.

Discussion took place around external factors that can affect the risk level for health inequalities and that are outwith the Board's control. The importance of ensuring that NHS Fife is accountable for its areas of influence was noted, and suggestion was made to implement a rating against each of the risk mitigations to monitor progress.

The Director of Public Health agreed to take forward an action around the articulation of the risk appetite for the health & inequalities risk and consider adding a rating to the risk mitigation element of each of the corporate risks aligned to the Committee.

Action: Director of Public Health/Associate Director of Risk and Professional Standards

A brief update was also provided on progress of the NHS Fife Anti-Racism Plan, by the Director of Nursing, and it was advised a paper will come to the next Committee meeting in March 2025.

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

6.3 Internal Controls Evaluation Report 2024/25

The Chief Internal Auditor was welcomed to the meeting to present the report. An overview was provided on the contents, and it was advised that Reform, Transform, Perform programme of activity is a focus throughout the report. It was stated that the report is relatively positive with a real focus on improvement, strong leadership, maintaining robust controls and recognising the challenges and the need to sustain transformation on a whole system basis across Fife.

It was advised that the work of the Committee has been positive, through achievement of the workplan and the Population Health & Wellbeing Strategy. It was noted that the mid-year report for the strategy did not include any metrics, due to national metrics being published on an annual basis. It was further noted that a Population Health & Wellbeing Strategy audit will be carried out and will include the governance arrangements for population health & wellbeing and implementation of the strategy.

It was reported that the majority of actions are complete or are on track for completion. Some slippage on the risk management actions was reported, and it was noted that there has been progress in terms of the review of risks and progression of the risk appetite. It was advised that there are nine recommendations within the report.

Following questions, an explanation was provided on assessing the effectiveness of our internal controls and it was advised that a risk based internal audit is carried out for internal controls relating to risk. The Chief Internal Auditor agreed to clarify the recommendation relating to the public health & wellbeing strategy risk and health inequalities risk.

Action: Chief Internal Auditor

The Chief Internal Auditor confirmed that the management response to the mental health risk recommendation was accepted.

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

6.4 Proposed Annual Workplan 2025/26

The Director of Public Health presented the proposed workplan and the anticipated reporting arrangements for year ahead.

The Director of Property & Asset Management agreed to consider the two items relating to sustainability, and how best to bring those forward to Committee ideally as a joint agenda item.

It was noted that screening national uptake and Key Performance Indicators are only available on an annual basis.

It was highlighted that there are changes to the Lead Directors for specific items, due to changes in roles and portfolios.

The Board Committee Support Officer will update the workplan accordingly.

The Committee took a “**significant**” level of **assurance**, and **approved** the proposed workplan for 2025/26, subject to the changes noted.

6.5 Delivery of Annual Workplan 2024/25

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

7. STRATEGY / PLANNING

7.1 Post Diagnostic Support for Dementia

The Head of Complex & Critical Care presented the paper, noting that the National Dementia Strategy is in its fourth iteration, and that the concept of post diagnostic support was developed from an earlier version of the strategy, with the aim of supporting individuals, their families and communities to manage dementia and improve quality of life. It was reported that a large amount of work is being carried out in this area, with early intervention as the main focus.

An overview was provided on the two models: Eight Pillar Model, which is agreed nationally, and Five Pillar Model, which is carried out in-house. It was noted that there are challenges in delivering the Eight Pillar Model, due to the limited number of staff within the Mental Health Team. It was advised that the Alzheimer Scotland model is evidence-based and has been commissioned, and that opportunities to deliver aspects of that model is being explored.

In terms of existing waits within the system, it was advised that increasing the number of professionals who can diagnose dementia is required. It was also advised that oversight of data management is improving in terms of activity in relation to post diagnostic support.

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

7.2 Key Areas of Focus for the Director of Public Health Annual Report 2023/24

J Valentine, Public Health Manager, was welcomed to the meeting. The Director of Public Health advised that the Director of Public Health Annual Report 2023/24 is expected to be published in March 2025, at approximately the same time as the publication of the 10-year Population Health Framework, which is a national government policy document.

It was noted that the focus of the report will be on healthy diet and physical activity, and the actions required for Fife. Publications from Obesity Action Scotland and Public Health Scotland have been used to inform the report and the actions which will make the most significant difference for people in Fife. It was advised that actions, where significant change has been made, will be highlighted.

It was noted that the report will highlight a wide range of partnership working, projects and initiatives.

An overview was provided on the three central recommendations which will also be highlighted by the report.

A comment was made in relation to the link between the planning element and what is carried out within the healthcare setting, which can be complicated. Suggestion was

made to include an option to put in specific recommendations to other sector documents, with it noted that consideration should be given to ensure that there is no overlap with existing strategies or frameworks.

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

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health provided an overview on the public health elements of the IPQR. It was advised that there was a slight reduction in the uptake of 6-in-1 childhood immunisation, and that the position for MMR2 immunisation has not moved, despite a large amount of work around quality improvement. It was noted that there is a transition to locality ways of working, and it is anticipated that the position will improve as that becomes embedded.

It was reported that all those eligible have been offered the Covid vaccination, in line with national expectations. It was advised that the uptake for the Influenza vaccination is a similar position compared nationally.

An update was provided on the smoking cessation service, and it was reported colleagues within the service attended a national meeting on 7 January 2025, and that confirmation was provided that the NHS Stop Smoking Policy and the NHS Smoke Free Grounds Policy have now been listed for the Once for Scotland policies, which is expected to be completed later in 2025. In terms of performance, it was advised that there is a delay in reporting statistics, which is affecting the target trajectory. It was noted that there is one vacancy within the team, with recruitment underway. Following a question regarding child developmental concerns within the IPQR, it was advised that developmental concerns are around improvement targets, as opposed to performance targets.

It was reported that local targets that are part of the IPQR are reviewed on an annual basis, unless a specific request is made to review earlier.

The Committee took a **“moderate” level of assurance** from the report and **“endorsed”** the Public Health & Wellbeing section of the IPQR.

8.2 Dental Services & Oral Health Improvement

The Director of Public Health advised that the paper and report highlight the ongoing challenges around dental services and ongoing work to improve child oral health. It was noted that there are formal mechanisms through the Board governance structure into the Scottish Government to highlight concerns around the workforce capacity and access issues for dental services in Fife.

It was advised that a key priority within the report is ensuring prevention work and the importance of oral health improvement programmes and self-care. It was noted that NHS Fife does not have a legislative duty to ensure that every member of the public has an NHS dentist.

Clarity was provided that the assurance level provided is around the NHS Fife aspects of service delivery, and the committee noted that these areas of responsibility were clearly set out within the report. The report has been scrutinised through the Integrated Joint Board (IJB) Quality & Communities Committee and will also be presented to the (H&SCP) Primary Care Committee.

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

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Annual Climate Emergency and Sustainability Report 2023/24

The Director of Property & Asset Management advised that the report provides the data around our usage on carbon dioxide, or equivalent. An explanation was provided on the nitrous oxide performance position, and it was advised that NHS Fife is now using less nitrous oxide, which is positive. It was noted that the performance in this area will be an improved position in 2025/26.

It was reported that there was an overspend of £1.9m on electricity, and it was explained that there was a spike in the usage of electricity relating to the carbon dioxide emissions within our buildings and infrastructure. It noted that the position is now more positive due to being able to identify where the issues lie. It was further reported that we are on track to meet our 2025 targets, and that a large amount of investment is required to be able to meet the 2030 target. Work is ongoing with the private sector to explore investment opportunities for renewable technologies.

An overview was provided on the work being undertaken in relation to horizon scanning.

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

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Equality and Human Rights Strategy Group held on 7 November 2024 (confirmed)

10.2 Public Health Assurance Committee held on 23 October 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

There were no matters 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 30 JANUARY 2025

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 3 March 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 7 JANUARY 2025 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
Carol Potter, Chief Executive
Lynne Parsons, Employee Director

In attendance:

Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Patricia Kilpatrick, NHS Fife Chair
Jackie Millen, Learning & Development Manager (*for Item 9.2 only*)
Brian McKenna, Workforce Planning Lead (*for item 7.2 only*)
Margo McGurk, Director of Finance & Strategy
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
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 Committee noted that the tenure of Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion, had come to an end as of 31 December 2024. The Chair acknowledged K MacDonald's contribution to the Committee and expressed thanks for all her efforts, particularly in relation to the Board's Whistleblowing compliance and promotion. It was advised that whilst the role of Whistleblowing Champion is being recruited to, Anne Haston, Non-Executive Member, has been appointed to the Staff Governance Committee as a member on an interim basis and would be in attendance at the next meeting.

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 Anne Haston, Non-Executive Member and Andrew Verrechia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 5 November 2024

The minutes of the meeting held on 5 November 2024 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 26 November 2024

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 26 November 2024.

5. Matters Arising / Action List

In relation to Item 2 on the Action List, the Director of Health & Social Care referred to the papers that had been shared with the Committee in advance of the meeting and provided an overview of the mechanisms in place for managing and monitoring Health & Safety within the Partnership. It was advised that any escalations to the Committee would be directed via the Chair of the Health & Safety Sub Committee.

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

6. GOVERNANCE MATTERS

6.1 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 2 Report

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA.

Highlighting the salient points of the report, the Head of Workforce Planning & Staff Wellbeing advised that HCSA requirements have been incorporated into the Board's relevant procurement tender documentation and evaluation processes. In line with the stipulations of the Act, e-learning training activity is also being monitored. Information gathered from clinical services via assurance questionnaires continues to be used to assess compliance and identify areas for improvement. A

template has been developed to enable clinicians to summarise overall compliance with HCSA requirements and provide a RAG compliance status for their profession, which will be incorporated into future quarterly reports.

It was noted that the second High Cost Agency quarterly return had been submitted and this would support ongoing work on the reduction in agency staffing and benchmarking against other Boards. Specialty Specific Common Staffing Method Tool Runs for 2024 have also been completed. The Local Implementation Group meets monthly, with good engagement across the Board and work is progressing to develop standard operating procedures in relation to Risk Assessment, Escalation Processes and the Duty to Seek Clinical Advice. In addition, a revised communication campaign is currently being developed for launch before the end of Quarter 4, to raise awareness of the requirements of the Act.

In response to a question from the Employee Director, the Head of Workforce Planning & Staff Wellbeing described the overall mechanisms in place to assess training compliance and other workforce related risks and emphasised the importance of eRostering and SafeCare in the implementation of the Act. It was agreed that an update on the revised eRostering Implementation Plan would be arranged to be delivered at a future meeting.

Action: Head of Workforce Planning & Staff Wellbeing

In response to a query from the Chair in relation to non-compliance with the Act, the Head of Workforce Planning & Staff Wellbeing clarified the supportive measures that would potentially be implemented by Health Improvement Scotland (HIS) in the event that the Board is found to be non-compliant with HCSA requirements. The Director of Workforce echoed that HIS would work in partnership with the Board in a supportive manner to address any issues of non-compliance and affirmed that feedback to date on the Board's performance was positive.

The Committee **took a 'Moderate' level of assurance** from the Health & Care (Staffing) (Scotland) Quarter 2 Report and noted that relevant stakeholders will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first formal Annual Report.

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.

In relation to issues that had been identified in the built environment in Phase One of the Victoria Hospital during a previous inspection by HIS, the Committee was advised that a follow up unannounced inspection took place on 3 December 2024. Progress was reviewed and evidence of significant improvement was provided in relation to the maintenance of ageing buildings and collaborative working between Estates & Facilities and the Infection Prevention & Control team to identify and resolve environmental risks, particularly in Wards 5, 6 and 9. The engagement of an external firm to undertake bi-annual fire door checks was also well received, as was changes in the Estates & Facilities management structure that would promote consistency in the maintenance of facilities across Fife, whilst potentially generating cost savings.

The Committee was advised that the Fire Policy had been updated and circulated at the end of November 2024 and efforts are ongoing to review compliance and address any areas that require attention. It was noted that following a recommendation in the 2024/2025 Internal Control Evaluation Report, the Health & Safety Sub-Committee Incident Report would be updated to include comparative data to ensure that any changes in metrics could be easily identified.

The Committee discussed the Violence & Aggression (V&A) incidents reported in the NHS Fife Incident Report and emphasised the importance of encouraging a culture of reporting as well as the opportunities that could be explored to conduct a 'Deep Dive' into this area. The Director of Property & Asset Management commented that V&A incidents had seen a decline since August 2023.

S Braiden, Non-Executive Member and Equality & Diversity Champion expressed interest in gaining a better understanding on V&A occurrences within the Board. It was agreed that this matter would be discussed off-table with the Director of Health & Social Care and the Associate Director of Culture, Development and Wellbeing and reported back to the Committee.

Action: S Braiden, Non-Executive Member and Equality & Diversity Champion

The Committee **took a 'moderate' level of assurance** from the update and from the Health & Safety Quarterly Incident Report for the period September to November 2024.

6.3 Annual Staff Governance Committee Proposed Workplan for 2025/2026

The Chair invited the Director of Workforce to speak to the paper, which outlined the proposed Committee Workplan for 2025/2026, noting that it would be adapted throughout the year in line with evolving operational demands.

It was advised that following the appointment of the Director of Planning & Transformation, any matters related to Strategy detailed in the Workplan would be assigned to the Director of Planning & Transformation.

Action: Director of Workforce

The Committee was invited to offer suggestions on topics that would be beneficial for future Development Sessions and whether these could be incorporated into the Private Session of the Committee to alleviate time pressures.

In response to a comment from P Kilpatrick, NHS Fife Chair, it was agreed that the scrutiny of Mandatory Training performance throughout the year should be more explicitly represented within the Workplan.

Action: Director of Workforce

The Committee **took a 'Significant' level of assurance** from the report and considered and endorsed the 2025/2026 Annual Staff Governance Committee proposed Workplan, subject to the inclusion of more explicit scrutiny of Mandatory Training throughout the year.

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 November 2024.

The Committee **took a 'moderate' level of assurance** from the update provided.

7. STRATEGY / PLANNING

7.1 Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce and the Head of Workforce Resourcing & Relations 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.

It was reported that as at 30 November 2024, the Board had achieved £3.668 million in Supplementary Staffing savings. Discussion took place on the extensive efforts in train to ensure that the Board was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan.

The Direct Engagement model for Locums had achieved savings to the value of £238,000 since it was rolled out in August 2024. Additional work is being undertaken to increase compliance rates, which are currently at 53%. The Committee was encouraged to note that all Junior Doctor Rotas are now compliant. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

It was advised that a review of the existing workforce had been completed and the data gathered would be discussed at the People & Change Board this month to agree the approach to be progressed by the Whole Time Equivalent (WTE) Reduction initiative. The Committee noted that the £3 million share of NHS Scotland Resource Allocation Committee (NRAC) funding identified would be used to offset the £7.1m recurring pay pressures arising as a result of unfunded posts.

The Head of Workforce Resourcing & Relations advised the Committee that discussions are ongoing with managers in relation to employees currently on the Redeployment Register who meet the criteria for Voluntary Severance.

The Committee noted that the work of the Attendance Management Oversight Group continues, with three high priority areas within Complex & Critical Care considering the implementation of recommendations from the multi-factorial review which was conducted. Following a recent benchmarking exercise, efforts are progressing to align the Board's approach to attendance management case handling to that of other Health Boards.

Plans are also underway to implement the next 30 minute reduction in the working week as stipulated by the 2023/2024 Agenda for Change Pay Award, with appropriate consideration being given to the staffing resources that will be required to manage this reduction.

The Committee **took a ‘Moderate’ level of assurance** in relation to the work being undertaken by the People & Change Board.

7.2 Workforce Planning Update

The Chair invited the Workforce Planning Lead to speak to the report.

The Committee was advised that revised Workforce Planning guidance has been issued by Scottish Government in December 2024, with a requirement for Health Boards to complete and return a pre-determined template by 17 March 2025. The Workforce Planning Lead advised that in order to meet the deadline, stakeholder engagement may need to be facilitated in a more agile manner and potentially outwith Committee cycles. It was noted that there is no requirement for the Board to publish the Workforce Plan in 2025 and the one-year cycle supersedes the previous obligation to develop and publish a three-year Workforce Plan.

Whilst appreciating the requirement for agile stakeholder engagement, the Employee Director underscored the need for the Area Partnership Forum to be fully involved in the process. The Director of Workforce welcomed the revised guidance, particularly in the current financial climate, and offered assurance that all relevant stakeholders would be appropriately engaged in the Board’s submission.

Noting the submission deadline, the Chair enquired how the workforce planning details would be triangulated with Financial and Service plans, particularly where planning cycles are not aligned. The Director of Planning & Transformation acknowledged that whilst there was a degree of fluidity in the overall process, it was important to ensure that planning assumptions from all relevant Governance Committees inform the Workforce Planning exercise. The Director of Finance & Strategy emphasised that Financial Plans would need to include robust planning assumptions in relation to workforce reductions, in order to achieve financial balance.

The Committee **took a ‘Significant’ level of assurance** that the Workforce Planning submission for 2025/2026 will be developed in accordance with the revised guidance.

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 advised that Sickness Absence had increased from 7.07% in September to 7.36% in October 2024. As at September 2024 vacancies were reported at 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (AHPs). It was noted that PDPR compliance and recovery would be discussed in greater detail later in the meeting.

The Committee discussed at length the need for further exploration of the reasons for staff absence and what additional efforts could be employed to ensure staff are

supported timeously before and during periods of absence. The Employee Director acknowledged that whilst the reasons for staff absence are multifactorial and vary across services and areas, a significant amount of work is being undertaken to manage sickness absence consistently and compassionately across the organisation.

J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, emphasised the importance of continuing to make provisions for Staff Psychology and Spiritual Care Support Services in resource allocations and cautioned that attempting to realise savings within these areas might be counterproductive to reducing sickness absence. The Director of Acute Services reiterated the need for a person-centred approach to absence management.

The Chair highlighted the importance of establishing the correlation between absence data, reasons for staff absence and how these align with the support being offered to staff. It was requested that a report be brought back to a future Committee. It was also agreed that a Development Session would be held to further evaluate absence data and the wellbeing support being offered to staff.

Action: Head of Workforce Planning & Staff Wellbeing

Noting the discussions at the meeting, the Committee **took a 'Limited' (rather than moderate) level of assurance** from the report, acknowledging the current operational pressures affecting the organisation and **endorsed** the workforce section of the IPQR.

8.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided 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 3 September 2024.

Referring to Appendix 1 of the report, 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.

The Committee noted that risks would now be compared against the Board's recently approved Risk Appetite Statement detailed in Appendix 4.

The Head of Workforce Planning & Staff Wellbeing confirmed that a meeting with the Associate Director for Risk and Professional Standards was scheduled to take place, to review and reset risk scores where appropriate, taking into account any relevant contextual variables.

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.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Involved in Decisions: iMatter Report

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report.

The Committee noted that the 2024/2025 iMatter campaign had seen an engagement level of 64%, which was 2% lower than the previous year, though 6% higher than the national response rate of 58% and second highest among NHS Scotland Territorial Boards. The Employment Engagement Index score at 76% was reported to be in line with national levels. It was also advised that 65% of iMatter teams had recorded an Action Plan within the eight week deadline.

Preparations for the 2025/2026 iMatter Campaign were outlined, which included updating of resources, scheduling of communications and delivering a series of Manager Team Action Planning sessions, among other activities. A summary of actions to improve performance and engagement was also provided, including targeted support for teams that had reported low response rates and scores in the 2024/2025 survey period.

Reference was made to the NHS Fife Leadership Framework, Managers' Essential Learning Programme and blended Corporate Induction aimed at supporting Leaders and Managers in their efforts to increase engagement.

The Employee Director expressed thanks to all those involved in delivering the positive results that had been achieved to date.

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

9.2 Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training

The Associate Director of Culture, Development and Wellbeing introduced the report, which detailed the Board's Recovery Plans to improve performance in the areas of PDPR and Core Skills compliance.

The Learning & Development Manager was invited to provide a detailed update on the measures being implemented to improve Core Skills compliance, which is currently reported at 60% against a target of 80% and PDPR compliance, reported to be 44.3% as at December 2024 against a target of 60%. The quantified impact potentially expected from these improvement measures was also indicated.

In relation to Core Skills compliance, the Committee was advised that a data quality and reconciliation exercise had been undertaken to ensure that the information reported is a true reflection of compliance rates. It was noted that Core Skills compliance reports were also distributed to managers at the beginning of December 2024, with a request to ensure that all staff are fully compliant by 31 March 2025. Discussions are ongoing with the Health & Safety Team to explore opportunities to deliver in-person Core Skills training. It is anticipated that these sessions will initially be trialled at the Victoria Hospital site and aimed at clinical

staff. To ensure higher levels of compliance in 2025, additional Protected Learning Time Information Sessions would also be offered.

Measures to improve PDPR compliance encompassed data cleansing, reconciliation of paper-based appraisals, monitoring of partially signed appraisals, distribution of compliance reports for individual employees to Executive Directors and managers with a request that all staff must be fully compliant by 31 March 2025, introduction of automated dashboard reports and encouraging managers to combine revalidation and PDPR conversations, amongst other initiatives. A document which highlights the benefits of PDPR to all stakeholders is currently being developed.

On behalf of the Committee, the Chair acknowledged with thanks the significant amount of work being done to progress the Recovery Plan.

Commenting favourably on the comprehensive report, the Employee Director emphasised the importance of collaborative working to embed continuous learning as an organisational priority to keep both staff and patients safe and the need to clearly understand who has responsibility for delivering the improvements detailed in the Recovery Plan.

In response to a question from V Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair, regarding how staff competence is assured, the Associate Director of Culture, Development and Wellbeing advised that the Board's eLearning training courses provided by National Education for Scotland (NES) are rigorously evaluated through educational quality governance cycles before being launched nationally. The Director of Property & Asset Management referred to the Scottish Manual Handling Passport Scheme that the Board was now accredited to participate in, which ensures that employees are trained to a national standard. The Director of Health & Social Care echoed that monitoring competency against compliance with nationally stipulated training standards would be an appropriate tool of measurement. The Learning & Development Manager commented that in-person training delivered has an inbuilt competency metric and where there are concerns around competence, additional support is provided to employees to ensure they meet the necessary levels of competence.

The Committee **took a 'Limited' level of assurance** from the report acknowledging that the Recovery Plan was in its early stages and that an update would be brought to the March meeting of the Committee.

9.3 Wellbeing Champion Update

In the interest of time and with the consent of J Kemp, Non-Executive Director and Staff Health Wellbeing Champion, the Chair requested that this matter be deferred to the next meeting.

Action: Head of Workforce Planning & Staff Wellbeing

9.4 Equality & Diversity Champion Update

In the interest of time and with the consent of S Braiden, Non-Executive Member & the Equality & Diversity Champion, the Chair requested that this matter be deferred to the next meeting.

Action: Head of Workforce Planning & Staff Wellbeing

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 10.1 Area Partnership Forum held on 20 November 2024 (unconfirmed)
- 10.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 November 2024 (unconfirmed)
- 10.3 Health & Social Care Partnership Local Partnership Forum held on 10 September 2024 (confirmed)
- 10.4 Health & Safety Sub Committee held on 6 December 2024 (unconfirmed)
- 10.5 Equality & Human Rights Strategy Group held on 7 November 2024 (confirmed)

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, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

11.2 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.

12. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 28 January 2025

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.

13. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

14. DATE OF NEXT MEETING

Tuesday 4 March 2025 at 10.00 am to 12.00 noon via MS Teams