

## AGENDA

### A MEETING OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE WILL BE HELD ON FRIDAY 7 MARCH 2025 FROM 10AM TO 1PM VIA MS TEAMS

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

**Arlene Wood**  
Chair

		<i><b>Purpose</b></i>
10:00	1. Apologies for Absence <b>(AW)</b>	
	2. Declaration of Members' Interests <b>(AW)</b>	
	3. Minutes of Previous Meeting held on Friday 17 January 2025 <b>(AW)</b>	<b>(approval)</b> (enc)
	4. Chair's Assurance Report presented to Fife NHS Board on 30 January 2025 <b>(AW)</b>	<b>(for information)</b> (enc)
	5. Matters Arising / Action List <b>(AW)</b>	<b>(assurance)</b> (enc)
	5.1 Orthopaedic Hip Fracture Audit Update & Action Plan <b>(CM)</b>	<b>(assurance)</b> (verbal)
	5.2 Clinical Outcomes of Closed Loop System Insulin Therapy <b>(CM)</b>	<b>(assurance)</b> (enc)
10:25	6. <b>ACTIVE OR EMERGING ISSUES</b>	
10:30	7. <b>GOVERNANCE MATTERS</b>	
	7.1 Clinical Governance Committee Self-Assessment Report 2024/25 <b>(GM)</b>	<b>(discussion)</b> (enc)
	7.2 Annual Review of Clinical Governance Committee Terms of Reference <b>(GM)</b>	<b>(decision)</b> (enc)
	7.3 Clinical Governance Oversight Group Assurance Summary from 11 February 2025 Meeting <b>(GC)</b>	<b>(assurance)</b> (enc)
	7.4 Mental Health Oversight Group Assurance Summary from 7 February 2025 Meeting <b>(CM)</b>	<b>(assurance)</b> (enc)
	7.5 Corporate Risks Aligned to Clinical Governance Committee, including updates on Whole System Capacity and Hospital Acquired Harm <b>(CM/SAS)</b>	<b>(discussion)</b> (enc)
	7.6 Review of Annual Workplan 2025/26 <b>(GC)</b>	<b>(approval)</b> (enc)
	7.7 Delivery of Annual Workplan 2024/25 <b>(GC)</b>	<b>(assurance)</b> (enc)
11:15	8. <b>STRATEGY / PLANNING</b>	
	8.1 Annual Delivery Plan Quarter 3 Report <b>(B Archibald)</b>	<b>(assurance)</b> (enc)

- 11:25 **9. QUALITY / PERFORMANCE**
- 9.1 Integrated Performance & Quality Report **(CM/JK)** **(assurance)** (enc)
  - 9.2 Healthcare Associated Infection Report **(JK)** **(assurance)** (enc)
  - 9.3 Quality of Care Review Framework **(JK)** **(assurance)** (enc)
- 11:55 **10. DIGITAL / INFORMATION**
- 10.1 Information Governance and Security Steering Group Assurance Report **(AG)** **(assurance)** (enc)
- 12:05 **11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT**
- 11.1 Patient Story **(JK)** **(assurance)** (presentation)
  - 11.2 Patient Experience & Feedback Report **(JK)** **(assurance)** (enc)
- 12:30 **12. ANNUAL REPORTS / OTHER REPORTS**
- 12.1 Director of Public Health Annual Report 2024 **(JT)** **(assurance)** (enc)
  - 12.2 Medical Education Annual Report 2024 **(CM)** **(assurance)** (enc)
  - 12.3 Organisational Duty of Candour Annual Report 2023/24 **(CM)** **(assurance)** (enc)
- 12:50 **13. LINKED COMMITTEE MINUTES**
- 13.1 Area Medical Committee held on 8 October 2024 (confirmed) & 10 December 2024 (unconfirmed) (enc)
  - 13.2 Cancer Governance & Strategy Group held on 31 October 2024 (unconfirmed) (enc)
  - 13.3 Clinical Governance Oversight Group held on 11 February 2025 (unconfirmed) (enc)
  - 13.4 Fife Area Drugs & Therapeutic Committee held on 18 December 2024 (unconfirmed) (enc)
  - 13.5 Mental Health Oversight Group held on 7 February 2025 (unconfirmed) (enc)
  - 13.6 Resilience Forum held on 12 December 2024 (unconfirmed) (enc)
- 14. ESCALATION OF ISSUES TO NHS FIFE BOARD**
- 14.1 To the Board in the IPQR Summary (verbal)
  - 14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board (verbal)
- 15. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025**
- 16. ANY OTHER BUSINESS**

Date of Next Meeting: **Friday 2 May 2025 from 10am – 1pm** via MS Teams

**\*\*No Private Session\*\***

## **Fife NHS Board**

Unconfirmed

### **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.

**Meeting:** Clinical Governance Committee  
**Meeting date:** 17 January 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:

- Public Protection, Accountability & Assurance Framework

The Committee approved the proposed workplan for the financial year 2025/26.

## 2. Matters Arising

### 2.1 Drug Death Cluster Reviews Briefing Update

The Committee received an update on the progress made to implement a cluster approach to drug related death reviews. Processes were shared with the Committee for Addiction Services, Mental Health and the Multi- Agency Drug Death Review Group. The Committee took a **“moderate” level of assurance** from the update

### 2.2 Orthopaedic Hip Fracture Audit Briefing Update

This paper provided the Committee with information relating to a number of queries as a follow on from the SNAP Hip Fracture Audit paper discussed at the CGC November 2024 meeting. The Committee noted that an extensive review document is complete, which has a complementary action and delivery plan. Further detail will be provided in the comprehensive update paper coming to the committee in March 2025. The Committee took a **“moderate” level of assurance** from the update.

### 2.3 Safe Delivery of Care Health Improvement Scotland Inspection

A verbal update was provided on the follow up inspection which took place in November 2024. Actions to be addressed are mainly around workforce, and further detail will be provided once 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.

### 2.4 The Committee considered the following items of business:

## 3. GOVERNANCE

### 3.1 Clinical Governance Oversight Group Assurance Summary

The report was discussed, and the Committee was advised that the new adverse events process was implemented on 6 January 2025 and is aligned to the national Health Improvement Scotland framework. It was also advised that the quarter 2 deteriorating patients report is showing positive improvements, and excellent progress has been made in relation to implementing recommendations from the national audiology review. The Committee noted the NHS Fife Stroke Standards and welcomed the incorporation of the Stroke Bundle into the IPQR. 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 welcomed this new report specifically focused on mental health. The report was discussed, and the Committee were updated on adult services, the high level of surge capacity in use, and the financial consequences of this, and assurance was provided from a quality & care perspective. The Committee were also updated on the deep dive on mental health services, and it was highlighted that Addiction Services had been held up as gold standard for their MAT performance. Committee took a **“moderate” level of assurance** from the assurance summary.

### 3.3 Corporate Risks Aligned to CGC

There are 4 corporate risks aligned to the CGC. The Committee were advised that the Board’s risk appetite was approved in November 2024, and the corporate risks have been updated.

An update was provided on the new risk that will replace Optimal Clinical Outcomes which the committee endorsed. The full risk descriptor along with risk mitigation and levels of risk will be provided to CGC in March 2025 the submitted to NHS Fife Board for approval.

The committee endorsed changes to the risk descriptors for Whole System Capacity, Access to outpatient, diagnostic and treatment services, Cancer Waiting Times which all highlight the potential impact on patient outcomes.

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

No.	Risk	Actions Required
5	Optimal Clinical Outcomes	Risk to be replaced with new risk focusing on hospital acquired harm, mitigation and levels to be determined
9	Quality and Safety	No change
17	Cyber Resilience	Risk mitigation to be provided to CGC
18	Digital and Information	Risk mitigation to be provided to CGC

### 3.4 Internal Controls Evaluation Report

The Committee were advised that the clinical governance elements of the report were noted as positive. Recommendations in relation to enhancing the process of the delivery plan for the Clinical Governance Strategy Framework have been made. A further recommendation was made 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 that action on this matter will be taken forward through the usual end-of-year committee review and audit follow-up process. The Committee were also advised that a review of the Committee's Terms of Reference has commenced. The Committee took a **“moderate” level of assurance** from the report.

## 4. STRATEGY AND PLANNING

### 4.1 Single Point of Contact for Cancer Patients

The Committee were advised that the hub was set up following specific Scottish Government funding for developing and expanding cancer services and how they are delivered. 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.

### 4.2 Fife Winter Preparedness Plan 2024/25

The Committee were presented with the plan, which has been structured around the four priorities set out by 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.

## 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. Extensive discussion took place around taking assurance on the processes and major system issues for significant adverse event reviews, and organisational learning. An update was provided on the stroke care bundle newly incorporated into the IPQR.

### 5.2 HAIRT

The HAIRT report was reviewed and discussed. The Committee noted the ARHAI Scotland exception report issued to NHS Fife relating to Community-

Acquired CDI rates and the ongoing actions in place to address this. There were no infection and prevention control issues for escalation to the Board with a **moderate level of assurance** taken.

## **6. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT**

### **6.1 Patient Experience & Feedback**

The Committee took a “**moderate**” **level of assurance** from the overall report noting the significant improvement in responding to Stage 1 complaints. The ongoing challenges relating to Stage 2 complaint responses were noted as was the work to improve the position.

## **7. ANNUAL /OTHER REPORTS**

There was one annual report 2023/24 presented for **assurance**:

- Research, Innovation and Knowledge Annual Report 2023/24

The Committee took a “**moderate**” **level of assurance** from the Research, Innovation and Knowledge Strategy 2022-2025 update,

## **8. Delegated Decisions Taken by the Committee**

2025-26 Workplan approved.

## **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 Research, Innovation & Knowledge team, and particularly the leadership from Professor Frances Quirk, were acknowledged and they were thanked for all their hard work. The committee commended the Research, Innovation and Knowledge 2023-2024 report recommending this should be shared with the Board.

**Arlene Wood**  
**Chair**  
**Clinical Governance Committee**



**CLINICAL GOVERNANCE COMMITTEE – ACTION LIST**  
**Meeting Date: Friday 7 March 2025**

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

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	17/01/25	<b>Additional Items for Workplan (agreed at meeting)</b>	Items added to workplan: <ul style="list-style-type: none"> <li>• East Region Neonatal Service – <b>added &amp; deferred (no further update available at this time)</b></li> <li>• Orthopaedic Hip Fracture Audit Update &amp; Action Plan – <b>added March 2025</b></li> <li>• Safe Delivery of Care Health Improvement Scotland Inspection Action Plan – <b>added as TBC (once formal feedback received)</b></li> <li>• Closed Loop System Insulin Therapy - <b>added March 2025</b></li> <li>• Winter Preparedness - <b>added to 2025/26 workplan</b></li> <li>• Mental Health Oversight Group Assurance Report – <b>added to each meeting</b></li> </ul>	HT CM CM JK CM JK LG	Complete.	January 2025

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Clinical Outcomes of Closed Loop System Insulin Therapy</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Dr Anthony Tasker, Consultant Paediatrician</b> <b>Dr Chris McKenna, Medical Director</b> <b>Dr Catherine Patterson, Consultant Endocrinologist</b>

## Executive Summary:

Poor diabetic control leads to significant long-term complications such as vascular disease, kidney failure and blindness. These long-term issues can be mitigated against through good glycaemic control.

This paper describes the clinical benefits to patients of closed-loop insulin system technology providing good glycaemic control. There is significant cost pressures associated with the use of this technology, however this paper seeks to highlight how it is both transformative in terms of quality of life as well as demonstrating, through local data, the long term clinical benefits of such technology.

NHS Fife should continue to support and invest in the technology as it is both a national priority as well as aligning with our own Population Health and Wellbeing Strategy.

## **1 Purpose**

### **This report is presented for:**

- Assurance

### **This report relates to:**

- Annual Delivery Plan
- Local policy
- National Health & Wellbeing Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Closed-loop insulin pump therapy is an innovative technology embraced by NHS Fife's Adult and Paediatric diabetic services since it became available in Scotland in summer 2021. Prior to this innovation, patients were fitted with insulin pumps and separate glucose monitors. Over the past three years, most patients receiving pump therapy have transitioned to a closed-loop system, which is currently restricted to those with type 1 diabetes within the NHS.

There is financial pressure within the NHS Fife budget concerning closed-loop systems and insulin pumps. This paper aims to articulate the clinical benefits and value that these life-changing technologies provide.

### 2.2 Background

NHS Fife continues to experience an overspend related to these technologies, amounting to approximately £2.5 million per year. This historical cost pressure has been identified as an area for improvement through NHS Fife's Reform, Transform and Perform programme. The clinical services and management teams have collaborated with finance and procurement colleagues to identify a savings target of £370,000, related to the use of consumables and changes in device brands.

Closed-loop systems represent an advancement over traditional insulin pumps and glucose sensors by incorporating an algorithm either within the device or on a smartphone, which facilitates communication between the sensor and the pump. This functions as an "artificial pancreas," ensuring that patients achieve better compliance and enjoy improved short- and long-term health outcomes with fewer complications.

NHS Fife provides high-quality diabetic care to patients and families through a unique multi-agency service at The Diabetes Centre in Kirkcaldy. Managing diabetes with a closed-loop system enhances many patients' quality of life, leading to better insulin control and a reduced risk of hypoglycaemia, hyperglycaemia, and serious acute diabetic complications like diabetic ketoacidosis.

In Fife, approximately 193 children and young people (80% of the paediatric diabetic population) and 470 adults (21% of the adult diabetic population) are using insulin pumps or closed-loop systems. In Scotland, the average number of young adults and children using a closed-loop system is 55%. The Diabetes MCN reports quarterly to Centre for Sustainable Delivery CfSD on the number of existing, new, and waiting patients for pumps within Fife.

This report provides the following Level of Assurance

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

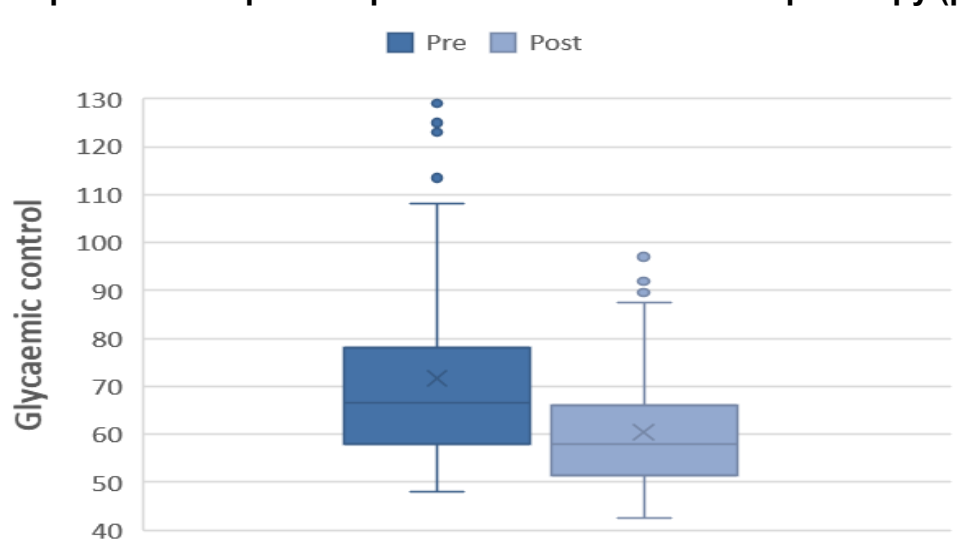
		amount of residual risk.		
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## 2.3 Assessment

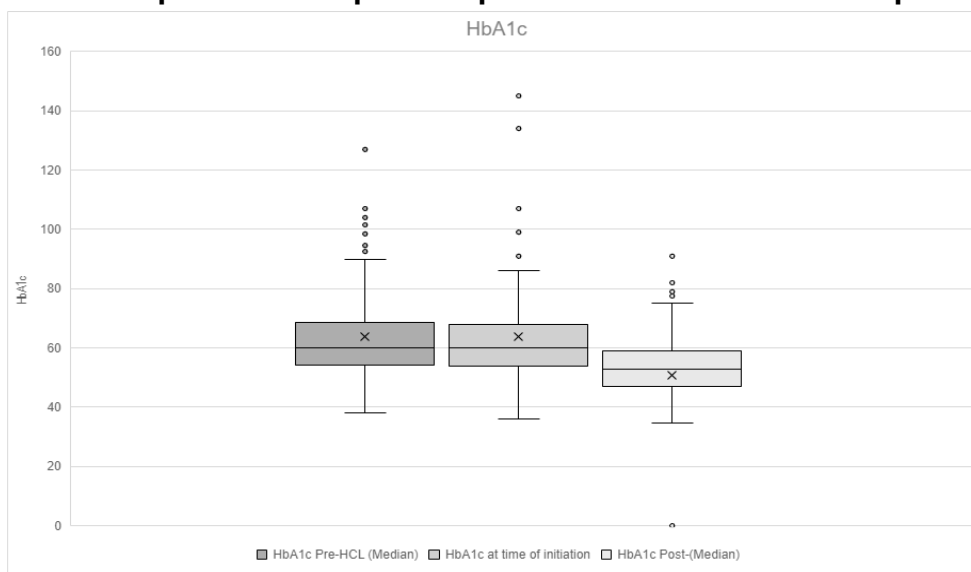
### Clinical Impact

The impact of insulin pumps and closed-loop systems cannot be underestimated. While there are clear short-term benefits for glucose control, the most notable advantages are seen in the medium and long term. Transitioning from pumps and sensors to a closed-loop system offers even more benefits. HbA1c is a blood test that accurately measures average blood glucose levels over the preceding 90 days. Graph 1 shows data from Fife's paediatric patients, highlighting the average improvement in HbA1c levels after switching to a closed-loop system. (data set 31 children 2-18 years)

**Graph 1: HbA1c pre and post initiation of closed loop therapy (paediatric)**

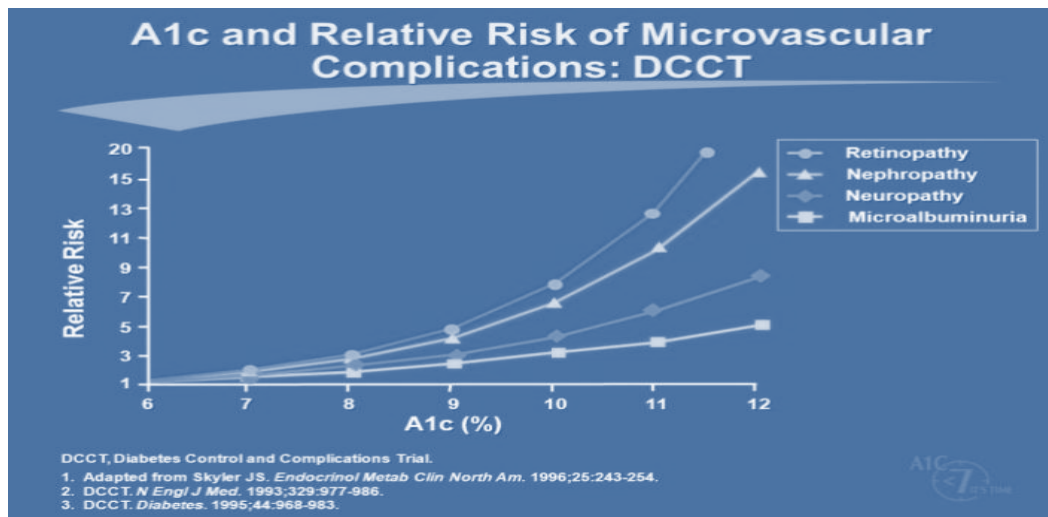


**Graph 2: HbA1c pre and post initiation of closed loop therapy (adult)**

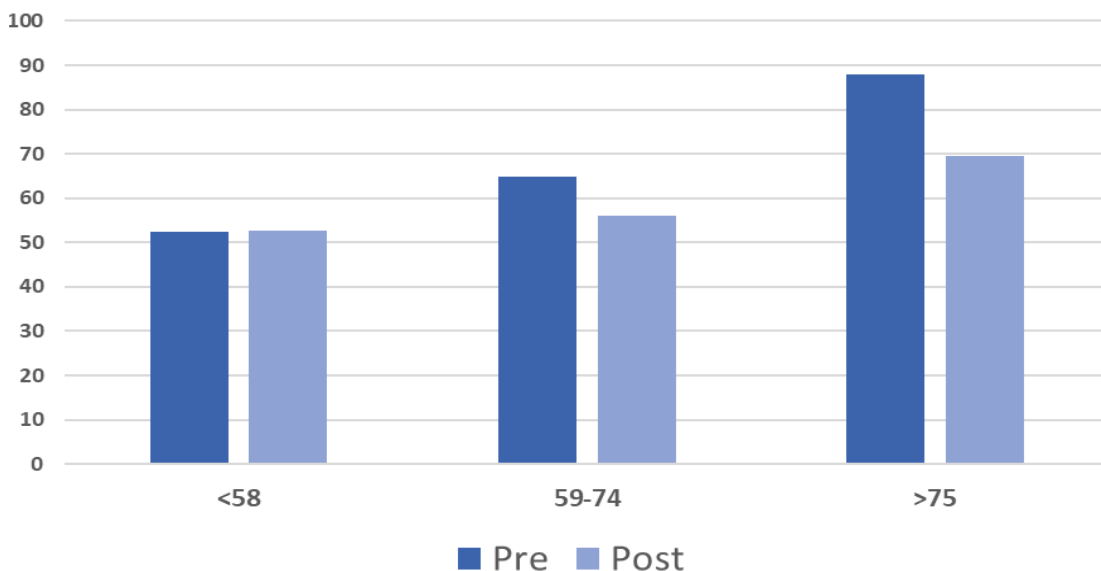


Good glucose control at diagnosis, especially at a young age, has been shown to lead to better control later in life, reducing the risk of complications and their associated costs to healthcare services.

The DCCT study demonstrated that a 10% reduction in HbA1c corresponds to a 43% reduction in the risk of diabetic retinopathy, with similar results for nephropathy and neuropathy<sup>1</sup>.



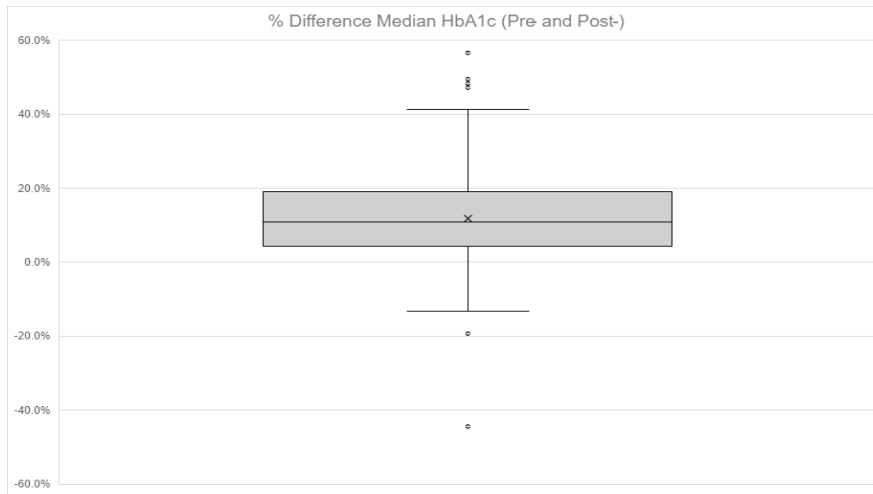
Graph 3: Change in Hba1c grouped according to pre Hba1c range (paediatric)



Graph 3 shows that those with the highest HbA1c levels have the most to gain after transitioning to a closed-loop system. Unsurprisingly, compared to those who already have very tight control, there is a significant improvement in HbA1c levels.

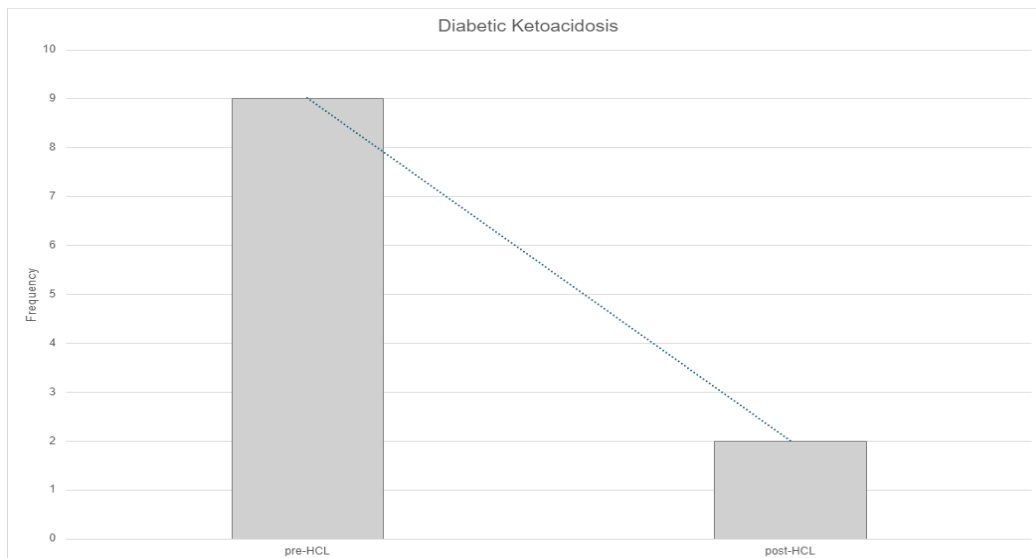
<sup>1</sup> The absence of a glycemic threshold for the development of long-term complications: the perspective of the Diabetes Control and Complications Trial. *Diabetes.* 1996 Oct;45(10):1289-98. PMID: 8826962.

**Graph 4: Change in Hba1c grouped according to pre HbA1c range**



Graph 4 shows a mean improvement in Hba1c in adult patients of 11% after starting closed loop. While there is less improvement for individuals with already excellent control, another important factor to consider is the quality of life for both the child and their entire family. Many parents routinely wake up several times a night to check their child's blood glucose levels. The combination of CGM systems and closed-loop pumps allows these families to trust the system to maintain their child's blood glucose stability overnight and reduces the risk of hypoglycaemia.

**Graph 5: Reduction in numbers of adult patients presenting with Diabetic Ketoacidosis**



Often, very good compliance can lead to an increased risk of hypoglycaemia. However, the closed-loop system significantly reduces this risk without negatively impacting overall compliance. There have been no closed loop system adult patients admitted to hospital with hypoglycaemia.

In Fife, we have demonstrated through our data the significant impact that closed-loop systems have on compliance and improvements in HbA1c. This will greatly affect whether individuals in Fife with type 1 diabetes will develop the well-recognized long-term complications associated with the condition, such as visual loss, premature vascular disease, and kidney failure.

### **Value for Money and Future Investment**

Both the Paediatric and Adult Diabetes teams recognise the high cost of this effective technology and have worked to improve contract procedures, optimise the use of consumables, and address various housekeeping issues related to invoicing.

The budget for this area has been restructured and proportionately split between the Medical and Women and Children's directorates, which had previously been solely within the Medical directorate. This split allows for better understanding of spending and accountability.

The Scottish Government has confirmed that NHS Fife will receive additional recurring funding for 116 insulin pumps and all associated consumables for 2024-2025, which will help further reduce costs.

This funding is designated for new patients or those transitioning to a pump from an existing device, with Continuous Glucose Monitoring starting from July 26, 2024.

The focus for all Boards with this new funding will be to improve access for ALL children and young people (aged under 18), with an estimated uptake of 80%.

The Centre for Sustainable Delivery (CfSD) has communicated with Boards that device costs have significantly affected access to diabetes technology for individuals across Scotland. This direct, ring-fenced funding aims to reduce variation and improve health outcomes for this target group. CfSD has also negotiated bulk procurement costs with NSS for specified devices, further reducing expenses. The Dexcom6 model now comes with a substantial discount, so Fife teams will ensure initiation with this device for the best value.

The initial funding allocation was received at the end of October 2024, with the second instalment in March 2025. Funding for ongoing consumables will be agreed upon, and payment will be transferred in Q4, with allocations depending on the submitted numbers.

#### **2.3.1 Quality, Patient and Value-Based Health & Care**

Closed-loop systems enhance the quality of life for patients and their families. There are significant short- and long-term clinical benefits. Continued support for the use of closed-loop systems in diabetic patients aligns with the principles of the NHS Fife Health and Wellbeing strategy and the HSCP Prevention and Early Intervention strategy.

#### **2.3.2 Workforce**

The Diabetes workforce across adult and paediatric services is committed to delivering the highest standard of care for their patient. They also appreciate the need for ensuring this is delivered as best value.

### 2.3.3 Financial

A paper outlining the full financial summary was taken by the Director of Acute Services to the RTP Executive group. In 24/25 £1m of NRAC funding was made available on a recurring basis to part fund the cost pressure, leaving a residual forecast overspend of £1,259,661 in 2024-2025.

The overspend anticipated this financial year compared to 2023-2024 is a reduction of £1,420,174. This is due to; £1m funding allocated to these technologies on a recurring basis and £420,174 of a reduction in spend across the two financial years.

### 2.3.4 Risk Assessment / Management

No formal risk assessment has been undertaken, however should any decision be taken to disrupt or limit the use of closed loop systems in Fife, further work will be undertaken to fully understand the risk this could create.

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

Fife has a high incidence of Diabetes. Closed loop systems offer a flexible, safe approach to diabetic management, which in the short and long term will improve health outcomes reducing health inequalities.

### 2.3.6 Climate Emergency & Sustainability Impact

There are consequences of the waste of the consumables. This is balanced against the impact of less hospitalisation and CO2 impact that this has.

### 2.3.7 Communication, involvement, engagement and consultation

The clinical teams from both the Adult and Paediatric Diabetes Services were involved in the improvement work outlined.

### 2.3.8 Route to the Meeting

Clinical Governance Oversight Group 10/12/2024  
Financial detail correct as of 18/02/2025  
EDG 27/02/2025

## 2.4 Recommendation

Members are asked to take a **“moderate” level of assurance** from the report.

This paper is intended to describe the wide ranging clinical impact of the use of closed loop systems/ insulin pumps in Fife.

NHS Fife has been an early adopter of and thanks to the enthusiastic and supportive diabetic teams across adult and paediatric services, avid implementer of closed loop



systems. Fife has the highest rates of implementation across Scotland leading to good improvement in HbA1c.

This directly correlates with better long term outcomes, less short term complications and a reduction in morbidity and mortality for this patient group. It has also led to improvement in quality of life for both patients and families.

This determined practice to improve patient outcomes has resulted in a significant cost pressure to the organisation to the tune of £2.6m (reduced to £1.6m following the allocation of NRAC). However, the teams are working to reduce this through a variety of local quality improvement initiatives, use of the better value systems and close engagement with CfSD to ensure accurate funding moving forward.

The paper provides a moderate level of assurance to the Clinical Governance Committee that NHS Fife has the continued to deliver clinically led use of the closed loop system technology for all those adult and paediatric patients who are eligible.

**Report Authors:**

Dr Chris McKenna, Medical Director

Dr Anthony Tasker, Consultant Paediatrician

Dr Catherine Patterson, Consultant Diabetes and Endocrinology

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Committee Self-Assessment Report 2024-25</b>
<b>Responsible Executives:</b>	<b>Dr Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## Executive Summary:

- This paper details the outcome of the recent self-assessment exercise of the Clinical Governance Committee's effectiveness. A summary of the findings is given in the SBAR, with the full responses and free text comments included in the appendix.
- A moderate level of assurance is suggested, indicating the successful completion of the exercise and the identification of a number of learning points to be taken into the year ahead.

## 1 Purpose

### **This is presented for:**

- Discussion

### **This report relates to a:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Clinical Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

### 2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be

disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in January 2025. The survey was undertaken online, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

## 2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee and have been invited to consider what improvement actions might be necessary to be taken forward in the year ahead. A summary report assessing the composite responses for the Clinical Committee is given in this paper. The main findings from that exercise are as follows:

### Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference and no significant matters of concern were raised.

### Self-Assessment questionnaire (completed by members and attendees)

In total, eight (of nine) members (excluding the Chair) and six (of nine) regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a relatively positive assessment from its members and attendees who participated, though there were some areas identified as in need of further work. The need for the Committee to maintain a focus on strategic, rather than operational, detail was a common theme, which is an important factor in ensuring the correct governance focus of the Committee versus its sub-structure of reporting groups. There would be potential for this to be teased out further with members' input.

Some specific areas for improvement were highlighted. Initial comments identified for further discussion include:

- further work required on making agendas and meeting packs manageable in the time allowed for meetings, particularly ensuring that papers that are considered across a number of committees (i.e. ADP and RTP updates) are clear in their relevance to the Committee's own remit and that specific areas for the Committee to comment on are clearly defined;
- reviewing the amount of items on the agenda and volume of papers provided, though it was recognised the management of Committee timings, to ensure the business is completed with the appropriate level of scrutiny, is largely effective at present;
- a number of comments related to ensuring the Committee's area of focus remains at the strategic rather than operational, level, particularly in instances where further detail is sought, to enhance assurance;
- mixed views on the value of Development Sessions held this year and members' uptake of these opportunities for more detailed briefings in key areas; and
- as per other committees, comment about the effectiveness of the Committee's discussions on the risks aligned to the group and whether this could be enhanced.

Some of the issues noted above, particularly around size of meeting packs and overly detailed papers, are not unique to the Clinical Governance Committee and indeed are common comments across a number of Board committees, particularly those with wide-ranging remits. Board-wide enhancements to agendas and paper format are currently being discussed with all Committee Chairs.

Members are invited to highlight any other findings they would wish to see addressed over the Committee's next year of operation.

This report provides the following Level of Assurance:

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

### 2.3.1 Quality/ Patient Care

N/A

### 2.3.2 Workforce

N/A

### 2.3.3 Financial

N/A

### 2.3.4 Risk Assessment / Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

### 2.3.6 Climate Emergency & Sustainability Impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

This paper has been considered initially by the Committee Chair, Lead Executive Director and Board Committee Support Officer.

### 2.3.8 Route to the Meeting

The Committee is the first group to receive this paper. This paper has, however, been considered initially by the Committee Chair and Lead Executive Director.

## 2.4 Recommendation

This paper is provided for:

- **Assurance** – This report provides a moderate level of assurance
- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Outcome of Committee's self-assessment exercise

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>A. Committee membership and dynamics</b>						
<b>A1.</b>	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	5 (36%)	9 (64%)	-	-	<p>Committee has had full membership and is well attended. Good breadth of representation across the organisation.</p> <p>The Committee is well supported, there is still work to do to support the Clinical Governance functions within the Acute Division as there are very few dedicated staff.</p> <p>The Committee is generally well attended by the requisite individuals.</p>
<b>A2.</b>	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	5 (36%)	9 (64%)	-	-	<p>Could consider breadth of clinical representation.</p> <p>Inclusion of patient story has helped this, difficult to include patient point of view otherwise. Good balance of positive and negative stories.</p> <p>All key stakeholders are present or represented.</p>
<b>A3.</b>	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (14%)	11 (79%)	1 (7%)	-	<p>Confused at times - wades into operational detail, but also Executive responds defensively to scrutiny. Needs to focus on evidence and assurance. Lack of evidence is not assurance.</p> <p>There is good participation from committee members in discussion. Sometimes there can be a blurring of the assurance role, towards operational decision making. This is managed within meetings carefully but when it does happen it reduces time spent on assurance matters.</p> <p>Occasional disagreement around the scope of responsibility boundaries occur, generally when some members are seeking to better understand matters. Understanding has improved.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A4.	Committee members are able to express their opinions openly and constructively.	6 (43%)	7 (50%)	1 (7%)	-	<p>Conflated role of Executive Board members at times.</p> <p>All members' views are routinely sought and given equal consideration.</p> <p>Committee members are actively involved in discussion within these meetings.</p> <p>Very welcoming, constructive space in which to ask questions and express opinions.</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	4 (29%)	9 (64%)	1 (7%)	-	<p>Scrutiny and challenge has developed over the past 12 months, with a better understanding on method and relevance of challenge.</p> <p>A tendency still to stray from topics and a requirement for additional detail.</p> <p>There is challenge of the Executive and scrutiny of all matters which are tabled. There are opportunities to improve the effectiveness of scrutiny through combining qualitative and quantitative information sources. We don't always get that balance right and there is perhaps a tendency to overvalue quantitative metrics. Committee also benefit greatly from discussion which involves the authors of papers so that questions can be answered fully.</p> <p>Good discussion on matters which are more critical - appropriate amount of time spent on these and clarity given as to what next steps are.</p> <p>Needs a reset.</p>

<b>A6.</b>	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (14%)	11 (79%)	1 (7%)	-	<p>By and large this has been the case, with development sessions utilised to ensure understanding. The reports coming to Committee have improved in both breadth and informing.</p> <p>The Development Sessions could be reviewed as they are not well attended and may not be seen as adding value.</p> <p>Committee uses Development Sessions to receive wider briefings and these work well. The challenge is balance of time and deciding when topics may benefit the whole of the Board.</p> <p>Good Development Sessions over the past year, and being able to access the recordings after is useful.</p> <p>I think while some training is offered, I do not feel that it has necessarily been designed with the role of committee in mind.</p>
<b>A7.</b>	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	-	14 (100%)	-	-	<p>Generally, individuals have the understanding and knowledge of issues which has been assisted by development sessions. Where members are unsure they are encouraged to make contact with authors.</p> <p>The different core experience and knowledge of members are beneficial to the assurance process that the Committee is responsible for providing. Some services are highly specialist and, when that is the case, committee members should feel confident to say they need additional information (are we all fully confident to ask?)</p> <p>Yes, however the remit is so broad. There is a requirement through the workplan cycle to ensure that business of the Committee is kept focused to the remit.</p> <p>Agree mostly - often understanding is strengthened by the discussion within the meeting. There is adequate time given to discussion and questioning.</p>
<b>B. Committee meetings, support and information</b>						
<b>B1.</b>	The Committee receives timely information on performance concerns as appropriate.	2 (14%)	11 (79%)	1 (7%)	-	This has developed over the past 12 months, with better and relevant performance reporting taking place.



						<p>There is at time a considerable data lag with some of the measures in the IPQR. I would generally like to see a better use of data , process and outcome to assess progress against actions and impact. This includes at a strategic level.</p> <p>There are regular updates on performance issues, and these are shared in papers, particularly the IPQR, which tracks trends over time.</p> <p>This is further supported by the Clinical Governance Oversight Group and governance structures which sit below.</p> <p>Performance reporting needs reviewed.</p>
<b>B2.</b>	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (14%)	11 (79%)	1 (7%)	-	<p>Previously this has not always been the case, e.g. SPSO. This has developed over the past months and is continuing to develop.</p> <p>Not sure the Committee routinely see Mental Welfare Commission reports and others and I understand the Clinical Governance Oversight Group report sees them but as the third line of defence I think we should see the whole report.</p> <p>An opportunity to strengthen the governance and oversight of external inspections has been identified, with a process to be included in the NHS Fife Clinical Governance Strategic Framework, which is currently being refreshed.</p>
<b>B3.</b>	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (21%)	11 (79%)	-	-	<p>Yes, again this has developed over the past 12 months.</p> <p>From my perspective, this happens smoothly, though sometimes the run-in time for publication of Strategies may not align with meeting dates terribly well.</p>
<b>B4.</b>	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	-	10 (71%)	4 (29%)	-	<p>At times information and data is excessive. Difficult to achieve balance.</p> <p>Excessive paper.</p> <p>There have been occasions when there has been too much information contained within reports. The current drive to ensure papers across all committees are clear and relevant should enhance this.</p> <p>A lot of narrative plus strategies without measures or funded.</p> <p>This is a difficult balance to achieve, in general I think we do have the balance almost right. Volume of papers is an issue though and we are on a journey to improve that at the moment.</p>

						<p>Members could be encouraged to hold the five primary functions of governance at the forefront when asking for reports and papers for the Committee. There has been a tendency for members to ask for more information, which at times has felt more about curiosity rather than governance.</p> <p>The volume of information provided to the Committee is significant. The addition of the Executive Summary has been a welcome addition to the SBAR template. Perhaps consideration could be given to a briefing paper, where appropriate, which pulls out salient points with a focus on the specific assurances being provided.</p> <p>Papers too long.</p>
<b>B5.</b>	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (14%)	10 (71%)	2 (14%)	-	<p>Although distributed one week before the Committee, papers can be over 500 / 600 pages. Often out at same time as other committees. This is more around length of papers and timing of meetings rather than papers being provided in sufficient time.</p> <p>Generally, this is the case but on occasion late papers can provide a challenge to digesting and scrutiny of information and relevant challenge.</p> <p>Be good if we could have papers one week in advance but understand the service pressures.</p> <p>Corporate Services provide excellent support with preparation of papers and circulation in advance of meetings.</p>
<b>B6.</b>	Committee meetings allow sufficient time for the discussion of substantive matters.	1 (7%)	8 (57%)	5 (36%)	-	<p>Difficult to answer. Agenda very long and sometimes matters are rushed.</p> <p>Due to the volume of papers.</p> <p>The sheer breadth of information on Committee agendas can cause issue with giving the required time and consideration to substantive matters.</p> <p>This can be challenging due to the volume of papers but also occurs when discussion moves into operational matters and very specific questions about a topic area.</p> <p>The agendas are often very 'heavy' and important papers on key matters at the end of the agenda are not given sufficient time &amp; attention.</p> <p>Despite excellent chairing and agenda planning, it is often challenging to cover off the detail given the breadth of the agenda and the significance of the subject matter always over runs.</p>

<b>B7.</b>	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	9 (64%)	5 (36%)	-	-	Minutes are generally clear and accurate and are circulated to all committee and board members within that governance cycle.  Minutes are excellent and circulated promptly.
<b>B8.</b>	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	8 (57%)	5 (36%)	1 (7%)	-	Yes, and these are generally tracked via the Action List, which is considered at each meeting.  Actions are sometimes mis-interpreted and are re-worded after the meeting.  Action list is extremely helpful and keeps track of progress.
<b>B9.</b>	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (21%)	11 (79%)	-	-	Assurances are provided via the Chair's brief and if there are any concerns these can be escalated to the Board via that route or directly.
<b>B10.</b>	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	3 (21%)	10 (71%)	1 (7%)	-	Delegated responsibilities are discussed and understood.  General point to focus on role of committee vs operational business vs effective scrutiny for all.
<b>C. The Role and Work of the Committee</b>						
<b>C1.</b>	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	8 (57%)	6 (43%)	-	-	Very comprehensive updates are given.  There is specific section in NHS Board meetings for the chairs of committees to raise issues or concerns.
<b>C2.</b>	In discharging its governance role, the focus of the Committee is at the correct level.	2 (14%)	10 (71%)	2 (14%)	-	Occasionally focus is too operational, almost micro-managing.  The majority of the time this is the case.  This has improved but can still be too operational.

						<p>Agree, though sometimes the role of assurance is not so clear. There may be benefit in reviewing the Blueprint of Good Governance and the elements of assurance in particular.</p> <p>There is a tendency toward operational detail.</p> <p>Needs to be more strategic.</p>
<b>C3.</b>	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	3 (21%)	8 (57%)	3 (21%)	-	<p>Size of agenda is challenging.</p> <p>Agendas remain too long.</p> <p>The agenda is managed actively, and Terms of Reference regularly reviewed and updated.</p> <p>It might be worth considering a rotation of items on the agenda e.g. matters relating to D&amp;I are often toward the end and do not always get enough attention. The focus is often largely on IPQR matters.</p> <p>Too long.</p>
<b>C4.</b>	Key decisions are made in a structured manner and can be publicly evidenced.	5 (36%)	9 (64%)	-	-	<p>Key decisions follow a set format and can be evidenced through the minutes.</p> <p>Be useful to be clearer on providing assurance on what the scope and exclusions.</p> <p>Overall, agree that the process of decision-making is structured and the SBAR template assists with this. Sometimes decisions fall between the responsibilities of more than one committee and when this happens there can be uncertainty about who decides what.</p>
<b>C5.</b>	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Consider agenda, occasional overlaps with other committees.</p> <p>As previously mentioned, the drive to improve papers and the format of the information provided, via Executive Summaries, should prove positive going forward.</p> <p>Shorter agendas, delegation of paper presenting to the authors, who are also in attendance.</p> <p>Perhaps an opportunity for the Committee to consider their role in delivery of the five primary functions of governance set out in the Blueprint for Good Governance. There may be an advantage in looking at these functions within the context of the individual Committee responsibilities.</p>				

		<p>Given the breadth of the agenda, further consideration of ensuring quality and safety focus on agenda items e.g. agenda items which are organisational in nature such as ADP/ RTP should focus on what assurances the Committee requires rather than a generalised update with specific assurances in relation to the remit of the committee.</p> <p>Committee is functioning well.</p> <p>Reset - back to role of committee, what it does and doesn't do, delegation of authority, role of non-exec vs exec etc.</p>				
<b>D. Clinical Governance Committee specific questions</b>						
<b>D1.</b>	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	5 (36%)	8 (57%)	-	1 (7%)	<p>Not sure there is a clear articulation of the measurement of impact of risk mitigation plans. How will we know the risk is being mitigated in terms of impact and associated measures.</p> <p>This is an area of active discussion, and the risks and management actions are scrutinised.</p> <p>The proposed changes to the corporate risk register will see this improve further into 25/26.</p> <p>We can't agree on a definition of this as a Board (risk tolerance) or how to apply it consistently.</p>
<b>D2.</b>	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	2 (14%)	12 (86%)	-	-	<p>Yes, key metrics are considered every meeting with other relevant matters timetabled within the committee workplan or being presented at an appropriate time.</p> <p>Overall the different components are covered in full.</p>
<b>D3.</b>	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (7%)	11 (79%)	2 (14%)	-	<p>No, due to volume of papers.</p> <p>As the IPQR has developed over the past months this has become clearer.</p> <p>Can be a lag in the data, which can impact on assurance.</p>

						<p>This will probably always be a work in progress, data summary slides are welcome and the presentation is reviewed regularly.</p> <p>Need to set acceptable Board performance levels in current Board context.</p>
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues, and has the opportunity to escalate ongoing concerns to the Board.	3 (21%)	10 (71%)	1 (7%)	-	<p>Explanations, actions and measures are generally provided at each presentation to committee. If the committee does not accept mitigations or are concerned regarding outcomes the opportunity to escalate the matter to the Board is available and considered at each meeting.</p> <p>This is sometimes a verbal update at committee, and then a further paper brought to evidence improvement.</p>

**Meeting:** Clinical Governance Committee  
**Meeting date:** 7 March 2025  
**Title:** Annual Review of Committee's Terms of Reference  
**Responsible Executive:** Dr Chris McKenna, Medical Director  
**Report Author:** Gillian MacIntosh, Board Secretary

## Executive Summary:

- The Committee's Terms of Reference is presented for endorsement, before onward submission to the NHS Fife Board for approval.
- The review is carried out on annual basis, as part of the overall annual governance process, and reflected in the annual update to the NHS Fife Code of Corporate Governance, submitted to the Board in May.
- Proposed changes are tracked within the enclosed document, for visibility.

## 1. Purpose

### **This report is presented for:**

- Discussion

### **This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

### 2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2024, as per the above cycle.

## 2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease.

Following review and endorsement by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

N/A

### 2.3.2 Workforce

N/A

### 2.3.3 Financial

N/A

### 2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

### 2.3.6 Climate Emergency & Sustainability Impact

N/A



### 2.3.7 Communication, involvement, engagement and consultation

N/A

### 2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

## 2.4 Recommendation

This paper is provided to members for:

- **Discussion** - consider the attached remit, advise of any proposed changes and **endorse** a final version for further consideration by the Board.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Clinical Governance Committee's Terms of Reference

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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# CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~[TBC](#)

## 1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife [to ensure the delivery of safe, effective, person-centred care in an organisation that listens, learns and improves.](#)
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee and evaluate the clinical governance and risk management actions and activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities. This includes planning, maintaining and improving quality.
- 1.5 To oversee patient experience and feedback mechanisms and associated activity and seek assurance that learning and ongoing improvements are responsive to ~~complaints~~ feedback and in line with national standards and Ombudsman guidance.
- 1.6 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.7 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.
- 1.8 [The Committee has delegated authority from the Board to be assured that the correct structure, systems and processes are in place to manage clinical governance and quality-related matters and that these are monitored appropriately. Whilst the Committee can input into and endorse plans drafted to implement the Board's agreed strategies, approval thereof remains with the Board, as per its Standing Orders.](#)

## 2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:

- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Medical Director
- Nurse Director
- Director of Public Health
- One Staff Side representative of NHS Fife Area Partnership Forum
- One Representative from Area Clinical Forum

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- ~~Director of Finance & Strategy~~
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- ~~Associate~~ Director of Digital & Information
- Director of Planning & Transformation
- Deputy Medical Director, Acute Services Division
- Deputy Medical Director, Fife Health & Social Care Partnership
- Associate Director of Quality & Clinical Governance
- Associate Director of Risk & Professional Standards
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

### 3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

### 4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the

Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

4.4 The Committee will conduct business in accordance with NHS Fife's Organisational Values and a focus on promoting a safety culture.

## 5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the quality and safety performance indicators set by the Board.
- provide oversight of the implementation of the [quality, safety and patient experience aspects of the](#) Population Health & Wellbeing Strategy and review its impact, in line with the NHS Fife Strategic Framework and the Clinical Governance Framework.
- ensure appropriate alignment and clinical governance oversight with the individual workstreams of the Strategy ~~(i.e. Integrated Planned Care Programme; Integrated Unscheduled Care Programme; High-Risk Pain Medicine Programme).~~
- provide assurance to the Board that there are effective systems and processes in place to support the management and mitigation of risks related to Information Security & Governance.
- receive the minutes and assurance reports from the meetings of:
  - Area Clinical Forum
  - [Area Drug & Therapeutics Committee](#)
  - [Area Medical Committee](#)
  - [Area Radiation Protection Committee](#)
  - Cancer Strategy & Governance Group
  - Clinical Governance Oversight Group
  - Digital & Information Board
  - Health & Safety Sub Committee
  - Infection Control Committee
  - Information Governance & Security Steering Group
  - Integration Joint Board Quality & Communities Committee
  - [Ionising Radiation Medical Examination Regulations Board \(IRMER\)](#)
  - [Medical & Dental Professional Standards Oversight Group](#)
  - [Medical Devices Group](#)
  - [Mental Health Oversight Group](#)
  - ~~Radiation Protection Committee~~
  - Research, Information & Knowledge Oversight Group
  - Resilience Forum

- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and the Board thereafter.
  - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies, such as the Scottish Public Services Ombudsman (SPSO), Scottish Patient Safety Programme (SPSP), [the Mental Welfare Commission \(MWC\)](#) and Healthcare Improvement Scotland (HIS) reviews and visits.
  - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
  - To provide assurance to Fife NHS Board about the quality of services within NHS Fife, including that effective adverse event management and organisational learning arrangements are in place and are compliant with Duty of Candour legislation.
  - To undertake an annual self-assessment of the Committee's work and effectiveness.
  - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and Scottish Public Finance Manual.
- 5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

## **6. AUTHORITY**

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## 7. REPORTING ARRANGEMENTS

- 7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who also provides [an assurance report on the matters considered at the Committee and highlights a report, on an exception basis,](#) on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

**ASSURANCE SUMMARY  
NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP  
11 FEBRUARY 2025**

**1. Purpose**

To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Clinical Governance Oversight Group (CGOG) held on the 11<sup>th</sup> February 2025. This assurance statement summarises the key aspects of business covered.

	<b>Summary</b>	<b>Assurance Level</b>
<b>1.</b>	<b>NHS Fife InPhase Implementation</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>NHS Fife is evaluating Inphase as a potential replacement for the current Datix Web system as well as considering alternatives such as transitioning to Datix Cloud IQ</li> <li>Initially it was envisioned that a new system would be implemented by March 2025. However, due to issues experienced by other Boards with Inphase including the resource implications for the local risk team, it has been decided to purchase Datix Web for 25/26. This will allow time for a thorough evaluation of a new system before making a purchase</li> <li>An implementation group has been established to assist with the system assessment. Currently an evaluation of each Inphase module is underway.</li> <li>The new timescale for moving to a new system is now March 2026</li> <li>CGOG were assured by the approach to assess any replacement system recognising the significance of getting this move right. Assurance level improved from limited at the December 2024 meeting to moderate.</li> </ul>	
<b>2.</b>	<b>NHS Fife Improving Alerting System, Patient Track</b>	<b>Significant</b>
	<ul style="list-style-type: none"> <li>CGOG endorsed a change to the Patienttrack e-obs system</li> <li>Patienttrack e-obs system was introduced into NHS Fife in 2012. It has an inbuilt alerting system which notifies staff through their Ascom phones, if a patient they are responsible for is unwell. The original alerting rules were implemented in 2012, and were designed before implementation within the real-time environment and have not changed since then.</li> <li>Currently, the system generates excessive alerts, creating “white noise”. As a first step, the group approved the removal of the 15 minute repeat alerting for patients with a new high FEWS. There was agreement that this change will be monitored and reviewed after implementation via the Deteriorating Patient Oversight Group.</li> </ul>	
<b>3.</b>	<b>NHS Fife Adverse Events Staff Support Pathway Update</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>Launch of the Staff Support Pathway in April 2025 was approved by CGOG. While significant assurance is recognised for the approach, a</li> </ul>	

	<p>moderate level of assurance is stated until the work is fully embedded.</p> <ul style="list-style-type: none"> <li>The Pathway was developed in response to the identified need for improvement from staff survey results in late 2022. A short life working group was formed and collaboratively developed the pathway that provides a process to ensure that those staff who may be affected by an adverse event are identified as soon as possible and every effort made to provide appropriate practical and emotional support - both immediately post incident and in the longer term to reduce the risk of long term psychological harm</li> </ul>	
<b>4.</b>	<b>NHS Fife Organisational Learning Leadership Group Update</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>CGOG supported the approach to develop our capability as a learning organisation</li> <li>The Organisational Learning Leadership Group (OLLG) are comprised of a group of self selected leaders who are driving this agenda forward</li> <li>An overview of the OLLG delivery plan was presented to the group that demonstrated good overall progress</li> <li>The update majored on the launch of the Clinical Organisational Learning Event planned for April 2025. This new event focuses on: <ul style="list-style-type: none"> <li>Creating a clinically led forum to shine a light on learning from clinical experience to bring multi-professional teams together from across our healthcare system</li> <li>Extrapolating learning of organisational significance (both celebrating success and learning from when things don't go as planned)</li> </ul> </li> <li>The group noted the time it has taken to get to this point but were supportive and optimistic of the approach- recognising that no organisation has systematically addressed this.</li> </ul>	
<b>5.</b>	<b>NHS Fife Patient Experience Flash Card January 2025</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>The group were delighted to receive the update of the progress to improve patient experience quality performance indicators (QPIs)</li> <li>There has been a focus on local resolution of stage one complaints and making sure that Services are contacting the complainants directly out a written response. Average time to close is now 8 days, this is the best performance since the start of 2023.</li> <li>Overall NHS Fife average days to close a stage two complaint has reduced from 129 days in Jan 2024 to 52 days in Dec 24 (60% improvement) This is the best compliance since July 2021.</li> <li>A focus on the use of Care Opinion also continues with regular promotion, training and support to clinical areas to encourage use.</li> </ul>	
<b>9.</b>	<b>NHS Fife HSCP Quality Matters Assurance Report from 1<sup>st</sup> November 2024</b>	<b>Moderate</b>
	<p>No matters were escalated to CGOG</p> <p>The deteriorated compliance with the number of overdue incidents requiring review was escalated to the HSCP Senior Leadership Team. Assurance was provided to the group that an update defining actions would be provided within the assurance statement for the next meeting.</p>	
<b>10.</b>	<b>NHS Fife Acute Services Division Clinical Governance Assurance</b>	<b>Moderate</b>



	<b>Report from 27<sup>th</sup> November 2024</b>	
	<p>No matters were escalated to CGOG</p> <p>Some of the highlights to the group included:</p> <ul style="list-style-type: none"> <li>• The Pharmacy and Medicines Report</li> <li>• Deteriorating Patient Q2 report</li> <li>• Implementation of a one stop benign prostatic hyperplasia clinic</li> <li>• Laboratories United Kingdom Accreditation Service</li> </ul>	
<b>11.</b>	<b>Draft Annual Statement of Assurance for NHS Fife Clinical Governance Oversight Group 2024-2025</b>	Significant
	<ul style="list-style-type: none"> <li>• CGOG approved the Draft Annual Statement of Assurance to proceed to the Clinical Governance Committee</li> </ul>	
<b>12.</b>	<b>Review of Draft Annual Workplan for NHS Fife Clinical Governance Oversight Group 2025/26</b>	Significant
	<ul style="list-style-type: none"> <li>• CGOG endorsed the draft workplan and agreed that that the IPQR should feature as a standing agenda item with a review of the Quality and Safety section at each meeting.</li> </ul>	
<b>13.</b>	<b>NHS Fife Clinical Policy &amp; Procedure Update 16<sup>th</sup> December 2024</b>	Significant
	<ul style="list-style-type: none"> <li>• CGOG took significant assurance that there is currently 99% compliance with all the policies and procedures that have oversight by the NHS Fife Policy and Procedure Group. Remedial action has been agreed to update the one procedure that is out of date.</li> </ul>	
<b>14.</b>	<b>NHS Fife Activity Tracker 2024 - 2025</b>	Moderate
	<ul style="list-style-type: none"> <li>• The group were advised of one new report and one new standard being issued: <ul style="list-style-type: none"> <li>○ Acute adult and older people hospital at home programme report 2023-24</li> <li>○ Pregnancy Screening standards for chromosomal and health conditions</li> </ul> </li> </ul>	
<b>15.</b>	<b>NHS Fife Duty of Candour Annual Report 2023- 2024 and Improvement Actions</b>	Moderate
	<ul style="list-style-type: none"> <li>• CGOG noted the draft annual report and approved the report to proceed to the Clinical Governance Committee for endorsement</li> <li>• In respect of the improvements to the Duty of Candour procedural guidance the group endorsed: <ul style="list-style-type: none"> <li>○ Addition of outcome codes to moderate events which were previously major. Events which are coded 3 and 4 will be shared with the Medical Director to determine if Duty of Candour should be triggered</li> <li>○ The new guidance on drafting a Duty of Candour letter, this guidance will now be shared with the Chief Executive Officer for final ratification</li> </ul> </li> </ul>	
<b>16.</b>	<b>NHS Fife Infected Blood Inquiry 2024 Recommendations</b>	Moderate
	<ul style="list-style-type: none"> <li>• CGOG took a moderate level of assurance in terms of NHS Fife's response to the Infected Blood Inquiry</li> <li>• In response to the Scottish Government request NHS Fife has: <ul style="list-style-type: none"> <li>○ Provided an overview of the governance structure for blood transfusion, it has been noted that that this will be included in the refreshed NHS Fife Clinical Governance Strategic Framework</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Assessment of use of tranexamic acid (TXA) in surgeries with a risk of moderate blood loss. Assurance was provided that TXA is administered in orthopaedic surgery, aligning to the NICE Quality Statement 2. TXA is not used consistently across all surgical specialities with a proposal to adopt TXA administration by clinicians on a case by case basis applying a stratified risk approach.</li> <li>● The Medical Director has requested that an update on the progress of this work is provided to CGOG in 25/26</li> <li>● noted as a topic for the Clinical Organisational Learning Event</li> </ul>	
<b>17.</b>	<b>NHS Fife COVID-19 Therapies Expansion</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>● COVID antiviral therapies have been available for patients deemed at “high risk” of disease severity or hospital admission since December 2021.</li> <li>● In March 2024 Scottish Government advised Health Boards that access to anti-virals will be available for an expanded cohort of individuals, increasing patient numbers from 150,000 to 904,000 patients in Scotland.</li> <li>● There is no statutory requirement for Boards to implement SMC advice and Scottish Government has not directed access to COVID antivirals for this group. No other Boards have yet implemented this advice.</li> <li>● Antiviral therapies have been provided free of charge from national stockpiles, which are expected to expire or stocks exhausted around March 2025, after which boards would be required to fund.</li> <li>● The COVID Therapies Oversight Group has recommended that NHS Fife does not implement the guidance to expand the eligible cohorts for treatment due to a lack of clinical evidence, as well as the financial and workforce impact.</li> <li>● The group noted and supported the position of the COVID Therapies Oversight Group</li> </ul>	
<b>18.</b>	<b>NHS Fife Deep Dive Review - Hospital Acquired Harm</b>	<b>Moderate</b>
	<ul style="list-style-type: none"> <li>● CGOG noted and provided feedback in respect of this deep dive</li> <li>● It was agreed that there is a significant work underway to mitigate this risk and that the deep dive should provide specific levels of assurance in relation to individual workstreams</li> </ul>	
<b>19.</b>	<b>Linked Meeting Minutes</b>	N/A
	No escalations	
<b>20.</b>	<b>Items for escalation to committee</b>	N/A
	<ul style="list-style-type: none"> <li>● Duty of Candour Annual Report</li> <li>● NHS Fife Deep Dive Review - Hospital Acquired Harm</li> <li>● Draft Annual Statement of Assurance for NHS Fife Clinical Governance Oversight Group 2024-2025</li> </ul>	
<b>21.</b>	<b>Items identified for noting to the committee for assurance</b>	N/A
	<ul style="list-style-type: none"> <li>● Work that has been initiated in response to the Infected Blood Inquiry</li> </ul>	
<b>22.</b>	<b>Items for updating the committee on in early course</b>	N/A
	<ul style="list-style-type: none"> <li>● East Region Neonatal Service - TBC</li> <li>● Adverse Event Policy and Procedure – Sept 2025</li> <li>● NHS Fife Actions in response to the Infected Blood Inquiry -TBC</li> </ul>	

**ASSURANCE SUMMARY  
MENTAL HEALTH OVERSIGHT GROUP  
7 FEBRUARY 2025**

**1. Purpose**

To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Mental Health Oversight Group held on the 7<sup>th</sup> February 2025. This assurance statement summarises the key aspects of business covered.

	<b>Summary</b>	<b>Assurance Level</b>
<b>1</b>	<b>Service Flash Card Reporting</b>	
	<p><b>CAMHS</b></p> <p>The service continues to achieve their Referral To Treatment Target and remains focussed on the redesign of service delivery which is going well. No concerns or escalations were raised. Action to contact Scottish Government around when the enhanced support will cease.</p> <p><b>Psychology</b></p> <p>It was noted that Psychology is supported by PHS Data Analyst and continues to work with the Scottish Governments PT Implementation Team which has led to development of improved capacity mapping and trajectory tools. The service is also looking at the possibility of undertaking a redesign but noted that there are many specialism's in Psychology. It was highlighted that the service is achieving some improvement but not at the expected pace.</p> <p>Although there is a lot of activity within the community psychology services the challenges within the inpatient intensive psychology service does not help with whole multi-disciplinary team statistics.</p> <p>There was discussion around the Job Plans for Psychologists and assurance was provided that the service is progressing with the plans but was not sure if the work was completed.</p> <p><b>Adult services</b></p> <p>Capacity and demand has been challenging but the good work in implementing the National Health Standards is ongoing. There has been a risk of ligatures emerged and significant work around the</p>	

	<p>workforce hub and managing staff across adult services has mitigated the risks that were identified.</p> <p><b>Older Adult Mental Health</b></p> <p>Older Adult Mental Health had similar challenges to Adult Services with regards demand and capacity. There has been a recent retraction of beds with the closure of Cairnie Ward and a recent audit of day care has highlighted that there is an excess of 50% of patients who do not require ongoing care. The service will be looking to strengthen the verification process that is currently in place to reduce delays and report back to the next meeting in April.</p> <p><b>LD/Rehab</b></p> <p>The LD delays and environment for Rehab was discussed and it was noted that a property has been identified which will support 4 individuals to move into a community setting with a package in place. It was noted that the significant vacancies within the LD Service was concerning in particular the Specialist Child LD position.</p> <p><b>Addictions</b></p> <p>No issues were highlighted associated with Addictions Services but it was highlighted that Fife are being held up as Gold Standard for the MAT Standards with regards performance of delivery of the Standards.</p> <p><b>Forensics</b></p> <p>Recruitment is currently being undertaken to fill the Specialist Forensic Locum position.</p>	
<p><b>2.</b></p>	<p><b>MH Strategy</b></p>	
	<p>It was noted that there has been significant engagement with the public with 11 sessions undertaken with a further 3 planned before the end of February 2025. Once the Strategy has been agreed and approved at IJB and NHS Fife Board this group will provide oversight and joint chair responsible for ensuring the delivery of the strategy.</p>	
<p><b>3.</b></p>	<p><b>Mental Health Workforce</b></p>	
	<p>No issues to escalate with regards the nursing workforce but noted that MH services depends on multi-disciplinary teams which includes a significant number of AHPs. Assurance was given regarding the Psychiatry workforce and steps taken to reduce</p>	

	locum spend moving to a direct engagement model for all, to date 90% of Locums have moved to Direct Engagement.	
<b>4.</b>	<b>Engagement with Scottish Government</b>	
	<p>It was noted that engagement with Scottish Government has reduce from attendance at National Meetings to distribution of newsletter.</p> <p>It was noted that the Scottish Government will be visiting Stratheden on Thursday 13<sup>th</sup> February 2025.</p>	
<b>5.</b>	<b>Risk Register</b>	
	A review of the risk register has commenced which is focussing on the operational risk register to ensure that the risk ratings are recorded properly with support from Shirley-Anne Savage and Avril Sweeney.	
<b>6.</b>	<b>Mental Health Estate</b>	
	The MH Estates Steering Group has been reconvened and presentation setting out the vision was shared with the Steering Group was presented to the Oversight Group. It was agreed that it would be beneficial for a half day meeting to be organised with key stakeholders to allow full discussion.	
<b>7.</b>	<b>Mental Welfare Commission/HIS Updates</b>	
	<p>There was discussion around the oversight of inspections which is currently presented at QMAG and Clinical Oversight Group and to avoid duplication the proposal is that the oversight of the Mental Health Inspections is delegated to the Mental Health Oversight Group.</p> <p>It was noted that there has been an Unannounced Inspection at Dunino Ward on 29<sup>th</sup> January 2025 where the feedback following the visit acknowledged the environment was not ideal but staff were doing the best with what was available. Feedback included patients were appreciative of the care that they received and complementary of the staff and no issues were identified with care plans but a few issues around the MH Legislation was highlighted and there were a number of delayed patients on the ward at the time of the inspection.</p>	
<b>8.</b>	<b>Escalations</b>	
	Confirmed that there were no items requiring escalation.	

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Corporate Risks Aligned to Clinical Governance Committee</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Dr Shirley-Anne Savage, Associate Director for Risk &amp; Professional Standards</b>

## Executive Summary

- The report provides an update on the corporate risks aligned to this committee including an update on the deep dive into the new suggested risk **Hospital Acquired Harm** and detail on Risk 6 – Whole System Capacity.
- The committee are asked to consider and be assured of the mitigating actions to improve the risk levels and note the risk appetite status of the corporate risks against the new risk appetite agreed by the Board in November.
- Members are asked to take a “moderate” level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

## 1 Purpose

### **This report is presented for:**

- Discussion
- Assurance

### **This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 17 January 2025 including a draft deep dive for the new suggested risk Hospital Acquired Harm. An update is also provided on Risk 6 - Whole System Capacity primarily aligned to FP&R committee but brought here for further scrutiny.

### 2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management.

### 2.3 Assessment

The risks aligned to this Committee are summarised in Table 1 below and at Appendix 1.

Risk Title	Target Score	Current Score	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
9. Quality & Safety	6	12	12	12	12	12	12	Within
17. Cyber resilience	12	16	16	16	16	16	16	Above
18. Digital and Information	12	15	15	15	15	15	15	Above
22. <i>Hospital Acquired Harm (Under Consideration)</i>	12	15	N/A	N/A	N/A	N/A	N/A	<i>Within</i>

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

- Three risks are currently aligned to the Committee.
- One new risk has been suggested for consideration – Risk 22 - Hospital Acquired Harm
- The risk level breakdown is - 2 High and 1 Moderate.

Risk 9 aligns to *Strategic Priority 2: 'To improve the quality of health and care services'*. The Board has an Open appetite for risks in this domain.

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

Risks 17 and 18 align to *Strategic Priority 4: 'To Deliver Value and Sustainability'*. The Board has an Open appetite for risks in this domain.

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

The updated Risk Appetite is attached in Appendix 2.

With the agreement of the new risk appetite, it is timely to give consideration as to how we can use the risk appetite to help manage our corporate risks and start to include this within our discussions.

## Risk Updates

### Risk 6 - Whole System Capacity

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

Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt & planning workshop was held on 26/2/25 which identified further system wide improvements.

### Risk 9 - Quality and Safety

The Organisational Learning Leadership Group (OLLG) is reviewing delivery of a workplan for 2024/2025 and starting to plan for 2025/2026. A key focus of this work is the Clinical Organisational Learning Event which launches in April. This even aims to extrapolate learning of organisational significance and brings multiprofessional groups together across the NHS Fife healthcare system to share learning as a collective.

### Risk 17 – Cyber Resilience

Plans are being progressed to run practice scenarios for cyber incident response activities. This includes commercial arrangements being established with cyber response experts.

Preparation of cyber communications plan now complete.

### Risk 22 – Hospital Acquired Harm – Deep Dive

Hospital Acquired Harm is the suggested new risk developed in response to the closing the Optimal Clinical Outcomes Risk. A draft deep dive is presented in Appendix 3.

This report provides the following Level of Assurance:

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



### 2.3.1 Quality, Patient and Value-Based Health & Care

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

### 2.3.2 Workforce

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

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment / Management

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

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

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

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time

### 2.3.8 Route to the Meeting

- Gemma Couser, Associate Director of Quality & Clinical Governance on 26 February 2025
- Alistair Graham, Associate Director of Digital & Information on 26 February 2025
- Neil McCormick, Director of Property & Asset Management on 26 February 2025
- Dr Chris McKenna, Medical Director, on 26 February 2025
- Dr Joy Tomlinson, Director of Public Health on 26 February 2025
- Claire Dobson, Director of Acute Services on 26 February 2025

## 2.4 Recommendation

Members are asked to **discuss** the report and:

- note details of the corporate risks aligned to this committee as at 20 February 2025
- note the risk appetite status of the risks against the new risk appetite

- note and comment on the draft deep dive for the suggested new risk Hospital Acquired Harm
- consider and be assured of the mitigating actions to improve the risk levels and take a “**moderate**” level of assurance

### 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - NHS Fife Corporate Risks aligned to the CGC as at 20 February 2025
- Appendix No. 2 - Board Risk Appetite November 2024
- Appendix No. 3 - Deep Dive: Hospital Acquired Harm


#### Report Contact



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## NHS Fife Corporate Risk Register as at 20/02/25

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
6	 <p><b>OPEN</b></p>	<p><b>Whole System Capacity</b></p> <p>There is a risk that NHS Fife may be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.</p>	<p>The risk descriptor has been updated. The updated wording of the risk reflects the ongoing significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p> <p>Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt &amp; planning workshop was held on 26/2/25 which identified further system wide improvements.</p> <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			identified as clinically fit or with a Planned Date of Discharge are reviewed daily. Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.						
9	 <p><b>Quality &amp; Safety</b></p> <p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p>	<p>Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).</p> <p>There are also effective systems &amp; processes to ensure oversight and monitoring of national &amp; local strategy / framework / policy /audit implementation and impact.</p> <p>One of the root causes of this risk is that there are “no effective system of supporting effective organisational learning”.</p> <p>The Organisational Learning Leadership Group (OLLG) is reviewing delivery of a workplan for 2024/2025 and starting to plan for 2025/2026. A key focus of this work is the Clinical Organisational Learning Event which launches in April. This even aims to extrapolate learning of organisational significance and brings multiprofessional groups together across the NHS Fife healthcare system to share learning as a collective.</p> <p>Another change which aligns to the work of the OLLG and the Adverse Events Improvement Plan is that from 1<sup>st</sup> August all significant adverse events graded as a 4 (i.e. “A <i>different plan and or delivery of care, on balance of probability, would have been expected to result in a more</i></p>	Within	Moderate 12	Low 6 by 31/01025		Medical Director	Clinical Governance (CGC)	

			<p><i>favourable outcome, i.e. how case was managed had a direct impact on the level of harm</i>”) will now have the associated improvement plans returned to the Executive SAER panel for oversight and monitoring of improvement actions. The next phase of this work is to embed governance processes for outcomes 1-3 within divisional clinical governance structures.</p> <p>The intention is to redefine the risks relating to Quality and Safety beyond the process/governance focus that we currently have.</p>						
17	 <p><b>Cyber Resilience</b></p> <p>There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p>	<p>The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded for 2024. The compliance rate has increased to 93%, up from 77% from the previous year.</p> <p>The action plan for improvement will be presented to the Information Governance and Security Steering Group for review and progress tracking.</p> <p>Plans are being progressed to run practice scenarios for cyber incident response activities. This includes commercial arrangements being established with cyber response experts.</p> <p>Preparation of cyber communications plan now complete.</p> <p>Management actions continue to be progressed.</p>	Above	High 16	Mod 12 by 30/09/25	◀▶	Director of Digital and Information	Clinical Governance (CGC)	
18	 <p><b>Digital &amp; Information</b></p> <p>There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&amp;I</p>	<p>A strategy completion report will be presented to the NHS Fife Board in November 2024.</p> <p>A revised Digital Framework is being created via the Digital Information Board</p>	Within	High 15	Mod 12 30/06/25	◀▶	Director of Digital and Information	Clinical Governance (CGC)	

		<p>Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.</p>	<p>and will be presented to governance committees for review and comment.</p> <p>Specific financial risks were prepared in support of the budget planning exercise for 2025/26.</p> <p>A reduced level of activity to match the resource availability and limited levels of finance. (Capital and revenue)</p> <p>The revised framework will include, financial and workforce planning, to support the mitigation associated risk.</p>						
22		<p><b>Hospital Acquired Harm</b></p> <p>There is a risk that patients may 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 workforce and whole system pressures.</p>	<p>Work is underway in the following areas:</p> <ul style="list-style-type: none"> <li>• Falls Prevention</li> <li>• Pressure Ulcer Prevention</li> <li>• Hospital Acquired Infection</li> <li>• Medicine Incidents</li> <li>• Unscheduled Care Programme Board</li> <li>• Emergency Access</li> <li>• Delayed Transfer of care and Surge</li> </ul>	Within	High 15	Moderate 12 by 31/03/26		Medical Director and Nurse Director	Clinical Governance (CGC)

**Risk Movement Key**

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

# NHS Fife Risk Appetite Statement

November 2024

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

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

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

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

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

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


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

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

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



## Draft Deep Dive Review on Corporate Risk 22 Hospital Acquired Harm

<b>Corporate Risk Title</b>	<b>Hospital Acquired Harm</b>		
<b>Strategic Priority</b>	 To improve the quality of health and care services		
<b>Risk Appetite</b>	<b>OPEN</b>		
<b>Risk Description</b>	There is a risk that patients may 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 workforce and whole system pressures.		
<b>Root Cause (s)</b>	<ul style="list-style-type: none"> <li>• Demand exceeding capacity</li> <li>• Lack of available workforce and appropriately trained workforce</li> <li>• Failure to follow guidelines and protocols</li> </ul>		
<b>Management Actions (current)</b>			
<b>Current Risk Rating ([LxC] &amp; Level (e.g. High Moderate, Low))</b>	<b>Likelihood - 5</b>	<b>Consequence - 3</b>	<b>Level - High</b>
<b>Target Risk Rating([LxC] &amp; Level (e.g. High, Moderate, Low))</b>	<b>Likelihood - 4</b>	<b>Consequence - 3</b>	<b>Level - Moderate</b>
<b>Action</b>	<b>Status</b>		<b>Impact on Likelihood/Consequence</b>
<b>Falls Prevention Work</b>			
The falls documentation across Fife is being reviewed and audited. The findings will guide further quality improvement work to enhance compliance and outcomes	In progress – on track		Reduced Likelihood
The Acute In-patient Falls Group led by a triumvirate of the Head of Nursing for Acute, Physiotherapy, and Occupational Therapy manager reports into NHS Fife's Safer Mobility and Falls Reduction Oversight Group. The Group has plans to work in conjunction with the MoE Nurse Consultant and the Clinical Effectiveness Team to run a cluster review within the Medical Directorate in order to learn from previous cases. The offer to participate was extended to the Surgical Directorate and H&SCP.	In progress – on track		Reduced Likelihood and Consequence
A quality improvement initiative is being undertaken on Wards 43 and 54 at Victoria Hospital, trialling decaffeinated drinks to assess their impact on reducing falls. If successful the initiative will be expanded across other acute areas, integrating key learning points to further reduce falls and patient harm.	In progress – on track		Reduced Likelihood and Consequence
There has been engagement with National Falls Awareness Week, a dedicated initiative focused on raising awareness about falls prevention and safety. Their goal is to actively engage both healthcare professionals and the public, ensuring that the necessary information and support are accessible to all.	Completed		Reduced Likelihood
There has been the successful launch of the newly revised NHS Fife Falls Tool Kit and Documentation. This updated resource provides comprehensive guidance for healthcare professionals, integrating best practices, new protocols, and	Completed		Reduced Likelihood and Consequence

improved reporting tools. The tool kit is designed to enhance falls management and ensure all staff have the right resources at hand.		
There is good collaboration across nursing and allied health professionals including a Falls Link Practitioner Afternoon which brought together practitioners from across NHS Fife to share good practice.	In progress – on track	Reduced Likelihood and Consequence
H&SCP are reviewing patient placements and falls data at huddles. All at risk patients are discussed, their falls assessments are reviewed and updated and actions agreed to prevent falls.	In progress – on track	Reduced Likelihood
<b>Pressure Ulcer Work</b>		
A Fife wide Tissue Viability Improvement Group in place to monitor performance and facilitate improvements.	In progress – on track	Reduced Likelihood and Consequence
A Short-Life Working Group (SLWG) was established to improve reporting and data capture in pressure damage incidents. SCNs and Charge Nurse Managers (CNMs) will review Care assurance monthly audit results to track progress of any improvement or deterioration.	In progress – on track	Reduced Likelihood and Consequence
There has been a focus on education and supporting Tissue Viability (TV) Link Practitioner's to increase confidence in clinical areas with pressure ulcer identification and grading	In progress – on track	Reduced Likelihood and Consequence
The Tissue Viability Nurse (TVN) team conduct targeted training and audits to ensure documentation compliance.	In progress – on track	Reduced Likelihood and Consequence
Acute and HSCP TV services have delivered training to the Newly qualified practitioners as part of a welcome to Fife event, the teams continue to work together and deliver training	Completed	Reduced Likelihood and Consequence
Within HSCP the tissue viability teams are linking with podiatry to deliver training to inpatient areas.	In progress – on track	Reduced Likelihood and Consequence
A deep dive is undertaken for all TV Datix incidents by the Lead nurses within the area to highlight any concerns. Senior Charge Nurses (SCN) will ensure the dissemination of ward level learning summaries in order to share learning from deep dives.	In progress - some challenges	Reduced Likelihood and Consequence
Nursing Documentation will be revised, and a simplified booklet and standardised handover sheets will be implemented to streamline the documentation.	Not started	Reduced Likelihood and Consequence
Link practitioners will be reintroduced across all inpatient wards to enhance ongoing support and upskilling of staff with monthly reviews to ensure effectiveness.	Not started	Reduced Likelihood and Consequence
<b>Hospital Acquired Infection</b>		
Raise awareness on use of antibiotics with GPs, healthcare managers and community pharmacists, advising GPs and community pharmacists to review Protein Pump Inhibitor medication and encouraging prudent use of antibiotics.	In progress – on track	Reduced Consequence
<b>SAB</b>	In progress – on track	

Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.		
Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.	In progress – on track	Reduced Likelihood
Examine the impact of interventions targeted at reducing SABs.	In progress - some challenges	Reduced Likelihood
Use data to inform clinical practice improvements and for prioritising resources thereby improving the quality of patient care.	In progress – on track	Reduced Likelihood
A Complex Care Review is carried out for each dialysis related SAB case to ascertain any learning identified to influence future practice	In progress – on track	Reduced Likelihood
<b>CDI</b> The follow up of all hospital and community cases continues to establish risk factors for CDI	In progress – ongoing	Reduced Likelihood
Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases to raise awareness	In progress – ongoing	Reduced Likelihood
Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.	In progress – on track	Reduced Likelihood
Establishment of optimum antimicrobial therapy for multiple recurrence CDI case. From October 2019 each CDI case has been assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high-risk patients.	In progress – on track	Reduced Likelihood
Commercial faecal transplant (FMT) is now available and will be for recurrences that have failed first and second line treatments	In progress – ongoing	Reduced Likelihood
<b>ECB</b> The Infection Prevention and Control team continue to work with the Urinary Catheter Improvement Group (UCIG) to develop a plan to reduce infections.	In progress - some challenges	Reduced Likelihood
In order to improve management, infection control surveillance alerts the patient's care team manager by Datix when an ECB is associated with a traumatic catheter insertion, removal or maintenance.	In progress – ongoing	Reduced Likelihood
Monthly ECB reports and graphs are distributed within HSCP and Acute services for awareness raising.	In progress – ongoing	Reduced Likelihood
CAUTI bundles to optimise prevention of catheter-associated urinary tract infection have now been installed onto Patientrack and have been trailed on V54 ward prior to this being rolled out across the board. Catheter insertion/maintenance bundles are now in MORSE for use by the district nurses	In progress - some challenges	Reduced Likelihood
<b>Hand Hygiene</b>		

Acute Services Division have introduced electronic recording system for reporting HH compliance from clinical areas and reported via the PAN IPC Group. Some areas continue to utilise LanQIP. The aim is for one standard reporting system for all of NHS Fife and InPhase is currently being explored.	In progress - some challenges	Reduced Likelihood
<b>Medicines Incidents</b>		
Fife Area Drug and Therapeutics Committee's (ADTC) remit is to provide assurance to NHS Fife board on all aspects of safe, quality and, cost-effective prescribing, medicines utilisation and governance, aligned with NHS Fife strategies and relevant legislation.	In progress – ongoing	Reduced Likelihood
There is an established process of reviewing incidents, to ensure a rapid learning approach is followed. This is achieved by a weekly safety huddle, with multi-disciplinary membership across Acute Services and HSCP, which scrutinises the previous week's medication incidents. The themes and learning from these incidents are shared through the circulation and publication on Stafflink, of a weekly Medicines Safety Minute (MSM) briefing to all professional groups. The MSM is used by wards, departments and teams as part of weekly safety huddles. As well as addressing any immediate learning, it embeds a culture of regular and routine focus on medicines safety across clinical teams.	In progress – ongoing	Reduced Likelihood and consequence
Incidents of missing controlled drugs are recorded as “major” to ensure the incident is escalated immediately and appropriate action taken, with early oversight of senior leaders. The incidents are downgraded if the medication is subsequently found; for example, a calculation error was discovered in the controlled drug register resulting in the discrepancy being resolved.	In progress – ongoing	Reduced Likelihood
An attractive stock dashboard (ASD) has been developed by NHS Fife, which details all medication supplied to wards and departments that may be desirable and therefore at increased risk of diversion. The clinical pharmacist for each ward or department review this with senior nursing and medical staff every month, to identify any areas of concern. In NHS Fife, a Key Performance Indicator of 100% has been set, with this being achieved since January 2024 onwards.	In progress – ongoing	Reduced Likelihood
An Attractive Stock Organisation Action Plan has been developed collating key themes and learning from recent SAERs and LAERS to support delivery of change or learning, with oversight from the CD Governance Group.	In progress - some challenges	Reduced Likelihood
<b>Availability of Workforce</b>		
Implementation of the Health and Care Staff Act to ensure appropriate staffing in terms of numbers and skills.	On Track	Reduced Likelihood and Consequence
Development of a Workforce OPEL, a strategy that enables pre-emptive action to be taken in order to maintain staffing levels.	In progress - some challenges	Reduced Likelihood
The introduction of eRostering & Safecare; and the Common Staffing Methodology.		

Safecare will allow management of workforce related risks in real time, and the Common Staffing Methodology should use some of these indicators to provide the evidence for the professional judgement on the numbers / skills of staff required to provide appropriate care to the patients within the ward / area.	Not started	Reduced Likelihood
Development of a Medical Staffing Strategic Framework to draw together a number of medical workforce workstreams and to describe how we will progress towards the overarching workforce plan specifically in relation to medical staffing.	Not started	Reduced Likelihood
Further development of specialist and advanced nursing practice.	In progress – ongoing	Reduced Likelihood
Ensure staff are appropriately trained including the management of completion of mandatory training	In progress - some challenges	Reduced Likelihood
Attendance by NHS Fife and HSCP at recruitments fairs at universities to encourage recruitment.	In progress – ongoing	Reduced Likelihood
Work closely with colleagues in Employability to promote wider routes into healthcare	In progress - some challenges	Reduced Likelihood
Events developed for secondary school students to promote healthcare and encourage recruitment.	In progress – ongoing	Reduced Likelihood
Continuation of Modern Apprenticeships programmes for Healthcare Support Workers (HCSW)	In progress – ongoing	Reduced Likelihood
Further development of the Assistant Practitioner Programme	In progress - some challenges	Reduced Likelihood and Consequence
<p><b>Integrated Unscheduled Care Programme Board</b></p> <p>Continue the work of Integrated Unscheduled Care Programme Board (chaired by the Director of Health &amp; Social Care and Director of Acute Services) with regular reporting through the Executive Directors' Group.</p> <ul style="list-style-type: none"> <li>• Reduce attendances – Redesign of Urgent Care</li> <li>• Flow Navigation Centre improvements</li> <li>• Reduce Admissions – Alternatives to Inpatient Care</li> <li>• Development of new pathways</li> <li>• Reduce Length of Stay – Rapid Assessment and Streaming</li> <li>• Support early decision making</li> <li>• Optimise Flow to align discharges and admissions patterns</li> <li>• Effective Discharge Planning</li> </ul>	In progress - some challenges	Reduced Likelihood
<p><b>Emergency Access</b></p> <p>Staffing models have been reviewed within ED, ensuring senior clinical decision maker presence</p>	In progress - some challenges	Reduced Consequence

Successful appointment of a dedicated ED CNM continues to ensure appropriate leadership and support.	In progress - some challenges	Reduced Consequence
Continued focus on Right Care, Right Place	In progress - some challenges	Reduced Likelihood
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.	In progress - some challenges	Reduced Likelihood
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.	In progress – ongoing	Reduced Likelihood
Maintain a strong discharge profile, even amidst a significant increase in referrals across both social care and social work sectors.	In progress - some challenges	Reduced Likelihood
<b>Delayed Transfer of Care and Surge</b>  Efforts to streamline care pathways have been effective in reducing unnecessary hospital stays, leading to a greater number of patients being discharged in alignment with their Patient Day of Discharge (PDDS). Moreover, standard delays are being managed within an improvement trajectory, and the continuous collaboration with the Red Cross has enabled the establishment of alternative pathways for assessment beds.	In progress - some challenges	Reduced Likelihood
The Day of Care audit provided a comprehensive assessment of key markers aligned to the mental health inpatient population, including delayed discharge which will be analysed alongside existing data and collation processes.	Completed	Reduced Likelihood
Challenges continue to exist in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources.	In progress - some challenges	Reduced Likelihood
Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi -agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi -disciplinary, solution focused, verification/flow meetings	In progress - some challenges	Reduced Likelihood
<b>Management Actions (future)</b>		
<b>Action</b>	<b>Status</b>	<b>Impact on Likelihood/ Consequence</b>
<b>Medicines Incidents</b>  There are number of areas in which a proactive preventative programme is required which represent foundations of medicines safety continuous improvement. The Board has identified medicines safety as a corporate objective, which is a commitment to ensuring a continuous focus on improving patient outcomes and reducing risk of harm from medicines. There are five high risk medicines areas which have been identified from local medication incidents and National Patient	On Track - Ongoing	Reduced Consequence

<p>Safety Alerts. High risk medicines are defined by HIS “as medicines that have a high risk of causing injury or harm if they are misused or used in error”:</p> <ul style="list-style-type: none"> <li>a. Anticoagulants</li> <li>b. Insulin</li> <li>c. Lithium</li> <li>d. Sodium valproate</li> <li>e. High Risk Pain Medicines (HRPM)</li> </ul> <p>This programme will be overseen by the multi-disciplinary Medicines Safety and Policy group, reporting to Area Drug and Therapeutics Committee, with clear links through Pharmacy Senior Leadership Team and the HSCP and Acute Services governance groups.</p>		
<p>Continue escalation of issues through Senior Leadership Teams to Executive Director’s Group then through to Clinical Governance Committee (and other committees as appropriate).</p>	On Track - Ongoing	Reduced Consequence
<p>Ensure the NHS Fife Realistic Medicine/Value Based Health Care Delivery Plan aligns with the Scottish Government (SG) Value Based Health &amp; Care. Action Plan 2023</p>	On Track	Reduced Consequence

<b>Action Status Key</b>
Completed
In Progress - On track
In Progress - Some Challenges
In Progress - Significant Challenges
Not started

## CLINICAL GOVERNANCE COMMITTEE ANNUAL WORKPLAN 2025 / 2026

Governance - General							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Active or Emerging Issues							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Governance Matters							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Annual Assurance Statements from Subcommittees (D&I Board, H&S Subcommittee, IG&S Steering Group, IJB Q&C Committee, Resilience Forum, Medical Devices)	Board Secretary	✓					
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance		✓				
CGOG Assurance Summary Report	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to CGC, and Deep Dives	Medical Director/Associate Director for Risk & Professional Standards	✓ Dentistry	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					✓	
Review of Terms of Reference	Board Secretary						✓ Approval



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

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

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

Annual Reports / Other Reports (cont.)							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Research, Innovation and Knowledge Strategy 2022-2025 Progress Update	Medical Director					✓	
Research, Innovation and Knowledge Annual Report 2024/25	Medical Director					✓	
Review of Deaths of Children & Young People 2024/25	Director of Nursing			✓			
The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Annual Report	Director of Nursing			✓			
Linked Committee Minutes							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Area Clinical Forum	Chair of Forum	06/02	03/04	05/06	07/08	02/10	04/12
Area Medical Committee	Medical Director	03/04	05/06	07/08	02/10	04/12	05/02
Area Radiation Protection Committee	Medical Director	-	07/05	-	-	12/11	-
Cancer Governance & Strategy Group	Medical Director	19/02	01/04	12/06	09/09	27/11	-
Clinical Governance Oversight Group	Medical Director	11/02	08/04	17/06	19/08	14/10	09/12
Digital & Information Board	Director of Digital & Information	15/10	TBC				
Fife Area Drugs & Therapeutic Committee	Medical Director	19/02	23/04	18/06	27/08	29/10	17/12
Fife IJB Quality & Communities Committee	Associate Medical Director	04/09, 08/1, 10/01 & 06/03	25/04	04/07	05/09	05/11	07/01
Health & Safety Subcommittee	Chair of Subcommittee	07/03	06/06	-	05/09	05/12	-
Infection Control Committee	Director of Nursing	02/10 & 04/12	TBC				
Ionising Radiation Medical Examination Regulations Board (IRMER)	Medical Director	06/05	-	-	17/09	-	-
Information Governance & Security Steering Group	Director of Digital & Information	21/10 & 29/01					
Medical Devices Group	Medical Director	12/03	11/06	-	-	10/12	-

<b>Linked Committee Minutes (cont.)</b>							
	<b>Lead</b>	<b>02/05/25</b>	<b>11/07/25</b>	<b>29/08/25</b>	<b>07/11/25</b>	<b>09/01/26</b>	<b>06/03/26</b>
Medical & Dental Professional Standards Oversight Group	<b>Medical Director</b>	21/01	15/04	15/07	-	21/10	-
Mental Health Oversight Group	<b>Director of Health &amp; Social Care</b>	-	10/04	04/06	05/08	17/10	10/12
Research, Innovation & Knowledge Oversight Group	<b>Medical Director</b>	-	24/04	-	-	13/11	-
Resilience Forum	<b>Director of Public Health</b>	20/03	-	18/06	18/09	-	17/12
<b>Ad-hoc Items</b>							
	<b>Lead</b>	<b>02/05/25</b>	<b>11/07/25</b>	<b>29/08/25</b>	<b>07/11/25</b>	<b>09/01/26</b>	<b>06/03/26</b>
<b>Matters Arising</b>							
	<b>Lead</b>	<b>02/05/25</b>	<b>11/07/25</b>	<b>29/08/25</b>	<b>07/11/25</b>	<b>09/01/26</b>	<b>06/03/26</b>
<b>Development Sessions</b>							
	<b>Lead</b>						

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

<b>Governance - General</b>							
	<b>Lead</b>	<b>03/05/24</b>	<b>12/07/24</b>	<b>06/09/24</b>	<b>04/11/24</b>	<b>17/01/25</b>	<b>07/03/25</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action list	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Active or Emerging Issues</b>							
	<b>Lead</b>	<b>03/05/24</b>	<b>12/07/24</b>	<b>06/09/24</b>	<b>04/11/24</b>	<b>17/01/25</b>	<b>07/03/25</b>
<b>Governance Matters</b>							
	<b>Lead</b>	<b>03/05/24</b>	<b>12/07/24</b>	<b>06/09/24</b>	<b>04/11/24</b>	<b>17/01/25</b>	<b>07/03/25</b>
Annual Assurance Statements from Subcommittees (D&I Board, H&S Subcommittee, IG&S Steering Group, IJB Q&C Committee, Resilience Forum, Medical Devices)	<b>Board Secretary</b>	✓					
Annual Committee Assurance Statement (inc. best value report)	<b>Board Secretary</b>	✓					
Annual Internal Audit Report	<b>Director of Finance &amp; Strategy</b>		✓				
CGOG Assurance Summary Report	<b>Associate Director of Quality &amp; Clinical Governance</b>	✓	✓	✓	✓	✓	✓
Committee Self-Assessment Report	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Corporate Risks Aligned to CGC, and Deep Dives	<b>Medical Director/Associate Director for Risk and Professional Standards</b>	✓	✓	✓ Including update on Clinical Optimal Outcomes	✓ Cancer Waiting Times	✓ Access to outpatient, diagnostic and treatment services + Clinical Optimal Outcomes	✓ Whole System Capacity

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

Quality / Performance (Cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Healthcare Associated Infection Report (HAIRT)	Director of Nursing	✓	✓	✓	✓	✓	✓
IRMER Inspection Report 2024	Medical Director		✓				
Nursing & Midwifery Professional Assurance Framework	Director of Nursing	Removed from workplan, as a review of the framework will form part of a leadership review that will be undertaken.					
Public Protection, Accountability & Assurance Framework	Director of Nursing	Deferred - due to timings			Deferred to next mtg		Deferred - A COPS mtg is taking place on 4 March '25, which will inform the report
Digital / Information							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Digital and Information Strategy 2019-24 Update	Director of Digital & Information		Deferred to next mtg	✓		Removed – update on framework will be brought back in due course	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Digital & Information			✓			
Information Governance and Security Steering Group Update	Director of Digital & Information			✓			✓
Person Centred Care / Participation / Engagement							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Equalities Outcome Report	Director of Nursing						Removed – PH&WC only
Patient Experience & Feedback	Director of Nursing	✓	✓	✓	✓	✓	✓
Scottish Public Service Ombudsman Investigation Report	Director of Nursing	✓					
Patient Story	Director of Nursing	✓	✓	✓	✓	✓	✓



Professional Standards							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Allied Health Professional Assurance Framework	Director of Nursing			✓ Update			
Advanced Practitioners Review Update	Director of Nursing			✓			
Annual Reports / Other Reports							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Adult Support & Protection Annual Report 2023/25 <i>(also goes to PHWC)</i>	Director of Nursing	Deferred to May 2025					
Care Opinion Annual Report 2023/24	Director of Nursing			✓			
Clinical Advisory Panel Annual Report 2023/24	Medical Director		✓				
Controlled Drug Accountable Officer Annual Report 2023/24	Director of Pharmacy & Medicines			✓			
Director of Public Health Annual Report 2024 <i>(also goes to PHWC)</i>	Director of Public Health			Deferred due to timings (Sept, Nov & Jan). Will be presented in March 2025. Key areas of the report are being presented to the PH&WC in January 2025.			✓
Fife Child Protection Annual Report 2023/24 <i>(also goes to PHWC)</i>	Director of Nursing		✓				
Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24	Medical Director				✓		
Medical Appraisal and Revalidation Annual Report 2023/24	Medical Director/Associate Director for Risk and Professional Standards				✓		
Medical Education Annual Report	Medical Director				Deferred	Deferred	✓
Medicine Safety Review and Improvement Report 2023/24	Director of Pharmacy & Medicines				✓		
Occupational Health Annual Report 2023/24	Director of Workforce			Deferred		Removed – SGC only	
Organisational Duty of Candour Annual Report 2023/24	Medical Director					Deferred to next mtg due to timing of gov. route	✓

Annual Reports / Other Reports (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Participation & Engagement Report 2023/24	Director of Nursing				Deferred		Deferred – work ongoing with Comms
Prevention & Control of Infection Annual Report 2023	Director of Nursing				✓		
Radiation Protection Annual Report 2023/24	Medical Director	Deferred to next mtg	✓				
Research, Innovation and Knowledge Strategy 2022-2025	Medical Director					✓	
Research, Innovation and Knowledge Annual Report 2023/24	Medical Director					✓	
Review of Deaths of Children & Young People 2023/24	Director of Nursing			✓			
Linked Committee Minutes							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Area Clinical Forum	Chair of Forum	04/04	<del>06/06</del> cancelled	01/08	<del>03/10</del> cancelled	05/12	<del>06/02</del> Dev. Session
Area Medical Committee	Medical Director	13/02	09/04	11/06	13/08	-	08/10 & 10/12
Area Radiation Protection Committee	Medical Director	-	-	09/05	-	07/11	
Cancer Governance & Strategy Group	Medical Director		21/03 & 30/05	-	15/08	-	31/10
Clinical Governance Oversight Group	Medical Director	16/04	18/06	20/08	-	22/10 & 10/12	11/02
Digital & Information Board	Medical Director	-	09/05	-	23/07		-
Fife Area Drugs & Therapeutic Committee	Medical Director	17/04	-	19/06	21/08	23/10	18/12
Fife IJB Quality & Communities Committee	Associate Medical Director		08/03 & 10/05	05/07	-	-	-
Health & Safety Subcommittee	Chair of Subcommittee	08/03	07/06	-	06/09	06/12	-
Infection Control Committee	Director of Nursing	07/02 & 03/04	05/06	07/08			-

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

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

Ad-hoc Items / additional items (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Mental Health Oversight Group Assurance Summary from 22 November 2025 Meeting	Director of Health & Social Care					✓ 22/11/24 mtg	✓ 07/02/25 mtg + minutes
Internal Controls Evaluation Report	Internal Audit					✓	
Single Point of Contact for Cancer Patients	Medical Director					✓	
Fife Winter Preparedness Plan 2024/25	Director of Health & Social Care					✓	
Closed Loop System Insulin Therapy	Medical Director						✓
Matters Arising							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Health & Social Care Partnership Response to Community Associated E. Coli Bacteraemia and Clostridium Difficile Infection	Director of Nursing	✓					
Adverse Event Process for Drug Related Deaths	Medical Director		✓				
Reinforced Autoclaved Aerated Concrete Update	Director of Property & Asset Management			✓			
Briefing Paper: Alcohol and Drug Death Reviews in Fife	Medical Director			✓			
Reform, Transform, Perform - Acute Redesign Priorities	Director of Acute Services			✓			
Reform, Transform, Perform – Transforming Urgent Care	Director of Acute Services			✓ Private Session			
East Region Neonatal Services	Medical Director				✓		Deferred – no further update available as at Feb '25
Orthopaedic Hip Fracture Audit	Medical Director				✓	✓ Briefing Paper	✓ Update & Action Plan
Drug Death Cluster Reviews Briefing Update						✓	

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

**Meeting:** Clinical Governance Committee  
**Meeting date:** 7 March 2025  
**Title:** Annual Delivery Plan Quarter 3 Report  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**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 87 deliverables within ADP 2024/25 aligned to 'Improve Quality of Health and Care Services' Strategic Priority. As of the end of Dec-24 (quarter 3 of 2024/25), there is five deliverables that are **'complete'** with majority of deliverables (72.4%/63) being **'on track'**. Additionally, there is 13 deliverables at **'at risk'**, three that are **'unlikely to complete on time/meet target'** and three that have been **'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
<b>Total</b>	<b>7</b>	<b>37</b>	<b>147</b>	<b>10</b>	<b>4</b>	<b>205</b>

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 Q3 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25, specifically relating to 'Improving Staff Experience and Wellbeing' Strategic Priority.

### 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

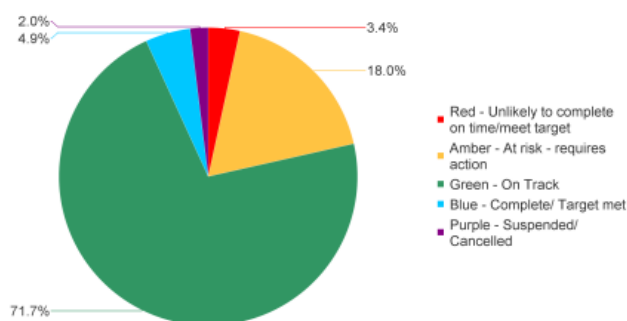
### 2024/25 Quarter 3 Update

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 are also **four** deliverables that have been **'suspended/ cancelled'**.



There are 87 deliverables aligned to 'Improve the Quality of Health and Care Services' Strategic Priority. Details for deliverables that are **'unlikely to complete on time/meet target'** are below, as well as those that were **'complete'** or **'suspended/ cancelled'** during quarter 3. Also, listed below are the deliverables **'at risk'** at quarter 3 but were **'on track'** at quarter 2.

Improve Quality of Health and Care Services	
Unlikely to complete on time/meet target	
Deliverable	Comment
Development of a new OP specialist Gynaecology Unit	A revised business case is required with a focus on RTP for further submission due to current financial climate.
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	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.
Review of Specialty Paediatric Nursing workforce/services 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.	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.

Complete	
Develop a Nursing and Midwifery Strategic Framework 2023 - 2025, 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.
Suspended /Cancelled	
Digital / Scheduling: create a centre of excellence for scheduling across community services	SBAR paper presented to SLT in Nov-24, and it was agreed in the current financial climate the spend to implement this is cost-prohibitive.
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.
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	To be reported via PAM Sustainability Team, Pharmacy will contribute to return.
At risk – requires action	
To meet the recommendations of the WHP	The gynaecology service has identified some nurse support to endometriosis. However, consultant lead absence, which will impact some waiting times. 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.

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
- Population Health and Wellbeing Committee 3 March 2025
- Staff Governance Committee 4 March 2025

## 2.4 Recommendation

Members are asked to take a **“moderate” level of assurance** from the report and to endorse the ADP Q3 return for formal approval at Board and for submission to Scottish Government.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Annual Delivery Plan Quarter 3 Report

### Report Contact

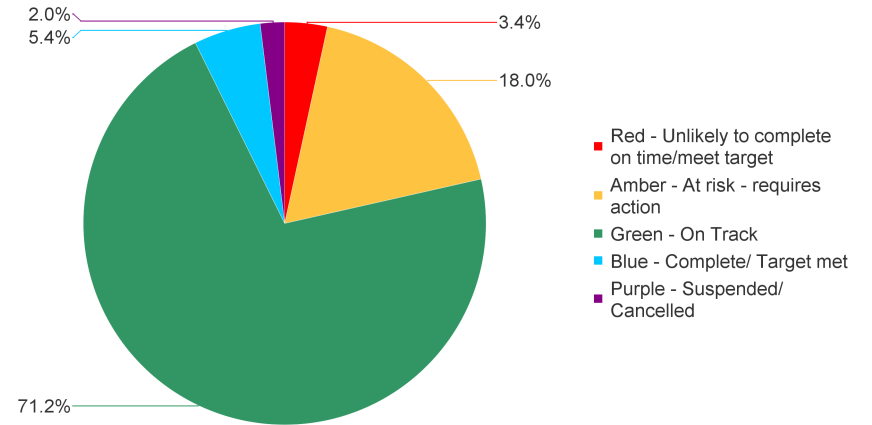
Bryan Archibald  
Planning and Performance Manager

[bryan.archibald@nhs.scot](mailto: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
<b>Total</b>	<b>7</b>	<b>37</b>	<b>146</b>	<b>11</b>	<b>4</b>	<b>205</b>

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
<b>Total</b>		<b>7</b>	<b>37</b>	<b>146</b>	<b>11</b>	<b>4</b>	<b>205</b>

## 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&amp;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 &amp; 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 &amp; 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

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
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

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
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



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 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

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
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

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 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

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
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 &amp; 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

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
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) &amp; 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

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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 <a href="https://www.nhsfife.org/strategy/">https://www.nhsfife.org/strategy/</a>	Deliver the 2024-25 Mid-Year Report to the November Board.		Green - On Track	Green - On Track	Green - On Track

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## Executive Summary

There are 16 metrics reported via the IPQR relating to Quality and Care, of which, 3 (relating to Adverse Events, SAERs Report Approved, HSMR) have no defined trajectory/target.

- For all metrics utilising SPC methodology, all 13 are “within control limits”.
- Inpatient Falls and Falls with harm rates for Dec-24 are just below the upper control limit and significantly higher than target.

This report provides a Moderate Level of Assurance.

## 1 Purpose

**This report is presented to Staff Governance Committee for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan

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

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

## 2 Report summary

### 2.1 Situation

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

The period covered by the performance data is generally up to the end of Dec-24, although there are some measures with a significant time lag and two which are available up to the end of Jan-25.

## 2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target. For this Committee, this only applies to Stage 2 Complaints.

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

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

## 2.3 Assessment

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

### Highlights of January 2025 IPQR

A summary of the status Quality & Care metrics is shown in the table below.

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Adverse Events	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%

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment / Management

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



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

Not applicable.

### **2.3.6 Climate Emergency & Sustainability Impact**

Not applicable.

### **2.3.7 Communication, involvement, engagement and consultation**

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

The Clinical Governance extract of the Position at November IPQR has been made available for discussion at the meeting on 07 March 2025.

### **2.3.8 Route to the Meeting**

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

- **Executive Directors Group**, 20 February 2025
- **Public Health and Wellbeing Committee**, 03 March 2025
- **Staff Governance Committee**, 04 March 2025

## **2.4 Recommendation**

Members are asked to take a **“moderate” level of assurance** from the report, and to **endorse** the Quality and Care section.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1 - Integrated Performance & Quality Report (Position at January 2025)

### **Report Contact**

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Planning and Performance Manager  
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# 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:  
**SUSAN FRASER**  
Associate Director of Planning & Performance

# A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	▼	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
<b>Total</b>	<b>20</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>0</b>		

**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
<b>Hungry</b>	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Open</b>	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).
<b>Cautious</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Averse</b>	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
	A&E	72.0%	67.6%	▲		Acute/Comm	44.4	47.9	▲		31-day DTT	96.4%	97.4%	◆
	ED	63.4%	58.7%	▲		MH/LD	12.9	10.5	▼		62-Day RTT	76.9%	74.0%	◆
	% <=12weeks	45.1%	45.7%	◆		% <=12weeks	37.8%	39.3%	▼		% <=6weeks	87.1%	88.9%	◆
	>52 weeks	648	681	▲		>52 weeks	5181	5181	◆		>26 weeks	44	55	◆
Finance		Current	Change			Current	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%	◆		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%	▲		6-in-1 @ 12 months	94.0%	94.5%	▼		Influenza	40.6%		—
	Child Development	17.2%	19.6%	▲		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

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

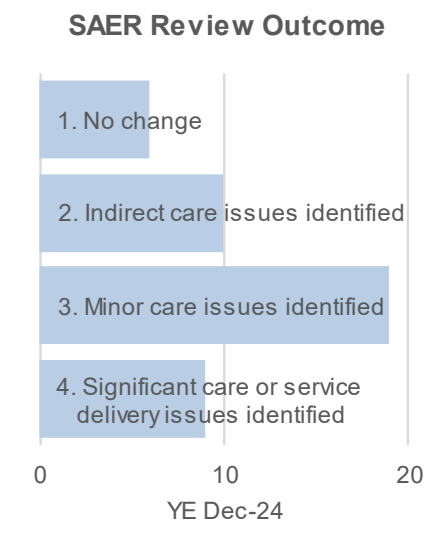
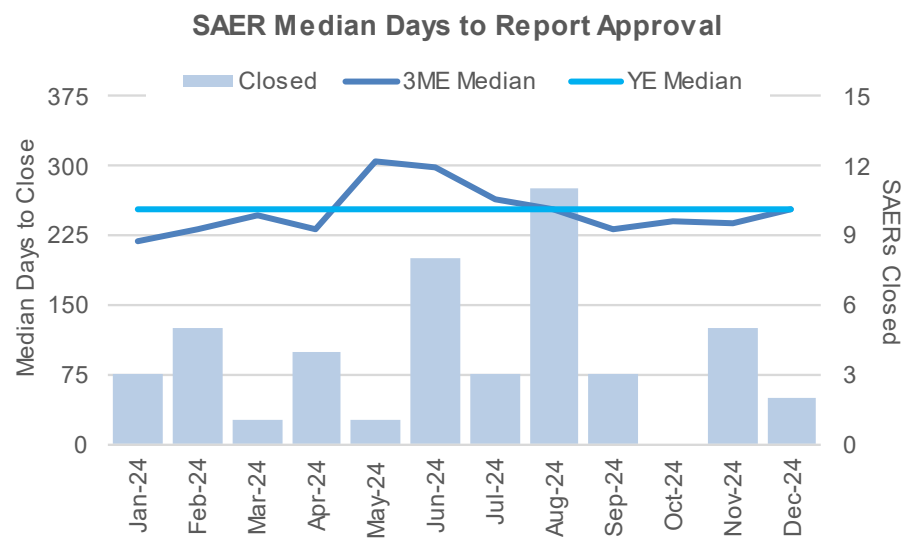
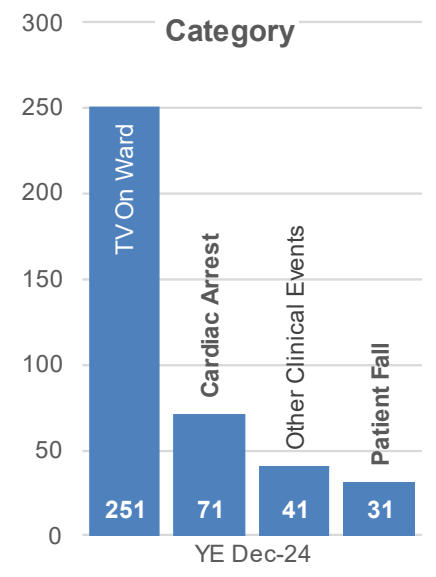
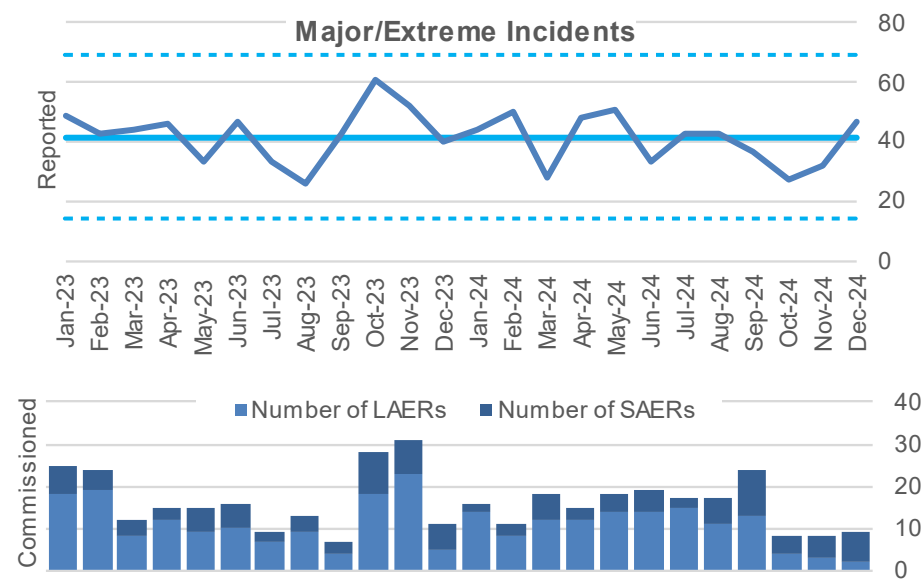
In terms of SAER review outcomes, those reported as 'Major system of care issues' in the 12 months to Dec-24 accounted for 20% of total reviews; an increase from 15% in the 12 months to Oct-24.

**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.

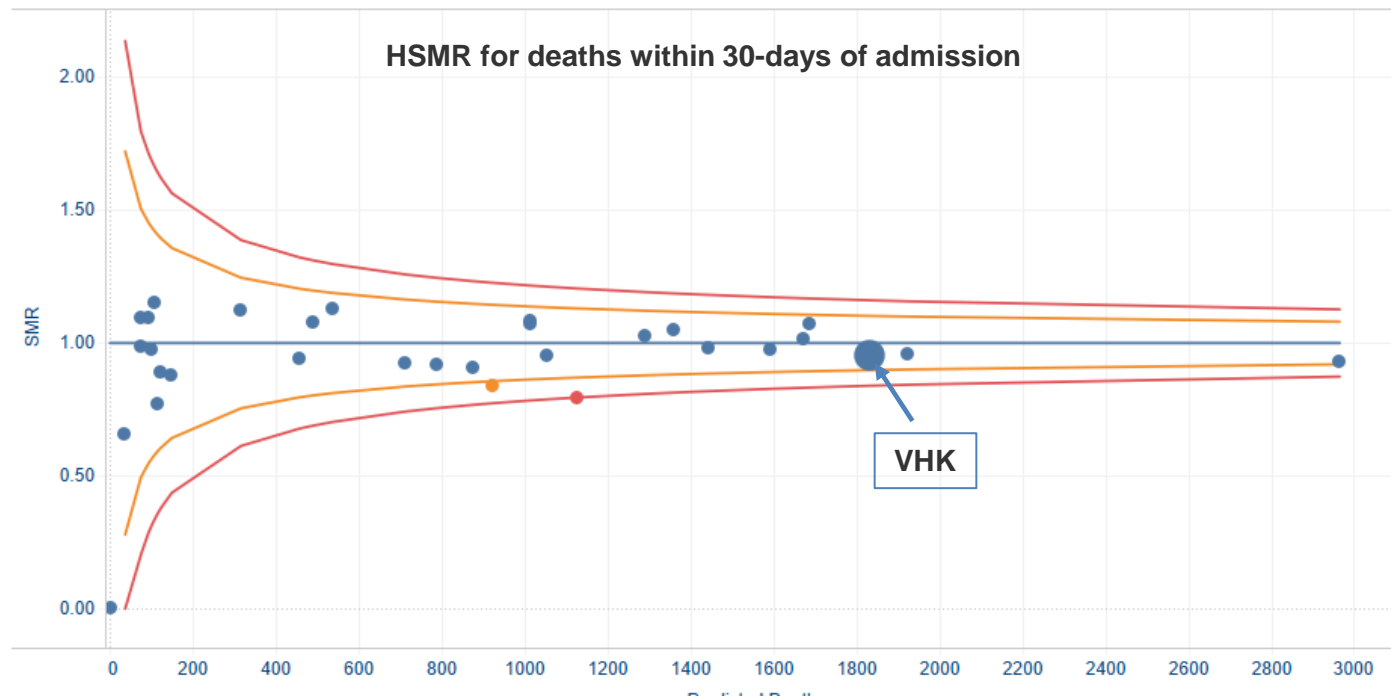
The rate for the last quarter Jul-Sep 24 has increased to 3.5% from 3.3% (Apr-Jun 24).

**Challenges & Achievements**

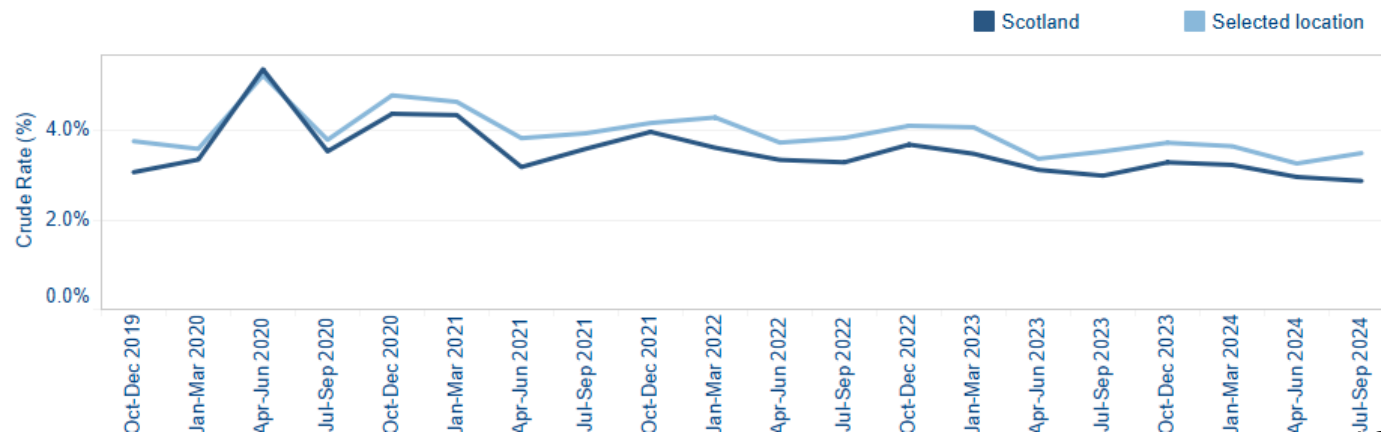
Proactive review of HSMR data combined with other clinical governance quality performance indicators is fundamental to ensuring the assessment and monitoring of quality and safety.

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 Sep-24.

**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.

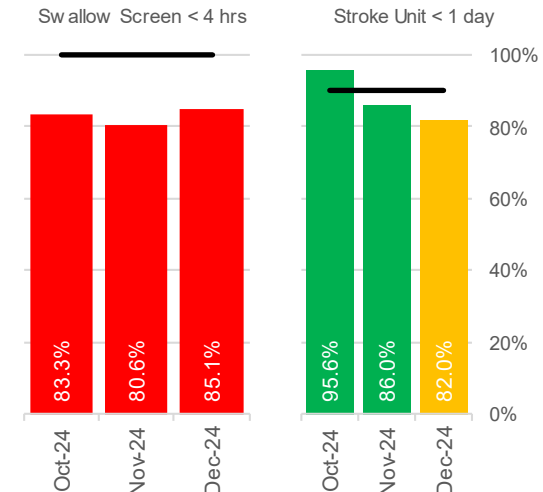
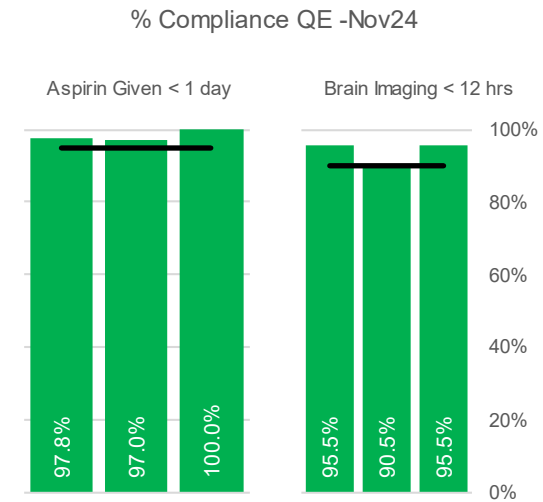
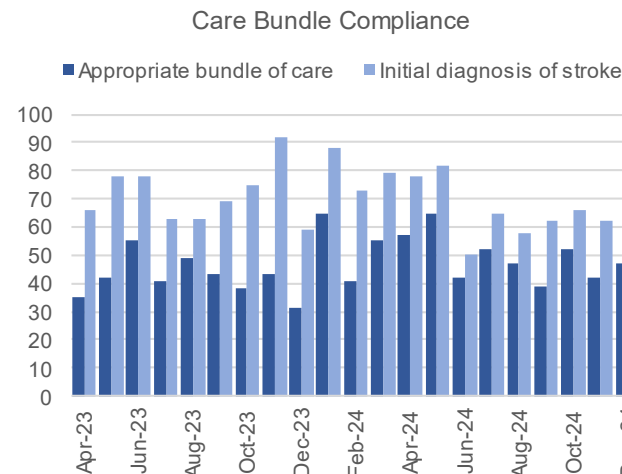
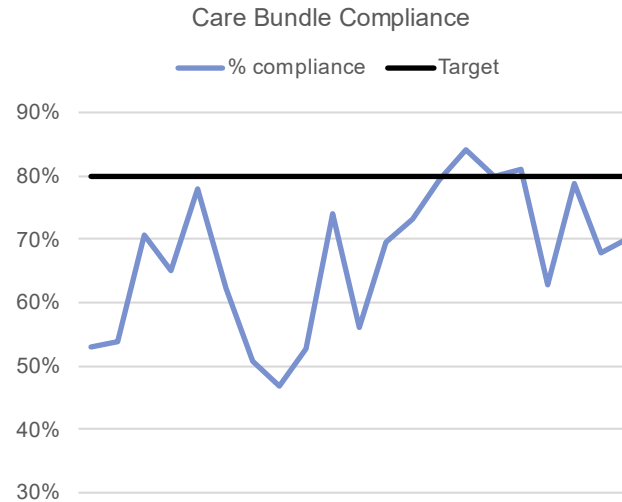
### Achievements & Challenges

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/Extreme Harm' accounted for 9.1% of Falls with Harm, compared to 3.4% for QE Sep-24.

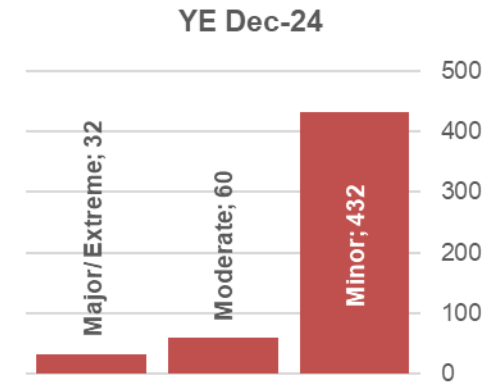
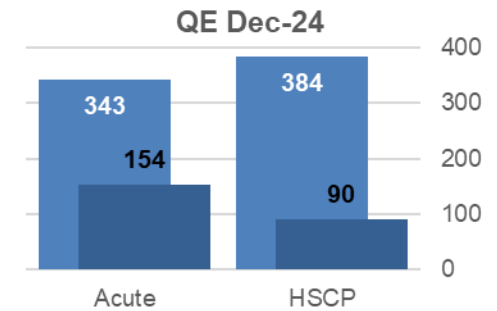
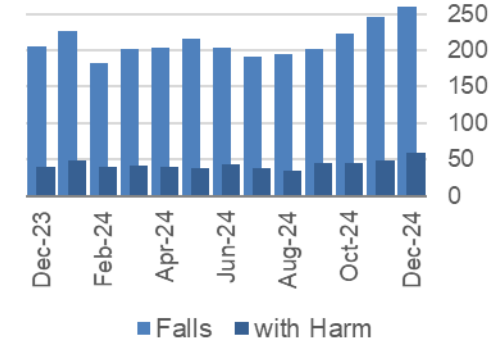
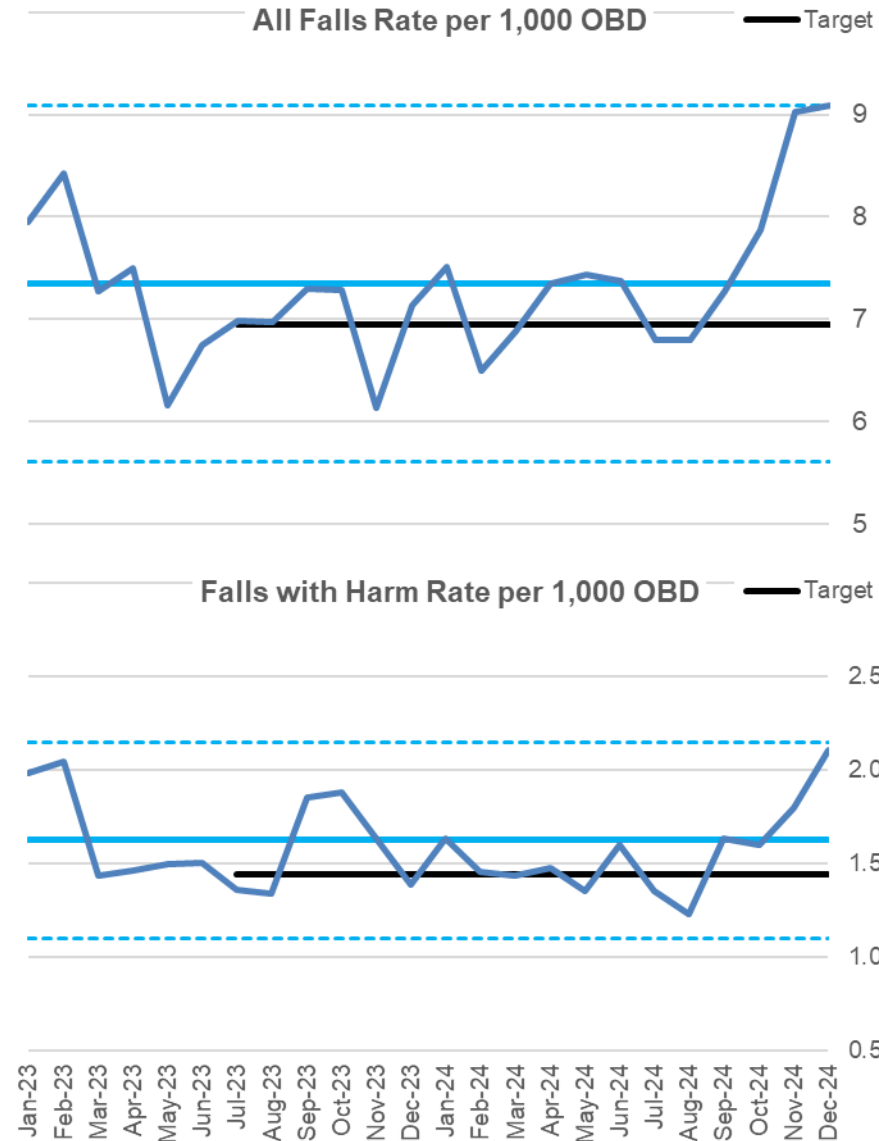
## Achievements & Challenges

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).

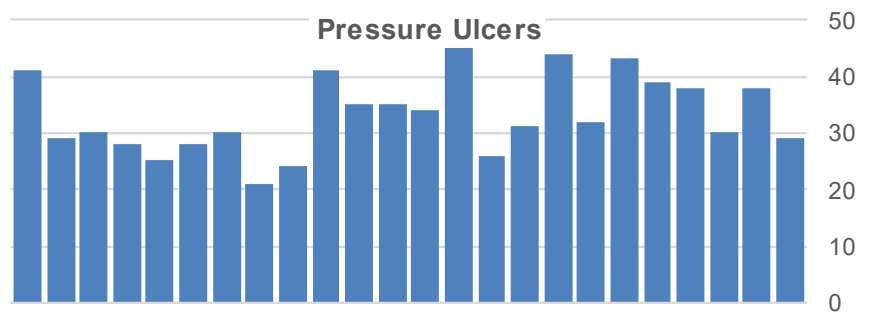
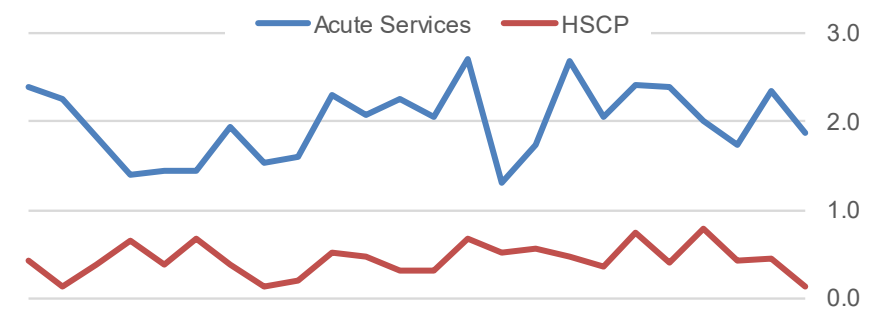
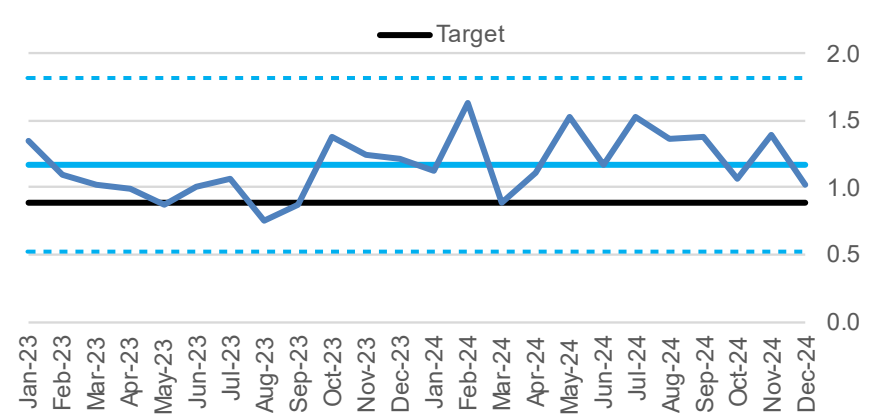
Most pressure ulcers continue to be in Acute Services with 83 recorded in QE Dec-24; there were 14 recorded in HSCP in the same period. Of all Pressure Ulcers recorded in QE Dec-24, Grade 2 accounted for 44% of the total; with Grades 3 & 4 accounting for 10%.

### Achievements & Challenges

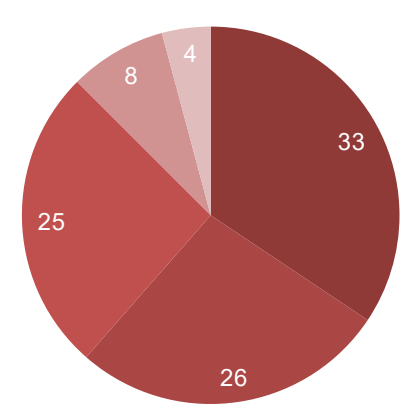
December 2024 showed an improving picture in pressure ulcer incidents across both HSCP and Acute services. Within the HSCP, 7 incidences were recorded which is an improvement on previous months. Within HSCP, Stop the Pressure events were hosted and well attended. Tissue Viability (TV) Nurses continue 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.

Pressure Ulcer Rate per 1,000 OBD

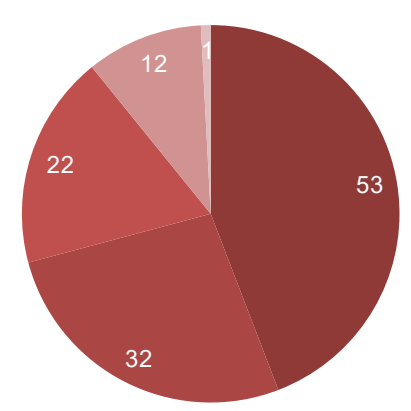


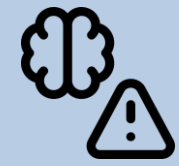
QE Dec-24 (97)



- Grade 2
- Multiple
- Suspected DTI
- Grades 3 & 4
- Ungradeable

QE Sep-24 (120)





# 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

<b>0.90</b>	<b>1</b>	↓ incident to achieve target
<b>1.98</b>	<b>7</b>	↓ incidents to achieve target
<b>9.89</b>	<b>20</b>	↓ incidents to achieve target
<b>9.72</b>	<b>19</b>	↓ 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 2<sup>nd</sup> 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.

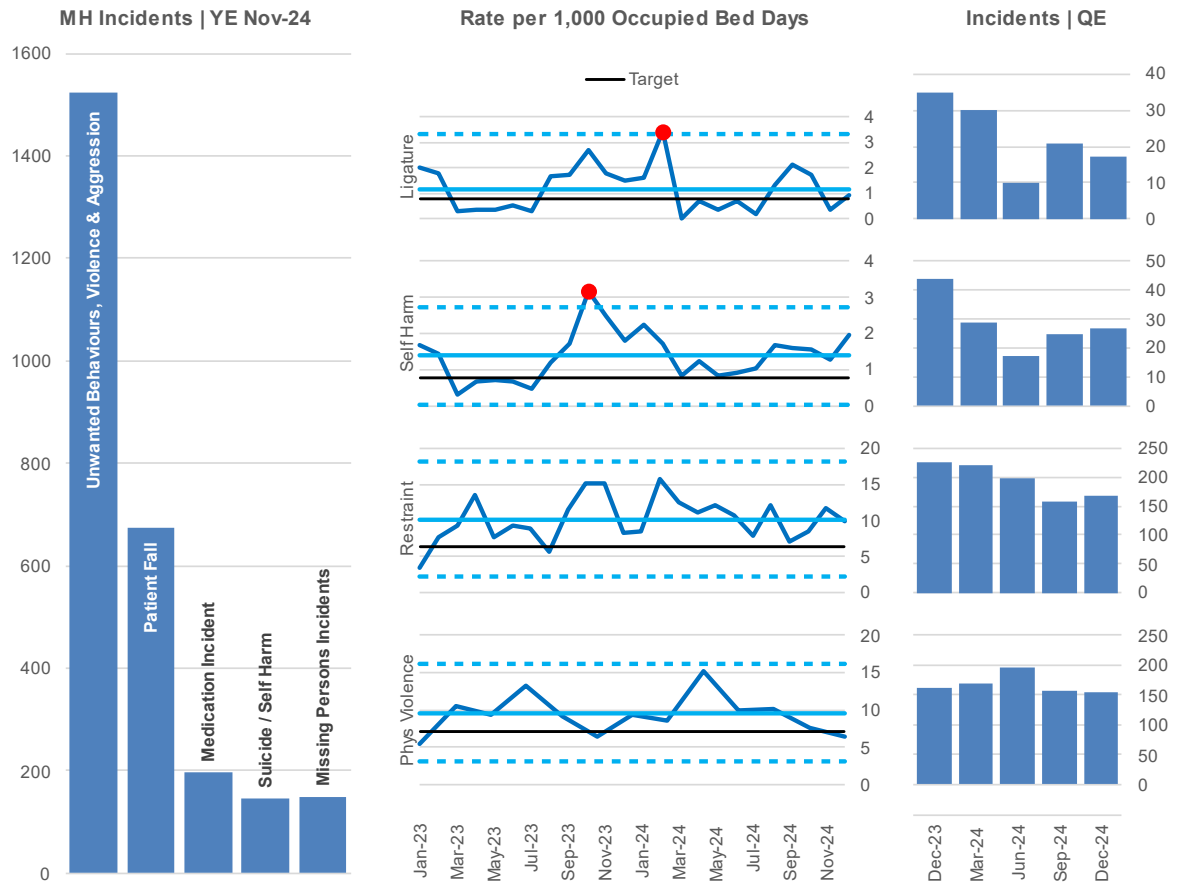
## Achievements & Challenges

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 'Vascular Access Devices (VAD)' with 8 'Other' 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).

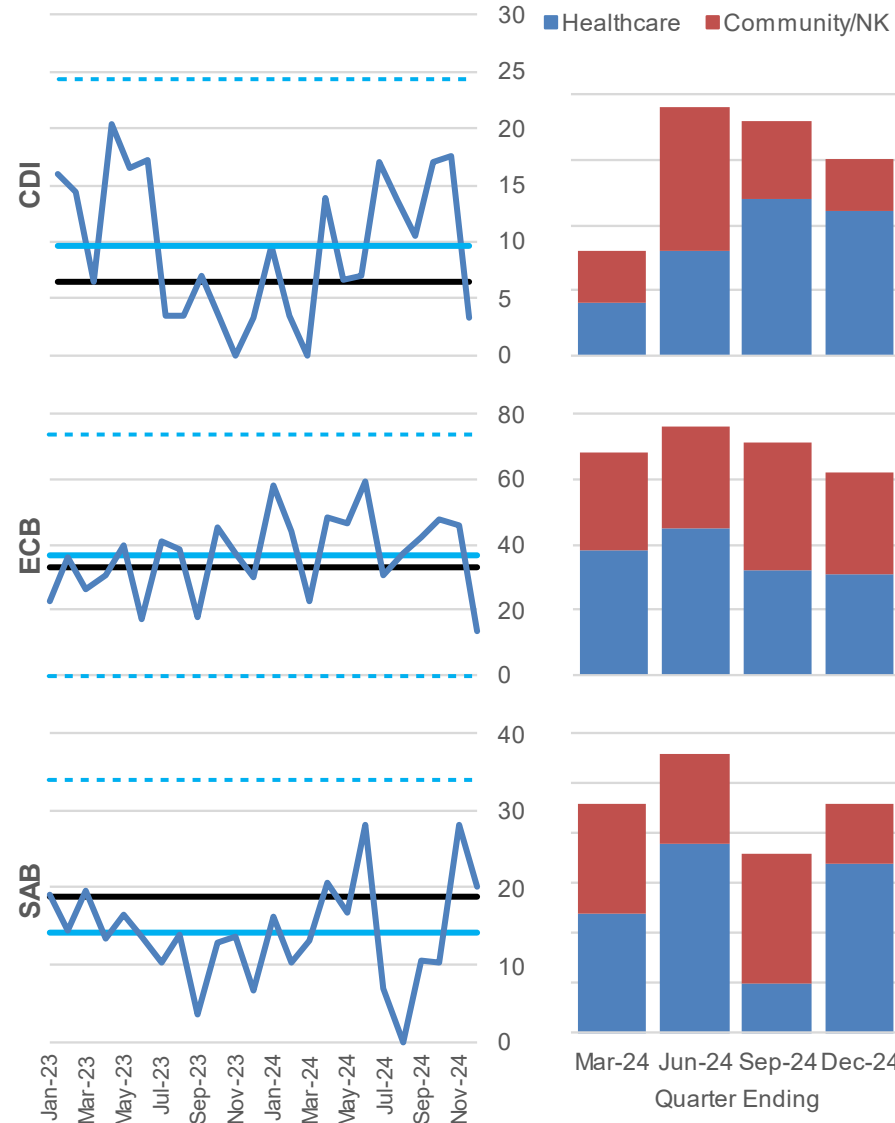
The QE Dec-24 shows 23 cases against previous QE Sep-24 of 18.

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

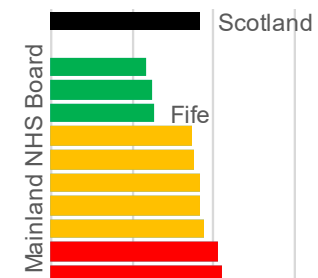
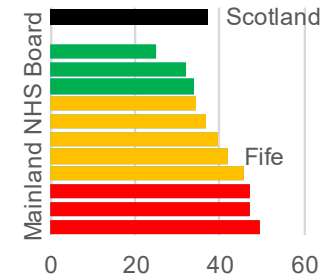
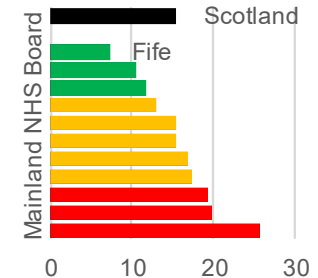
During Q3 (Jul-Sep), NHS Fife was below the national rate for HCAI.

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.



## Benchmarking



# Complaints

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

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

70.8%

36.4%



closed on time to achieve target

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

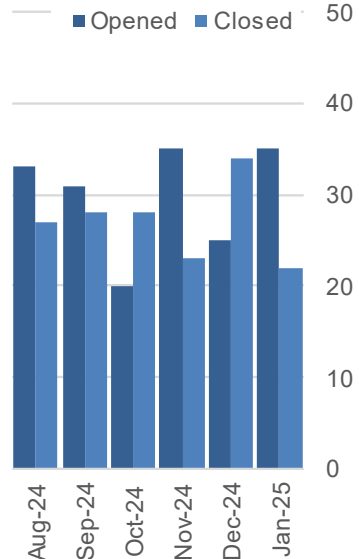
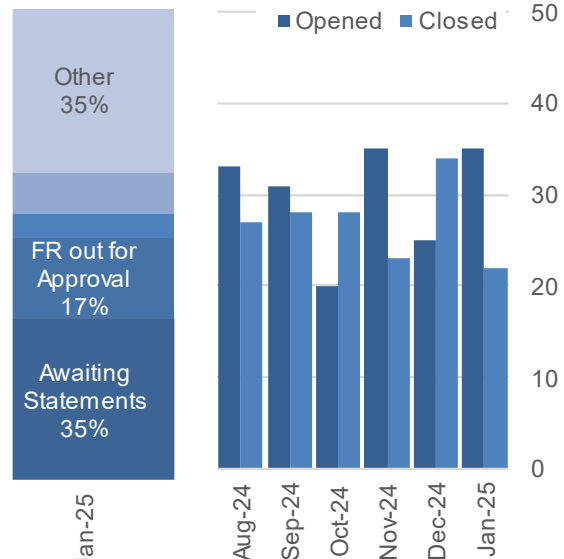
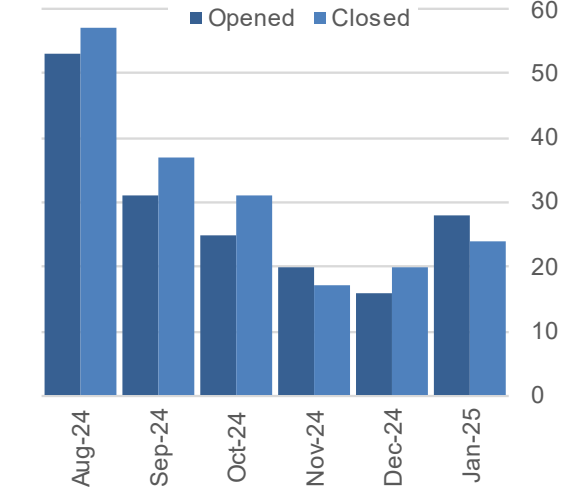
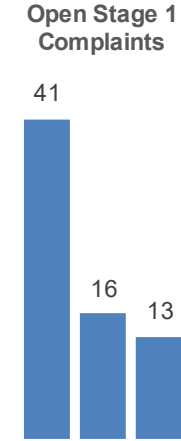
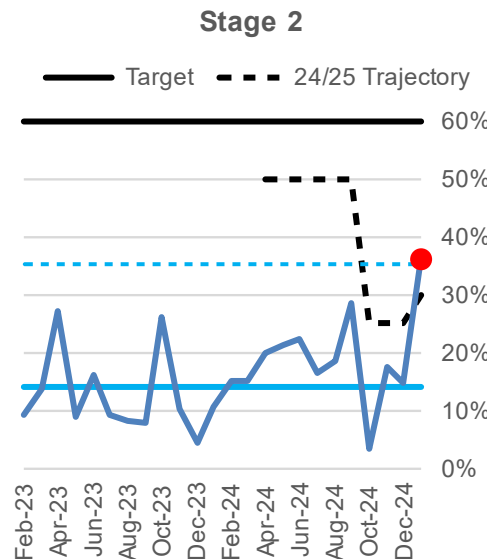
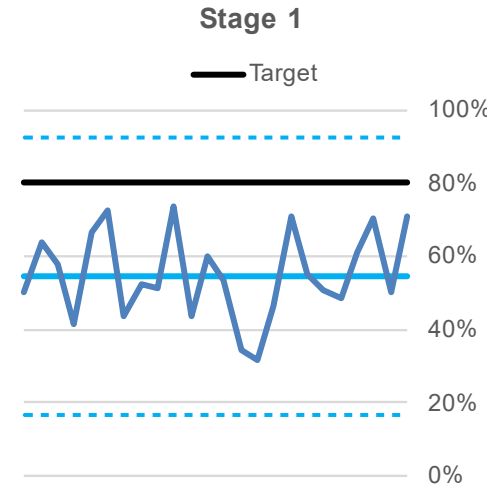
The Patient Experience Team (PET) continues to focus on ensuring stage 1 complaints are resolved locally by the services. Where necessary, 5-day extensions are granted, and all stage 1 complaints are escalated to Stage 2 in line with the Model Complaint Handling Procedure (MCHP) if not answered within 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.



<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>The Quality of Care (QoC) Review Framework</b>
<b>Responsible Executive:</b>	<b>Janette Keenan, Executive Director of Nursing</b>
<b>Report Author:</b>	<b>Jamie Doyle, Head of Nursing (Acute Services)</b>

## Executive Summary

This report provides assurance on NHS Scotland's **Excellence in Care (EiC) Programme** and its **Quality of Care (QoC) Review process**, initiatives designed to continuously improve patient care standards. Aligned with national quality ambitions of being **safe, effective, and person-centred**, the review process ensures healthcare practices meet evidence-based standards while addressing areas for improvement. It also supports staff wellbeing and equity, promoting a safe and inclusive working environment.

- The QoC Review process is a systematic evaluation of clinical care, conducted by multidisciplinary teams.
- It begins with data collection, including performance metrics, patient feedback, and self-assessments, followed by site visits where care practices are observed, and staff, patients, and families are engaged.
- Findings are benchmarked against national standards, and reports highlight strengths, areas for improvement, and actionable recommendations. Follow-up mechanisms ensure sustained progress over time.

Key principles of the process include:

- **Patient-Centred Care:** Prioritising dignity, respect, and individual needs.
- **Safety and Effectiveness:** Adhering to safety standards and delivering measurable health outcomes.
- **Transparency and Accountability:** Promoting openness at all levels with shared outcomes.
- **Collaboration and Inclusivity:** Engaging stakeholders to develop solutions.
- **Sustainability:** Ensuring long-term improvements in care quality.

The review identifies opportunities to enhance patient outcomes through:

- improved workflows, training, and staff wellbeing.
- It highlights systemic risks, such as staffing and resource allocation, and provides actionable recommendations to address these issues. Financial considerations include training costs, balanced by efficiency gains, while sustainability goals focus on optimising resource use.

A Moderate Level of Assurance is provided, indicating that controls are effectively applied but with some residual risks requiring further action. Overall, the EiC Programme and QoC Review process demonstrate a robust framework to deliver high-quality, compassionate, and sustainable

healthcare, ensuring NHS Scotland meets the evolving needs of patients, staff, and the wider community.

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

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

- 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 report addresses the need for a structured review of quality care to ensure continuous improvement and alignment with national Excellence in Care (EiC) programme, including measures that will support improvement activity.

### 2.2 Background

NHS Scotland's Excellence in Care Programme (EiC) is a national initiative designed to uphold and improve the standards of patient care across healthcare services in Scotland. The programme focuses on aligning healthcare practices with evidence-based standards to enhance patient outcomes. By promoting a systematic approach to quality improvement, it prioritises principles such as safety, effectiveness, patient-centredness, and equity, ensuring that care delivery meets the needs of patients and their families.

A key element of the EiC Programme is the Quality of Care (QoC) Review process, which provides a structured and comprehensive assessment of clinical care and service delivery within NHS Scotland. The process is designed to identify strengths, address areas for improvement, and assess potential risks to delivering high-quality care. Multidisciplinary teams, comprising healthcare professionals, managers, and quality improvement staff, conduct the reviews to provide a balanced and informed evaluation.

The QoC Review process begins with selecting a focus area, such as a specific clinical service or patient group. Data collection is carried out in advance and includes



performance metrics from the Public Health Scotland (PHS) Care Assurance and Improvement Resource (CAIR) Dashboard, patient feedback, and clinical audits.

Staff also conduct a self-assessment to evaluate their practices against established care standards, promoting transparency and encouraging engagement from healthcare teams.

Next, a review team visits the ward or department under review. During their visit, the team conducts interviews with staff, reviews documentation, and observes care practices in real time. They also engage directly with patients, families, and staff to gain a well-rounded understanding of how care is delivered.

After collecting and analysing the data, the team compares the findings against national and local benchmarks. A detailed report is then prepared, highlighting areas of excellence, opportunities for improvement, and specific recommendations for change. Based on these findings, healthcare teams are tasked with developing and implementing action plans to address any identified issues. Follow-up reviews are built into the process to ensure that changes are implemented effectively and sustained over time.

The QoC Review process is grounded in key principles that ensure a patient-focused and improvement-driven approach:

1. Patient-Centred Care: All reviews prioritise delivering care that respects individual patient needs, preferences, and dignity.
2. Safety and Effectiveness: Care practices must meet safety standards and deliver measurable health outcomes, guided by evidence-based practices and clinical guidelines.
3. Transparency and Accountability: Openness is encouraged at all levels, with outcomes shared with the care team and then beyond up through directorate governance structure and Director of Nursing to foster a culture of trust and continuous improvement.
4. Collaboration and Inclusivity: The process engages healthcare staff, patients, families, and external stakeholders, ensuring a collaborative approach to identifying issues and implementing solutions.
5. Sustainability: Long-term improvements are emphasised, ensuring that changes lead to lasting benefits in care quality and outcomes.

The QoC Review process offers assurance by providing an independent, evidence-based evaluation of healthcare services. This approach confirms that healthcare providers are meeting required standards of care while identifying both areas of excellence and areas needing improvement. By systematically evaluating services and promoting continuous improvement, the process ensures that patient care remains at the core of NHS Scotland's mission.

Additionally, the framework for reviews ensures the following:

- Regulatory and Governance Compliance: Services are assessed against established legal, ethical, and regulatory standards.
- Actionable Feedback: Clear recommendations guide healthcare providers in implementing meaningful improvements.

- **Ongoing Monitoring and Evaluation:** Follow-up mechanisms ensure that improvements are maintained, providing continuous assurance to patients, staff, and the public.

EiC Programme and the QoC sets out a process to provide a structured, evidence-based approach to continuously improving healthcare standards. Grounded in principles of safety, patient-centredness, and accountability, these initiatives establish a robust assurance system that supports the delivery of high-quality, effective, and compassionate care. By engaging healthcare staff and patients and prioritising sustainable improvements, the programme ensures that healthcare services remain responsive to the needs of the population.

## 2.3 Assessment

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

The review emphasises improving patient outcomes, aligning with principles of Excellence in Care framework in relation to quality, patient safety, effective care outcomes, patient and family expectations and satisfaction, staff and team wellbeing and professional development, delivering value-based health and care. Initial findings will highlight areas for systemic improvement, including workflow changes and enhanced training to meet the needs of patients and the teams providing the care.

### 2.3.2 Workforce

The review will highlight the need for additional staff training, development, supporting leadership capabilities and streamlined processes to support staff wellbeing and improve care quality and safety.

### 2.3.3 Financial

Financial implications may include potential costs for training and additional resources, balanced by efficiency gains from improved workflows and reduced care incidents.

### 2.3.4 Risk Assessment / Management

The review will identify systemic risks like staffing levels and resource allocation in relation to the delivery of quality, safe and effective care practices, and outcomes.

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

The proposal supports equity in care delivery, ensuring compliance with the Public Sector Equality Duty and promoting inclusive practices across all demographics.

### 2.3.6 Climate Emergency & Sustainability Impact

Efforts are made to align the review's recommendations with sustainability goals, focusing on reducing waste and optimising resource usage.

### 2.3.7 Communication, involvement, engagement and consultation

Stakeholders, including clinical managers, nursing and allied health professional staff, have been engaged throughout the review process to ensure transparency and alignment with operational goals.

### 2.3.8 Route to the Meeting

Through the Acute Care Assurance Group chaired by the Head of Nursing for Acute and discussed at the regular intervals throughout the year at the Head of Nursing / Clinical Nurse Manager meetings chaired by the Director of Nursing for Acute.

Acute SLT: 3 February 2025

EDG: 20 February 2025

## 2.4 Recommendation

This paper is provided to members for a **“moderate” level of assurance**. The identified areas for improvement are actionable, with measurable progress anticipated by the proposed deadlines.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - The Quality of Care Review Framework Presentation Slides

### Report Contact

Jamie Doyle

Head of Nursing

Email [Jamie.Doyle@nhs.scot](mailto:Jamie.Doyle@nhs.scot)



EXCELLENCE  
IN CARE

Assuring and Improving  
Nursing and Midwifery  
Care in Scotland

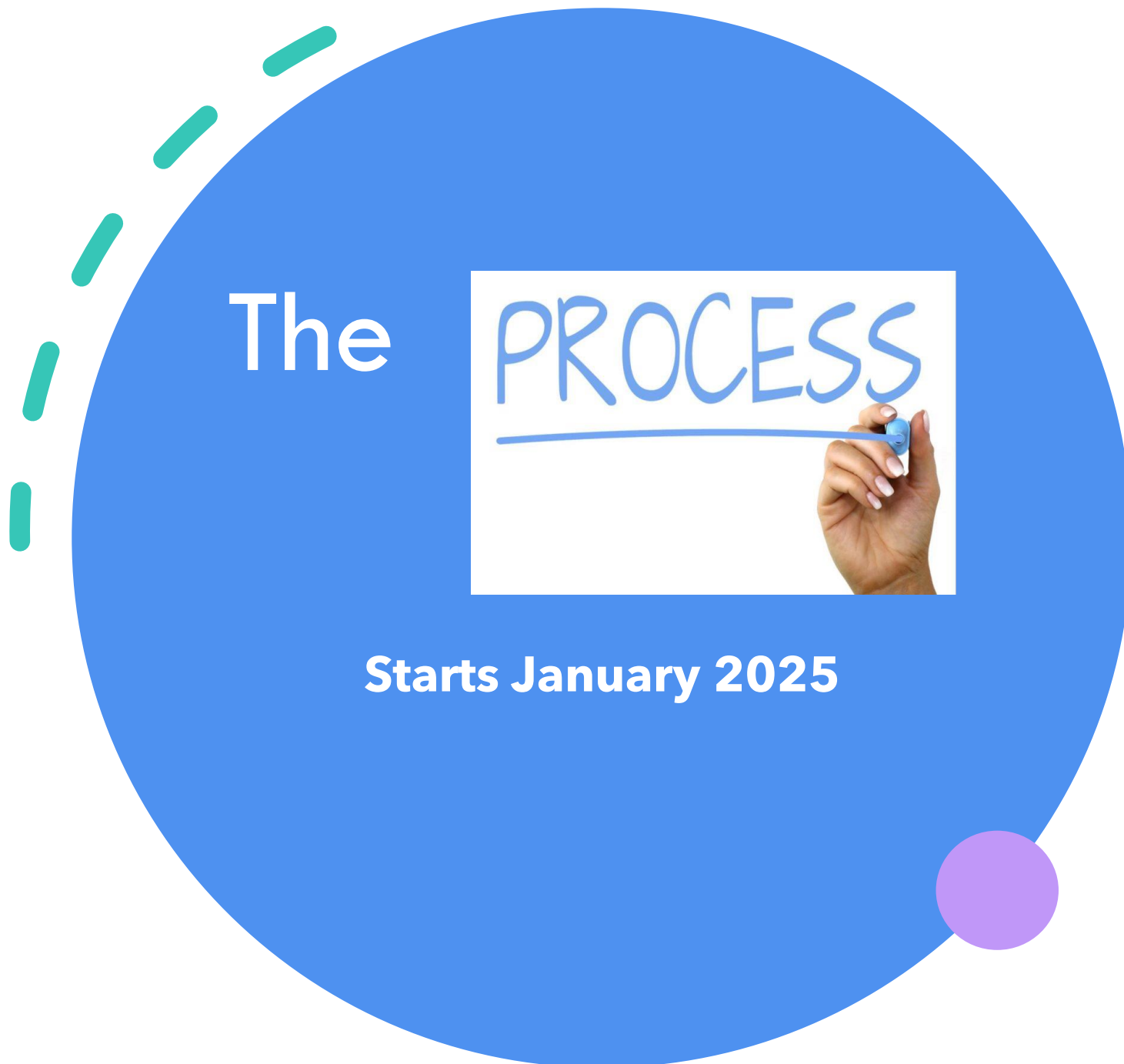


# Quality of Care (QoC) Reviews - 2025

**Jamie Doyle**  
**Head of Nursing** (Acute Services)  
December 2024



The **Quality of Care (QoC)** Review is a structured framework used in Scotland to assess, enhance, and ensure excellence in healthcare. Following the principles outlined in Scotland's Excellence in Care programme, this review focuses on continuous improvement in patient outcomes, safety, and satisfaction. Led by the Clinical Nurse Manager, with the support of the Head of Nursing and other senior clinical leaders, staff and managers, the process aims to create a sustainable culture of high-quality, evidence-based care that aligns with the needs and expectations of patients and families, healthcare staff, and regulatory standards.



The

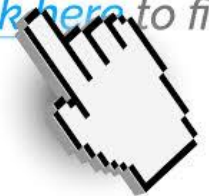
PROCESS

Starts January 2025



Microsoft Word Document

[Click here](#) to find out.





The way to get started is  
to quit talking and begin  
doing.

Walt Disney

# Timeline

1

By **27 January 2025**  
complete one Care  
Assurance (CAV)

2

**03 February 2025**  
share the CAV report  
with the team and  
Head of Nursing

3

**17 February 2025**  
submit completed  
QoC full report to  
Head of Nursing

4

Head of Nursing and  
team review and  
discuss report

5

**10 March 2025**  
QoC report to be  
submitted to  
Director of Nursing  
for assurance



What?



The  
Initiative

So What?



Its  
Significance

Now What?



Next  
Steps

Standardised Quality Boards for our wards  
and departments.....





# Assuring Care Board

Commitment to Excellence

Month of **Feb 2024**

### Care Assurance

We have care standards we are working to achieve.

We are **84%** compliant with these

### Your Senior Ward Staff

Senior Charge Nurse

Deputy Charge Nurse

Deputy Charge Nurse

### Food and Fluid

We aim to ensure you enjoy your food while in hospital and that the quality of the food contributes to getting well. If you are in hospital for more than 24 hours we will undertake a nutritional assessment using a tool called MUST.

MUST tells us how well nourished you are and if you need to have a special diet or if we should ask a dietician to speak to you.

There is a standard we must achieve and are measured against.

Monitoring against this standard showed we achieved: **64%**

### Falls

Staff caring for you need to achieve a balance between preventing you falling and promoting your independence, safety, dignity and rehabilitation. Patients who are in hospital will be assessed within 24 hours of admission on their risk of falling.

This is based on your age, if you have fallen before and your medical condition. A plan of care will be developed to manage the risk.

We will monitor how well we do.

Monitoring against this standard showed we achieved: **69%**

### Pressure Area Care

If you are in hospital for more than six hours you will have an assessment of your skin undertaken.

Your skin will be checked for redness, dryness, discoloration and any broken areas, especially over the bony prominences.

After this assessment we will develop a plan to ensure your skin remains in good condition and encourage healing if there are breaks or redness.

Monitoring against this standard showed we achieved: **61%**

### Infection Prevention and Control

Hand hygiene is a general term referring to any action of hand cleaning. In the ward setting this is usually done by either washing hands with soap and water at sink, or rubbing hands with alcohol gel.

Covert audits are currently being carried out in this ward to establish staff compliance with hand hygiene at key moments.

In this ward we care for the PVC's using a 'bottle' which is a national tool, used daily to assess the usage and condition of a PVC. We audit compliance of the use of this tool daily.

Monitoring against this standard showed we achieved: **100%**

Monitoring against this standard showed we achieved: **100%**

### Patient Experience

You Said	We Did

**Care Opinion**

I wasn't a number or a name on a list. I was a person.

Share your story: [www.careopinion.org.uk](http://www.careopinion.org.uk)

### Safe

### Care

What did we do well?	Monthly audit data demonstrates: <b>good measures to prevent falls</b>
What can we do better?	Monthly audit data demonstrates that we need to: <b>Keeping upto date with Care + Comforts</b>
Action Plan	As a result we will: <b>Trialing a new care + comfort System</b>

### Person-centred

### Care

What did we do well?	Feedback including compliments and complaints told us: <b>Our team provide high quality care</b>
What can we do better?	Feedback including compliments and complaints told us we need to: <b>Ensure drinking water is cold enough</b>
Action Plan	As a result we will: <b>report to estates to meet Pts needs</b>

Board updated on: **8.8.24**

If you require more information, please speak to Nurse in Charge

Our focus of the month: This month we have a focus on:

**pressure ulcer education**

### Effective

### Care

What did we do well?	Monthly audit data demonstrates: <b>No Pressure ulcers for the month of July</b>
What can we do better?	Monthly audit data demonstrates that we need to: <b>Inspect skin per care + comfort</b>
Action Plan	As a result we will: <b>Provide education for staff</b>

### Learning from Excellence

This month we have: **The Pressure ulcer champions have initiated a pressure sore prevention trolley**

## Care Assurance Excellence in Care



Excellence in Care is a national approach that aims to provide assurance of a consistent standard of high-quality care for people, no matter where they receive treatment in Scotland.

## Your Senior Ward Staff



## Patient Experience

### Early Warning Score

The Early Warning Score is a clinical tool used in hospitals to detect early signs of patient deterioration. It helps healthcare providers monitor vital signs like heart rate, blood pressure, respiratory rate, temperature, and level of consciousness. Each vital sign is given a score based on how much it differs from normal levels. The total score shows how much risk the patient is at.

**Monitoring against this standard showed the accurate calculation of the early warning scores achieved was:**

National Average Reference is 95%

### Food, Fluid and Nutrition

We aim to ensure you enjoy your food whilst in hospital and that the quality of the food contributes to getting well.

If you are in the hospital for more than 24 hours, we will undertake a nutritional measurement using a tool called MUST (Malnutrition Universal Screening Tool).

MUST tells us how well-nourished you are and if you need to have a specific diet or if we should ask a dietician to speak to you. There is a standard we must achieve that we are measured against.

**Monitoring against this standard showed we achieved:**

National Average Reference is 95%

### Inpatient Falls Rate

Staff caring for you need to balance preventing you from falling and promoting your independence, privacy, dignity, and rehabilitation. Patients in the hospital will be assessed within 24 hours of admission on their risk of falling.

A plan of care will be developed to manage the risk. We will monitor how well we do.

**Monitoring against this standard showed our inpatient fall rate per 1,000 bed days was:**

**Number of inpatient falls this month:**

National Average Reference is 4.7

### Pressure Ulcer Rate

If you are in hospital for more than six hours you will have an assessment of your skin undertaken.

We will check your skin for any redness, dryness, or cuts, especially over bony areas. After the check-up, we'll make a plan to keep your skin healthy and help it heal if there are any problem areas.

**Monitoring against this standard showed our pressure ulcer rate per 1,000 bed days was:**

**Number of new and developed pressure ulcers this month:**

National Average Reference is 4.7



Share your story [careopinion.org.uk](https://www.careopinion.org.uk)

### Infection Prevention and Control Hand Hygiene

Hand Hygiene is a general term referring to any action of hand cleaning. In a ward setting this is usually done by washing hands with soap and water at sink or rubbing hands with alcohol gel.

Covert audits are currently being carried out in the ward to establish staff compliance with hand hygiene at key moments.

### PVC Cannula

A PVC cannula (Peripheral Venous Cannula) is a small, flexible tube inserted into a vein, usually in the arm or hand, to give medications or fluids directly into the bloodstream. It's a common tool used in hospitals to help patients receive treatments easily.

We audit PVC cannulas to make sure they are used safely and to prevent problems like infections or blockages. Regular checks ensure that the cannulas are clean, working properly, and are removed when no longer needed, keeping patients safe from complications.

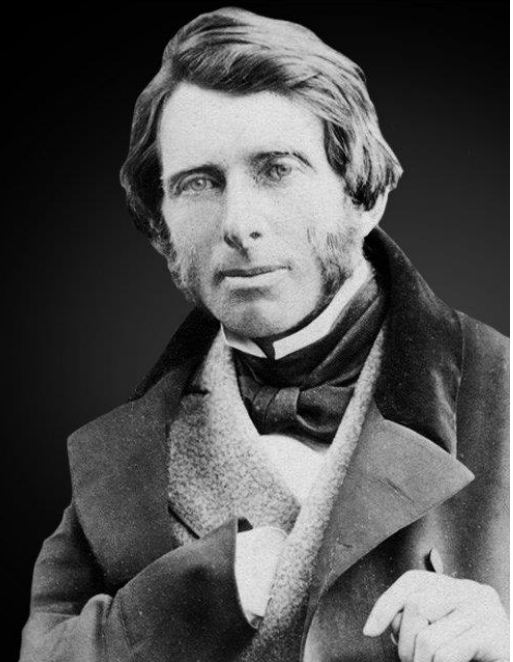
### Spotlight on Quality Improvement

Thank you!

**Quality** is never an accident.  
It is always the **result**  
of **intelligent effort.**

– *John Ruskin*

AZ QUOTES



“Quality means  
doing it right  
when no one is  
looking.”

Henry Ford

circle of mgms

EXCELLENCE  
IN CARE

Assuring and Improving  
Nursing and Midwifery  
Care in Scotland



<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Information Governance and Security Steering Group Assurance Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk – Director of Finance and Strategy - SIRO</b>
<b>Report Author:</b>	<b>Alistair Graham – Director of Digital &amp; Information</b>

## Executive Summary

- The report is the second of two reports presented to the Clinical Governance Committee through 2024-25.
- The report is provided for Committee assurance, and outlines the work of the Information Governance and Security Steering Group in supporting the management and improvement of NHS Fife Privacy and Security programmes.
- The report outlines the key features of the two frameworks that define the work of the Steering group, namely the ICO Accountability Framework and the Scottish Cyber Resilience Framework
- Updates are provided on the progress of the 3 key areas
  - NISD Action plan implementation following the NISD audit
  - Continued review of policy and procedures and alignment of the IG&S Accountability and Assurance Framework.
  - Planned Improvements to the Information Asset Register
  - Implementation of Records Management Plan.
  - Incident Management Review.
- The report provides a moderate level of assurance for the Committee's consideration

## 1. Purpose

### **This is presented for:**

- Assurance

### **This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

The Information Governance & Security (IG&S) Steering Group, through this report, provides oversight of its work and assurance for the key priorities for the 2024-25 period. The report is the second of two reports for the financial year 2024-25.

The Steering Group continue to support the tasks, activities and projects that are key to the continuous improvement, mitigation of risk and evidence of improved controls for the areas of IG&S.

Following a review of the Information Commissioners Office (ICO) Accountability Framework and the Scottish Public Sector Cyber Resilience Framework (SPSCRF), (which incorporates the Network Information Security Directive (NISD)), the IG&S Steering Group agreed to a revised Accountability and Assurance Framework, to provide a unified view of the current controls, actions and activities undertaken across NHS Fife as we evidence our performance for compliance. The executive summary of the current IG&S Accountability and Assurance Framework (January 20245), that is presented to the Steering Group is provided in Appendix 1.

Reporting to the Steering Group covers the following areas: -

- Leadership and Oversight
- Policies and Procedures
- Training and Awareness
- Individuals Rights
- Transparency
- Records of processing on a lawful basis
- Contracts and data sharing
- Risks and DPIA
- Records Management and Security
- Breach Response and monitoring

The prioritisation of activities is based on the outcome of the ICO external audit, , the outcome of the Cyber Resilience Framework audit completed in September 2023, the current risk profile within IG&S, through direct instruction by competent or audit authority or via the guidance of the IG&S Steering Group.

The report is intended to provide **assurance** to the Committee.

### 2.2 Background



## ICO Audit

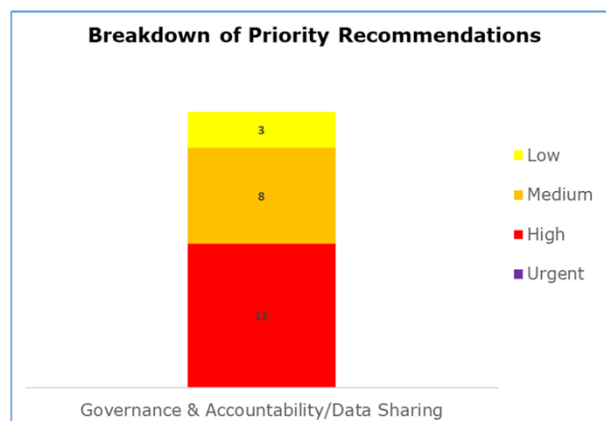
The Information Commissioner is responsible for enforcing and promoting compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits.

NHS Fife was audited in March 2023, as part of a wider project looking at data protection compliance across the wider NHS in Scotland (NHSS). The purpose of the NHSF audit is to provide the Information Commissioner and NHSF with an independent assurance of the extent to which NHSF, within the scope of this agreed audit, is complying with data protection legislation.

The ICO final report provided a rating indicator assessed against four levels of assurance - Very Limited, Limited, Reasonable and High. The summary rating from the ICO, following their audit, indicated a **reasonable assurance** rating for NHS Fife:-

Scope area	Assurance Rating	Overall Opinion
<b>Governance &amp; Accountability/Data Sharing</b>	<b>Reasonable*</b>	There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation.

The audit report went on to identify 23 action points based on a priority recommendation. The chart below shows a breakdown of the priorities assigned to the ICO priority recommendation: -



The recommendations have now been incorporated into the IG&S Accountability and Assurance Framework report and progress will be monitored by the IG&S Steering Group.

## Risk Management

Through work guided by the IG&S Steering Group meetings, it was agreed to the use the Board risk appetite description as part of its responsibilities for effective risk management. This is now being updated to reflect the revised risk appetite statement confirmed by the Board in its review of the Risk Management Framework in January 2025. The steering group agree and monitor the following levels of risk tolerance level for categories of risk:-

Risk Category	Tolerance Level
Data Breaches	LOW
Infrastructure	MODERATE
Access Controls	MODERATE
Information Assets	MODERATE
Supplier Management	MODERATE
Threats and Vulnerabilities	LOW
Operational Performance	LOW

This work ensures that IG&S Steering Group can support the risk mitigation activities.

The summary risk position in January 2025 is: -

Categorisation	Tolerance	Total Risks	Current Risk Level Breakdown		
			High	Moderate	Low
Data Breaches	Low	15	3	11	1
Infrastructure	Moderate	14	6	7	1
Access Controls	Moderate	5	0	3	2
Information Assets	Moderate	4	0	3	1
Supplier Management	Moderate	4	2	2	0
Threats and Vulnerabilities	Low	5	1	2	2
Operational Performance	Low	6	1	4	1
<b>Total</b>		<b>53</b>	<b>13</b>	<b>32</b>	<b>8</b>

**Green** risk items within tolerance.  
 30 risks out with tolerance – 56.6%  
 Increased number of risks by 4

### Key Priorities

The IG&S Accountability and Assurance Framework details key areas of action for the year. These have been identified as: -

- NISD Action plan implementation following the NISD audit
- Continued review of policy and procedures and alignment of the IG&S Accountability and Assurance Framework.
- Planned Improvements to the Information Asset Register
- Implementation of Records Management Plan.
- Incident Management Review.

## 2.3 Assessment

Updates to the key areas are included in this section.

### **NISD Action Plan Implementation**

The NISD Audit work associated with the review of the 2024 report now been completed, and priority areas for 2025 being agreed. The 2024 audit was facilitated through the submission of documentary evidence and a series of meetings with key personnel.

Report outcome –

*“Overall compliance is at 93% a significant achievement from the 77% of last year, showing strength across the organisation and a high level of performance”.*

The areas of focus for 2024 and revised scoring through this audit were: -

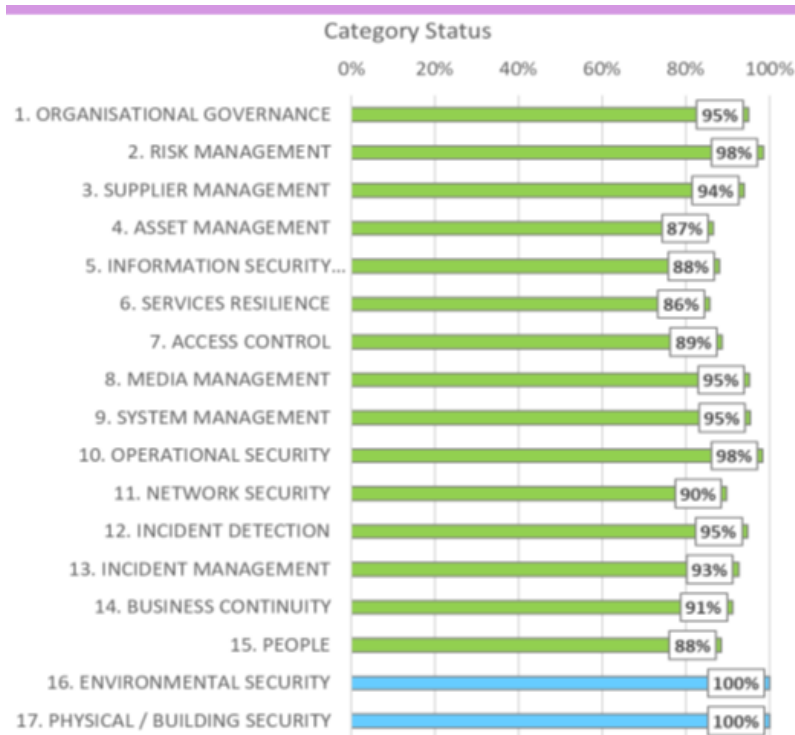
- Supplier Management – increase from 44% in 2023 to 94% in 2024
- Asset Management – increase from 63% in 2023 to 87% in 2024
- Access Controls - increase from 77% in 2023 to 89% in 2024
- Business Continuity – increase from 82% to 91%

The compliance rating could infer a minimal action plan is required for the coming twelve months, however, there is a perpetual need for modernisation and continuous improvement. Each specific control in the main report contains feedback and to precis the detail, it infers the resource, effort or financial investment needed in control areas needs to be focussed on Boards abilities to recover from the high risk of a successful attack, either directly or via the supply chain.

The prioritised action plan for 2025 will focus on the following areas:-

- Resilience and Disaster Recovery Testing.
- Recovery preparedness from an incident.
- Asset Management (associated with Information Asset Recording).
- Training, Education and Awareness.

The overall compliance status of 93% across the 17 categories is shown below: -



The priority actions will continue to be monitored by the Information Governance and Security Steering group during the next audit cycle.

### Procedure and Policy review

The review of NHS Fife’s Records Management Policy, Health Records Retention Policy and Destruction Policy and Patient Access Policy is currently being undertaken. This follows the publication of a revised Records Management Code of Practice for Health and Social care and progress with the revised waiting times measurements being developed into Patient Management Systems following the new rules being issued by Public Health Scotland.

A risk assessment is also being conducted in tandem with the review of the Non-NHS Equipment Policy. This assessment is seeking to provide to the Steering Group, a detailed analysis on the level of risk associated with staff members being able to access some system through their own mobile phones or devices.

### Planned improvement to Information Asset Register and associated Service Catalogue

Work continues to catalogue the remaining information assets in use within NHS Fife, including those that have been mandated nationally.

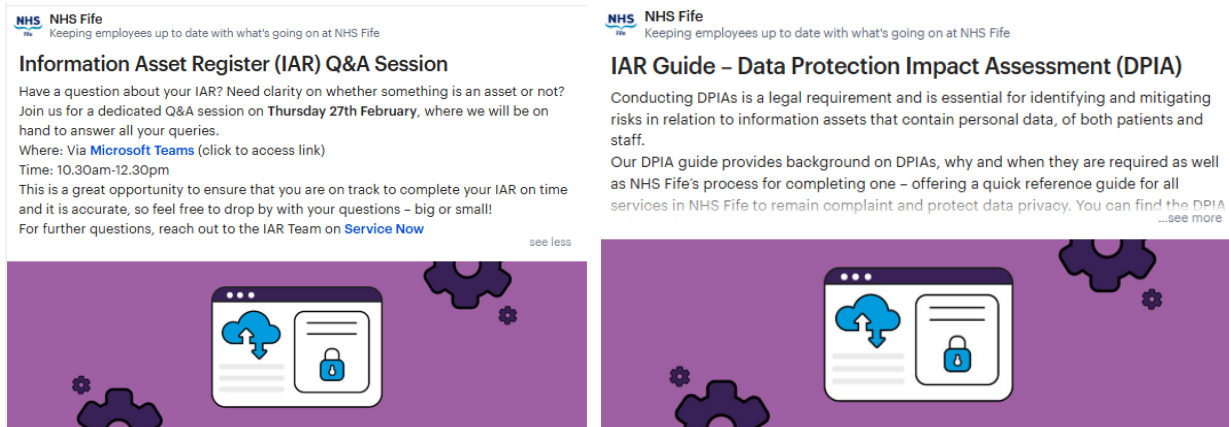
A procedure for information asset management has now been approved and published. Its continued adoption is being supported by a range of training and education opportunities offered by the Information Governance and Security team.

Various guidance to support services understand the requirements are being offered and further support is required to improve the mapping work necessary.

Understanding the information assets services use and access is key in supporting ongoing system maintenance, security and ensuring NHS Fife knows all the information it is

responsible for holding and managing. This item was considered a key learning from the NHS Dumfries and Galloway Cyber incident of 2024.

Examples of recent education opportunities are shown below: -



### Implementation of Records Management Action Plan

While all 15 areas of the plan are being progressed, focus is being given to the two Amber areas of Business Classification and Audit trail, identified by The Keeper response to the NHS Fife Records Management Plan and an updated response provided by National Records Scotland (NRS) in July 2024.

The NRS assessment team use the following assessment criteria when considering a submission or update.

Key:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	<b>R</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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13 of the 15 areas remain in Green, with 2 areas marked as Amber. While focus is given to the amber areas, work continues across all 15 areas.

The report also notes:-

*“The Assessment Team has reviewed NHS Fife’s Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority’s plan continue to be properly considered. The Assessment Team commends this authority’s efforts to keep its Records Management Plan under review. NHS Fife continues to take its records management obligations seriously and is working to bring all elements into full compliance.”*

While every effort is made to continue progress with the implementation of the Records Management Plan, work associated with Re-form, Transform and Perform has had to take priority.

## Incident Reporting

During the 12-month period January 2024 to December 2025, 8 incidents were reported to the ICO and/or NISD Competent Authority. During that period 2 incidents were not reported within the 72-hour period required. Further definition on the 72-hour period has been sought from the ICO.

No items in that period match the requirements for escalation to the Clinical Governance Committee.

This report provides the following Level of Assurance:

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

### 2.3.1 Quality, Patient and Value-Based Health & Care

A culture that is supported in understanding its collective and individual responsibilities for Information Governance and Security is necessary to ensure services can consistently provide high levels of care and services and are not impacted by disruption, financial loss or reputational damage.

Within the principals of the overarching privacy programme the rights of the individual (our patients) remain consistent with many of the principles of Realistic Medicine.

### 2.3.2 Workforce

Many of the activities identify will require NHS Fife to embrace the work and projects associated with improvements. The modelling of approach, consultation and impact to services will be consider via the IG&S Steering Groups, with appropriate escalation to EDG.

The staffing levels within the Information Governance and Security team continue to be reviewed to ensure our compliance with legislation and to ensure the improvement programmes progress. There will continue to be a challenge in maintaining progress against the backdrop of the Re-form, Transform and Perform programmes and other activities that result in increased demand for compliance and audit services.

### 2.3.3 Financial

Some of the activities to mitigate risk and support compliance may incur additional costs.

### 2.3.4 Risk Assessment/Management

The risk management approach and review has concluded, and the ongoing reporting and mitigation actions forms a standard component of the IG&S Steering Group activities. The group and D&I teams continue to monitor existing and emerging risks.

Many of the actions listed and prioritised have a direct bearing on Corporate Risk 17 – Cyber Resilience. This risk has a current rating of High.

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

An impact assessment has not been considered in the creation of this report.

### 2.3.6 Climate Emergency & Sustainability Impact

No other impact considered.

### 2.3.7 Communication, involvement, engagement and consultation

- Report creation reflects the work undertaken by the IG&S Team, view of the Information Governance Steering Group and associated stakeholders.

### 2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development.

- The items contained are considered in detail by the Information Governance and Security Steering Group at their quarterly meeting

## 2.4 Recommendation

The Committee are asked to note the progress being made across the IG&S domains and take a **“moderate” level of assurance** from the governance, controls and improvement plans in place.

## 3 List of appendices

- Appendix No. 1 – IG&S Accountability and Assurance Framework (Exec Summary) – January 2025

### Report Contact

Alistair Graham

Director of Digital & Information

Email [alistair.graham1@nhs.scot](mailto:alistair.graham1@nhs.scot)



# **Information Governance and Security Accountability and Assurance Framework**

**Produced in January 2025**



# Introduction

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The purpose of the **Information Governance and Security (IG&S) Accountability and Assurance Framework** is to provide a unified view of the current controls, actions and activities being undertaken across NHS Fife, as we evidence our responsibilities for compliance.

The **IG&S Accountability and Assurance Framework (IGSAAF)** is presented to the Information Governance and Security Steering Group on a quarterly basis and is available to all governance committees where appropriate.

The **IGSAFF** comprises of the following sections:

## I. Executive Summary

- a. Report sections and summary of frequency of updates
- b. Performance Measures Summary
- c. Risk Summary
- d. Key Milestones and changes within reporting period

## II. Performance Assessment Reports

- a. Leadership and Oversight
- b. Policies and Procedures
- c. Training and Awareness
- d. Individuals Rights
- e. Transparency
- f. Records of processing on a lawful basis
- g. Contracts and data sharing
- h. Risks and DPIA
- i. Records Management and Security
- j. Breach Response and monitoring

Section II provides further detail on performance measures relating to existing controls, actions and activities being undertaken for improvement, consideration of existing or emerging risk and a statement of assurance for the IG&S Steering Group to consider.

The prioritisation of activities places greater emphasis on feedback received from external and internal audit, guidance provided by external expert bodies e.g. Information Commissioners Office (ICO), National Cyber Security Centre (NCSC) and National Service Scotland's Cyber Centre of Excellence (CCoE), Internal Audit, internal risk assessment and internal event and breach response themes.

The **IGSAAF** has been developed following consultation and feedback from the IG&S Steering Group and following the consideration of a mapping exercise between the **ICO Accountability Framework** and the **Scottish Public Sector Cyber Resilience Framework (SPSCRF)** of which the **Network Information Security Directive (NISD)** is used as the current audit mechanism by Scottish Government's Competent Authority. The NISD audit only considers 80% of the controls within the **SPSCRF**. \*

Following review of the mapping exercise it was decided that the core elements identified in the ICO Accountability Framework and Scottish Public Sector Cyber Resilience Framework

\* Reference [Cyber Resilience Framework V1.2 Section 1 Item 5](#)

provided key topics to support the continued development of an effective privacy management programme.

The ICO Accountability Framework assess organisations maturity against 10 categories. Each category has several expectations, 77 in total, with a total of 338 controls that organisations are assessed against.

For NISD the domain account is 4, with 17 categories with 68 subcategories and 427 controls. New controls were introduced in the 2023 audit.

The NSID Framework is a component of the overarching Scottish Public Sector Cyber Resilience Framework. Many frameworks exist within the cyber security sector including Cyber Essentials, Cyber Essential Plus and ISO27001, however the SPSCR incorporates best practice and controls from all.

# I. Executive Summary

At each meeting, the Steering Group is asked to consider performance targets, controls and improvement actions identified across each of the 10 areas. This section of the report provides a summary of these indicators, where data is available, along with previous performance and where possible, benchmarking.

## a. Report sections and summary of frequency of updates

Summary of the Framework Categories: -

<b>Leadership and Oversight</b>	Requirement for clear and documented governance structure in support of the assurance and management of IG&S activities and risks, across all responsible areas of NHS Fife. Key Leadership roles established including, but not limited to, SIRO, Caldicott Guardian, Data Protection Officer/s, Information Security and Cyber Security Manager. Evidence of reporting and assurance
<b>Policies &amp; Procedures</b>	Through a range of policies and procedures, that are reviewed and updated on a regular basis, we can demonstrate visibility to staff and the public of the processes required for data protection, information governance and security. These policies and procedures seek to remonstrate data protection by design and default and ensure strong compliance with security controls in support of SPSCRF.
<b>Training and Awareness</b>	Evidence a considered approach to staff training and awareness programme that is linked to staff members employment lifecycle and role. This includes support for specialised roles, the ability to monitor impact of activities and support awareness raising where risks or incidents require corrective action.
<b>Individual's rights</b>	Consistently inform individuals (staff, patients and patient's representatives) of their rights to access information and have suitable processes and resources to handle just requests in a timely manner. This includes processes to rectify inaccurate or incomplete records and erase or restrict access or processing where individuals request. Individuals are also given access to recognise and respond to individual's complaints about data protection.
<b>Transparency</b>	Transparency helps individuals to exercise their rights and gives people greater control. This is particularly important if the processing is complex or if it relates to a child. Being transparent about what we do with personal data will support data sharing with third parties.
<b>Records of processing and lawful basis</b>	It's a legal requirement to document our processing activities. The main activities in support of this work include Information Asset Registers, associated Data Protection Impact Assessments (DPIAs) and consideration of consent models. The processing of data is easier and less risky when such documents exist and are maintained.
<b>Contracts and data sharing</b>	Through contractual mechanisms and DPIA the legitimacy and requirement to share data is a key consideration. Data sharing agreements are established and maintained and support the development of guidance or procedures. Contracts are required with all processors and a record is kept and maintained.
<b>Risks and DPIAs</b>	We have and maintain ways of identifying and managing risks associated with Privacy and Security. DPIAs are one way to identify risks and high risks, relating to privacy, require reported to the ICO.
<b>Records Management and Security</b>	The implementation of NHS Fife's Records Management Plan is key in supporting the accountability principles and maintain the security of data we create, retain and destroy. How and who access this data is key to maintaining security and this is supported by Business Continuity and disaster recovery plans.
<b>Breach Response and monitoring</b>	The requirement to detect, investigate and record any breaches is fundamental to this category. Personal data breaches can have a range of adverse effects on individuals and to NHS Fife. The requirement to notify the ICO of personal data breaches is 72 hours and is a key measurement in this area.

The reporting frequency for each section and the current availability of measures is noted below: -

Table 1 - Category Relevance, Update Frequency and Measures

Category	Relevant to ICO Accountability Framework	Relevant to NISD/Cyber Resilience Framework	Frequency of Update	Measures Established
<b>Leadership and Oversight</b>	Relevant	Relevant	Annually	Yes
<b>Policies &amp; Procedures</b>	Relevant	Relevant	Quarterly	Yes
<b>Training and Awareness</b>	Relevant	Relevant	Quarterly	Yes
<b>Individual's rights</b>	Relevant	Not Relevant	Monthly	Yes
<b>Transparency</b>	Relevant	Not Relevant	Quarterly	None
<b>Records of processing and lawful basis</b>	Relevant	Not Relevant	Quarterly	Yes
<b>Contracts and data sharing</b>	Relevant	Some Relevance	Monthly	None
<b>Risks and DPIAs</b>	Relevant	Relevant	Quarterly	Yes
<b>Records Management and Security</b>	Relevant	Relevant	Monthly	None
<b>Breach Response and monitoring</b>	Relevant	Relevant	Monthly	Yes

We have completed the 2024 NISD/Cyber Resilience Framework Audit cycle. Findings from the review of the report, have been included in the Accountability and Assurance Framework.

## b. Performance Measures Summary

Table 2 - Summary Performance Measures

Information Governance & Security Performance Summary		Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Operational Performance	Cyber Security - Exposure Score*	< 25	31	32	34	45	65	62	25	30	34	35	16	40	
	FOI's - Responses within target	85%	91.6%	85.0%	77.9%	83.3%	85.9%	84.8%	88.7%	96.3%	89.1%	88.5%	85.3%	77.9%	
	Number of SARs Received		228	247	221	241	243	204	198	213	201	210	195	164	
	SARs Received (% responded to timeously)	100%	94.5%	92.7%	92.7%	89.9%	94%	94.2%	93.6%	87.8%	94.8%	88.8%	91.3%	86.6%	
	Information Governance Incidents	Avg 97	105	135	89	106	114	90	81	85	114	99	99	83	
	Incidents Reported to ICO or CA		0	0	2	1	0	2	0	1	0	1	1	0	
	Incidents Reported within 72 Hours				2	0		1		1	n/a	1	1	n/a	
	Active Follow up required by ICO				1	0		1		0	n/a	0	0	n/a	
	Mandatory Training Renewal **	80%		61%			62%				0.65				
	<b>Annual Measures</b>			2020	2021	2022	2023	2024							
NISD Compliance Status		53%	69%	76%	87%										
NISD Risk Exposure		13%	8%	3%											
NISD Controls Completed		53%	58%	64%		88%									
Public Sector Cyber Resilience Compliance					77%	93%									
Technical Incidents		NIS / GDPR Reportable	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
	1. Negligible Incidents	N	3476	3364	3199	3429	3215	2626	3172	3328	2910	2933	2844	2316	
	2. Minor Incidents	N	5	3	3	3		2	2	2	5				
	3. Moderate Incidents	Y			2				1	1		2		1	
	4. Major Incidents	Y													
	5. Extreme Incidents	Y													

\* - Scored out of 100; Low 0-29, Med 30-69, High 70-100

\*\* - Source EDG Training Compliance Report

## c. Risk Summary – January 2025

The IG&S Steering Group has agreed to the use of the Board risk appetite description as part of its responsibilities for effective risk management. The following definitions are:-

- a) **Low** - Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultrasafe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities. (This would be demonstrated by a risk rating less than or equal to 6)
- b) **Moderate** - Prepared to accept only modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation. (This would be demonstrated by a risk rating that is more than 6 but less than 12)
- c) **High** - Willing to consider and / or seek all delivery options (original / ambitious / innovative) and accept those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk. (This would be demonstrated by a risk rating that is more than 12 but less than 20. A risk rating of 20 or 25 being unacceptable for all risks)

D&I will aim to apply the overarching definitions to the risks concerned with its operational responsibilities including IT/Cyber infrastructure.

The IG&S Steering Group has agreed to the following risk tolerance levels for the following categories of risk:-

Table 3 - Risk Category and Tolerance Levels

Risk Category	Tolerance Level
Data Breaches	LOW
Infrastructure	MODERATE
Access Controls	MODERATE
Information Assets	MODERATE
Supplier Management	MODERATE
Threats and Vulnerabilities	LOW
Operational Performance	LOW

The full detail and definitions can be found in the Digital and Information Risk Management Statement.

## Summary Risk Position on 22<sup>nd</sup> January 2024

Table 4 - Summary Risk Position – all D&I Risks

Risk Level	Initial Risk Level	Current Risk Level
High Risk	28	13
Moderate Risk	24	32
Low/Very Low Risk	1	8
<b>Total</b>	<b>53</b>	<b>53</b>

Three new risks have been identified in the period.

Table 5 - Risk Summary by Category all D&I Risks

Categorisation	Tolerance	Total Risks	Current Risk Level Breakdown		
			High	Moderate	Low
Data Breaches	Low	15	3	11	1
Infrastructure	Moderate	14	6	7	1
Access Controls	Moderate	5	0	3	2
Information Assets	Moderate	4	0	3	1
Supplier Management	Moderate	4	2	2	0
Threats and Vulnerabilities	Low	5	1	2	2
Operational Performance	Low	6	1	4	1
<b>Total</b>		<b>53</b>	<b>13</b>	<b>32</b>	<b>8</b>

Green risk items within tolerance

30 risks out with tolerance – 56% (An increase of 1% since previous period)

## d. Key Milestones and changes within the reporting period

---

Progress in period October 2024 to January 2025.

### a) Leadership and Oversight

This section shows the completion of the previous financial year activities associated with the Steering Groups review of Terms of Reference and Annual Workplan. Assurance updates will be provided to Clinical Governance Committee in September 2024 and March 2025.

The NISD Audit noted the organisation governance category had achieved 95% an increase from 85% in the previous year.

Terms of Reference and Annual Reports will be produced in the next period.

### b) Policies and Procedures

#### **Policies presented to EDG in the period.**

GP/D3 – A9 – Information Asset Register Procedure

GP/I3 – Internet Policy

GP/R9 – Health Records Policy

GP/D2 – Data Subject Access Request Policy

GP/S8 – D&I Incident Management Policy

GP/B2 – D&I Remote Access Policy

GP/M5 – Mobile Device Management Policy

#### **Being Reviewed and Available for Consultation: -**

GP/F1 – Freedom of Information Policy

GP/R4 – Records Management Policy

GP/C10 – Clear Desk Screen Policy

GP/D6 – Data Encryption Policy

GP/I5 – Information Security Policy

#### **Policies on Hold: -**

GP/E7 – Non-NHS Equipment Policy – supporting risk assessment being established

### c) Training and Awareness

Mandatory training compliance for IG&S modules has increased to 65% by September 2024.

### d) Individual Rights

FOI performance was within target for 8 of the last 12 months.

SAR performance is challenging against the 100% target.

### e) Records of processing and lawful basis



The requirements of [Article 30](#) are partially in existence and require further work to improve. This work is captured within the ICO Audit Action Plan also.

The project to establish an information asset register baseline is now complete. While returns have not been received from all areas, further remedial work was agreed via EDG.

**f) Contract and data sharing**

Work has concluded with NSS in support of providing additional evidence under the Cyber Assurance Audit. This evidence has been submitted to the auditor and the action is marked as complete.

**g) Risks and DPIAs**

DPIA procedure is complete as part of Asset Register work.

**h) Records Management and Security**

Work ongoing, with specific areas being support where risk identified or positive engagement takes place.

**Assurance Summary**

The details of the report, KPIs, progress with the workplans and alignment to external and internal audit allows the following level of assurance to be provided:-

Level of Assurance:			
Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
	<p><b>Current Level</b> A reasonable level of assurance is provided to the Steering Group.</p>		

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 March 2025</b>
<b>Title:</b>	<b>Director of Public Health Annual Report 2024</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Jo-Anne Valentine, Public Health Manager Lucy Denvir, Consultant in Public Health</b>

## Executive Summary

- This report provides an overview of the near-final draft of the Director of Public Health Annual Report 2024. It is planned the report will be published at the end of March 2025. This will align with the expected publication date of the national Population Health Framework for Scotland.
- The subject area of the report focuses on eating well and physical activity in the context of healthy places and spaces.
- The report subject area aligns 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.
- There are final presentation matters to be completed for example images and Alt text.
- This report is provided to the Clinical Governance Committee (CGC) for a “moderate” level of assurance.

## 1. Purpose

### **This report is presented for:**

- Discussion

### **This report relates to:**

- 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 covers the near-final draft of the Director of Public Health Annual Report for 2024. CGC is asked to confirm support for the themes of healthy eating and physical activity in the context of healthy places and spaces. CGC is also asked to consider and offer support for areas indicated in the recommendations.

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 represents the independent professional advocacy and advice of the DPH for 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. The purpose of now bringing this to the CGC is for support prior to a finalised report being presented to NHS Fife Board in March 2025.

The subject area of this years' DPH report is Eating Well and Physical Activity in the context of Healthy Places and Spaces.

Last year the report focused on the area aligned to national Public Health Priority 2 'A Scotland where we flourish in our early years'. This year the report is aligned to Public Health Priority 6 PHP 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 at the end of March 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.

Food and eating have a strong and complex social, environmental and cultural context and meaning. Food and physical activity are both influenced by a huge range of factors such as the environment and are closely linked to poverty, deprivation and food insecurity. The national direction acknowledges the current context of access to ultra-processed foods that are high in fat / sugar / salt. 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 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.

Nationally we have seen the publication of National Planning Framework 4. The importance links between spatial planning and public health have become clear. 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 year's 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 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:

- 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 direction. The report also follows a structure that is based on an evidence led approach to addressing the identified issues.

The report finishes offering some more specific recommendations for focused action and these can be found on page 51 of the report.

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	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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### 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.

### 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 Five Year 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 the broad range of activities across partners and communities that contribute to this agenda.

### 2.3.8 Route to the Meeting

The key points identified within report have been presented at the following groups:

- EDG 20.12.25
- Public Health and Wellbeing Committee 13.01.25 and 03.03.25
- Plan for Fife Leadership Group 08.01.25

This paper was noted by EDG on 20.02.25 and will be presented to the Public Health & Wellbeing Committee on 03.03.25.

## 2.4 Recommendation

Members are asked to take a **“moderate” level of assurance** from the report.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 – Director of Public Health Annual Report 2024 Final Working Draft

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# Healthy Eating, Active Living for Everyone

Director of Public Health Annual Report 2024

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## Acknowledgements:

I am grateful to my colleagues within our Public Health Department and across NHSFife 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 inspiring examples of this work throughout the report.

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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.<sup>1</sup> In 2020-21 the Director of Public Health report provided an overview of these Priorities and the actions for each.<sup>2</sup> 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'.<sup>3</sup> 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'.<sup>4</sup> 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

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<sup>1</sup> [Public Health Priorities for Scotland](#)

<sup>2</sup> [NHS Fife Director of Public Health Report 2020-2021](#)

<sup>3</sup> [NHS Fife Director of Public Health Annual Report 2023](#)

<sup>4</sup> [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.

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# 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.<sup>5</sup> 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.<sup>6,7,8</sup> The National Planning Framework 4 has also been published.<sup>9</sup> 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.<sup>10</sup>

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.<sup>11</sup> The Act placed a duty on public bodies to produce a Plan including outcomes 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.<sup>12</sup>

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.

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<sup>5</sup> [Written question and answer: S6W-34287 | Scottish Parliament Website](#)

<sup>6</sup> [Improvement Service 2024: Place and wellbeing: integrating land use planning and public health in Scotland](#)

<sup>7</sup> [The Place Standard tool is a way of assessing places. | Our Place](#)

<sup>8</sup> [Place and Wellbeing Outcomes | Improvement Service](#)

<sup>9</sup> [Scottish Government 2024: National Planning Framework 4](#)

<sup>10</sup> [Local development plan \(FIFEplan\) | Fife Council](#)

<sup>11</sup> [Good Food Nation](#)

<sup>12</sup> [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.<sup>13</sup> 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'.<sup>14,15,16</sup>

In 2023 Obesity Action Scotland and The University of Edinburgh published 'Local Levers for Diet and Healthy Weight'.<sup>17</sup> 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.<sup>18</sup>

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.

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<sup>13</sup> [OurFife: Recovery and renewal - Plan for Fife 2021-24](#)

<sup>14</sup> [OurFife: Food4Fife](#)

<sup>15</sup> [Fife Council: Local Transport Strategy for Fife](#)

<sup>16</sup> [KnowFife: Our Place: Living in Fife 2023](#)

<sup>17</sup> [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

<sup>18</sup> [Public Health Scotland: A systems-based approach to physical activity in Scotland 2022](#)

# Healthy Eating



# 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.<sup>19</sup> These include oral health problems, Type 2 diabetes, coronary heart disease and cancer.

Obesity, defined as 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.<sup>20</sup>

Just under one third (32%) of adults in Scotland were living with obesity in 2023 and a further 34% were living with overweight.<sup>21</sup> 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.<sup>22</sup>

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 the time period and was slightly lower than Scotland (76.5%).<sup>23</sup> 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.<sup>24</sup>

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<sup>19</sup> [Non Communicable Diseases | NCD Alliance](#)

<sup>20</sup> [WHO Obesity and overweight Factsheet](#)

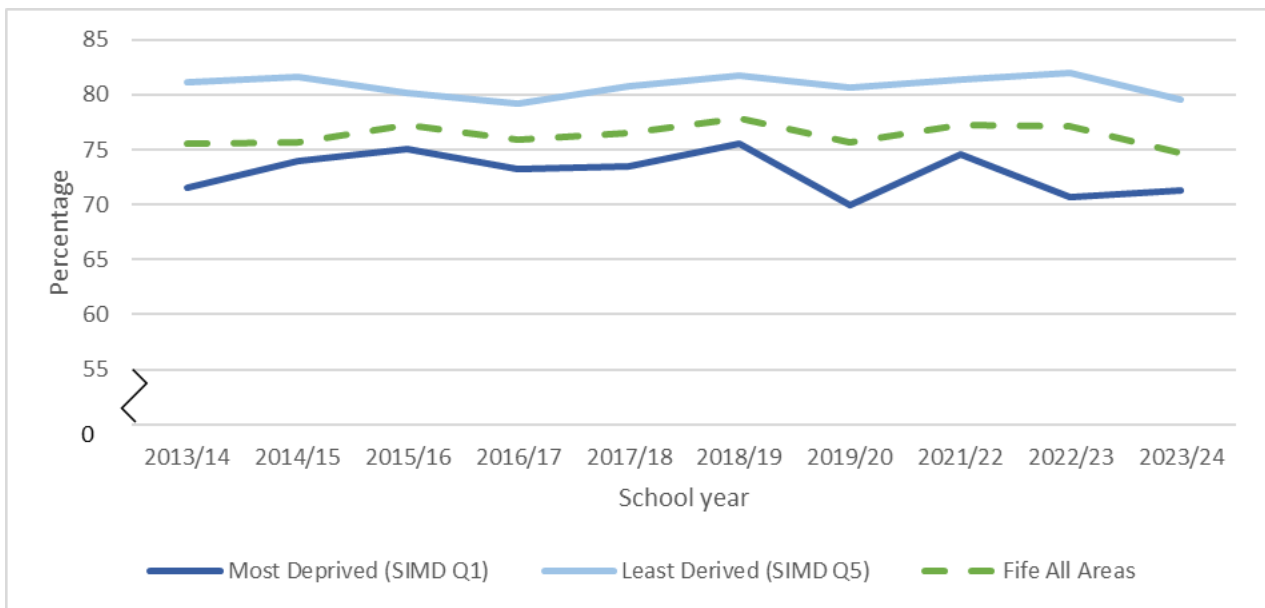
<sup>21</sup> [9 Obesity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

<sup>22</sup> [Scottish Health Survey Dashboard - Rank BMI Obesity 2016-19](#)

<sup>23</sup> [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023-2024](#) (Data Table 3)

<sup>24</sup> [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.<sup>25</sup> 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.<sup>26</sup> 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.

<sup>25</sup> [Scottish Dental Clinical Effectiveness Programme - Prevention and Management of Dental Caries in Children](#)

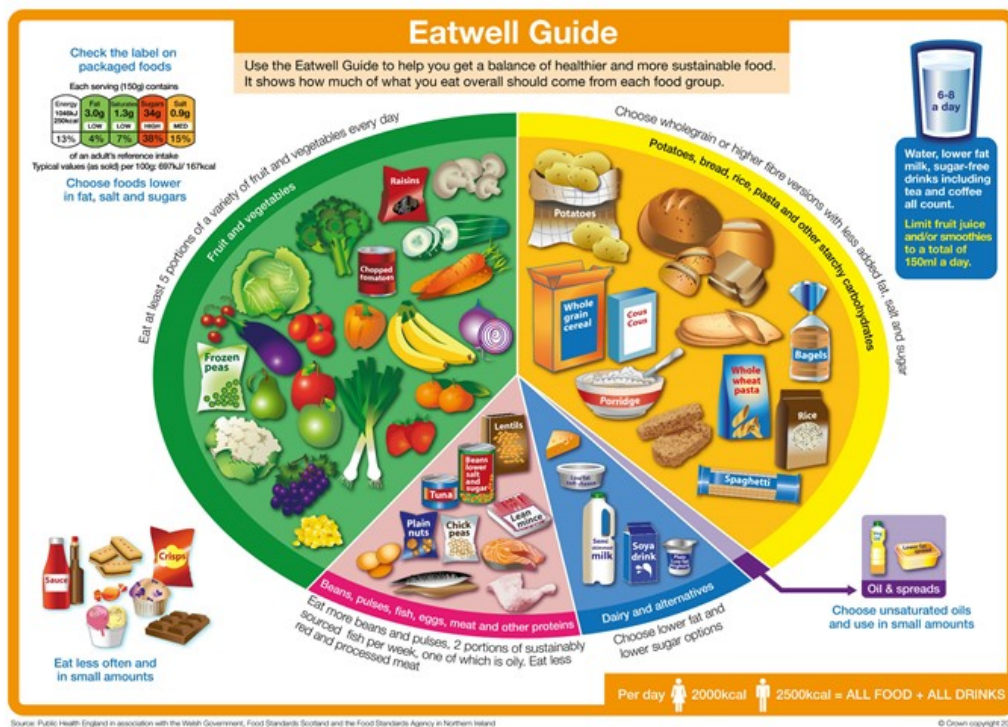
<sup>26</sup> [Oral Health Improvement – Scottish Dental](#)

## 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).<sup>27</sup>

Food and eating has a strong and complex social, environmental and cultural context 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.<sup>28</sup> 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%).

<sup>27</sup> [Food and nutrition - Healthy living | NHS inform](#)

<sup>28</sup> [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 have increased in that 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.<sup>29</sup> 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.<sup>30</sup>

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.<sup>31</sup> 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.<sup>32</sup>

The Scottish Health Survey provides information about what adults and children in Scotland eat, particularly levels of fruit and vegetable consumption. Across Scotland (22%, 2021) and Fife (21%, 2016-2019) around a fifth of adults' report consuming the recommended 5 portions of fruit and vegetables daily.<sup>33</sup> These proportions have 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.<sup>34</sup>

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.<sup>35</sup> 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.

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<sup>29</sup> [The Broken Plate 2023 | Food Foundation](#)

<sup>30</sup> [Food Insecurity Tracking | Food Foundation](#)

<sup>31</sup> [Food Standards Scotland: Position paper: Processed and ultra-processed foods](#)

<sup>32</sup> [Faculty of Public Health position paper: ultra processed foods](#)

<sup>33</sup> [Scottish Health Survey Dashboard](#)

<sup>34</sup> [Scottish dietary goals: March 2016 - gov.scot](#)

<sup>35</sup> [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.<sup>36</sup>

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 of 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.

### **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.*

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<sup>36</sup> [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.<sup>37</sup> 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.

Food4Fife 6 pillar food systems framework **INFOGRAPHIC OF THIS TO FOLLOW**

Healthy food for all	Working to stop and prevent food insecurity by providing dignified, fair, and just access to healthy and affordable food for all
Community food	Empowering Fife's food community and citizenship through communication and increased access to growing spaces, food skills and education
Food economy	Supporting local food producers to create a food economy and culture that supports a real living wage, that is local, high quality and innovative with good career prospects
Catering and procurement	Using Fife's public procurement to support community wealth building. Bringing local food into our public buildings including schools, hospitals, and learning institutions
Farming, soils and climate	Growing food in Fife that is climate friendly and climate ready, reduces waste, redistributes excess and supports soil health and biodiversity
Partnership working	Working in partnership across all parts of the food system, driving positive change through leadership and a Fife-wide food strategy.

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<sup>37</sup> [OurFife: Food4Fife](#)

## 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.<sup>38</sup>

The local levers include: **?POSSIBLE COLOUR CODE THESE AND TAKE THROUGH TO NEXT SECTION**

- 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.

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<sup>38</sup> [Obesity Action Scotland: Local Levers for diet and healthy weight](#)



# Protect and Support Breastfeeding & 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.<sup>39</sup> 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.<sup>40</sup> 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 202/24.<sup>41</sup>

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.<sup>42</sup> The Baby bites programme has been rolled out to every nurture centre in Fife and will extend into nurseries across Fife.

Fife’s Child Healthy Weight Service, known as Fife Loves Life, supports families to eat well and be physically active.<sup>43</sup> 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

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<sup>39</sup> [Public Health Scotland: Infant feeding statistics - Financial year 2023 to 2024](#)

<sup>40</sup> [Fife Breastfeeding Resources Links](#)

<sup>41</sup> [Social Security Scotland - Best Start Grant and Best Start Foods: high level statistics to 30 September 2024](#)

<sup>42</sup> [Baby bites - interactive weaning sessions | NHS Fife](#)

<sup>43</sup> [Child Healthy Weight Service \(Fife Loves Life\) | NHS Fife](#)

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.

**Case study – EATS Educates food education initiative in Rosyth Primary Schools - ? logo or photos**

*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 80m<sup>2</sup> 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 directly picked 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.*

[Home - Eats Rosyth](#)

## Improve Uptake of School Meals

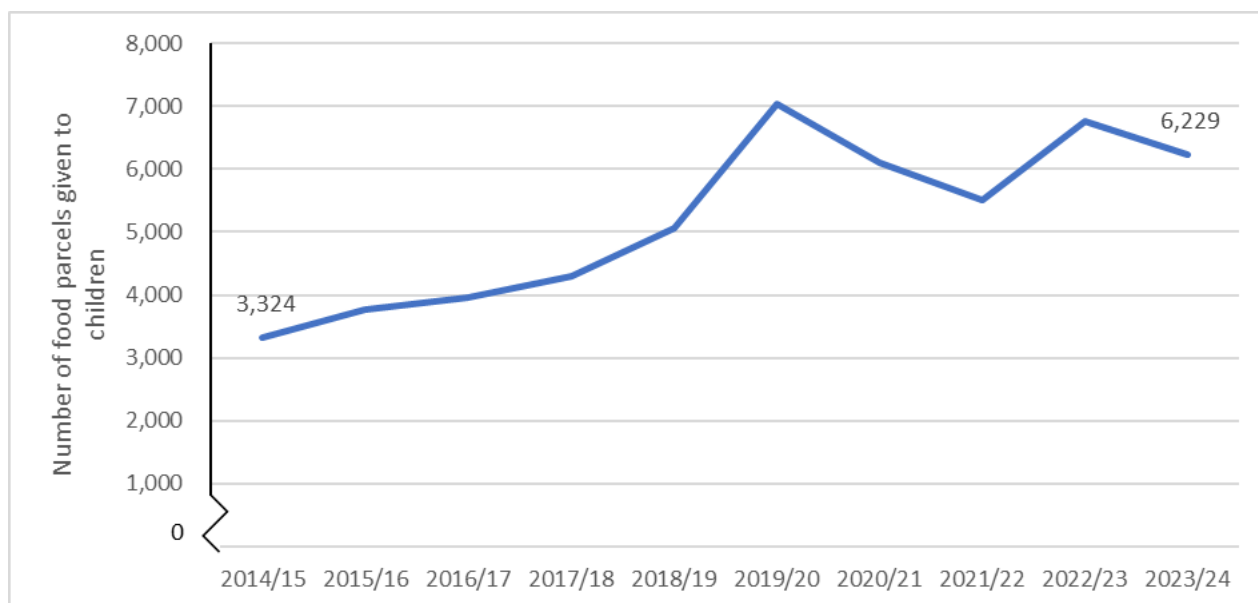
### Why is this important?

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.<sup>44</sup> Across the UK 20.0% of households with children reported experiencing food insecurity compared with 12.7% of households without children.<sup>45</sup> The Trussell Trust published end of year statistics for foodbank use throughout the UK.<sup>46</sup> In Fife for the financial year 2023/24 6,229 parcels were given out to children.

Figure 3: Number of food parcels given to children in Fife by financial year



Source: The Trussell Trust

<sup>44</sup> [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot](https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-2022/pages/100.aspx)

<sup>45</sup> [Food Insecurity Tracking | Food Foundation](https://www.foodfoundation.org.uk/food-insecurity-tracking/)

<sup>46</sup> [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.<sup>47</sup>

The Scottish Government mandates all food served in schools at lunch, breakfast, morning breaks and tuck shops to 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.<sup>48</sup>

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.<sup>49</sup> 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.

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

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<sup>47</sup> [Household availability of ultra-processed foods and obesity in nineteen European countries](#)

<sup>48</sup> [Healthy Eating in Schools: guidance 2020](#)

<sup>49</sup> [Better Eating, Better Learning](#)

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.<sup>50</sup> The project is universal and is underpinned by the dignity principles.<sup>51</sup>

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.

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<sup>50</sup> [Café Inc | Fife Council](#)

<sup>51</sup> [Nourish Scotland: Guidance Notes on Dignity in Practice - Summary of Findings](#)

# 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 that found when 75% 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.<sup>52</sup>

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.

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<sup>52</sup> 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.<sup>53</sup>

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.<sup>54</sup>

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.<sup>55</sup> 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.

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<sup>53</sup> [Consumer attitudes towards the diet and food environment in Scotland research report - June 2023](#)

<sup>54</sup> 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.

<sup>55</sup> [Scottish Government 2024: National Planning Framework 4](#)



# Reduction in Calories on Eating Out of Home Sector Menus

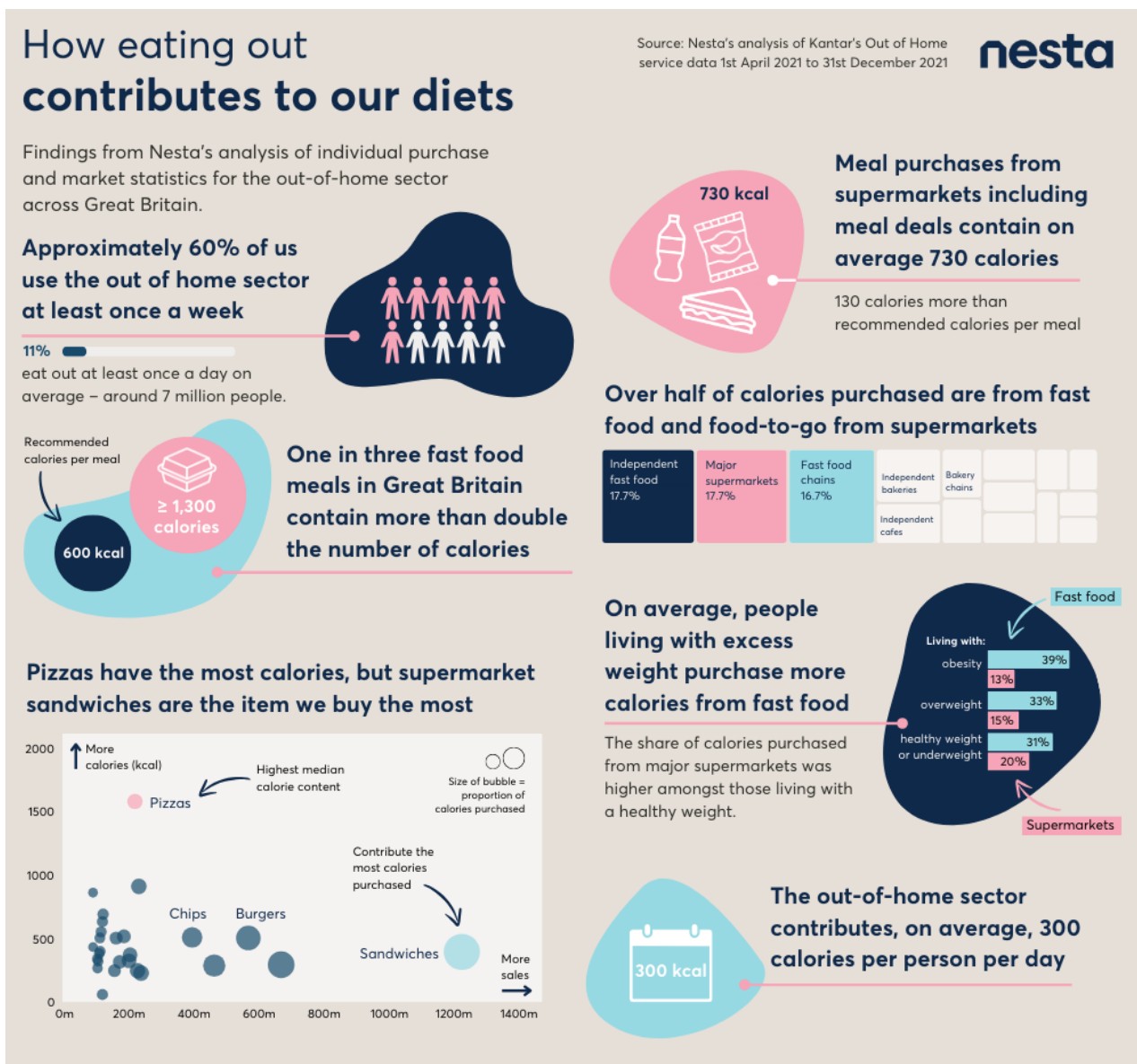
## Why is this important?

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.<sup>56</sup> 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 4: Infographic showing Nesta analysis of purchase and market statistics of the out of home sector in 2021



<sup>56</sup> [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.<sup>57</sup> 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.

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<sup>57</sup> [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.<sup>58</sup> 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.<sup>59</sup> 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.

Table 1: Local authority owned and/or controlled advertising space in Fife

	<b>Billboards</b>	<b>Bus shelters</b>	<b>Taxis</b>	<b>Public transport</b>	<b>Events/sponsorship</b>
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

<sup>58</sup> [Obesity Action Scotland: Advertising Position Paper](#)

<sup>59</sup> [Obesity Action Scotland: Outdoor Advertising Report 2021](#)

## 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.<sup>60</sup> 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.

Space for picture??

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<sup>60</sup> [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

# Active Living for Everybody

# Active Living for Everybody

## 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.<sup>61</sup> 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 making a contribution to declining levels of physical activity.

## 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).<sup>62</sup> NCDs include conditions such as cancers, cardiovascular disease, chronic respiratory diseases, diabetes and mental health and neurological conditions.<sup>63</sup> Noncommunicable diseases currently account for more than two thirds of deaths and are the leading causes of ill health in Fife and across Scotland.<sup>64</sup>

Physical inactivity is recognised by the World Health Organisation as one of the 5 leading risk factors of noncommunicable diseases.<sup>65</sup> A 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.<sup>66</sup> 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

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<sup>61</sup> [UK Chief Medical Officers' Physical Activity Guidelines](#)

<sup>62</sup> [The burden of disease attributed to physical inactivity](#) page 7

<sup>63</sup> [World Health Organisation: Noncommunicable diseases](#)

<sup>64</sup> [The burden of disease attributed to physical inactivity](#) page 6

<sup>65</sup> [World Health Organisation: Noncommunicable diseases](#)

<sup>66</sup> [The burden of disease attributed to physical inactivity](#)

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.<sup>67</sup> 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.<sup>68</sup> A higher proportion of men have consistently reported meeting the MVPA guideline than women, 69% compared to 59% in Fife in 2019-23.<sup>69</sup>

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.<sup>70</sup> 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. 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.<sup>71</sup> 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.<sup>72</sup>

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<sup>67</sup> [Scottish Health Survey Dashboard](#) (Tab = Rank, Topic = Physical Activity, geography = Health Board)

<sup>68</sup> [Scottish Health Survey Dashboard](#) (query as previous footnote)

<sup>69</sup> [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Physical Activity, Indicator = summary activity levels, breakdown = Age)

<sup>70</sup> [Scottish Health Survey Dashboard](#) (query as previous footnote)

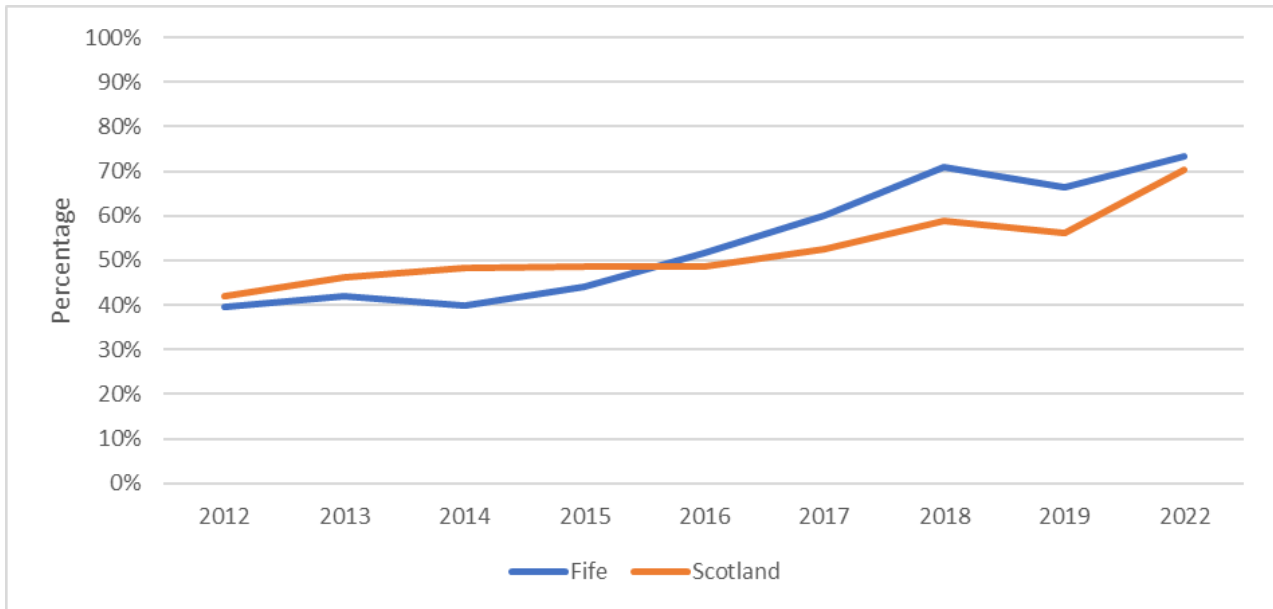
<sup>71</sup> [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

<sup>72</sup> [ibid](#)

## 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.<sup>73</sup> 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 2012 and 50% in 2016.

Figure 5: 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.

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.<sup>74</sup> 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.<sup>75</sup>

<sup>73</sup> [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

<sup>74</sup> [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

<sup>75</sup> 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](#)



### **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!*

## 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 each of which will be explored within the Fife context in the following sections. The themes are:

**CAN WE COLOUR CODE THESE AND CARRY THROUGH TO EACH SECTION OR WILL NEED TO NUMBER SO CORRESPOND**

- 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.

**Possible picture??**

# 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.<sup>76</sup> 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.<sup>77</sup>

## Modifiable factors/local actions

Fife Council Active Schools and Active Communities along with Fife Sports and Leisure Trust work to impact, 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 out with 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.

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<sup>76</sup> [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

<sup>77</sup> [English-Eight-Investments-That-Work-FINAL.pdf](#)

- Youth 1<sup>st</sup>'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 or Youth 1<sup>st</sup> 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.<sup>78</sup> 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.<sup>79</sup>

Adult recommendations for physical activity are for adults to be moderately physically active for 150 minutes per week.<sup>80</sup> Currently 64% of adults in Fife achieve this with the difference between men and women being 10% (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.<sup>81</sup> 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.

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<sup>78</sup> [Time use in the UK - Office for National Statistics](#)

<sup>79</sup> [The Acute Metabolic and Vascular Impact of Interrupting Prolonged Sitting: A Systematic Review and Meta-Analysis](#): Pub Med

<sup>80</sup> [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

<sup>81</sup> [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 (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.<sup>82</sup>

## 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.

### **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. 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 with around 366 new participants joining a walk for the first time.*

*Reasons for joining a walking include, to meet new people, to feel healthier, manage weight and preferring walking to other forms of exercise.*

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<sup>82</sup> Sustainable Development Goals, [Sustainable Development Goals](#)

## 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.<sup>83</sup>

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<sup>83</sup> [Place and Wellbeing Outcomes | Improvement Service](#)



Figure 6: Place and wellbeing outcomes graphic



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.<sup>84</sup> 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.<sup>85</sup>

### 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).<sup>86</sup> 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.

<sup>84</sup> [Our-Place-Fife-2023.pdf](#)

<sup>85</sup> [Scottish Government 2024: National Planning Framework 4](#)

<sup>86</sup> [Fife LDP Evidence Report 2024](#)

## NHS Fife's Greenspace Strategy

NHS Fife Greenspace Strategy 2030 was developed in 2023.<sup>87</sup> 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.*

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<sup>87</sup> [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.<sup>88</sup> 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.

Space for picture??

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<sup>88</sup> [Home | 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 outwith 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.<sup>89</sup> 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.<sup>90</sup> 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.

Figures from NHS Fife's 2023 travel survey of employees reported that 76% of respondents travel to work in a single occupancy vehicle with 5% taking public transport and a further 5% 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. Scoping work on potential for active travel at Victoria Hospital and Queen Margaret Hospital found more than 30% of employees could walk or cycle to work, and at Queen Margaret Hospital 38% of staff have the potential to do so.

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<sup>89</sup> [Scotland's Census](#)

<sup>90</sup> [Local Transport Strategy for Fife | Fife Council](#)

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.

Space for picture??

# 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.<sup>91</sup> 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.<sup>92</sup> 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.

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<sup>91</sup> [Pulmonary rehabilitation | NHS Fife](#)

<sup>92</sup> [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.

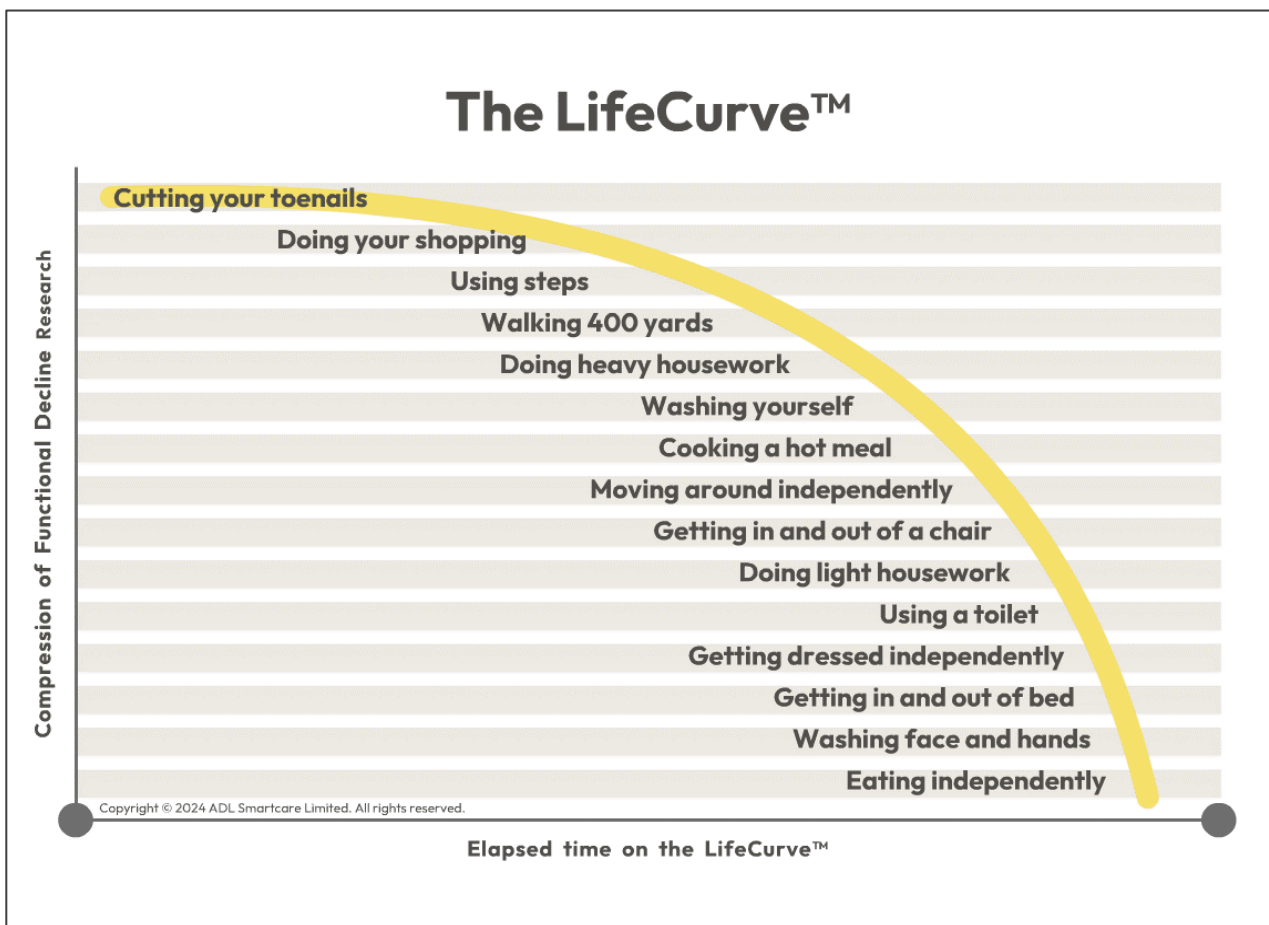
The training will support participants to understand the benefits of movement and physical activity for health and wellbeing and provide information and knowledge to enable them to support people to be more active. It will allow participants:

- 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.

## The Life Curve™

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.<sup>93</sup> 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.<sup>94</sup>

Figure 7: The LifeCurve™



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.

<sup>93</sup> [Smart Life in Fife: LifeCurve Assessment](#)

<sup>94</sup> [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



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.<sup>95</sup>

## 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.

## 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.

## Health and Transport – current position

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.

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<sup>95</sup> [How to get to our main hospitals | NHS Fife](#)

# Summary

The themes of this year's 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.

# Recommendations

## Healthy Eating

Local Lever	Recommendations	Alignment
Protect and Support Breastfeeding and Healthy Diets for Children	<ol style="list-style-type: none"> <li>1. Continue to prioritise resource use for services that support breastfeeding and healthy diets for children, such as the Breastfeeding Support Workers, and Fife Loves Life.</li> <li>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.</li> <li>3. NHS Fife Child Healthy Weight Service to develop targeted approach to offering support in areas of deprivation and poor health outcomes.</li> <li>4. Extend the Baby bites session into nurseries in all localities in Fife.</li> </ol>	
Improve uptake of school meals	<ol style="list-style-type: none"> <li>5. Stakeholders to work together to explore best practice and evidence for how to further increase uptake of school lunches.</li> <li>6. Stakeholders to work together to explore how uptake of Café Inc can be promoted to families in receipt of free school meals.</li> </ol>	
Public Food Procurement and Provision Standards	<ol style="list-style-type: none"> <li>7. Public Sector organisations in Fife should explore the feasibility of promoting healthier options in catering provision by increasing the proportion of healthy 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.</li> </ol>	
Utilising Planning/National Planning Framework 4 to Improve Food Environments	<ol style="list-style-type: none"> <li>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.</li> </ol>	
Reduction in Calories on Eating Out of Home Sector Menus	<ol style="list-style-type: none"> <li>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</li> </ol>	

	options to reduce these including portion size reduction.	
Food Advertising	<ul style="list-style-type: none"> <li>10. NHS Fife and Fife Council to explore the feasibility of advertising healthy foods using existing sites or assets.</li> <li>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.</li> <li>12. Fife Council to update roundabout sponsorship to exclude unhealthy food from advertising at these sites.</li> <li>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.</li> </ul>	

## Active Living for Everyone

Systems Approach Theme	Recommendations
Active Places of Learning	<ol style="list-style-type: none"> <li>1. Fife Council Education Service to continue work to understand the needs of families when planning programmes to increase physical activity.</li> <li>2. Fife Council to prioritise resource use for investment in programmes to support physical activity among children, young people and families.</li> </ol>
An Active Workplace	<ol style="list-style-type: none"> <li>3. Health Promotion Service to continue work to reduce sedentary behaviour and promote active workplaces in Fife.</li> <li>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.</li> </ol>
Sports and Recreation	<ol style="list-style-type: none"> <li>5. Fife Council to prioritise resource use for the Active for Leisure programme to support families and individuals facing disadvantage to participate in activities.</li> <li>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.</li> </ol>
Active Places and Spaces	<ol style="list-style-type: none"> <li>7. Fife Council to continue to explore how active places and spaces can be promoted in Fife’s Place Plan.</li> </ol>
Active Travel and Transportation	<ol style="list-style-type: none"> <li>8. Fife Council to finalise the Local Transport Strategy plans to improve infrastructure for active travel.</li> <li>9. NHS Fife to finalise an Active and Sustainable Travel Plan to support an increase in active travel by staff and patients.</li> </ol>
Active Health and Social Care Services	<ol style="list-style-type: none"> <li>10. NHS Fife to promote the National Physical Activity Pathway with healthcare professions to support them in encouraging patients to be more active.</li> </ol>



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To find out more about accessible formats contact:

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

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**Meeting:** Clinical Governance Committee

**Meeting date:** 7 March 2025

**Title:** Medical Education Annual Report 2023/24

**Responsible Executive:** Dr Chris McKenna, Medical Director and Responsible Officer

**Report Authors:** Prof Morwenna Wood, Director of Medical Education  
Sophie Ali, Medical Education Manager  
Gemma Couser, Associate Director of Quality & Clinical Governance

### Executive Summary

- This SBAR provides the Medical Education Annual Report 2023/24
- The Medical Education Annual Report provides an overview of
  - Key Medical Education activity, including student numbers
  - Developments
  - Promoting Excellence Standards for Medical Education
  - The Undergraduate Medical Education Teaching Report
  - Key indicators within part 1 and 2 of the Annual Director of Medical Education Report to NES
- The Clinical Governance Committee is recommended to examine and consider the content of this report and take assurance in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife

## 1 Purpose

### **This is presented for:**

- Assurance

### **This report relates to a:**

- Annual Operational Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred
- NHS Fife Board Strategic Priorities:
  - To improve quality of health & care services
  - To improve staff experience and wellbeing



## 2 Report summary

### 2.1 Situation

The General Medical Council (GMC) have developed “Promoting excellence: standards for medical education and training” which became effective on 1 January 2016. NHS Fife is assessed as a Local Education Provider by these standards for medical students and doctors in training on placement.

Requirement 2.2 states:

*Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.*

The Medical Education Annual Report provides an overview of:

- Key Medical Education activity, including student numbers
- Developments
- Promoting Excellence Standards for Medical Education
- The Undergraduate Medical Education Teaching Report
- Key indicators within part 1 and 2 of the Annual Director of Medical Education Report to NES

### 2.2 Background

#### **Undergraduate Medical Education**

NHS Fife hosts medical students from the Universities of Edinburgh, Dundee, St Andrews and Aberdeen in order for them to gain experience and receive teaching in a clinical setting. The Medical Education Department is accountable for the quality of teaching delivered.

#### **Postgraduate Medical Education**

NHS Fife has approximately 251 Deanery approved resident doctor posts that are part of regional and national training programmes. Supervision of resident doctors is carried out by recognised trainers in NHS Fife who must produce evidence of continued development and this role is examined as part of the appraisal process.

### 2.3 Assessment

#### **Undergraduate Survey 2023/2024**

Every year, NHS Education Scotland (NES) produce the undergraduate teaching report. There has been no cause for concern raised and feedback has remained good across all programmes, both in primary and secondary care.

The annual Director of Medical Education Report, which is submitted to NES, provides an overall summary of undergraduate activity in the previous academic year. The report outlines any known issues and good practice. Details of the results can be found in the enclosed report.

### Post Graduate Survey 2023/2024

Every year, the General Medical Council (GMC) coordinates the postgraduate survey and the results are available online to the public. The results from the 2023/2024 survey show a mixture of positive and negative feedback across the specialties. Details of the results can be found in the enclosed report.

This report provides the following Level of Assurance:

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

#### 2.3.1 Quality/ Patient Care

High quality training is fundamental to ensure sufficient numbers of doctors are trained in Scotland.

#### 2.3.2 Workforce

The delivery of medical education by clinicians is in addition to their direct clinical care activities. Having realistic time in job plans is essential and commitment for this is required by Clinical Directors. A reduction in the resident doctor cohort would have significant consequences for many departments.

The Medical Education department is involved in widening access to medicine programs in conjunction with St Andrews. These programs prioritise Fife school pupils in 5<sup>th</sup> or 6<sup>th</sup> year of secondary school; we offered 62 widening access week long placements over 2023-2024. There was also a further 72 pupils who attended day sessions over the winter. It is hoped this improves access to health care careers from schools.

There is an increase in international medical graduates (IMG) joining the organisation. The medical education team have developed a program to welcome IMGs to Fife and ensure that they are orientated to practice in the UK. It is hoped that this approach encourages IMGs to make Fife their new home and join the medical workforce in the longer term.

#### 2.3.3 Financial

Participation in undergraduate medical education attracts funding from NHS Education Scotland and generates income for the Board. The department, alongside finance colleagues, are currently working on a project to oversee the use of ACT.

NES provides the basic salary for all resident doctors, with the board funding payment for their out of hours work.

#### 2.3.4 Risk Assessment/Management

Key risks and mitigation are as follows:

- NES quality assures education and training in our Board and the DME report is an essential part of the Quality Assurance Framework.
- GMC survey is freely available to the public online and poor survey results risks reputational damage.

#### 2.3.5 Equality and Diversity, including health inequalities

Access to medical education is subject to robust equality and diversity protocols, including an initiative to widen access to medical school places from low income families.

#### 2.3.6 Other impact

N/A

#### 2.3.7 Communication, involvement, engagement and consultation

When the results of the Undergraduate Teaching Report and the Scottish Training Survey are released they are shared with key clinical stakeholders for their information and action. The Medical Education Committee met in February 2025 where results were tabled.

#### 2.3.8 Route to the Meeting

This paper has been developed through engagement with the Medical Education Senior Leadership Team.

### 2.4 Recommendation

Members are asked to:

- Examine and consider the content of this report; and
- Take a **“moderate” level of assurance** in relation the approach taken to ensure the delivery of high quality medical education in NHS Fife

### 3. List of Appendices

- Appendix No. 1 – Medical Education Annual Report 2023/.24

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# Medical Education Annual Report

## 2023-2024

### 1. Purpose

1.1 The purpose of this report is to provide assurance to the NHS Fife Clinical Governance Committee on the delivery of Medical Education. The report provides an overview of:

- Key Medical Education activity, including student numbers
- Developments
- Promoting Excellence Standards for Medical Education
- The Undergraduate Medical Education Teaching Report
- Key indicators within part 1 and 2 of the Annual Director of Medical Education Report to NES

### 2. Introduction

2.1 The General Medical Council (GMC) have developed “Promoting excellence: standards for medical education and training” which became effective on 1 January 2016. NHS Fife is assessed as a Local Education Provider by these standards for medical students and doctors in training on placement.

Requirement 2.2 states:

*Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.*

### 3. Background

#### **Undergraduate Medical Education**

3.1 The Universities of Edinburgh, Dundee, St Andrews and Aberdeen place medical students with NHS Fife in order for them to gain experience and receive teaching in a clinical setting. Although this report relates to assurances for academic year 2023/2024, the current 2024/2025 numbers per annum are included for context to

ensure awareness of capacity and quality issues that are being anticipated and planned for:

	<b>Academic year 2022-23</b>	<b>Academic year 2023-24</b>	<b>Academic year 2024-25</b>
<b>St Andrews</b>	175	159	164
<b>Edinburgh</b>	349	412	377
<b>Dundee</b>	165	258	220
<b>ScotGEM</b>	133	164	125
<b>Aberdeen</b>	8	8	24

### **Development of the St Andrews MBChB (ScotCOM)**

3.2 In 2021 the Scottish Government restored Primary Medical Qualification (PMQ) awarding status to the University of St Andrews. NHS Fife has been collaborating with the University of St Andrews to develop a 5 year community based medical course that responds to Scottish Government priorities. The development of the St Andrews MBChB (ScotCOM) programme with the University of St Andrews, our co-terminus university, is also allowing NHS Fife to progress Teaching Health Board status. This is envisioned to bring benefits beyond medical education (Research, Innovation & Knowledge, joint appointments and wider educational opportunities). Combined, this work is designed to contribute to the delivery of our 4 key strategic priorities outlined in the Population Health and Wellbeing Strategy.

3.3 Students from the existing St Andrews intercalated BSc programme have self selected to transfer to the MBChB programme and they will commence their clinical placements in NHS Fife from January 2026. There will be two transition years and then direct entry via UCAS to the MBChB programme from September 2025 (entering clinical in January 2028).

3.4 As a priority, Medical Education will be aligning the introduction of the St Andrews MBChB programme with key areas of the Medical Education Strategic Framework including workforce, patient participation and sustainability.

### **Postgraduate Medical Education**

3.5 NHS Fife has approximately 251 Deanery approved resident doctor posts (plus 21 Gateways) that are part of regional and national training programmes:

	<b>Training year 2023-2024</b>	<b>Training year 2024-2025</b>
Foundation	83	86
Core Trainees	44	47
General Practice Trainees	38	38
Higher Specialty	61	80

3.6 The supervision of resident doctors is carried out by the Consultant and Specialty Doctor workforce. There are approximately 258 GMC recognised trainers in the

organisation that all require to produce evidence of training and continued development as an educator. This role is reviewed as part of the appraisal process.

#### 4. Evaluation

##### **Undergraduate Survey 2023/2024**

4.1 NHS Fife receives feedback from all university partners. There has been no cause for concern raised and feedback has remained good across all programmes, both in primary and secondary care. An overview of the feedback can be found in Appendix 1 – 2023/2024 Detailed Undergraduate Teaching Report.

4.2 The annual Director of Medical Education Report, which is submitted to NES, provides an overall summary of undergraduate activity in the previous academic year. The report outlines any known issues or good practice and what actions are in place to resolve any known issues. It can be found in Appendix 2 - 2023-24 UG Director of Medical Education Report.

4.3 Positive feedback received from all universities is due to the dedication, enthusiasm and commitment that NHS Fife Local Module Leads have towards undergraduate medical education. There have been a number of our programmes and teachers recognised for their excellence:

<b>Name of Tutor/ Programme / Specialty</b>	<b>Award</b>
Prof Morwenna Wood	NES Awards – Outstanding Role Model
University of Edinburgh – Renal and Senior Medicine	NES Letter of Commendation
University of Dundee – GP (Charlestown Surgery and Benarty Medical Practice), Anaesthetics, Emergency Medicine, Ophthalmology	NES Letter of Commendation
University of Aberdeen – GP (Oakley Medical Practice)	NES Letter of Commendation
ScotGEM – GP (Charlestown Surgery, New Park Medical Practice, Muiredge Surgery, St Serf's Medical Practice, Lochgelly Meadows Practice, Auchtermuchty Medical Practice, Bank Street Medical Group, Nethertown Surgery, Cos Lane Medical Practice, Pitcairn Medical Practice, Scoonie Medical Practice, Airlie Medical Practice, Pittenweem Medical Practice, Primrose Lane Medical Centre), MET Response, Performance Psychology, CHAS Rachel House, Emergency Medicine, Paediatrics, Palliative Medicine	NES Letter of Commendation

## Post Graduate Survey 2023/2024

4.4 The General Medical Council (GMC) coordinates the postgraduate survey and the results are available online to the public. The results from the 2023/2024 survey show a mixture of positive and negative feedback across the specialties. As above, the annual Director of Medical Education Report, part 1 can be found in appendix 3, is submitted to NES outlining areas of strength and areas of improvement. The Report details the departments in the bottom 2%; this was General Psychiatry at Stratheden Hospital and Acute Internal Medicine at the Victoria Hospital. For Psychiatry, the review process resulted in multiple improvements including the appointment of a clinical lead for education and training in psychiatry, review of induction process, improvement of handovers and further support to trainers. For Acute Internal Medicine, the ADME has been working with the department and continues to monitor the resident doctor experience very closely over the last several years. There has been annual Action Plan Review Meetings since a site visit in 2021. In this time, there has been extensive action taken to address known issues. The most recent changes for each outlier domain are summarised in the DME Report Appendix 4 - 2023-24 DME Report 2024 Part 2.

4.5 The Director/Associate Directors of Medical Education will work with the relevant Clinical Leads in order to develop improvement plans to address any issues. Positive feedback will be celebrated and good practice can be shared. Recognised areas of good practice are below:

Specialty/Site	Award
Postgraduate Training Primary Care: Millhill Surgery Newpark Medical Practice Pipeland Medical Practice	NES Good Practice Letter
Postgraduate Training Secondary Care: Obstetrics and Gynaecology VHK Ophthalmology QMH Orthopaedics QMH Haematology VHK Palliative Medicine VHK Urology VHK and QMH	NES Good Practice Letter

4.6 NHS Fife still offers excellent postgraduate training thanks to the efforts of all of our educators. It is important to note that Medical Education do not receive funding for postgraduate resident doctors and rely on funding from the Board. It is essential that there is commitment from Clinical Directors that Consultants have dedicated time in their SPA for education, training and supervision. There is also a need for Board commitment for resident doctors to have dedicated time for wellbeing, Quality Improvement projects, simulation training, and leadership opportunities.

## **Leadership**

4.7 To support ongoing developments, the Medical Education department has seen the introduction of five Associate Directors of Medical Education (ADME) to support the Director of Medical Education. Each ADME is aligned to a University and Directorate. Medical Education now has representation at an increased amount of meetings including ADME representation on the Clinical Governance Oversight Group.

## **Accommodation**

4.8 The Education Hub at Cameron Hospital was officially opened in September 2024. This ACT funded renovation will host St Andrews MBChB students whilst on placement in Hub 1. The Hub currently hosts St Andrews BSc students and activity both within and out with Medical Education continues to grow.

4.9 In the Victoria Hospital, the department has been granted ownership of the old ward 10 on level 4 of the tower block. This space provides a great deal of potential and the department plan to apply for ACT funding for renovation in financial year 2025-26. The aim is to provide an excellent environment for medical students and resident doctors; this will involve classrooms for teaching, on-call rooms for rest, and recreational space to improve wellbeing and encourage breaks and rest.

## **Chief Registrars**

4.10 The Chief Registrar role continues to be very successful. Each of the 4 Chief Registrars receives mentorship from a member of the DME team and is supported to gain skills in leadership and management. Within the last 12 months, arrangements have been formalised to enable the Chief Registrars to participate in senior committee meetings within the Health Board, providing them with opportunities to learn more about and contribute to work on Clinical Governance, Organisational Learning and Wellbeing.

## **Celebrating Success**

4.11 Celebrating Success in Fife is an annual regional conference organised by our Chief Registrar group. The conference gives resident doctors in Fife the opportunity to present their work via oral or poster presentation under one of the following categories: QI Project, Research, or Interesting Case.

4.12 Any resident doctor who has worked in NHS Fife within the last 12 months can submit an abstract of their work to be considered for presentation at the conference. Every presenter is given a certificate for their participation and there are prizes awarded for Best Poster and Best Oral Presentation. The RCPE and RCSEd have kindly sponsored the event every year since its inception.



## **5. List of appendices**

The following appendices are included with this report:

- Appendix 1 -2023-24 Detailed Undergraduate Teaching Report
- Appendix 2 - 2023-24 UG Director of Medical Education Report
- Appendix 3 - 2023-24 DME Report 2024 Part 1
- Appendix 4 - 2023-24 DME Report 2024 Part 2

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#### Appendix 1



Appendix 1 -2023-24  
Detailed Undergradue

#### Appendix 2



Appendix 2 -  
2023-24 UG Director

#### Appendix 3



Appendix 3 -  
2023-24 DME Report

#### Appendix 4



Appendix 4 -  
2023-24 DME Report

**Meeting:** Clinical Governance Committee  
**Meeting date:** 7 March 2025  
**Title:** Organisational Duty of Candour Annual Report 2023/24  
**Responsible Executive:** Dr Chris McKenna, Medical Director  
**Report Author:** Gemma Couser, Associate Director for Risk and Professional Standards

### Executive Summary

- This SBAR provides the Draft Annual Duty of Candour Report for 2023/24.
- There were 28 adverse events requiring DoC with the most common outcome, for 17 patients, being an increase in a person's treatment.
- The report is presented to the Clinical Governance Committee for awareness, 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
- Decision
- 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 monitor 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 28 adverse events requiring 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.

The Adverse Events and Risk Team are working with services to support completion of the outstanding compliance feedback and to conclude adverse event reviews.

Currently for 2024/25 there are 4 confirmed DoC. It has again been agreed that the full report should be presented January/ February 2026.

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 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

As above, support is in place from the Adverse Events and Risk Team to conclude outstanding compliance feedback and adverse event reviews.

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

N/A

### 2.3.6 Climate Emergency & Sustainability Impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

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

11<sup>th</sup> February 2025 – Clinical Governance Oversight Group

## 2.4 Recommendation

The report contained in Appendix 1 is presented for a “**significant**” level of assurance, 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.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No.1 - Draft Annual Duty of Candour Report 2023/2024

### Report Contact

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# **DRAFT: 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 Fife<sup>1</sup>. In delivering care we aim to deliver safe, effective, person-centred care in an organisation which listens, learns and improves.<sup>1</sup> 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 and which is aligned with a national framework<sup>2</sup>. 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.

<sup>1</sup> 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 guidance<sup>3</sup> 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.

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<sup>1</sup> NHS Fife Population Health and Wellbeing Strategy 2023-2028

<sup>2</sup> Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

<sup>3</sup> 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	28
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 28 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 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:

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

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To find out more about accessible formats contact:

[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot) or phone 01592 729130

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- 📺 @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.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

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
<b>Total</b>	<b>0</b>

<p><b>To what extent did Kennoway Medical Group follow the duty of candour procedure?</b></p>	<p>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.</p> <p>Procedures to be followed:</p> <ol style="list-style-type: none"> <li>a. to notify the person affected (or family/relative where appropriate)</li> <li>b. to provide an apology</li> <li>c. to carry out a review into the circumstances leading to the incident</li> <li>d. to offer and arrange a meeting with the person affected and/or their family, where appropriate</li> <li>e. to provide the person affected with an account of the incident</li> <li>f. to provide information about further steps taken</li> <li>g. to make available, or provide information about, support to persons affected by the incident</li> <li>h. to prepare and publish an annual report on the duty of candour</li> </ol> <p>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.</p>
<p><b>Information about our Policies and Procedures</b></p>	<p>See NHS Fife Policies and Procedures available on <a href="http://joinblink.com">Blink (joinblink.com)</a></p>
<p><b>What has changed as a result?</b></p>	<p>N/A</p>
<p><b>Other Information</b></p>	<p>N/A</p>

## Appendix 2: Linburn Road Health Centre

### Linburn Road Health Centre

124 Nith Street

Dunfermline, KY11 4LT

Email: [Fife.F20502LinburnRoad@nhs.scot](mailto: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.

<b>How many incidents happened to which duty of candour applies?</b>	<5
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<b>Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2023 and 31 March 2024)</b>
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
<b>Total</b>	<b>&lt;5</b>

**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](mailto: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.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2023)</b>
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
<b>Total</b>	<b>0</b>

**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

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
<b>Total</b>	<b>0</b>

**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](mailto: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.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
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<b>Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)</b>	<b>Number of times this happened (between 1 April 2022 and 31 March 2024)</b>
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
<b>Total</b>	<b>0</b>

**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.

<b>How many incidents happened to which duty of candour applies?</b>	<b>0</b>
--	----------

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
<b>Total</b>	<b>0</b>

**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

**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



DRAFT

**AREA MEDICAL COMMITTEE**  
**(Meeting on 8 October 2024)**

No issues were raised for escalation to the Clinical Governance Committee.

**CONFIRMED NOTES OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON  
08 OCTOBER 2024 VIA MS TEAMS**

**Present:**

Dr Susie Mitchell (Chair)	Fife LMC Chair
Dr Chris McKenna	Medical Director NHS Fife
Dr Glyn McCrickard	Fife LMC Representative
Dr Helen Hellewell	Deputy Medical Director, H&SCP
Dr Iain MacLeod	Deputy Medical Director, ASD
Dr John Morrice	AMD, Women & Children & Clinical Services
Dr Joy Tomlinson	Director of Public Health
Prof Morwenna Wood	AMD, Medical Education
Dr Sally McCormack	AMD, Medical & Surgical Directorate
Dr Shirley-Anne Savage	Associate Director for Risk & Professional Standards
Susanne Galea-Singer	Clinical Lead & Consultant Psychiatrist, NHS Fife Addiction Services

**In Attendance:**

Catriona Dziech (Notes)	Executive Assistant to Medical Director
Claire Fulton	Adverse Events Lead
Ben Hannan	Director of Reform and Transformation
Fiona Forrest	Acting Director of Pharmacy & Medicines
Maxine Michie	Deputy Director of Finance

**Claire Fulton, Adverse Events Lead**, gave the AMC an update on the changes in the reporting of adverse events. The biggest change is the trigger list for incidents that require reporting and reviewing under the banner of major and extreme events. The current trigger list is part of a policy that is over ten years old that has been without any significant change in what is used to trigger events. The current list sees major and extreme events being triggered in different ways and as event types are continually added, our system is overloaded with Significant Adverse Event Review (SAERs) and Local Adverse Event Review (LAERs).

Completing these reviews takes a significant resource from clinical and management teams. The purpose of the improvement work is to redefine the focus to ensure that more time can be spent on learning and improving and less time on describing and undertaking reviews. The national framework has a clear outline of the expectation for what should trigger major and extreme events so the blanket approach in Fife had to be reviewed. The challenge was then looking at defining and governing the process for the event types that we still want to have a focus on. 369 LAERs have been undertaken across the two categories which took a considerable amount of time, and it could be argued that our improvement actions and what has been seen as an improvement is not reflective of the work undertaken. The new process creates a better

system environment to learn and considers tools such as bespoke templates for each of the review types. It also uses technology better to support learning. One suggestion may be coding in the best practice questions so that a report can be pulled directly and focus improvement actions. This way themes could be identified. People who are involved in reviews report seeing the same issues time and time again, but with the focus of the review being around completing the report then the opportunity to learn is being missed.

Next year a piece of work will be undertaken to change the culture and shift the focus of the reviews to improvement and actions. The balance will need to be right between describing the incidents which have occurred and highlighting the improvement and learning.

We have not delivered the right education and training in Fife, but this is not unique to Fife as this is seen across the whole of Scotland. There is a need for high standard reviews and the ability to identify learning to take this forward to train and build a competent workforce. Claire Fulton advised she has been invited to be involved with NES and two other Boards to pull together a standardised programme for Scotland to be delivered starting at the end of November 2024. The focus will be on teacher review techniques, called a foundation programme, for safety learning reviewers. This will train a small cohort of people at each Board and provide them with the tools and resources to be able to deliver an educational programme at Board level and allow Fife to become a learning organisation.

Dr Mitchell thanked Claire Fulton for her presentation.

In taking comment it was noted that Dr Mitchell would liaise with Claire Fulton to arrange some protected learning time sessions in Primary Care at the start of the year.

**Action: SM**

It was noted that it would be helpful to have a better combined approach for investigations which cover Primary and Secondary Care.

**Ben Hannan, Director of Reform, Transformation & Performance (RTP)** shared a series of slides setting out the current position and the elements for joining up with the Health & Social Care Partnership.

Dr Mitchell thanked Ben Hannan for his update.

In taking comment Dr Mitchell advised she would email Ben Hannan separately with her questions.

It was noted that the SLAs with other Boards was included in the current 3% saving and part of Chief Executive level discussions.

**Fiona Forrest, Acting Director of Pharmacy & Medicines** shared a series of slides giving an update on RTP Medicines.

Dr Mitchell thanked Fiona Forrest for her update.

In taking comment Dr Mitchell advised her biggest concern is shortages and substitutes which leads to a considerable amount of time being wasted.

In relation to the cost per prescription it was noted that it was sometimes difficult to stop medications and support to General Practices would be appreciated. It was noted a joint policy was being worked on to look at realistic prescribing, however, it is difficult to evidence what the saving would be from this realistic medicine point of view.

**Maxine Michie, Deputy Director of Finance** shared slides setting out the financial position as of August 2024.

Dr Mitchell thanked Maxine Michie for her update which set out the very challenging time we face, and the work being undertaken.

In taking comment Dr McKenna felt it would be helpful to share the numbers wider and with the entire medical staff.

Dr McKenna highlighted that he could not support the current Health & Social Care Recovery plan and more detail was required.

One of the biggest areas of spend within the Health & Social Care Partnership was the Mental Health workforce and a strategic plan to is needed to address this. Jackie Drummond has undertaken a lot of work in this area to date. A Mental Health Summit has been called for 11 October 2024 but unfortunately there is no clinical representation available for the meeting and this is key to address the issues and find a resolution. Dr Hellewell has also raised this at the Medical Workforce oversight Group. Dr McKenna made a plea to colleagues to attend the Summit and encourage others to attend if possible.

#### **1 APOLOGIES FOR ABSENCE**

Apologies were received from Claire McIntosh, Robert Thompson, Moontarin Ansar, Caroline Bates, Fiona Henderson, Ian Fairbairn, Jackie Drummond,

#### **2 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest.

#### **3 MINUTES OF PREVIOUS MEETING HELD ON 13 AUGUST 2024**

The notes of the meeting held on 13 August 2024 were approved as a correct record.

#### **4 MATTERS ARISING**

##### **i) Stand Up Secondary Care Medical Staff Committee**

A Terms of Reference states that the Chair tenure for the Secondary Care Medical Staff Committee is for one year only, which the current Chair has

served. Dr Mitchell has agreed to write to Phil Walmsley advising his chair ship was over and a new Chair would need to be elected.

**Action: SM**

Dr McKenna said he would be happy to write to the medical workforce to seek nominations for a new Chair.

**Action: CMcK/SAS**

ii) **Amendments to Constitution / Terms of Reference (ToR)**

A revised ToR was considered, and the following queries noted:

- Aylene Kelman, AMD Primary & Community Care should be added
- It was queried how it is decided who the three reps from ASD / H&SCP should be
- The distribution list should be aligned with the ToR
- Add Chair of Medical Staff Committee
- Agree what makes the meeting quorate to make decisions
- Susanna Galea-Singer sought clarity on her role as part of the membership
- There should be a balance between medical managers and professional leads

It was agreed Dr Mitchell, Dr McKenna, and Shirley-Anne Savage would consider comments and make further amendments and bring back to the Committee for final approval.

**Action: SM/CMcK/SAS**

iii) **Comms for redirection of Primary Care Patients to ED**

Dr Mitchell and Dr Hellewell to go back to Kirsty McGregor and agree what information should be on the website.

**Action: SM/HH**

**5 STANDING ITEMS**

i) **Financial Position – Including (IPQR)**

This item was covered by the update from Maxine Michie.

ii) **Adverse Events Update – considered at the Clinical Governance Oversight Group**

This item was covering in the update from Claire Fulton.

iii) **Medical Staff Committee**

Actioned under Matters arising.

iv) **Update from GP Sub Committee**

Dr Mitchell advised that the shared care protocol for methotrexate is almost completed. Amendments have been made without any major concerns from the specialties so this will now be considered by the ADTC.

The GP Sub Committee remains concerned about work being pushed into the community when there is much less of an uplift in Primary Care than that awarded to consultants. There is no news on the uplift for GPs, but it is likely to be less than the 10.5/11% awarded to the consultant body. This may lead to militancy coming out of General Practice, which will not be directed at consultant colleagues but more at the Government.

Sustainability loans remain a big issue and will represent a risk to the Board as several practices that have made significant financial plans based on these sustainability loans from the Scottish Government may actually go bankrupt if the loans are not resumed.

**v) Realistic Medicine**

There was no specific update. There is a grand round dedicated to this coming up which may be of interest as the work being undertaken within RTP around medicines aligns with realistic medicines.

**vi) Medical Workforce**

Update:

- Vascular surgeon has been recruited
- 1.1 / 1.3 new Radiologists recruited
- Interview for Urologist coming up
- Geriatric ScotCOM post has been discussed and the Job Description finalised with Kim Steel, the MOE Department and HR. Dr McKenna confirmed he had signed off this post.
- Interviews will be held in the next few weeks for Consultant in the Sir George Sharp Unit.
- Advert out for Rheumatology

Dr MacLeod expressed concern that he was unaware of the ScotCOM post and suggested some thought be given to a mechanism of consideration and approving these posts that are not person dependent. Morwenna Wood suggested it would be helpful for her and Dr MacLeod to think about how medical education and other management structures could link in both in Acute and the Partnership. Dr Hellewell would also be part of this conversation.

**vii) Education & Training**

Morwenna Wood advised that ScotCOM is progressing. The GMC stage three is also progressing, and further information has been returned to the GMC from the University at the end of September. ACT money is now being used to recruit short term appointments to operationalise the curriculum to help build how the delivery of the programme would look. Work is now underway within Secondary Care Departments as up till now most of the work has been in the hubs and Partnership area.

There will be no recruitment to long term appointments without input from Kim Steel. Money is being used that we cannot roll over into the next financial year.

The education area within the Cameron Hub is now open and staff are welcome to visit. Any questions can be addressed to Morwenna Wood or the Team who will pass to the appropriate person. A Manager has been recruited for the Cameron Hub, but they are not in post yet.

**viii) Update from Division of Psychiatry**

Susanne Galea-Singer advised that ADHD is an issue as there is an expectation this would fall under mental health. There had been discussion to clarify when it would fall under mental health and when it would not.

There was also discussion around the learning from LAER / SAERs.

Education and training was also discussed.

Dr Mitchell advised that she has had discussion with Dr Drummond around ADHD medication prescribing going to General Practice as a shared care arrangement. The problem here is that there is no exit strategy., Discussions will continue as this is a massive piece of unfunded work with huge demand in the community.

Dr McKenna highlighted that a trainee had advised him that there are more trainees wishing to do Psychiatry than there are available posts. He queried whether we have enough training posts that will allow us to fill the consultant vacancies we have across Scotland in the future. Morwenna Wood advised SG Workforce planning is an imperfect science which is done in conjunction with NES. In terms of Fife specifically there is a mismatch of distribution of trainees in South East Scotland and Fife does not have enough. Given we have a massive problem with our consultant workforce this is perhaps something Morwenna Wood and Dr McKenna could pick up separately to consider how to influence more effectively.

Dr Hellewell advised that Dr Drummond has been doing a piece of work Nationally around training which indicates there will be a mismatch for a few years. Dr Hellewell agreed to send Dr McKenna the report Dr Drummond prepared on the current position in relation to training posts.

**Action: HH**

One of the other things being considered is whether we could have clinical fellows or others within Psychiatry / Addictions.

The quality of training by locums is also something that should be looked at to ensure trainees are getting quality training in Fife which in turn will encourage them to want to come to Fife.



In closing Dr Mitchell said this work will certainly need to be pushed forward to recruit consultant psychiatrist in order to be able to attract trainees.

## **6 STRATEGIC ITEMS**

### **i) GMS Implementation**

Dr Mitchell advised as there is no more money and consideration is being given to make the system more equitable so that every Practice in Fife gets something out of the Contract.

### **ii) RTP Update**

Covered by presentation from Ben Hannan.

## **7 ITEMS FOR INFORMATION**

### **i) Notes of the GP Sub Committee: 18 June & 20 August 2024**

Noted.

### **ii) Notes of the Clinical Governance Oversight Group: 20 August 2024**

Noted.

### **iii) Notes of NHS Fife Area Drugs & Therapeutics Committee: 21 August 2024**

Noted.

## **8 AOCB**

### **8.1 PROPOSED DATES FOR 2025**

Calendar invites with Teams link will be issued to the Committee.

## **9 DATE OF NEXT MEETING**

**10 December 2024 at 2pm via MS Teams**

**AREA MEDICAL COMMITTEE**  
**(Meeting on 10 December 2024)**

No issues were raised for escalation to the Clinical Governance Committee.

**UNCONFIRMED NOTES OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON 10 DECEMBER 2024 VIA MS TEAMS**

**Present:**

Dr Susie Mitchell (Chair) (from October 2024)	
Dr Aylene Kelman	AMD, Primary & Community Care Services H&SCP
Dr Chris McKenna	Medical Director
Dr Fiona Henderson	Fife LMC Honorary Secretary
Dr Glyn McCrickard	Fife LMC Representative
Dr Helen Hellewell	Deputy Medical Director, H&SCP
Dr Ian Fairbairn	CD, Medical Directorate
Dr Iain MacLeod	Deputy Medical Director, ASD
Prof Morwenna Wood	Director, Medical Education
Dr Robert Thompson	CD, Surgical Directorate
Dr Sally McCormack (from 2.30pm)	AMD, Medical & Surgical Directorate
Dr Susanna Galea-Singer	Clinical Lead for Addictions

**In Attendance:**

Catriona Dziech (Notes)	Executive Assistant to Medical Director
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**1 APOLOGIES FOR ABSENCE**

Apologies were received from Caroline Bates, Claire McIntosh, Jackie Drummond, John Morrice, Joy Tomlinson, Moontarin Ansar, Shirley-Anne Savage

**2 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest.

**3 MINUTES OF PREVIOUS MEETING HELD ON 08 OCTOBER 2024**

The notes of the meeting held on 08 October 2024 were approved as a correct record.

**4 MATTERS ARISING**

i) **Stand Up Secondary Care Medical Staff Committee**

Dr Mitchell advised she had been unable to contact Phil Walmsley but will write to him advising he has been stood down in his role of Chair of the Secondary Care Medical Staff Committee as per the ToR which states the Chair role is for two years.

**Action: SM**

Dr McKenna advised he had a potential new chair for the Secondary Care Medical Staff Committee but would take no further action until Dr Mitchell has written to Phil Walmsley.

**Action: CMcK**

ii) **Amendments to Constitution / Terms of Reference (ToR)**

It was agreed once the AMD, Mental Health and Complex Critical Care was added to the version circulated with the papers the ToR could be signed off as a final version. It was agreed Dr Shirley Anne Savage would amend and circulate to members a final draft for sign off. This item can then be removed from the agenda.

**Action: SAS**

iii) **Comms for redirection of Primary Care patients to ED**

Dr Hellewell advised this action had not been progressed. Dr Mitchell advised the BMA Guidance was being amended and once this has been finalised Drs Hellewell and Mitchell would take forward with Kirsty McGregor in Comms.

**Action: HH/SM**

iv) **Update from Division of Psychiatry**

Dr Hellewell advised there was nothing pertinent to escalate from the recent meeting of the Division of Psychiatry.

Dr Hellewell advised the situation regarding Locum cover is being worked on and there has been an increase in the number of Locums on direct engagement. Progress has also been made with Adverts going out for substantive posts.

Dr McKenna advised there had been discussion at the previous Division of Psychiatry around the nature of change in relation to the use of Locums and the need for a short, medium, and long term plan to resolve the significant overspend in this area. Although this is a proportion of the problem it impacts on the rest of service. Dr Drummond has a comprehensive plan about how to tackle this step by step. Progress will be slow but unless things start, we will remain in the same position.

## **5 STANDING ITEMS**

i) **Financial Position – Including (IPQR)**

Dr McKenna advised we have made some good savings this year, probably more than we would normally make. This is forecasted to be around £23.5m but this is against a target of £25m and a projected overspend of £50m. . Work is ongoing on how to make up the deficit of the last £1.5m. The biggest issue is the Health & Social Care overspend, which creates a potential increased risk share situation for the Board. There is a recovery plan for the IJB but the delivery around a lot of that has been very challenging.

Dr McKenna advised financial planning is already underway for next year based on the budget. Dr Mitchell said there had been no notification within Primary Care regarding National Insurance rises. Which is a significant concern for GP practices. .

**ii) Adverse Events Update – considered at the Clinical Governance Oversight Group (CGOSG)**

Dr McKenna advised the biggest change in in adverse events management is standardising a lot of what previously would have been classified as major and moderate harms and having a complex care review / cluster review carried out. This process has been agreed and is being taken forward.

The rest of the Adverse Events process remains as it was previously with Executive sign for all SEARs being fundamental. This is overseen by Dr McKenna, Janette Keenan, and Fiona Forrest. The process is good but the one area which requires improvement is the closure of SAERs. There are opportunities for incremental improvement in the same way there is for complaint responses and work is underway to look at this. The average time currently to close a SAER is 250 days which is too long but there is a plan to shorten this.

**iii) Medical Staff Committee**

Actioned under Matters Arising.

**iv) Update from GP Sub Committee**

Dr Mitchell advised Primary Care is in a difficult position and every practice is looking at their finances and working out what they can and cannot afford to keep doing. The Enhanced Services review is still underway. There will be a refocus on what can be done with the money that is available since there is no more money. This may mean services will have to be handed back as some practices are running at a loss

Professor Wood queried if education was profitable enough for GPs, or at least break even to continue to deliver or are we not paying GPs enough. Dr Mitchell advised it was not. Professor Wood said she had not had any communication to this effect and would like to understand this in a bit more detail as she is keen to support education in Primary Care. It was agreed Professor Wood and Dr Mitchell would meet offline to discuss this further.

**Action: SM/MW**

Dr Henderson said it is not just local level in terms of not being attractive enough in terms of finances, but also at National level with the concern being the training grant amount has not increased substantially over the years at all, if at all some years. The students do pay slightly better than the trainees. In relation to FY2s and GP Trainees the amount of work GPs

must undertake to fill out portfolios etc is considerable and usually has to be undertaken out with the clinical day and in their personal time as they do not get training time or SPA sessions in the same way consultants do. Comparing the amount which is paid per annum to the amount of time associated with having a trainee it is just not attractive for practices.

Dr Henderson said on an individual level as a practice they have been trying to get FY2s involved but this has been at a glacial pace. They had a trainer in the building who now no longer has training status because they could not get the right bodies to move quickly enough to get FY2s. The practice would love to have FY2s but it is just not happening.

Professor Wood said there has been an issue with F2s practices in Fife on two levels. One is that for North East Fife practices F2s tend to come from Tayside but there is an issue with HR and TURAS. The second issue is around the request for increased numbers of F2s from Edinburgh going into GP practices in Fife and the stipulation from NES that they could not go beyond Kirkcaldy. Professor Wood said she is actively pursuing this with Katie McLaren. The next F2 expansion is from August 2026 so Professor Wood asked that any practices who are interested should get in touch with her or Katie McLaren.

**Action: SM/FH/MW**

Professor Wood said she felt it would be helpful to have a separate meeting out with the AMC to understand the challenges being faced and support GP practices at National meetings.

**Action: SM/FH/MW**

**v) Realistic Medicine**

Dr McKenna suggested this item should be renamed Values Based Health and Care to allow us to move towards identifying key things we need to do differently to embed values-based healthcare. The AMC would be a good place to encourage dialogue and agree how to take things forward and start to improve outcomes for patients. This may mean we stop doing things that are harmful and start doing things that make a meaningful difference.

Dr Mitchell said within general practice these conversations are not straightforward and take time within practices that are already under massive pressure. As part of the new contract the Government asked that other people do parts of a GPs job so there is no longer that oversight by the family GP. The debate has been refocused and it is hoped to have one whole time equivalent GP for every thousand patients in Scotland.

Dr Mitchell said anyone dealing with elderly, complex and frail patients should be having this conversation, but they are time consuming, and families also need to be brought on board. They also require a lot of follow up if families are not immediately available to have the discussions.

Dr Kelman said the care home nursing teams and liaison teams are doing a lot of work alongside social care to try and get some of the messaging out there. There has been positive work around “know who to call” which is a start and something that we just need to keep building on. Ongoing input would be welcome in refining this.

Dr McCormack said in relation to DNACPR there had been a trial uploading to the portal. There had been a few problems, but the SOP has been written and will be finalised and rolled out to the whole of medicine. The problems could possibly be avoided if we had better electronic records. There had been the intention to roll this out to the whole of Acute first but there is no reason this cannot be started in nursing homes where the anticipated care plans and DNACPRs that are in existence are put onto the portal.

Dr Kelman said Gavin Simpson leads on the deteriorating patient work which is based around the sign work which includes all the escalation plans and beyond. We just need to be careful about treatment escalation, which is very much a secondary care issue and how this can translate into something that might be more useful in the community.

Dr Hellewell said this is useful work but needs to be given careful thought and some further refinement. Further work is ongoing to support care homes to ensure nurses, including agency nursing staff, are aware of the patient’s and family’s wishes.

Following discussion, it was agreed to take this work forward. Gavin Simpson would be invited to a future meeting of the AMC to give an update on the deteriorating patient work.

**Action: SAS**

**vi) Medical Workforce**

Dr McCormack advised vacancies have been filled in Orthopaedics and Trauma, Vascular and Urology. Neurology has still to start. Orthodontics is under negotiation.

Dr Mitchell advised general practice has stopped recruiting as there is no money.

Dr Susanna Galea-Singer sought clarity if there was any steer around PA support for medical staff. Dr McKenna said consultants should have administrative support but there is no guidance on how many this should be. Under the current financial challenges, the administrative workforce is being looked at across the whole of the organisation from Band 2 – 9. Any individual issues that are causing problems should be escalated to the General Manager.

**vii) Education & Training**

Professor Wood advised there had been 28 letters of commendation from NES in the last academic training year for undergraduate performance. There have been 9 letters of commendation for postgraduate performance and many of those are GP practices

Medicine remains under highlight from NES. Although there have not been any urgent visits, NES keep changing the categories and wish to speak to us about performance in medicine as there are constant red flags. Ahead of these talks are underway within the Medicine Department to institute the “we care” tool which can be used to find out trainees’ views on the Department when things are not so good or when they are good. This has the support of the Clinical Directors.

Psychiatry and ENT are also under highlight from NES but in minor way.

There are expanding numbers of foundation doctors and there are active conversations with NES about F2 expansion and where these posts may go.

Professor Wood and Katie McLaren have written a draft paper in relation to the changes to GPST training which will be considered by the SLTs. Essentially the three-year training programme will switch from being 18 months in hospital and 18 months in primary care to two years in primary care and one year in hospital. Hospital will lose a third of its GPST posts and we are wondering whether some of those could not be replaced with F2 expansion posts.

In relation to undergraduate Edinburgh, Dundee, Aberdeen ScotGEM programmes all continue to be much the same, with some minor curriculum adjustments. Particularly from Edinburgh, a little bit from Aberdeen in primary care but not too much change.

In relation to ScotCOM we are getting down into the detailed plans with the first students arriving clinically in January 2026, which is only just over a year away. We are making good progress with plans for the first hub, with students being based out of Cameron. Plans are also in place for years four and five as well. Professor Wood said she would be happy to answer any questions on this and would be happy to bring back more detail for the Committee if required.

There will be a Grand Round for CME on 15 January 2025 at 1pm via Teams for anyone who may wish to join. The Grand Round will also be recorded on Teams. Dr Mitchell said she would be interested to hear the Grand Round and asked that Professor Wood update the AMC at the next meeting.



Dr Mitchell said it was good to see Scotland is going the same way as England and that GP trainees will be out for two years in the community because it has been shown to make a huge difference.

**viii) Update from Division of Psychiatry**

There was no update.

**6 STRATEGIC ITEMS**

**i) GMS Implementation**

Dr Mitchell advised Neil Grey, Minister for Health had attended the recent Scottish Local Medical Committee Conference where he announced the £13.6 million for the global sum, which is recurrent money, which GPs are delighted about, but it is still less than what was promised for sustainability last year, which was subsequently taken away.

**ii) RTP Update**

Dr McKenna said RTP continues to try and make the £23.5m savings across the organisation.

**7 ITEMS FOR INFORMATION**

**i) Notes of the GP Sub Committee: 17 September & 15 October 2024**

Noted.

**ii) Notes of the Clinical Governance Oversight Group: 22 October 2024**

Noted.

**iii) Notes of NHS Fife Area Drugs & Therapeutics Committee: 23 October 2024**

Noted.

**8 AOCB**

There was no other competent business.

In closing Dr McCrickard said everyone could collectively appreciate the challenges faced both in primary and secondary care and understand each other's point of view but hoped everyone had a good Christmas and New Year.

Dr Mitchell closed by wishing everyone a Merry Christmas.

**9 DATE OF NEXT MEETING**

**11 February 2025 at 2pm via MS Teams**

**CANCER GOVERNANCE & STRATEGY GROUP**

**(Meeting on 31 October 2024)**

No issues were raised for escalation to the Clinical Governance Committee.

## NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

### Confirmed Note of the Meeting Held at 14:00 on Thursday 31<sup>st</sup> October 2024 via Microsoft Teams

<b>Present:</b>	<b>Designation:</b>
David Astill (DA)	Patient Representative
Claire Dobson (CD)	Director of Acute Services
Fiona Forrest (FF)	Acting Director of Pharmacy and Medicines
Nick Haldane (NH)	Lead Cancer GP
Murdina MacDonald (MM)	Lead Cancer Nurse
Chris McKenna (CM) Chair	Medical Director
Kathy Nicoll (KN)	Cancer Transformation Manager
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
John Robertson (JR)	Lead Cancer Clinician - Surgery
Shirley-Anne Savage (SAS)	Associate Director for Risk and Professional Standards
Fiona Towns (FT)	Patient Representative
<b>Apologies:</b>	<b>Designation:</b>
Paul Bishop (PB)	Head of Estates
Izzy Corbin (IC)	Patient Representative
Susan Fraser (SF)	Associate Director of Planning & Performance
Alistair Graham (AG)	Associate Director Digital and Information
Janette Keenan (JK)	Director of Nursing
Rishma Maini (RM)	Consultant - Public Health
Neil McCormick (NM)	Director of Property and Asset Management
Linda McGourty (LM)	GP
Margo McGurk (MMcG)	Director of Finance and Strategy
Fiona McKay (FM)	Interim Director Health and Social Care
Emma O'Keefe (EO'K)	Consultant – Dental Public Health
Nicola Robertson (NR)	Director of Nursing, Corporate
Sarah Scobie (SS)	Consultant – Clinical Oncologist
Amanda Wong (AW)	Associate Director of Allied Health Professions
<b>In Attendance:</b>	<b>Designation</b>
Rebecca Hands (RH)	Clinical Governance Administrator (minute taker)
Megan Mowbray (MMowbray)	Consultant – Dermatology

		<b>Action</b>
	<b>Welcome</b>	
	CM welcomed everyone to the meeting.	
<b>1.</b>	<b>Apologies for absence</b>	
	Apologies for absence were <b>noted</b> from the above named members.	
<b>2.</b>	<b>Unconfirmed Note of the previous NHS Fife Cancer Governance &amp; Strategy Group Meeting of 14 August 2024 via Microsoft Teams</b>	
	The Unconfirmed Note of 14 August 2024 was <b>accepted</b> as an accurate record.	

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		Action
<b>3.</b>	<b>Action Log</b>	
	140824#1 – MM is currently working on a paper for this.  140824#2 – MM is currently working on a paper for this.	
<b>4.</b>	<b>GOVERNANCE</b>	
<b>4.1</b>	<b>Acute Cancer Services Delivery Group Update</b>	
	<p>KN noted at the last meeting the membership was discussed so they ensured they had the right people on the group and to see if they were missing any key people.</p> <p>KN advised they discussed some of the issues and pressures within the Acute Services Division at the moment.</p> <p>KN advised they discussed the work that NHS Lanarkshire have been doing to improve their cancer waiting times performance and how they have managed to sustain it for a couple of months now. KN noted CD is going to liaise with a peer within Lanarkshire and is going to invite them along to the meeting to see if they can get some learning from the work they have been doing.</p>	
<b>4.2</b>	<b>Cancer Risks</b>	
	<p>Papers were shared with the group on cancer risks.</p> <p>SAS noted that since the last report to the group, the overall number of agreed risks on the Cancer Risk Register has remained the same at 11.</p> <p>SAS advised in summary:</p> <ul style="list-style-type: none"> <li>• <b>Closed Risks:</b> No risks have been closed.</li> <li>• <b>New Risks:</b> No risks to delivery of the Cancer Framework have been opened in Datix.</li> <li>• <b>Risk Level breakdown:</b> 3 High and 8 Moderate</li> <li>• <b>Risk Rating and Level:</b> Unchanged from the previous report</li> <li>• <b>Risk Target:</b> No risk has achieved its target.</li> </ul>	
<b>5.</b>	<b>STRATEGY/PLANNING</b>	
<b>5.1</b>	<b>Cancer Framework Refresh</b>	
	<p>KN advised the group that the Cancer Framework was developed up until 2025. To ensure it is still up to date and relevant work has started to review the commitments that were agreed in 2022.</p> <p>KN advised they are ensuring that this still aligns with the Population, Health and Wellbeing strategy, national cancer strategy for Scotland 2023-2033, and the national cancer action plan 2023-2026, removing, updating, or adding objectives as required.</p>	

		Action
	<p>Public Health are in the process of reviewing the prevention early diagnosis and reduction in inequalities commitment and updating the cancer within our population statistics.</p> <p>KN advised the Research, Innovation and Knowledge section has been updated by FQ and a meeting is arranged with Property and Estates. KN has liaised with Digital and Information to try and set up a meeting, however, is currently waiting to hear back from them.</p> <p>KN noted links have been made through the Acute Cancer Services Delivery Group and KN will be invited to attend the next extended SLT.</p>	
<b>5.2</b>	<b>National Cancer Action Plan Progress Report</b>	
	<p>A SBAR and report has been provided to the group on the progress against the national cancer action plan for the period June 2023 to March 2024 for information.</p> <p>KN advised the cancer action plan for Scotland is from 2023-2026 and there are a total of 136 actions and in the cancer strategy for Scotland 11 ambitions have been agreed. Progress has been made against most of these ambitions, for example:</p> <ul style="list-style-type: none"> <li>• Preventing more cancers <ul style="list-style-type: none"> <li>– There have been various publications particularly around tobacco and vaping, smoking cessation and alcohol pricing.</li> </ul> </li> <li>• Earlier and faster diagnosis <ul style="list-style-type: none"> <li>– A lot of work has been done around this ambition with DCE campaigns and the clinically led review of the Scottish referral guidelines for suspected cancer still ongoing.</li> <li>– The north continue to explore the role of community pharmacists.</li> <li>– There is targeted action for self-sampling for cervical screening with a focus on areas of deprivation.</li> <li>– There has been investment in innovation such as ANIA and CRUK TET projects (one of which is in Fife)</li> <li>– The RCDS evaluation has been published.</li> </ul> </li> <li>• Best preparation for treatment <ul style="list-style-type: none"> <li>– Maggie's are now delivering universal prehabilitation.</li> <li>– A genomics medicine strategy has been published.</li> </ul> </li> <li>• Safe realistic and effective treatment <ul style="list-style-type: none"> <li>– Additional funding has been provided to support SACT.</li> <li>– There are 17 active robots in Scotland.</li> <li>– Clinical Management Pathways have been published for breast, lung and neurology. Prostate is next.</li> </ul> </li> <li>• Excellent care and support after treatment <ul style="list-style-type: none"> <li>– A rehabilitation network has been established.</li> </ul> </li> <li>• Sustainable and skilled workforce <ul style="list-style-type: none"> <li>– There has been an increase in medical and oncology training posts.</li> </ul> </li> <li>• Person centred care for all</li> </ul>	

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		<b>Action</b>
	<ul style="list-style-type: none"> <li>– A single point of contact scalability is being carried out by HIS (we have been involved in this)</li> <li>– Approval for the Scottish Cancer Patient Experience survey has been given.</li> <li>• Mental health as part of basic care               <ul style="list-style-type: none"> <li>– A scoping exercise to understand demand and capacity for psychological care is underway.</li> </ul> </li> <li>• Flourishing research and innovation               <ul style="list-style-type: none"> <li>– Equity of clinical trials delivery group has been established.</li> <li>– Testing of genomics datasets are ongoing.</li> </ul> </li> <li>• Cancer information and intelligence led services               <ul style="list-style-type: none"> <li>– There is ongoing work to implement genomics in the LIMs system.</li> <li>– Collection of PROMs core principles a have been agreed and a cancer data road map has been developed by PHS.</li> </ul> </li> </ul>	
<b>5.3</b>	<b>Projects Update</b>	
<b>5.3.1</b>	<b>Community Pharmacy</b>	
	<p>FF advised this update is around community pharmacy input into early cancer diagnosis and raising awareness and education around community pharmacies to be point of contact to identify any kind of red flags at an early stage.</p> <p>FF advised they have shared the educational resources through GatewayC with all of their community pharmacies on a number of occasions. They have not managed to deliver an in-person education event; however, they plan to do that early in the New Year.</p> <p>They are keen to still explore around how they establish some kind of direct referral route for anyone presenting in a pharmacy with any concerning symptoms and there has been discussions previously around direct referral.</p>	
<b>5.3.2</b>	<b>Rapid Cancer Diagnostic Service (RCDS) Project Status Report</b>	
	<p>MM advised they have now received 3008 referrals into our RCDS service, and 2056 of the patients have completed their pathway.</p> <p>The data shows that nearly 20% of the cancer's diagnosed through the pathway are lung cancers, with lymphoma, Upper GI, HPB and colorectal cancers falling closely behind.</p> <p>MM advised they have diagnosed a total of 15 different cancers, and a significant percentage of the referrals come from areas with high deprivation. This underscores that access to rapid diagnostics matter.</p> <p>The Scottish Government has provided additional funding until March 2025.</p>	

		Action
	MM advised recurring funding is not guaranteed for existing RCDS sites and CFSD team have advised local discussions to agree funding should continue.	
<b>5.3.3</b>	<b>Rapid Cancer Diagnostic Service (RCDS) Lifestyle Medicine Test of Change</b>	
	<p>MM advised over the last nine months the lifestyle medicine test of change has been more than just an initiative because it has provided an opportunity for our patients with the tools that they need to improve their well-being and manage their health. Particularly when they still have symptoms, and they don't have a diagnosis.</p> <p>MM noted their goal was to weave lifestyle medicine into the fabric of RCDS so that they were providing holistic care for those with symptoms, but with no cancer diagnosis and helping them improve their health and quality of life.</p> <p>From June of 2023 to February of 2024, they received 33 patients to the lifestyle medicine. 17 of those patients that were referred, chose to participate and they focused on critical areas like sleep and stress management, which helped improve their well-being through personalized lifestyle prescriptions. For example, one of the patients initially came to them overwhelmed by fatigue and stress and they were unsure of where to turn. Through just two sessions, they were able to walk away with a clearer mind and a set of achievable health goals, and most importantly, they had a renewed sense of control over their own health.</p> <p>MM advised they did face some challenges. Patient engagement had been variable, and some are hesitant to commit to lifestyle changes, or they were just not sure about what to expect from the sessions with the patient navigators. MM noted it is important that we recognise that their real barriers, not just logistic ones, but their emotional fears that they have. MM advised they have worked to address some of those concerns by expanding their virtual appointments and improving the communication materials that they have.</p> <p>Between August 2024 and July 2025, they will be refining the referral criteria and trialling a new appointment method. The training for staff will be expanded. They will also be developing patient resources and integrating our patient feedback.</p> <p>Concerns were raised around this. Further conversations to happen offline.</p>	
<b>5.3.4</b>	<b>Rapid Cancer Diagnostic Service (RCDS) Colorectal</b>	
	MM advised RCDS conducted a test of change aimed at expanding their current RCDS principles and nurse-led model into two gastrointestinal (GI) cancer pathways. The objective was to implement a nurse-led model for vetting, triage, and assessments, providing patients requiring clinical assessment with a single point of contact within the service. This approach	

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		<b>Action</b>
	<p>was designed to promote timelier and more person-centred care for patients on these urgent suspicion of cancer (USC) diagnostic pathways ensuring patients had the right test first time.</p> <p>Data was collected from patients referred for Colorectal USC investigations from 1 August 2023 to 29 February 2024.</p> <p>During this period 714 referrals were redirected from consultant vetting lists. The qFIT negative pathway managed by SPOCH saw 95 (13.3%) patients vetted for repeat qFIT testing 4-6 weeks post receipt of initial referral. Only 6 patients had USC investigations reinstated following a positive second qFIT result.</p> <p>For referrals received for patients 75 years and over, a triage assessment was required prior to final vetting decision equating to 255 patients. Assessments prior to triage were in the main carried out with telephone assessment being the preferred contact method. 314 referrals were redirected to other pathways including colorectal consultant clinics or the SPOCH qFIT negative pathway. 344 referrals were vetted Straight to Test (STT) colonoscopy.</p> <p>A total of 66 patients were vetted as not suitable for STT colonoscopy as the first line investigation and were accepted on the nurse-led pathway for review of medical history and assessment of presenting symptoms. There was a 0.0% DNA rate for patients vetted to the nurse-led clinic for both clinic and investigation.</p>	
<b>5.3.5</b>	<b>Rapid Access Diagnostic Clinic (RADC) Highlight Report</b>	
	<p>MM highlighted the following:</p> <ul style="list-style-type: none"> <li>• The RADC clinic sessions increased to two per week from 2<sup>nd</sup> September 2024, capacity has increased to eight patients per week.</li> <li>• The clinic has seen the 343rd patient this month.</li> <li>• Regular meetings are being held with the Researcher from Stirling University.</li> <li>• The Researcher from Stirling University will continue to visit the Fife CNS team monthly until the end of the year.</li> <li>• The project patient survey has now closed with 161 patients completing the survey.</li> <li>• PM is continuing to support the Urology MDT by offering to attend the monthly Urology clinical governance meeting, a consultant, Mr Mitchell, has offered to support the MDT refresh.</li> <li>• PM is meeting the NHS Finance assistant monthly to ensure the project is meeting the financial requirements of Cancer Research UK.</li> <li>• PM and PI have nominated the Urology CNS team for a Scottish health award (innovation).</li> </ul>	

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		<b>Action</b>
	<ul style="list-style-type: none"> <li>The Urology CNS team has been successful in reaching the finals of the NHS Fife staff awards. (Chair award), outcome will be announced on 4<sup>th</sup> October 2024.</li> <li>PM has met with staff from NHS Shetland and NHS Borders following a meeting at the Scottish Primary Care Cancer Group with NHS staff and the CRUK Health systems engagement team. PM shared details of the RADC pathway and answered questions on the implementation of project.</li> <li>PM has met with staff from NHS Borders following a meeting at the Scottish Primary Care Cancer Group with NHS staff and the CRUK Health systems engagement team. PM shared details of the pathway and answered questions from the clinicians and cancer facilitator. The Borders team were keen to see the paperwork from the project and PM has requested permission from CRUK to share.</li> <li>PM facilitated project data sharing with the University of Stirling, addressing queries and clarifying any concerns.</li> <li>Submission made through Stirling University to host a breakout session at the Scottish Cancer Conference 2024 was accepted.</li> </ul> <p>MM advised the project is continuing with the ACNS trainee holding two clinics per week. In the event of the ACNS trainee being unable to attend their work, the consultants in the Department would take on the RADC.</p>	
<b>5.3.6</b>	<b>David O'Halloran Webinars Access</b>	
	<p>MM advised they have introduced a new educational resource aimed at supporting staff involved in cancer care. Training for Agenda for Change (AfC) band 4 Patient Navigators (PNs) has formed part of an ongoing scoping review within Cancer Services at NHS Fife. It was identified that cancer-specific knowledge across a range of roles is an area where it can be hard to source high quality materials at appropriate levels. The authors met with colleagues from NHS England, and it was consistently agreed that David O'Halloran provided some of the best quality and most accessible resources. Fife Health Charity funding was applied for and obtained for access to a 12-month subscription to live and recorded cancer education webinars from O'Halloran Consultancy.</p> <p>These resources will be accessible to all NHS Fife staff working in cancer care. This includes primary and secondary care colleagues, as well as those working within the Fife Health &amp; Social Care Partnership. The content is designed to cover information suitable for a wide range of staff from support staff through to junior doctor level.</p>	
<b>6.</b>	<b>FUNDING</b>	
<b>6.1</b>	<b>Funding Update</b>	
	<p>KN provided an update to the group and advised of the following funding streams for 2024-25:</p> <ul style="list-style-type: none"> <li>CWT Funding (recurring) - £776,00</li> <li>CWT Funding (non-recurring) - £323,198</li> </ul>	

		Action
	<ul style="list-style-type: none"> <li>• AO/SACT (recurring) - £317,565</li> <li>• RCDS/RCDS Dec 23 – Sept 24 (non-recurring) - £160,549</li> <li>• RCDS/RCDS Dec 23 – Sept 24 (non-recurring) - £167,917</li> <li>• SPOCH (recurring) - £107,354</li> <li>• CRUK TET funding to support Prostate Pathway (non-recurring) - £213,000</li> <li>• Detect Cancer Early – Optimal Pathways (Head &amp; Neck) (non-recurring) - £53,000</li> <li>• Detect Cancer Early – Optimal Pathways (Lung) (non-recurring) - £8.382</li> </ul>	
<b>7.</b>	<b>QUALITY/PERFORMANCE</b>	
<b>7.1</b>	<b>Cancer Waiting Times Q2 2024</b>	
	<p>CD advised the recent publication of the national quarterly report shows that in NHS Scotland 73.2% was achieved for 62 day and 95.5% for 31 day.</p> <p>For patients on the 62 day pathway, there has been a 3.6% increase of patients treated from the previous quarter and 19.5% increase from quarter ending December 2019.</p> <p>No NHS Boards met the standard.</p> <p>For patients on the 31 day standard there has been an increase of 3.5% patients treated and 9.3% increase from quarter ending December 2019.</p> <p>CD advised in NHS Fife 73.1% patients were treated in target for the 62 day standard. In total there were 81 breaches for 62 day across 8 specialties with the largest number of breaches seen in urology.</p> <p>NHS Fife achieved the 31 day standard with 95.9%. There were 17 breaches for 31-day patients, all in urology.</p>	
<b>7.2</b>	<b>Quality Performance Indicators</b>	
<b>7.2.1</b>	<b>Melanoma 2022-23</b>	
	<p>MMowbray went through the papers that were shared with the group.</p> <p>Case ascertainment for NHS Fife was 105.5%.</p> <p>NHS Fife met <b>8</b> of the <b>11</b> QPIs for melanoma.</p> <p><b>QPI Not Met:</b></p> <ul style="list-style-type: none"> <li>• <b>QPI7(i):</b> The target was not met showing a shortfall of 50.7% (38 cases). Of these 38 cases, the clinical impression of all cases was as follows: 26 melanomas with a wait ranging from 22 to 56 days, and a mean wait of 31 days, 4 basal cell carcinomas, 3 benign conditions, 2 lentigo maligna melanoma, 2 were not recorded, and 1 was a squamous cell carcinoma.</li> </ul>	

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		Action
	<ul style="list-style-type: none"> <li> <b>QPI7(ii):</b> The target was not met showing a shortfall of 34.7% (25 cases). Of these 25 cases, 1 was a delay in path reporting as not patient not listed as urgent by Gynaecology and a further delay in being seen post MDM by Gynaecology. This patient also had to be discussed at Gynaecology MDM. 1 was a medical delay due to the site of the lesion, 1 patient's path report was misplaced and standard checks failed but no clinical management delay, 1 patient required CT staging and Oncology discussion prior to WLE and there was also a delay in sending specimen to Lothian for BRAF testing. 1 was complex medical issues and Tayside delay due to nuclear medicine isotope availability. 7 cases were patient induced delays. 3 were due to plastics capacity, 2 were minor Plastics capacity delays in Tayside. 1 was lack of capacity in Tayside and nuclear medicine isotope availability. 1 patient was complex, stage III disease and numerous investigations required prior to WLE. 1 patient required an Oncology decision prior to WLE, 1 was a high risk melanoma who required urgent CT prior to WLE. 1 was a dermatology capacity delay in giving patient diagnosis (summer holidays), 1 delay in dermatology referral to Plastics &amp; minor Plastics capacity delay and 2 were patient induced delays and Tayside capacity.         </li> <li> <b>QPI10(ii):</b> The target was not met showing a shortfall of 45.5% (5 cases). Of the 5 cases, 1 patient was for observation only as was found to have rectal cancer during melanoma investigations. 1 patient developed disease progression whilst considering SACT options and had palliative immunotherapy. 3 patients declined SACT: 1 due to potential side effects, 1 wanted to focus on quality of life and the remaining patient cancelled their Oncology appointment as did not wish to travel and declined SACT during subsequent discussion by phone.         </li> <li> <b>QPI14:</b> The target was not met showing a shortfall of 81.6% (40 cases). For these 40 cases, 13 patients had co-morbidities, 12 patients declined, 3 procedures failed due to lack of uptake / unable to locate sentinel nodes, 2 patients had axillary clearance following positive nodes on biopsy, 2 patients had a WLE only: 1 due to microsatellites and a diagnosis of rectal cancer and the other due to having advanced melanoma and went on to have targeted therapy. 8 patients had no SLNB as per MDM recommendation.         </li> </ul> <p>There were two Board specific actions identified for NHS Fife.</p>	
8.	<b>CANCER RESEARCH</b>	
8.1	<b>Cancer Research Update</b>	
	<p>FQ advised following on from the figures provided at the last meeting, they still have 22 active studies. 11 are open to recruitment and 11 are in follow up.</p>	

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		Action
	<p>FQ noted they have 60 new participants across colorectal, breast, palliative care, advanced stage and lung.</p> <p>FQ advised they have had a recent discussion with someone in computer science at University of St Andrews as they are looking to put in a very substantial bid for funding to develop an AI assisted algorithm for generic cancer detection from radiographs using the Scottish Nationwide image data sets and the Edinburgh supercomputer.</p>	
<b>9.</b>	<b>REALISTIC MEDICINE</b>	
<b>9.1</b>	<b>Realistic Medicine Update</b>	
	<p>EO'K and LM did a Grand Round on the 16<sup>th</sup> of October 2024 on Realistic Medicine/Value Based Health and Care to promote awareness and advise of Turas learning modules.</p> <p>They also did a presentation to GP Cluster leads on the 23<sup>rd</sup> of October 2024 and the slides are going to be forwarded onto all GP Practices. They are also planning a regular newsletter to GP Practices.</p> <p>They have submitted their 6 month report to Scottish Government and have a meeting with them next month to discuss this. They are also due to submit 3 examples of Realistic Medicine related work going on in Fife to Scottish Government.</p> <p>They have also met with the Chief Registrar in NHS Fife and plan to link with them to develop Realistic Medicine and they have an approached NHS Fife laboratories to try and link in with them around possible work with lab requests.</p>	
<b>10.</b>	<b>LINKED COMMITTEE MINUTES</b>	
<b>10.1</b>	<b>Cancer Leadership Team (23/07/2024 &amp; 20/08/2024)</b>	
	This was noted by the group.	
<b>10.2</b>	<b>Cancer Managers' Forum (26/07/2024)</b>	
	This was noted by the group.	
<b>10.3</b>	<b>National Cancer Tracker Forum (05/09/2024)</b>	
	This was noted by the group.	
<b>10.4</b>	<b>Earlier Cancer Diagnosis Programme Board (23/09/2024)</b>	
	This was noted by the group.	
<b>10.5</b>	<b>SCAN Regional Data Reporting Group (24/09/2024)</b>	
	This was noted by the group.	
<b>10.6</b>	<b>SCAN Prehabilitation Steering Group (24/07/2024)</b>	
	This was noted by the group.	

		Action
<b>10.7</b>	<b>Cancer Performance &amp; Delivery Board (02/10/2024)</b>	
	This was noted by the group.	
<b>11.</b>	<b>ITEMS TO NOTE</b>	
<b>11.1</b>	<b>National Progress Against Recommendations in NHS Scotland SACT Service Report</b>	
	This was noted by the group.	
<b>12.</b>	<b>ISSUES TO BE ESCALATED TO EDG/CLINICAL GOVERNANCE COMMITTEE</b>	
	No issues to be escalated.	
<b>13.</b>	<b>ANY OTHER BUSINESS</b>	
<b>13.1</b>	<b>Terms of Reference</b>	
	Terms of Reference to be updated. These will be updated at the next meeting.	
<b>14.</b>	<b>Date of Next Meeting</b>	
	TBC	

**CLINICAL GOVERNANCE OVERSIGHT GROUP**

**(Meeting on 11 February 2025)**

No issues were raised for escalation to the Clinical Governance Committee.

Date : 11/02/2024  
 Enquiries to: April Robertson  
 Telephone Microsoft Teams  
 Ext:

**UNCONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 11<sup>th</sup> FEBRUARY 2025 via MICROSOFT TEAMS**

**Attendees**

Jane Anderson (JA)	Interim General Manager, Women & Children’s Services
Lynn Barker (LB)	Director of Nursing, Health & Social Care Partnership
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Dr Stephen Fenning (SF)	Associate Director of Medical Education
Fiona Forrest (FF)	Acting Director of Pharmacy & Medicines
Claire Fulton (CF)	Lead for Adverse Events
Aylene Kelman (AK)	Associate Medical Director, Health & Social Care Partnership
Aileen Lawrie (AL)	Director of Midwifery
Siobhan Mcilroy (SM)	Head of Patient Experience
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Services Division
Dr Chris McKenna (CMcK) (Chair)	Medical Director, NHS Fife
Dr John Morrice (JM)	Associate Medical Director of Women & Children’s Services
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Marie Richmond (MR)	Head of Digital Strategic Delivery
Nicola Robertson (NR)	Director of Nursing, Corporate
Shirley-Anne Savage (SAS)	Associate Director for Risk & Professional Standards
Gavin Simpson (GS)	Consultant Anaesthetics
Jillian Torrens (JT)	Head of Complex & Critical Care,
Amanda Wong (AW)	Director of Allied Health Professions

**In Attendance**

Hazel Close (HC)	Deputy Director of Pharmacy & Medicines
Jennet Getty (JT)	Transfusion Practitioner
April Robertson (AR)	Clinical Governance Administrator (Minute Taker)

**Apologies**

Norma Beveridge (NB)	Director of Nursing, Acute Services Division
Dr Sue Blair (SB)	Consultant in Occupational Medicine
Andy Durden (AD)	Chief Registrar, Obstetrics & Gynaecology
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Robyn Gunn (RG)	Lead Healthcare Scientist
Dr Helen Hellewell (HH)	Deputy Medical Director, Health & Social Care Partnership
Janette Keenan (JK)	Director of Nursing, NHS Fife
Dr Sally McCormack (SMcC)	Associate Medical Director for Medical & Surgical Directorate
Prof Morwenna Wood (MW)	Director of Medical Education

	Items	Action
1	<b>Apologies for Absence</b>	
	Apologies for absence were noted from the above members.	
2	<b>Minutes of the last meeting held on 10<sup>th</sup> December 2024</b>	

	The Group confirmed that the note from the meeting held on the 10 <sup>th</sup> December 2024 was an accurate record.	
<b>3</b>	<b>Matters Arising/Action List</b>	
3.1	NHS Fife Duty of Candour Update	
	GC will share this paper alongside item 6.9.	
3.2	NHS Fife Clinical Policy & Procedure Framework	
	NR stated the framework returned after the agreement that the word 'clinical' was removed from the title making it overarching across all policies and procedures. CMcK and FF will meet to discuss some minor changes required to cover Pharmacy & Medicines.	
3.3	SBAR NHS Fife InPhase Implementation	
	<p>SAS shared that it was now the intention to implement InPhase for the next financial year 2026-27. Work is ongoing to assess whether it meets the needs of NHS Fife against our current Datix system.</p> <p>Other boards who have already implemented InPhase, as well as the Scottish Ambulance Service have offered to meet to discuss their experiences of implementation.</p> <p>CM asked MR if the Digital &amp; Information Team were content with the new system. MR replied they agreed the system made sense for NHS Fife and was part of their delivery plan.</p>	
<b>4</b>	<b>QUALITY / PERFORMANCE</b>	
4.1	SBAR NHS Fife Improving Alerting System, Patient Track	
	<p>GS told the group he had brought this paper for their approval explaining, the Patienttrack system has not had its alerting rules reviewed regularly. The system requires updated to reflect working practices. There is an opportunity to review the system as part of the NEWS2 project which will deploy over the next 12 months. The templates for frequency of alerting for certain patients, e.g. Post procedure, post operative etc, the measurement of Pain scoring, the structure for who should be alerted and the system we use to alert people, moving to baton phones rather than individual rota phone numbers will all be part of this update.</p> <p>In addition to this, we need to introduce a regular system of review to ensure the alerting system in Patienttrack continues to work efficiently as intended, this already exists for other important systems like the Cardiac Arrest Pagets system.</p> <p>Alerting was previously implemented wider within NHS Fife, however during Covid19 a decision was taken to scale back utilisation, alerting is a valuable safety resource and alerting is included as a key benefit of the system, a further review of alerting across the estate will ensure this is undertaken optimally. These changes would be a cost neutral way of improving safety throughout all clinical areas in NHS Fife, and a further paper on these will be presented to this board prior to implementation.</p> <p>As an initial incremental first step, which carries low risk but potential for significant improvement, due to the reduction of 'white noise' which will support staff to engage more with the system, this paper proposes stopping the 15-minute repeat alerting for new high FEWS patients.</p>	



	<p>Staff will still receive primary alerts, and the system will still elevate calls through the seniority ladder as normal. This change would be Fife wide. This change can be reversed in the future if required. This change will allow sensible alerting protocols to be developed as part of the NEWS2 project.</p> <p>The supplier “Alcidion” have already made the appropriate changes to the business rules which have been tested. If this proposal is accepted, we can move to make this change next month, with appropriate notifications to staff.</p> <p>CMcK stated he took assurance from the paper, no other comments were made.</p>	
4.2	NHS Fife Healthcare Improvement Scotland Inspection	
	<p>IM shared there had been a Healthcare Improvement Scotland Inspection in mid-December 2024. They have asked for supplementary evidence, various policies and procedures which were submitted, we are now awaiting a final report which will be brought to the next CGOG meeting along with an action plan with any recommendations.</p>	
4.3	NHS Fife Adverse Events Staff Support Pathway Update	
	<p>CF gave an update on the progress made by the short life working group (SLWG) on the development and implementation of the Staff Support Pathway following an adverse event. Reassuringly feedback was given, suggested that, although time restraints would be a challenge, the importance of supporting staff and the value of the pathway would outweigh any consideration of not implementing. In additional, some concerns were raised about the confident &amp; skill of key staff to facilitate hot debriefs and how we would train our future workforce.</p> <p>The SLWG have considered all feedback provided and have responded to address the challenges as below.</p> <ul style="list-style-type: none"> <li>• Time constraints will continue to be a factor across most areas of the organisation. The pathway offers a debrief tool, with the expectation that 5 minutes is dedicated for the initial debrief. The tool and supporting guidance provide a structure that keeps the facilitator focused and on track and minimises the likelihood of prolonged debriefs.</li> <li>• Educational materials have been developed which include a role play video of a mock debrief, these are available on BLINK for all staff.</li> <li>• The pathway will feature as a topic in the new Manager Essential Learning Programme. This will be included in the handbook provided to all managers and, as the programme develops, included in face-to-face sessions.</li> <li>• Fife Psychology Staff Support Service will support and facilitate 4 sessions per year, bookable by staff, with the learning outcomes of understanding the purpose and building confidence in facilitation debriefs.</li> </ul> <p>The paper was hugely supported by the group, CMcK thanked CF for all the hard work around this pathway and commented it should be cited on by Senior Leadership Team’s as well as Medical Education Committee to make them aware of its existence. This would ensure designated educators for the organisation would be able to signpost to anyone involved in a Serious Adverse Event Review.</p>	
4.4	NHS Fife Organisational Learning Leadership Group	
	<p>GC informed the group that the paper summarises the mission and the journey of organisational learning. Having a delivery plan for the group has enabled focus on the aspects to major on.</p>	

	<p>Gemma spoke about how the major focus of the group has been on the creation of a clinically led forum to shine a light on learning from clinical experience to bring multi-professional teams together from across our healthcare system. The first event will launch on 9th April and then again in June. The intention is that this will run for 1 hour every other month. This event will be different from the Grand Round with a focus on extrapolating learning of organisational significance and creating an environment which fosters collaborative whole system learning. We have had signalling from primary care that they're keen to join this piece of work, so we're taking that forward and hopefully have a couple of primary care representatives on the group which will really strengthen that full system's approach to learning.</p> <p>IM added the group had spent a lot of time theorising and now have a defined plan of what they want to achieve. The group has made a start and can now gain traction and evolve over the next few years.</p> <p>NR asked that the CGOG members focus should be to promote attendance and endorse these events. Also to promote to the groups / teams to highlight topics that they would like to see at future events, evaluate how the events are going and feedback.</p> <p>CMcK concluded he was optimistic NHS Fife could lead the way in respect of how organisations learn from both good and bad.</p>	
<p><b>5</b></p>	<p><b>PATIENT EXPERIENCE</b></p>	
<p>5.1</p>	<p>NHS Fife Patient Experience Flash Card January 2025</p>	
	<p>SM shared the Flash card with the Group highlighting;</p> <ul style="list-style-type: none"> <li>• A reduction in stage one complaints from <ul style="list-style-type: none"> <li>○ 37 in the Quarter 1</li> <li>○ 16 at the end of Quarter 2</li> <li>○ 11 at the end of Quarter 3</li> </ul> </li> <li>• There has been a focus on local resolution of stage one complaints and making sure that services are contacting the complainants directly out a written response. This has been well received and is shown with the average length of time to close a stage one complaint, which is now 8 days, within the 10-day time frame target, if they've had an extension. This is the best performance since the start of 2023.</li> <li>• Number of stage two complaints gradually reduced <ul style="list-style-type: none"> <li>○ 79 end of Quarter 1</li> <li>○ 64 end of Quarter 2</li> <li>○ 60 at the end of Quarter 3</li> </ul> </li> <li>• Overall NHS Fife average days to close a stage two complaint has reduced from 129 days in Jan 2024 to 52 days in Dec 24 (60% improvement) This is the best compliance since July 2021.</li> <li>• Closure of a stage two complaint was 129 days in January 2024. This has improved to 52 days in December 2024, an improvement of 60%.</li> </ul>	

	<p><b>Care Opinion</b></p> <ul style="list-style-type: none"> <li>• In Quarter 3 NHS Fife received 367 stories, with 522 responses. These were read 35,171 times. 78% of the stories told were non-critical, 2% (6) of these posts were posted by a staff member posting for a patient/service user.</li> <li>• In Quarter 3 H&amp;SCP received 79 stories, with 108 responses. These were read 5,830 times. 87% of the stories told were non-critical, 33% (26) of these posts were posted by a staff member posting for a patient/service user. This should only be 10% of stories.</li> <li>• Promotion and Training: Regular support visits to clinical areas to promote and encourage staff engagement with Care Opinion.</li> <li>• Volunteer Recruitment: Aiming to gather diverse Care Opinion patient stories, particularly from underrepresented groups.</li> <li>• Positive Outcomes: Continued increase in <b>Care Opinion</b> patient stories</li> </ul> <p>SM updated the group that she was looking at using a structured communication tool and testing it in one of the areas within H&amp;SCP to see if the tool supported staff and the local resolution of complaints. Initial questionnaires have been sent out to gauge what their confidence is on local resolution with acknowledging a complaint, providing an apology, inquiring and investigating.</p> <p>Once the baseline data has been returned, SM plans on giving training and education around the tool and will then repeat the questionnaire to see whether there's been any improvement.</p> <p>CMcK thanked SM for the amazing progress she and her team were making.</p>	
6	<b>GOVERNANCE</b>	
6.1	SBAR NHS Fife Health & Social Care Partnership Clinical Governance Assurance Summary from 1 <sup>st</sup> November 2024	
	<p>LB spoke to the summary stating there were no items for escalation but for noting;</p> <p>Quality Matters Assurance Huddle has changed frequency from fortnightly to monthly.</p> <p>An increase in compliance with overdue incidents continued and was escalated to the Senior Leadership Team (SLT). The Clinical &amp; Care Governance Team (CCGT) is commencing “tests of change” to provide focused support. An update will be included in this summary going forward.</p> <p>A discussion followed regarding the increased reporting of Falls and Tissue Viability instances and how this was reflected in the Integrated Performance Quality Report (IPQR). CMcK noted this was longer on the agenda for CGOG. GC commented this had been added to the work plan for 2025 - 2026. Also, that she and NR had set up an IPQR huddle to meet bi monthly (alternate months to CGOG) to look at how to deploy their teams to support organisational action plans.</p> <p>CMcK asked for the quality aspects of the IPQR to be brought to the top of the agenda for the next meeting.</p>	<b>AR</b>
6.2	NHS Fife Acute Services Division Clinical Governance Assurance Summary from 27 <sup>th</sup> November 2024	
	IM spoke to the assurance summary, there were no items for escalation. He pointed out the following highlights;	

**Pharmacy & Medicines Report**

Victoria Robb, Lead Pharmacist – Medicines Safety advised that both the Controlled Drug Accountable Officers annual report and the Medicines Safety report are complete and have been through the appropriate governance routes as required.

**Deteriorating Patient Report Q2 - April - September 2024**

EM provided the committee with some highlights from the Q2 report:

- There were 271 2222 calls of which 102 were Peri-Arrest's
- The Observations on time at the Victoria Hospital are showing normal variation but there is an upward trend which is heading in the right direction for improvement.
- The highest audit themes captured from the Cardiac Arrest reviews are DNACPR, missing and admission documentation for Resus escalation incomplete. EM added that all actions taken from the Cardiac Arrest reviews are now Datixed with 78% of these actions having now been completed and with evidence to support prior to the Datix being closed.
- Dr Simpson has included for the first time information an average patient acuity score and a total patient acuity score.

**Spotlight Report - One Stop Benign Prostatic Hyperplasia Clinic**

Mr Feras Al Jaafari, Consultant Urologist presented on the recently introduced One Stop Benign Prostatic Hyperplasia Clinic highlighting the following advantages;

- Patients are removed from General Anesthetic waiting lists.
- LA BPH list booked by outpatients' bookings (similar to clinics/ flexis etc)
- Frees theatre space.
- Creates high volume training opportunities.
- BPH Specialist nurse involved in all 3 stages of management (pre-, intra- and post operative care).

**Spotlight Report - Laboratories United Kingdom Accreditation Service**

RG presented the spotlight report for the Directorate.

- UKAS is the National Accreditation Body for the United Kingdom. Appointed by government, to assess and accredit organisations that provide services including certification, testing, inspection, calibration, validation and verification.
- ISO 15189 accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality and competence. Assessments under UKAS accreditation ensures labs meet the relevant requirements including the operation of a quality management system and the ability to demonstrate that specific activities are performed within the criteria set out in the relevant standard.
- The objective of the standard is to promote the welfare of patients and satisfaction of laboratory users through confidence in the quality and competence of medical laboratories.

CMcK thanked IM for the summary which he could take assurance from the very detailed update.

6.3	Draft Annual Statement of Assurance for NHS Fife Clinical Governance Oversight Group 2024 - 2025	
	<p>GC informed the group the draft annual statement was brought for approval from the group. Following this meeting it will then be updated to reflect the final business of 2024 - 2025.</p> <p>The members of the group were happy for this to proceed to CGC.</p>	
6.4	NHS Fife Scottish Health Technology Group Update February 2025	
	<p>EM spoke to the update to give assurance that the process implemented two years ago where NHS Fife was asked to consider Scottish Health Technology Group's recommendations and advice was working.</p> <p>In the last year there have been 7 assessments and 2 recommendations shared with the appropriate clinicians for them to consider and advise and report back on</p> <p>CMcK thanked EM, no other comments were made.</p>	
6.5	Review of Draft Annual Workplan for NHS Fife Clinical Governance Oversight Group 2025/26	
	GC informed the group this was brought for approval, adding the IPQR would be added to the workplan.	
6.6	NHS Fife Clinical Governance Strategic Framework Annual Delivery Plan	
	This item has been carried forward to April's meeting.	
6.7	NHS Fife Clinical Policy & Procedure Update 16 <sup>th</sup> December 2024	
	<p>EM advised at the 16<sup>th</sup> December 2024 meeting of the NHS Fife Clinical Policy &amp; Procedure Co-ordination &amp; Authorisation Group that;</p> <p>There was <b>one new</b> Fife Wide Policy approved at the meeting:</p> <p><b>NHS Fife Policy on Completion of Medical Certificate of Cause of Death for in-patient settings</b>  This policy sets out the principles for the accurate completion of the Medical Certificate of the Cause of Death (MCCD or Form 11) by a medical practitioner.</p> <p>The policy is informed by and supports the legal requirements of the Certification of Death (Scotland) Act 2011 and the National Guidance issued by the Chief Medical Officer and the National Records of Scotland (2018).</p> <p>This new policy fits in with the suite of Care of the dying policies.</p> <p><b>Fife Wide Procedures</b></p> <p>There is <b>one</b> Fife Wide Procedure past it's review date:</p> <p><b>FWP-RDEOLK-01 - NHS Fife Wide Procedure for Rapid Discharge for End-of-Life Care in Normal Place of Residence (01/08/2024)</b></p> <p>Due to staff capacity the review was not able to be completed, the aim is to have it to the group as soon as possible.</p>	

	The Group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife.	
6.8	NHS Fife Activity Tracker 2024 - 2025	
	<p>EM shared the following with the group:</p> <p>One new Report and Publication has been issued:</p> <ul style="list-style-type: none"> <li>Acute adult and older people hospital at home programme report 2023-24</li> </ul> <p>One new standard has been issued</p> <ul style="list-style-type: none"> <li>Pregnancy Screening standards for chromosomal and health conditions</li> </ul>	
6.9	NHS Fife Duty of Candour Annual Report 2023 – 2024	
	<p>GC updated the group that in the last reporting period, there were 28 adverse events which triggered Duty of Candour (DoC), for 17 patients, being an increase in a person's treatment.</p> <p>The report highlights that generally NHS Fife is compliant with DoC and it's requirements. Areas for improvement are about providing a timely written response and letter of apology.</p> <p>The report will be updated to reflect the status of the GP Practices in advance of the report going to NHS Fife Clinical Governance Committee.</p> <p>GC spoke to the update Item 3.1 explaining this had taken longer to complete due to the Adverse Event Process Changes. The Procedural Guidance will be completed by July 2025.</p> <p>GC asked the group to approve the following key recommendations:</p> <ul style="list-style-type: none"> <li>Addition of outcome codes to moderate events to ensure that all events which may trigger DoC are identified. Any outcome 3 and 4 moderate events would be shared with the Medical Director for consideration of DoC activation.</li> <li>Approve the letter style contained within appendix 1 of the update paper. Once approval is secured from CGOG and the Medical Director this will be shared with the Chief Executive Officer to obtain final endorsement.</li> </ul> <p>CMcK thanked GC and commented this was about whether the legislation had to be activated and is keen that the decision making remains consistent.</p>	
6.10	SBAR NHS Fife Infected Blood Inquiry 2024 Recommendations	

JG shared her presentation with the group which explained between the 1970's and 1990's in Scotland 80 people were infected with HIV and 3000 with Hepatitis C. In 1974 the World Health Organization (WHO) had warned UK against importing blood from countries with a high prevalence of hepatitis, including the USA. By 1978 the UK was still not producing enough Factor VIII concentrate and continued to source approximately 50% of this from overseas.

The Infected Blood Inquiry's final report was published on 20<sup>th</sup> May 2024 which gave 12 recommendations.

Scottish Government set out an oversight and insurance group to take these recommendations forward and on the 5<sup>th</sup> of November 2024, Medical Directors received a letter to review current governance for blood transfusion by 31<sup>st</sup> of January 2025.

Scottish Health Boards have been asked to:

1. Review Blood Transfusion position within NHS Fife Clinical Governance Strategic Framework.
2. Assess the wider use of tranexamic acid (TXA) in surgeries with a risk of moderate blood loss.
3. Optimise transfusion practices through the use of the SNBTS Clinical Transfusion Dashboard.

NHS Fife responded;

**IBI recommendation 7 (a)(ii) Tranexamic use in relevant surgery:**

While the official report from the 2024 NHSBT National Comparative Audit is due to be published, NHS Fife's internal findings reveal the following:

**Current Usage:**

- TXA is routinely administered in **orthopaedic surgeries**, aligning with NICE Quality Statement 2.
- TXA use is not currently extended to other surgical specialties.

Decisions on the adoption and standardisation of TXA use will be made at service level with a stratified risk approach by surgical and anaesthetic teams.

We need to discuss the incorporation of NICE Quality Standards QS138 regarding the expanded use of TXA across surgical procedures, where moderate blood loss is expected.

While we wait for further instructions from the Scottish Government, in 2025 Hospital Transfusion Committee will on the QI improvements in the following areas:

- Blood Transfusion in iron deficiency anaemia patients
- Group and save sample requirements for surgical procedures
- Use of tranexamic acid in surgical procedures

	<ul style="list-style-type: none"> <li>Education: Infected blood inquiry impact &amp; robust consent practices for blood transfusion</li> </ul> <p>JG concluded by adding that this has been added to the newly qualified practitioner induction pack.</p> <p>CMcK thanked JG for her work in leading this review. He added that NHS Fife needed to improve their approach to blood transfusion within the organisation.</p> <p>GC added this should be a standalone item to be taken to CGC as well as being brought back to CGOG with a plan of action.</p>	<b>JG/GC</b>
6.11	SBAR NHS Fife COVID-19 Therapies Expansion	
	<p>HC informed the group that this was here for noting.</p> <p>No other comments were made.</p>	
6.12	SBAR NHS Fife Deep Dive Review - Hospital Acquired Harm	
	<p>SAS reminded members that a decision had been taken to close the Optimal Clinical Outcomes risk and develop a newer risk, the title of which will be 'Hospital Acquired Harm'. This deep dive into the new risk has been to NHS Fife Risks &amp; Opportunities Group for feedback / comments which were taken on board before bringing it to CGOG.</p> <p>A discussion followed around the format as well as the content of the deep dive. A decision was made to get advice from our Executive Directors Group and NHS Fife Clinical Governance Committee then bring it back to CGOG for further discussion.</p>	<b>SAS</b>
<b>7</b>	<b>LINKED COMMITTEE MINUTES</b>	
7.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group, unconfirmed - 16 <sup>th</sup> December 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.2	NHS Fife Acute Services Division Clinical Governance Committee, unconfirmed - 27 <sup>th</sup> November 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.3	NHS Fife Point of Care Testing Committee – unconfirmed, 4 <sup>th</sup> December 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.4	NHS Fife Organ and Tissue Donation Committee, 12 <sup>th</sup> September 2024 & 12 <sup>th</sup> December 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.5	Fife Partnership Reviews of Children & Young People Deaths' Governance Group, unconfirmed, 23 <sup>rd</sup> January 2025	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.6	NHS Fife Food, Fluid and Nutritional Care Steering Group - 20 <sup>th</sup> November 2024	

NHS Fife Clinical Governance Oversight Group	Issue: Unconfirmed V 1	Date:13/02/2025
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	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.7	NHS Fife Pressure Ulcer Oversight Group, unconfirmed 18 <sup>th</sup> December 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
<b>8</b>	<b>ITEMS TO NOTE / INFORMATION</b>	
8.1	NHS Fife Clinical Governance Oversight Group Assurance Summary 10 <sup>th</sup> December 2024	
	This was noted by the Group.	
8.2	NHS Fife Clinical Governance Oversight Group Annual Workplan 2024/25 ( <b>GC</b> )	
	This was noted by the Group.	
8.3	NHS Fife Clinical Effectiveness Register for July- Dec 2024	
	This was noted by the Group.	
8.3a	NHS Fife Clinical Effectiveness - Projects for Flash Report for July - Dec 2024	
	This was noted by the Group.	
<b>9</b>	<b>ISSUES TO BE ESCALATED</b>	
	There were no issues for escalation.	
<b>10</b>	<b>ANY OTHER BUSINESS</b>	
	Date of Next Meeting 8 <sup>th</sup> April 2025 10.00 via Microsoft Teams	

**AREA DRUG & THERAPEUTICS COMMITTEE**

**(Meeting on 18 December 2024)**

No issues were raised for escalation to the Clinical Governance Committee.

**UNCONFIRMED**

**MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD ON WEDNESDAY 18 DECEMBER 2024 AT 2.00PM VIA MICROSOFT TEAMS**

**Present:** Ms Fiona Forrest (Chair)  
 Dr Iain Gourley  
 Dr David Griffith (joined meeting from item 10 onwards)  
 Dr Helen Hellewell (joined meeting from item 9 onwards)  
 Ms Alice Matthew  
 Ms Mairi McKinley  
 Ms Lynnette Marshall (representing Ms Lynn Barker)  
 Ms Rose Robertson  
 Mr Satheesh Yalamarathi

**In attendance:** Mr Ryan Headspeath (agenda item 6.2)  
 Mr Andrew Steele (agenda item 10.2)  
 Ms Sandra MacDonald, Administration Officer (minutes)

**1 WELCOME AND APOLOGIES FOR ABSENCE**

Ms Forrest welcomed everyone to the December meeting of the ADTC.

Apologies for absence were noted from Ms Lynn Barker (Lynnette Marshall representing), Ms Claire Dobson, Dr Jacqueline Drummond, Mr Fraser Notman, Ms Nicola Robertson (Mairi McKinley representing).

It was confirmed that the meeting was quorate.

**2 MINUTES OF PREVIOUS MEETING ON 23 OCTOBER 2024**

The minutes of the meeting held on 23 October 2024 were accepted as a true record.

**3 ACTION POINT LOG**

It was noted that all action log items scheduled for update had been included on the agenda.

**Updated Terms of Reference for ADTC**

The updated Terms of Reference to be brought to the ADTC meeting in February 2025.

Action point log to be updated prior to the next meeting.

**4 ANY OTHER MATTERS ARISING FROM THE MINUTES**

**ACTION**

**FF**

**FF/SMac**

There were no other matters arising from the minutes.

## 5 DECLARATION OF INTERESTS

There were no declarations of interests.

## 6 Medicines Safety

### 6.1 National Patient Safety Alert/2024/0011/DHSC Update: Discontinuation of Kay-Cee-L<sup>®</sup> (Potassium Chloride 375mg/5ml) (Potassium Chloride 5mmol/5ml) Syrup

Ms Mathew briefed the ADTC on the background to the National Patient Safety Alerts relating to the discontinuation of Kay-Cee-L<sup>®</sup> potassium chloride 5mmol/5ml syrup (NatPSA/2024/08/DHSC and NatPSA/2024/011/DHSC) and the actions undertaken within NHS Fife.

The ADTC noted that a Problem Assessment Group (PAG) was convened to discuss and agree alternative options for use within NHS Fife. Following the outcome of this communication was issued to clinical teams and the East Region Formulary was updated accordingly.

There was a discussion around availability of unlicensed potassium chloride solutions. It was noted that a licensed preparation should normally be used ahead of an unlicensed preparation however use of an unlicensed preparation would be an option in specific circumstances if this was deemed necessary.

The ADTC was assured by the actions taken to manage the alert as outlined in the situation report and the communication issued to clinical teams. The ADTC noted that the communication was issued at the end of October 2024 and questioned whether consideration should be given to the issuing of further communication updates to ensure that the information remains readily accessible. It was noted that the East Region Formulary has now been updated and additional communication was not required.

### 6.2 Lithium Shared Care Protocol and Pathway

Mr Headspeath introduced the lithium shared care protocol and pathway and highlighted the key updates.

The updated lithium shared care agreement was discussed at the ADTC in June 2024. Feedback from the ADTC was that a model of care document should be developed to support the shared care agreement.

The ADTC noted the key updates to the shared care agreement around baseline monitoring and clarification of roles and responsibilities.

Dr Gourley welcomed the shared care agreement and pathway document and noted that it clearly outlines the roles/responsibilities and the escalation pathway for GP Practices.

The ADTC members present noted that the shared care agreement/pathway was a comprehensive document and were supportive of the updates made. Confirmation of Dr Hellewell's support to be sought prior to submission to the GP Sub-Committee.

HH

## 7 RISKS DUE FOR REVIEW IN DATIX

Ms Forrest took the ADTC through the risks scheduled for review and agreed current risk levels and further management actions required.

### **Risk 1347 - Shared Care Protocols**

The ADTC noted the actions taken forward to review and update out of date shared care protocols. A risk assessment of all out of date shared care protocols has been undertaken to ensure that there are no safety concerns pending a full review. A number of shared care protocols are currently being updated and will be brought to the ADTC in due course.

Following discussion it was agreed that the current risk level should be downgraded to 12.

Dr Gourley highlighted that it is noted in the management actions that the shared care agreement for cholinesterase inhibitors has been withdrawn and queried whether there were any plans for it to be reinstated. [Post meeting note: it was confirmed with Old Age Psychiatrists and the Associate Medical Director, HSCP that the shared care agreement for cholinesterase inhibitors could be withdrawn as it was no longer required/in use. There are no plans for it to be reinstated.]

### **Risk 1504 - Lack of a Central IT Location to Store Guidance Documents**

The ADTC noted assurance around the process for uploading of new guidance documents to one central location on Blink. Clarification was still required around the process for retrospective review and removal of out-dated documents. It was agreed that an update around the actions being taken to reduce the risk was required. To be added to the action log for update at the next ADTC meeting. It was agreed that there should be no change to the risk level at present.

FF

### **Risk 1621 - Medicine Shortages**

The ADTC was assured by the actions taken to minimise the risk to patient care. It was agreed that due to the uncertainty around medicine shortages the potential risk remains high and there should be no change to the current RAG status.

## 8 ADTC SUB-GROUP UPDATE REPORTS

### 8.1 East Region Formulary Committee

Ms Mathew provided a verbal update on behalf the East Region Formulary Committee (ERFC). It was noted that going forward minutes from the ERFC would be included however due to the scheduling of the December ERFC meeting the minutes from that meeting were not available at present.

The ADTC noted updates to the ERFC membership; Dr Joan Egerton and Mr Ryan Headspeath will be representing Fife at both the ERFC and East Region Working Group. A Fife ERFC co-chair is still required along with a representative from the cancer team. Ms Mathew continues to provide support with the Professional Secretary role pending ongoing discussions around business as usual for the ERFC going forward. The ADTC also noted that the NHS Lothian co-chair is stepping down from the role and Dr Malcolm Clubb from NHS Borders will continue as ERFC chair for the next meeting in February 2025.

The ADTC noted the update from the East Region Formulary Committee.

## **8.2 MSDTC**

Ms Mathew provided a verbal update on behalf of the MSDTC. It was noted that going forward minutes from the MSDTC would be included on the agenda however due to the scheduling of the December MSDTC meeting, the minutes from that meeting were not available at present

It was noted that two diabetes guidelines were discussed and approved by the MSDTC. The Terms of Reference has been updated and will be discussed under agenda item 9.1.

The ADTC noted the update on behalf of the MSDTC.

## **8.3 PGD Group Update**

Ms Mathew introduced the update report on behalf of the PGD Group and highlighted key points.

The review of current PGDs according to the Standard Operating Procedure interval is ongoing. Despite workload challenges within specialist services there is good collaboration with Acute leads and there is no increase in the relative risk level.

The ADTC noted the breadth and scope of work ongoing and the increased activity around the vaccination programme. The ADTC noted the ongoing review of PGDs to ensure that they are current and was assured that the overall risk around PGDs is maintained.

The ADTC noted delays highlighted with antibiotic PGDs due to workload implications associated with introduction of a new laboratory system. The ADTC requested further clarification around the delays and whether this was impacting on the antibiotic PGD review schedule.

The ADTC noted the update on behalf of the AMT. Ms Mathew to feed back comments to the PGD pharmacist and an update around the potential impact of delays with antibiotic PGDs to be provided at the next ADTC meeting.

**AM**

## **9 BUSINESS**

## 9.1 MSDTC Terms of Reference

Ms Mathew introduced the MSDTC updated Terms of Reference and highlighted key changes.

The ADTC noted updates to the membership and clarification around the function and remit of the MSDTC.

It was noted that the remit also includes information around the exclusion of documents which have a specialist governance structure: i.e. PGD, guidelines produced by specially commissioned groups by NHS Fife Director and clinical pathways approved by Clinical Governance Groups. There was a discussion around the governance route for clinical pathways that contain medicines. It was noted that medicines elements (prescribing and administration) of clinical pathways would still require to be approved through the MSDTC and the ADTC requested that the terms of reference should be updated to provide clarification around this. Ms Forrest and Ms Mathew to discuss outwith the meeting and update accordingly.

FF/AM

A discussion ensued on the responsibility of the MSDTC and other governance Committees with regard to overarching assessment of clinical and cost effectiveness to ensure best value and sustainability around the use of medicines within NHS Fife. Ms Forrest/Ms Robertson to discuss and follow up with the MSDTC.

FF/RR

The ADTC agreed that the Terms of Reference should not be approved at this stage. An updated version with agreed amendments to be brought back to the next meeting for ratification.

AM

## 9.2 Updated Non Formulary Form (to include unlicensed/off-label form and SMC non-submission medicine form)

Ms Mathew introduced the updated Non Formulary Form and briefed the ADTC on the key changes.

It was noted that the Non Formulary Form has been amended to incorporate Unlicensed/Off-Label and SMC Non-Submission medicine requests into the one form.

There was support for pulling the information into one form and proceeding to trial use of the combined form. There was a discussion around the threshold for escalating approval to Clinical Director and Lead Clinical Pharmacist and proposed that consideration should be given to potentially raising this to £2,500 in order to minimise workload implications. A process/metrics to be implemented for recording and review of data going forward. An update to be shared with the ADTC at the next meeting.

FF/AM

## 10 EFFECTIVE PRESCRIBING

### 10.1 GLP1 Weight Loss Medicines

Ms Forrest introduced the paper GLP-1 Prescribing for Weight Management and briefed the ADTC on the background to this. The paper has been to the HSCP Senior Leadership Team and Executive Directors' Group and has been brought to the ADTC for discussion and ratification.

Studies have shown potential significant health benefits of GLP-1 medications, including reduced morbidity and mortality from cardiovascular diseases and a national consensus group was established to look at a phased approach for the introduction of these medicines. The national consensus group recommended starting treatment for patients with a BMI of  $\geq 38$  kg/m<sup>2</sup> and at least one weight related comorbidity; prescribing should involve appropriately trained professionals, with ongoing monitoring and a plan for discontinuing treatment if weight loss goals are not met within three months. The Scottish Medicines Consortium has now approved two GLP-1 medicines (semaglutide and tirzepatide) for patients with a BMI of  $\geq 30$ kg/m<sup>2</sup> in the presence of at least one weight-related comorbidity and has advised that these patients should be treated in a specialist weight management service.

The ADTC noted the recommendations within the paper for limited implementation in a small number of the current tier 3 weight management patients in the first year, with a rolling programme thereafter. The specialist weight management service within NHS Fife has no designated prescriber and the proposal is for a model of care whereby a prescriber would provide access to these medicines with support through the weight management service.

A discussion followed on the potential patient numbers, the timeframe for roll out and capacity implications for the General Practice as well as the weight management service. It was noted that discussions are also ongoing at national level and with the Directors of Pharmacy and Finance.

The ADTC supported the recommendations outlined in the paper. The ADTC noted the concerns raised and acknowledged the importance of implementation of a safe prescribing model for the introduction of GLP-1 medicines. East Region Formulary status to be agreed.

## **10.2 COVID Therapies**

Mr Steele introduced the paper Expansion of the Cohort Eligible for Covid-19 Anti-virals and briefed the ADTC on the background to this.

In March 2024, following a joint assessment by NICE/ SMC, health boards were advised that access to anti-virals would be available for an expanded cohort of individuals which would potentially result in an increase in patient numbers from 150,000 to over 900,000 patients in Scotland. There is no statutory requirement for Health Boards to implement this advice and the Scottish Government has not directed health boards to provide access to COVID antivirals for this expanded cohort. The NHS Fife COVID Therapies Oversight Group has recommended that NHS Fife does not implement SMC advice to expand the eligible cohorts for treatment on the basis of lack of



clinical evidence for these treatments as well as workforce resource and potential financial implications going forward.

Following discussion the ADTC supported the recommendation of the COVID Therapies Oversight Group, that the eligible cohort of patients should not be expanded. It was noted that this would be brought back for review in the event of any changes or emerging public health intelligence. Ms Forrest to feed back to EDG.

FF

**11 Digital Medicines Programme update**

Ms Forrest introduced the update report on behalf of the Digital Medicines Programme.

The Immediate Discharge Letter (IDL) system has now been rolled out and implemented across all wards within NHS Fife. The ADTC noted operational issues i.e. training issues and challenges with use of the system, which are being followed up in discussion with the Digital Medicines Team. Feedback around the need for earlier communications with GP practices was also noted.

Implementation of the Pharmacy Stock Control system is scheduled for April 2025 followed by HEPMA towards the end of 2025. Any learning from implementation of IDL will be taken on board in the planning process for the implementation of HEPMA.

The ADTC noted the update on behalf of the Digital Medicines Programme.

**12 FOR NOTING**

**12.1 Tranexamic Acid**

Ms Forrest highlighted the ERFC communication on tranexamic acid. A Formulary application is proposed and the ERFC is seeking approval from the regional ADTCs in order to progress this.

The ADTC noted the ERFC communication. Ms Mathew to contact Mr Yalamarathi and Dr McCormack with regard to Clinical Director / Associate Medical Director approval of the proposed Formulary application.

AM/SY/  
SMcC

**13 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION**

**13.1 Medicines Procurement Newsletter**

The ADTC noted the National Procurement Newsletter November 2024.

**14 ESCALATIONS / POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE**

There were no items identified as requiring escalation at this stage to the Clinical Governance Committee.

**15 ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**Other Information**

- a Minutes of Diabetes MCN Prescribing Group 26 November 2024 - unavailable.**
- b Minutes of Heart Disease MCN Prescribing Sub-Group. Next meeting 19 December 2024**
- c Minutes of Respiratory MCN Steering Group 23 October 2024. For information.**
- d Confirmed minutes of MSDTC 28 August 2024 and 30 October 2024. For information.**
- e Date of Next Meeting**  
The next meeting is to be held on **Wednesday 19 February 2025 at 2.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 5 February.

**MENTAL HEALTH OVERSIGHT GROUP**

**(Meeting on 7 February 2025)**

No issues were raised for escalation to the Clinical Governance Committee.



**MINUTES OF MENTAL HEALTH OVERSIGHT GROUP  
FRIDAY 07 FEBRUARY 2025 – 2.00-3.30 PM VIA TEAMS**

**Present:** Lynne Garvey (LG - Chair), LG), Chris McKenna (CMcK), Jillian Torrens (JT), Jacquie Drummond (JD), Lynne Barker (LB), Tanya Lonergan (TL), Amanda Wong (AW), Ben Johnston (BJ), Jim Rotheram (JR), Neil McCormick (NMCC – for Item 9), Carol Notman (CN – Minutes)

**Apologies:** Helen Hellewell (HH), Aylene Kelman (AK), Lee Cowie (LC)

No	AGENDA ITEM	ACTION
1	<p><b>WELCOME AND APOLOGIES</b></p> <p>LG welcomed everyone to the meeting in particular Lynne Parson who was attending for the first time and apologies were noted as above.</p>	
2	<p><b>MINUTES OF LAST MEETING 22 NOVEMBER 2024 &amp; ACTION NOTE</b></p> <p>LG confirmed that the minutes were agreed to be an accurate record of discussion and action log was reviewed and updated.</p>	
3	<p><b>SERVICE FLASH REPORTS</b></p> <p>JT advised that she would be speaking to the suite of flash reports, and it was agreed that at the next meeting the deep dives will commence on a rolling basis for each of the services.</p> <p><b>CAMHS</b></p> <p>JT advised that the service continues to achieve referral to treatment target and remains focussed on the redesign of service delivery which is going well.</p> <p>JT confirmed that there were no real concerns or escalations for CAMHS. There was discussion around the terms of engagement with the Scottish Government and the enhanced support it was agreed that JT would draft letter for Carol Potter for clarification for when this will cease as service have been advised 6 months and the enhanced support commenced in September 2024</p> <p><i>Action:</i></p>	

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*JT to draft letter for Carol Potter to issue to Scottish Government regarding clarification of when enhanced support will cease.*

JT

**Psychology**

JT advised that Psychology is supported by PHS Data Analyst and continues to work with Scottish Governments PT Implementation Team which has led to development of improved capacity mapping and trajectory tools. The service are also looking at the possibility of undertaking a redesign but noted that there are many specialisms in Psychology and the service is achieving some improvement but not at the expected pace.

LG noted that there were there were a lot of staff working in the Psychology Team and was a costly service to run and looking at their ambition noted concern that there is no funding is going to be able to be provided therefore the service needed to look at what it could do differently. LG noted that a paper had been tabled at HSCP SLT Meeting requesting a pause in the service to allow for the redesign of service to be undertaken. LG noted that the proposal was not supported and asked how the service was now going to realise their full potential. JT noted that they were considering shortening the time of pausing referrals to provide some capacity to explore options such as staff skill mix.

It was agreed that paper submitted to SLT would be tabled at the next meeting.

It was noted that the Director of Psychology retires at the end of March and JT advised that the service will be looking to backfill the position until the new Director is in post.

JT advised that there is a lot of activity within the community psychology service but the challenges within the inpatient intensive psychology service does not help with whole multi-disciplinary team approach.

There was discussion around the Job Plans for Psychologists, JT noted that the service was progressing with the plans but was not sure if the work was completed, she advised that she would investigate and feedback on progress to the group.

*Action*

*JT to organise report that was presented at SLT to be tabled at next meeting.*

*JT to update on how many Job Plans has been completed and how many are outstanding.*

JT

JT

**Adults**

JT wished to highlight that the comment regarding lack of management within the flash report is no longer an issue as the Clinical Manager has returned to work.

JT capacity and demand has been challenging but the good work in implementing the National Health Standards is ongoing and advised that

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<p>she will bring this as a separate agenda item to a future meeting.</p> <p>JT noted that risks associated with ligature have emerged and there was significant work around the workforce hub and managing staff across adult services to mitigate the risks identified.</p> <p>It was agreed that a deep dive into adult services will be undertaken at the next meeting.</p> <p><i>Action:</i></p> <p><i>JT to organise for deep dive of Adult Services to be tabled at next meeting and an update on the implementation of the National Health Standards to be tabled at a future meeting.</i></p> <p><b>Older Adults</b></p> <p>JT noted that workforce challenges and ligature risks continue within Older Adults.</p> <p>JT advised that there has been a recent retraction of beds with the closure of Cairnie Ward and noted that TL has led on a day care audit which has highlighted that there is an excess of 50% of patients who do not require ongoing care which requires to be looked in more detail. LG recommended that JT meet with Chris Conroy to look at strengthening the verification process that is in place.</p> <p>It was noted that a report on the reduction of delays would be beneficial and a report to be tabled at the next meeting in April.</p> <p><i>Action:</i></p> <p><i>JT to meet with Chris Conroy to investigate verification process.</i></p> <p><i>Report on Reduction of Delays to be tabled at next meeting.</i></p> <p><b>LD/Rehab</b></p> <p>JT advised that the key highlights from LD is delays and environment for Rehab Services but wished to note that a property has been identified for 4 individuals who will be moving out to the community with a package in place.</p> <p>JT wished to note that the biggest risk currently for LD is the Specialist child LD post. TL noted that there is significant vacancies within the service and the challenges with recruiting newly qualified registrants and whether programmes such as earn as you learn could be put in place with the costs weighed up against the vacancies.</p> <p><b>Addictions</b></p> <p>JT advised that there were no issues to highlight the service were working towards meeting the MAT Standards.</p>	<p>JT</p> <p>JT</p> <p>JT</p>
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	<p><b>Forensic</b></p> <p>JT highlighted the issue around recruiting to the Specialist Forensic post and noted the importance of getting this post filled.</p>	
4	<p><b>MENTAL HEALTH AND WELLBEING STRATEGY (verbal)</b></p> <p>JT advised that the draft Strategy is currently at the Designers and noted that the service is working on delivering the 1-year delivery plan. JT highlighted that there has been significant engagement with the public with 11 public sessions undertaken with a further 3 planned.</p> <p>JT noted that once the Strategy has been agreed an Oversight Group will be set up and the service will be looking for people to join the group going forward.</p>	
5	<p><b>MENTAL HEALTH WORKFORCE (verbal)</b></p> <p>LG noted challenges with the workforce, particularly the medical locums highlighting that prior to approval assurance is required that all other options have been explored as the service is not in a position to continue with the number of locums that it has had to date.</p> <p>CMcK noted that compartmentalising is required noting that it feels uncomfortable to reduce the number of other valid staff to pay for the locums in Psychiatry. CMcK noted that novel solutions is required as the costs going forward are prohibitive and noted that he will link with JD to review the situation.</p> <p>LG queried what percentage of Locums had moved to Direct Engagement, JT noted that it was not at 90% but noted that the Agencies have altered their hourly rate noting that there is a capped rate for Locums across NHS England and with NHS Fife being an outlier raising at the People and Cultures Board next week whether a national capped rate for locums would be a possibility. LG queried when the remaining 10% of Locums would be transferred to Direct Engagement.</p> <p>JT noted that she and JD have had an initial meeting with an international recruitment company and will be able to report back on the following up at the next meeting.</p>	
6	<p><b>SG ENHANCED SUPPORT RE. PT AND CAMHS (verbal)</b></p> <p>This item was discussed earlier under item 3 Service Flash Reports.</p>	
7	<p><b>MENTAL HEALTH RISK REGISTER</b></p> <p>JT advised that meeting has taken place to review the risk register and noted that she has met with Shirley-Anne who has agreed to support the service ensuring that the risk has been appropriately drafted.</p> <p>There was discussion around whether Mental Health should sit on NHS</p>	

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	<p>Fife's Risk Register. CMcK noted the complexities of the risk register and highlighted the importance of getting the operational risk register in order ensuring that the risk ratings are recorded correctly to identify the high risks.</p> <p><i>Action:</i></p> <p><i>Operational Risk Register to be reviewed</i></p>	<b>JT</b>
<b>8</b>	<p><b>ENGAGEMENT WITH SCOTTISH GOVERNMENT</b></p> <p>JT noted that engagement with Scottish Government has reduced from national meetings to newsletters being distributed.</p> <p>JT advised that Scottish Government were visiting Stratheden and QMH on Thursday 13<sup>th</sup> February 2025.</p> <p><b>Action:</b></p> <p><b>JT to circulate Newsletters to this Group</b></p>	<b>JT</b>
<b>9</b>	<p><b>MENTAL HEALTH ESTATE UPDATE (verbal)</b></p> <p>BJ advised that the MH Estates Steering Group has been reconvened with the first meeting having taken place and talked to presentation that had been shared at the Steering Group. (<i>Post meeting note: presentation has subsequently shared with the group</i>)</p> <p>LG thanked BJ noting that the presentation sets out the vision clearly noting that going forward a meeting with NMCC/BJ/LG/CMcK/Ben Hannan and Janette Keenan was required and suggested a half day was set aside to allow discussion.</p> <p>NMCC thanked BJ for the summary noting it was helpful to outline the interdependencies between community and Mental Health Hospital.</p> <p><i>Action</i></p> <p><i>Half day meeting to be organised to focus on MH Estates.</i></p>	<b>NMCC</b>
<b>10</b>	<p><b>MENTAL WELFARE COMMISSION/HIS UPDATES</b></p> <p>There was discussion around oversight of inspections it was noted that the reporting of inspections currently is via QMAG and Clinical Oversight Group. To avoid duplication the question was asked whether Clinical Oversight Group delegates oversight of inspections to the Mental Health Oversight Group and it was felt that it wouldn't be appropriate to report to both groups and all key stakeholders are present at this group.</p> <p>TL noted that the services each have actions plans following inspections of any improvements that are required, and it would be possible to table the themed action plan for the whole service highlighting issues which are</p>	

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	<p>stalled or not progressing as anticipated for support.</p> <p>JT noted that there had been an unannounced inspection at Dunino Ward on 29 January 2025 and the high-level feedback following the visit acknowledged that the environment was not ideal but everyone was doing their best with what was available. They noted that the patients were appreciative of the care received and had been complementary of the staff. No issues were identified with the care plans but a few issues around MH Legislation was picked up and a number of patients were delayed on the ward at time of the inspection.</p>	
<b>11</b>	<p><b>ITEMS FOR ESCALATION</b></p> <p>LG confirmed that there were no items requiring escalation.</p>	
<b>12</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>LG advised there has no issues raised under AOB.</p>	
<b>13</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Thursday 10<sup>th</sup> April 2025 – 2-3.30pm</p>	

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**RESILIENCE FORUM**  
**(Meeting on 17 December 2024)**

- 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.

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**Minute of Resilience Forum meeting held on Tuesday 17<sup>th</sup> December 2024 at 1.30pm via Microsoft TEAMS****Chair:**

Joy Tomlinson, Director of Public Health, NHS Fife (JT)

**Present:**

Susan Cameron, Head of Resilience, NHS Fife (SC)  
Aileen Boags, Lead Pharmacist - Public Health & Community Pharmacy (AB)  
Christopher Conroy, Clinical Services Manager (CC)  
Craig Burns, Emergency Planning Officer, NHS Fife (CB)  
Jeremy Stewart, Emergency Planning Officer, NHS Fife (JS)  
Maggie Curren, Lead Consultant, Accident and Emergency (MC)  
Kirsty McRae, Scottish Ambulance Service (KMc)  
Sharon Doherty, Consultant Psychologist, Psychology Mental Health (SD)  
Moira Rivers, Health Records Manager, NHS Fife (MR)  
Maxine Michie, Deputy Director of Finance, NHS Fife (MM)  
Yasmine Morgan, Estates Officer – Sustainability, NHS Fife (YM)

**In attendance:**

Neave Feeney, Student from University of Stirling (NF)

Minute prepared by Holly Jones (HJ)

**Agenda Item****1. Welcome and Apologies**

JT welcomed everyone to the meeting.

Apologies were noted from Allan Young, Avril Sweeney, David Miller, Fiona McKay, Ian Campbell, Jane Anderson, Belinda Morgan, Janette Keenan, Kirsty MacGregor, Lynne Parsons, Malcolm Landells, Margo McGurk, Neil McCormick, Olivia Roberson, Paul Bishop, Samantha McLaughlin and Nicola Robertson.

**2. Minutes of Previous Meeting (13<sup>th</sup> June 2024)**

Minutes from the previous meeting were reviewed and advised any comments to be forwarded to HJ by end of the week, this will be considered as accepted if no comments raised.

**2.1 Action Tracker****2.1.1 Vulnerable persons PARD**

SC noted this item is regarding Care for People recognising there are national gaps without an agreed forum to progress these. A report has been produced by Fife Council and meetings are planned for discussion – there is no current update on this.

Tracker will be updated after conversation with Civil Contingencies Officer – to remain on action log.

**2.1.2 CBRN/HAZMAT**

Actions relating to Heating, lighting, tent etc. – to be discussed under Emergency Equipment (8)

**2.1.3 NHS Fife Major Incident Framework**

To be discussed later in agenda (7.2)

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### 3. Matters Arising

#### 3.1 Critical National Infrastructure Review Scottish Government

This was previously noted at an EDG meeting with potential for NHS Fife to be involved at an early stage. It was not possible for NHS Fife to participate in the pilot due to limited capacity. SAS completed the pilot in advance of the full review.

The request has now been sent to every health board on a national level as mandated by the government.

Scottish Government held update meetings in November, they will provide support with completion if required.

The ask is to create a detailed and itemised list of all critical national infrastructure run by the NHS and HSCP.

A notice was circulated with required information, the resilience team have received limited engagement to date due to service pressures.

The deadline for submission of the CNI documentation is March 28<sup>th</sup>, 2025.

**ACTION:** To have a meeting with all necessary parties in January to allow more engagement and information sharing

Please see attached FAQs about CNI with other forum papers.

If you have any questions about this, please contact [fife.resilience@nhs.scot](mailto:fife.resilience@nhs.scot)

Comments:

SC noted that the request was noted at Acute and HSCP SLTs. HSCP were keen to engage.

CC advised he is happy to have a meeting to discuss.

**ACTION:** SC and CC to meeting regarding CNI

### 4. Learning about Red Mud Risks in Fife

NF provided an overview of her recently completed project on Red Mud risks in Fife, as part of her field-based learning opportunity with the resilience team regarding Red Mud Risk in Fife.

Please see attached presentation/report in forum papers.

Key points:

- SEPA is carrying out regular tests at Kinghorn Loch for any risk of toxicity due to dumping of Red Mud.
- Highly positive research and learning activity for NF for which she was awarded the top prize for the dissertation at Stirling University

Comments:

SC noted this project supports a larger awareness re. NHS CBRN/HAZMAT response requirements i.e. PPE and initial operational response.

Chair thanked Neave for her overview and highlighted the thorough approach using routinely available information sources to complete the project work.

### 5. Resilience Governance & Assurance

CB provided verbal update on key elements of Q2 report. This will include:

- Exercise Night Star carried out with Babcock – covered later in agenda (9.1)
- Continued Business Continuity training and support.
  - Offering 1:1 support for writing the plans
  - Kathleen Bolton has reinvigorated monthly digital business continuity training sessions linked on our EPRR training pages on stafflink.
- Police Incident Officers courses have taken place at Tulliallen Police College

Business Continuity Dashboard

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- Ongoing work to support teams noted. Plan status can be used as a lever to open conversations.
- HJ and JS have been to a network meeting with the Fife Practice Managers Association (FPMA – GP practices), offered support and training – to look at further in new year
- Currently the number of departments with no plans is 9 (down from 21).
- HJ is currently contacting and supporting those with no or out of date plans.
- CC mentioned HSCP are looking to update more plans from red to green in the new year.

## 6. Whole system Overview

### 6.1 SAS - KMc

Verbal update given on SAS.

SAS nationally has moved to REAP level 4 (Resource Escalatory Action Plan), which she advised is their highest level of business continuity. This is due to winter challenges.

There should not be much change on a day-to-day level

SC noted that this may cause significant impact with the Opel metrics showing frequently in purple. Hospital capacity and flow may be impacted.

MC noted that in the event of a major incident this would be a large stress on ED.

Samantha McLaughlin can provide a further update if required (unable to attend meeting today)

### 6.2 HSCP - CC

Verbal update given on HSCP.

Advised that as the Opel level is purple there have been a number of challenges due to the winter pressures.

### 6.3 Acute Services – Surge Capacity - SC

Verbal update given on Acute services.

Identified surge areas are being used with frequency –plan for surge capacity should include casualty distribution. Planning and performance teams have been looking at this in the background and there are plans for level 5.

Current trigger for a major incident or critical level incident is Opel level 90 and over.

### 6.4 CCRA Team - YM

Verbal update given.

Research has been looked into regarding heating and flooding with NHS Assure Architecture Team.

Prioritisation list to be made in regard to business continuity, through figuring out what sites and assets are most at risk.

EV car scheme to come out soon for staff.

KMc and CB have already been in touch re. CNI (3.1)

SC commented re. CNI. Resilience has been in touch with estates and had previously received the fuel and disaster recovery plans which was forwarded to CB.

A National Services Document labelled DEC 24 discusses resilience in planning which could be discussed at a future forum.

**ACTION:** Discuss National Services Document at next Forum.

### 6.5 Digital & Information

No update available regarding D&I.

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### 7. Emergency Plans

#### 7.1 Corporate Business Continuity (Stakeholder Consultation) - JS

Verbal update given on Business Continuity Policy.

Scottish Government had sent new strategic guidance which has been incorporated in the policy document.

The document aims to give a clear explanation of the policy itself as well as the clear guidelines and ensuring compliance with the government regulations.

Document has been to the Acute SLT and is due to be presented to the HSCP SLT 23/12/24.

Feedback given to the resilience team will be incorporated where appropriate into the document prior to ratification.

#### 7.2 Major Incident Response Plan reviewed (final)

**ACTION:** CB to make sure no issues accessing this document as JT described an issue opening this document and tab showing the bomb threat document instead of Incident Management Framework.

CB gave verbal update.

Document has been to various SLTs and stakeholder feedback has been requested and is still encouraged.

New national incident levels have been added to the document.

An aim of ratifying this version of the document is to allow for a 3-year renewal instead of the current 1-year review.

SD noted that some of her previous comments given earlier in the year do not appear to be included in the document re. Psychosocial mental health elements.

**ACTION:** CB to look back at feedback from SD to confirm all comments have been incorporated.

MC noted that she agrees the document itself could have a 3 year renewal (unless there is something pressing), but the action cards/appendices may need a much more frequent review.

**ACTION:** All forum attendees with comments – to submit by deadline of 10/01/24

### 8. Emergency Equipment

SC noted the CBRN assurance visit is due to be rescheduled from 05/12/24 to late January.

Questionnaire re. equipment and our ability to respond is being filled out currently and is welcome to comments by department leads prior to sending back.

**ACTION:** Once completed SC to send questionnaire response to leads.

**ACTION:** MC and SC to meet prior to assurance visit.

### 9. Training & Exercising

#### 9.1 NHS Fife CBRN/HAZMAT Radiological Exercise QMH - CB

Exercise Night star took place at the Sim Suite in QMH, this was a mandated exercise by the nuclear authorities to be carried out every 12 months.

Exercise produced a good response from all attendees.

Multi-agency inter-operability was the main highlight of the event as this was a multi-agency exercise

Verbal overview given of the exercise.

MC noted the staff from ED which attended found it to be a very useful exercise, noted that another place for training could be Ward 10, Level 4 of VHK could be used in future as this space is being upgraded through the clinical skills team.

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AB noted that she would support pharmacy involvement in a future exercise as this would be beneficial for her team.

### 9.2 Team Provider – Hospital Major Incident Medical Management and Support (TPHMIMMS) 2<sup>nd</sup> December 2024 - SC

Elsbeth Pitt is clinically leading HMIMMS training courses for NHS Fife as course director. Course co-ordination and funding is being supported via the resilience team, primarily the resilience co-ordinator.

These are new courses to NHS Fife, this course is accredited with the Advanced Life Support Group (ALSG) and is an internationally recognised course.

TP HMIMMS is a 1-day course aimed at all staff from porters to executives.

HMIMMS is a 2-day course more aimed at the ED teams.

**ACTION:** Any staff groups at the Forum with interest in participating, a waiting list can be initiated. Please cascade opportunity through teams.

Currently aiming for at least 12 trainees per session, which can be increased with given facilities and instructor availability.

**ACTION:** Syllabus of TPHMIMMS and HMIMMS to be forwarded onto Forum contact list.

CB and CC discussed that for awareness a 1-day course could benefit the HSCP staff.

### 10. Fife Regional Resilience Events Brief

For information purposes only (attached with Forum papers).

### 11. National Update

Link for information purposes only

[Intensive Care Society | CRITCON Levels](#)

### 12. AOB

SD gave verbal update re. psychosocial cell – mandate came through from the SLT at the end of November:

- Psychology will need in this multi-agency cell.
- Planning and testing of psychosocial mental health, to be captured in a plan.
- Conduction of inhouse training for all psychologists.
- National gap was identified nationally around psychosocial mental health provisional thinking.
- SLWG to be organised regarding strengthening the national guidance and steer.
- Will update as required at future Forums.

### 13. Date of next meeting:

Thursday 20<sup>th</sup> March 2025 at 2.30pm via MS TEAMS.