

AGENDA

A MEETING OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE WILL BE HELD ON MONDAY 3 MARCH 2025 FROM 10AM TO 12.30PM VIA MS TEAMS

Note: There will be a pre meeting of Non-Executive Members only at 9.30am

John Kemp
Chair

		<i>Purpose</i>	
10:00	1. Apologies for Absence (JK)		
	2. Declaration of Members' Interests (JK)		
	3. Minutes of Previous Meeting held on Monday 13 January 2025 (JK)	(approval)	(enc)
	4. Chair's Assurance Report presented to Fife NHS Board on 30 January 2025 (JK)	(for information)	(enc)
	5. Matters Arising / Action List (JK)	(assurance)	(enc)
10:10	6. GOVERNANCE MATTERS		
	6.1 Public Health & Wellbeing Committee Self-Assessment Report 2024/25 (JK)	(discussion)	(enc)
	6.2 Annual Review of Public Health & Wellbeing Committee Terms of Reference (JK)	(decision)	(enc)
	6.3 Corporate Risks Aligned to Public Health & Wellbeing Committee (JT)	(assurance)	(enc)
	6.4 Review of Annual Workplan 2025/26 (JT)	(approval)	(enc)
	6.5 Delivery of Annual Workplan 2024/25 (JT)	(assurance)	(enc)
10:40	7. STRATEGY / PLANNING		
	7.1 Annual Delivery Plan Quarter 3 Report (BH)	(assurance)	(enc)
	7.2 Anchor Institution Update (JT)	(assurance)	(enc)
11:00	8. QUALITY / PERFORMANCE		
	8.1 Integrated Performance & Quality Report (JT/L Cooper)	(assurance)	(enc)
	8.2 Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update (L Cooper)	(assurance)	(enc)
11:20	9. INEQUALITIES		
	9.1 Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029 (JK)	(decision)	(enc)

- 11:30 **10. ANNUAL REPORTS / OTHER REPORTS**
- 10.1 Director of Public Health Annual Report 2024 *(JT)* **(discussion)** (enc)
 - 10.2 Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 *(L Cooper)* **(assurance)** (enc)
 - 10.3 Fife Violence Against Women Partnership Annual Report 2023/24 *(L Cooper)* **(assurance)** (enc)
- 12:00 **11. LINKED COMMITTEE MINUTES**
- 11.1 Public Health Assurance Committee held on 18 December 2024 (unconfirmed) (enc)
 - 11.2 Equality & Human Rights Steering Group held on 4 February 2025 (confirmed) (enc)
- 12. ESCALATION OF ISSUES TO NHS FIFE BOARD**
- 12.1 To the Board in the IPQR Summary (verbal)
 - 12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board (verbal)
- 13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025**
- 14. ANY OTHER BUSINESS**
- 12:15 **PRIVATE SESSION**
- 15.** Apologies for Absence *(JK)*
 - 16.** Declaration of Members' Interests *(JK)*
 - 17.** Scottish and UK COVID 19 Inquiries Update *(JT)* **(assurance)** (enc)
 - 18.** Storm Eowyn Update *(JT)* **(discussion)** (enc)
 - 19.** Any Other Business

Date of Next Meeting: **Monday 12 May 2025 from 10am – 12.30pm** via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 13 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:

John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (*items 6.1 & 6.2.1 only*)
Gabe Docherty, Consultant in Public Health (*items 6.1 & 6.2.1 only*)
Susan Fraser, Associate Director of Planning & Performance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Jocelyn Lyall, Chief Internal Auditor (*item 6.3 only*)
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Michele McClung, NHS Forth Valley (*observing*)
Shirley-Anne Savage, Associate Director for Risk & Professional Standards (*item 6.2 only*)
Jillian Torrens, Head of Complex & Critical Care (*deputising for Lynne Garvey*)
Jo-Anne Valentine, Public Health Manager (*item 7.2 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Michele McClung from NHS Forth Valley, who was joining today's meeting as an observer.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Alistair Morris (Non-Executive Member) and attendees Lynne Garvey (Director of Health & Social Care) and Ben Hannan (Director of Planning & Transformation).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 11 November 2024

It was agreed to add to the minute, under section 8.1, that members raised concern around performance for breast and bowel screening, and for Child & Adolescent Mental Health Therapies and Psychological Therapies.

A typo in section 7.2 was highlighted and the minute will be updated accordingly.

The minute from the previous meeting was then **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 26 November 2024

The Chair's Assurance Report was presented to the Committee for information only.

5. Matters Arising / Action List

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

5.1 Psychological Therapies Improvement Plan

The Head of Complex & Critical Care provided an overview on the performance statistics, as detailed within the paper, and advised that there have been challenges in meeting the targets. It was reported that enhanced support from the Scottish Government's Mental Health Directorate has been provided in relation to improving performance, through monthly meetings, design re-modelling, and the use of various national tools, which will be beneficial now that the service is moving to the online TrakCare to record service activity.

Members commented on the challenges of identifying sustained improvement within the plan. It was reported that the main challenge is in relation to recruitment, and the impact of vacancies on workload. It was advised that actions within the improvement plan can be more specific and include the percentage performance increase expected.

Discussion took place on speciality roles within the service, and it was reported that a skills matrix is being monitored closely, particularly for specialist roles and vacancies. It was advised that any gaps in workforce have a significant impact on workloads within the service.

It was advised that balancing the financial risk will be challenging for redesign of the service and future plans.

Discussion took place on the level of assurance provided within the paper, and the Committee agreed to take a "**limited**" level of assurance from the update, noting that plans for redesign are under consideration and will be progressed through the Mental Health Oversight Group. An update on the redesign programme, will come back to the Committee later in the year.

6. GOVERNANCE MATTERS

6.1 Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT Standards

E Butters, Fife Alcohol and Drug Partnership Service Manager, was welcomed to the meeting. It was reported that the Fife Alcohol and Drug Partnership Strategy 2024-27 aims to address and respond to the prevalence of harm and premature mortality caused by substance misuse. An overview was provided on the key themes and projects within the strategy, and it was noted that the service is making good progress in relation to compliance with the MAT Standards.

Discussion followed, and the service's position regarding local vs national residential rehab was queried. It was advised that establishing local residential rehab within Fife has been explored, including a submission to Scottish Government, however, this was not supported. It was reported that feedback on the current existing service of care is positive, and that recommendations from Health Improvement Scotland are being addressed through a subgroup of the Fife Alcohol & Drugs Partnership Group.

It was noted that the delay in home naloxone kits was due to a national shortage, and that the service was equipped to deal with the situation using alternatives.

The progress and challenges in relation to compliance of all the MAT Standards was highlighted. It was advised that more people will be treated, however it was advised that there are limitations on what the service can provide, due to the impact on other service areas, such as housing. It was noted that there is a pattern of higher risk of mortality in the most deprived areas and this is seen across Scotland. NHS Fife recognises the importance of the contribution that they organisation can make and is working towards addressing health inequalities in their role as an Anchor Institution.

The Committee took a **“moderate” level of assurance** from the update.

The Committee also **endorsed** the Alcohol and Drug Partnership summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report, for approval at the Integrated Joint Board.

6.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health noted that an update on the corporate risks aligned to the Committee are provided within the paper and comments are highlighted within the appendix. A slight reduction in the risk level for health inequalities was reported, and further detail is provided under item 6.2.2.

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

6.2.1 Proposed Substance Related Morbidity and Mortality Risk

G Docherty, Consultant in Public Health, provided background detail to the development of the proposed risk. An overview was provided on the risk descriptor

and recommended management actions, and it was noted that the work carried out to date on this first stage has made initial progress, and that further work is required to complete the assessment of broader management actions in this area.

Comments from members followed, and in terms of risk mitigation, it was agreed to revisit the impact and consequence elements of the risk, to ensure that the upstream public health elements are captured, and to also add an additional mitigation action around the primary prevention element.

Action: Director of Public Health/Director of Health and Social Care Partnership

The Director of Public Health thanked the team for all their hard work in developing the risk. It was agreed to revisit the risk in January 2026, and to add to the Committee's workplan.

Action: Director of Public Health/Board Committee Support Officer

Subject to an update to the risk mitigation elements, as described above, the Committee **accepted** the substance related morbidity and mortality risk statement onto the corporate risk register.

6.2.2 Update on Health & Inequalities Risk

The Director of Public Health advised that the paper provides an overview of the policies and actions, and that it highlights the important role of the NHS Board in terms of addressing health inequalities. A small reduction in the health inequalities risk level was advised, following discussion at the Public Health Assurance Committee. This assessment recognised the completion of the Prevention & Early Intervention Strategy as one of the key supporting Strategies for the Population Health and Wellbeing strategy alongside development of wider frameworks and plans which have now been finalised. The new risk around substance related morbidity and mortality was highlighted as a contributor to address health inequalities, as discussed earlier during the meeting.

Discussion took place around external factors that can affect the risk level for health inequalities and that are outwith the Board's control. The importance of ensuring that NHS Fife is accountable for its areas of influence was noted, and suggestion was made to implement a rating against each of the risk mitigations to monitor progress.

The Director of Public Health agreed to take forward an action around the articulation of the risk appetite for the health & inequalities risk and consider adding a rating to the risk mitigation element of each of the corporate risks aligned to the Committee.

Action: Director of Public Health/Associate Director of Risk and Professional Standards

A brief update was also provided on progress of the NHS Fife Anti-Racism Plan, by the Director of Nursing, and it was advised a paper will come to the next Committee meeting in March 2025.

The Committee took a **“moderate” level of assurance** from the update.

6.3 Internal Controls Evaluation Report 2024/25

The Chief Internal Auditor was welcomed to the meeting to present the report. An overview was provided on the contents, and it was advised that Reform, Transform, Perform programme of activity is a focus throughout the report. It was stated that the report is relatively positive with a real focus on improvement, strong leadership, maintaining robust controls and recognising the challenges and the need to sustain transformation on a whole system basis across Fife.

It was advised that the work of the Committee has been positive, through achievement of the workplan and the Population Health & Wellbeing Strategy. It was noted that the mid-year report for the strategy did not include any metrics, due to national metrics being published on an annual basis. It was further noted that a Population Health & Wellbeing Strategy audit will be carried out and will include the governance arrangements for population health & wellbeing and implementation of the strategy.

It was reported that the majority of actions are complete or are on track for completion. Some slippage on the risk management actions was reported, and it was noted that there has been progress in terms of the review of risks and progression of the risk appetite. It was advised that there are nine recommendations within the report.

Following questions, an explanation was provided on assessing the effectiveness of our internal controls and it was advised that a risk based internal audit is carried out for internal controls relating to risk. The Chief Internal Auditor agreed to clarify the recommendation relating to the public health & wellbeing strategy risk and health inequalities risk.

Action: Chief Internal Auditor

The Chief Internal Auditor confirmed that the management response to the mental health risk recommendation was accepted.

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

6.4 Proposed Annual Workplan 2025/26

The Director of Public Health presented the proposed workplan and the anticipated reporting arrangements for year ahead.

The Director of Property & Asset Management agreed to consider the two items relating to sustainability, and how best to bring those forward to Committee ideally as a joint agenda item.

It was noted that screening national uptake and Key Performance Indicators are only available on an annual basis.

It was highlighted that there are changes to the Lead Directors for specific items, due to changes in roles and portfolios.

The Board Committee Support Officer will update the workplan accordingly.

The Committee took a “**significant**” level of assurance, and **approved** the proposed workplan for 2025/26, subject to the changes noted.

6.5 Delivery of Annual Workplan 2024/25

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

7. STRATEGY / PLANNING

7.1 Post Diagnostic Support for Dementia

The Head of Complex & Critical Care presented the paper, noting that the National Dementia Strategy is in its fourth iteration, and that the concept of post diagnostic support was developed from an earlier version of the strategy, with the aim of supporting individuals, their families and communities to manage dementia and improve quality of life. It was reported that a large amount of work is being carried out in this area, with early intervention as the main focus.

An overview was provided on the two models: Eight Pillar Model, which is agreed nationally, and Five Pillar Model, which is carried out in-house. It was noted that there are challenges in delivering the Eight Pillar Model, due to the limited number of staff within the Mental Health Team. It was advised that the Alzheimer Scotland model is evidence-based and has been commissioned, and that opportunities to deliver aspects of that model is being explored.

In terms of existing waits within the system, it was advised that increasing the number of professionals who can diagnose dementia is required. It was also advised that oversight of data management is improving in terms of activity in relation to post diagnostic support.

The Committee took a “**moderate**” level of assurance from the update.

7.2 Key Areas of Focus for the Director of Public Health Annual Report 2023/24

J Valentine, Public Health Manager, was welcomed to the meeting. The Director of Public Health advised that the Director of Public Health Annual Report 2023/24 is expected to be published in March 2025, at approximately the same time as the publication of the 10-year Population Health Framework, which is a national government policy document.

It was noted that the focus of the report will be on healthy diet and physical activity, and the actions required for Fife. Publications from Obesity Action Scotland and Public Health Scotland have been used to inform the report and the actions which will make the most significant difference for people in Fife. It was advised that actions, where significant change has been made, will be highlighted.

It was noted that the report will highlight a wide range of partnership working, projects and initiatives.

An overview was provided on the three central recommendations which will also be highlighted by the report.

A comment was made in relation to the link between the planning element and what is carried out within the healthcare setting, which can be complicated. Suggestion was

made to include an option to put in specific recommendations to other sector documents, with it noted that consideration should be given to ensure that there is no overlap with existing strategies or frameworks.

The Committee took a **“moderate” level of assurance** from the update.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health provided an overview on the public health elements of the IPQR. It was advised that there was a slight reduction in the uptake of 6-in-1 childhood immunisation, and that the position for MMR2 immunisation has not moved, despite a large amount of work around quality improvement. It was noted that there is a transition to locality ways of working, and it is anticipated that the position will improve as that becomes embedded.

It was reported that all those eligible have been offered the Covid vaccination, in line with national expectations. It was advised that the uptake for the Influenza vaccination is a similar position compared nationally.

An update was provided on the smoking cessation service, and it was reported colleagues within the service attended a national meeting on 7 January 2025, and that confirmation was provided that the NHS Stop Smoking Policy and the NHS Smoke Free Grounds Policy have now been listed for the Once for Scotland policies, which is expected to be completed later in 2025. In terms of performance, it was advised that there is a delay in reporting statistics, which is affecting the target trajectory. It was noted that there is one vacancy within the team, with recruitment underway. Following a question regarding child developmental concerns within the IPQR, it was advised that developmental concerns are around improvement targets, as opposed to performance targets.

It was reported that local targets that are part of the IPQR are reviewed on an annual basis, unless a specific request is made to review earlier.

The Committee took a **“moderate” level of assurance** from the report and **“endorsed”** the Public Health & Wellbeing section of the IPQR.

8.2 Dental Services & Oral Health Improvement

The Director of Public Health advised that the paper and report highlight the ongoing challenges around dental services and ongoing work to improve child oral health. It was noted that there are formal mechanisms through the Board governance structure into the Scottish Government to highlight concerns around the workforce capacity and access issues for dental services in Fife.

It was advised that a key priority within the report is ensuring prevention work and the importance of oral health improvement programmes and self-care. It was noted that NHS Fife does not have a legislative duty to ensure that every member of the public has an NHS dentist.

Clarity was provided that the assurance level provided is around the NHS Fife aspects of service delivery, and the committee noted that these areas of responsibility were clearly set out within the report. The report has been scrutinised through the Integrated Joint Board (IJB) Quality & Communities Committee and will also be presented to the (H&SCP) Primary Care Committee.

The Committee took a “**moderate**” level of assurance from the report.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Annual Climate Emergency and Sustainability Report 2023/24

The Director of Property & Asset Management advised that the report provides the data around our usage on carbon dioxide, or equivalent. An explanation was provided on the nitrous oxide performance position, and it was advised that NHS Fife is now using less nitrous oxide, which is positive. It was noted that the performance in this area will be an improved position in 2025/26.

It was reported that there was an overspend of £1.9m on electricity, and it was explained that there was a spike in the usage of electricity relating to the carbon dioxide emissions within our buildings and infrastructure. It noted that the position is now more positive due to being able to identify where the issues lie. It was further reported that we are on track to meet our 2025 targets, and that a large amount of investment is required to be able to meet the 2030 target. Work is ongoing with the private sector to explore investment opportunities for renewable technologies.

An overview was provided on the work being undertaken in relation to horizon scanning.

The Committee took a “**moderate**” level of assurance from the report.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Equality and Human Rights Strategy Group held on 7 November 2024 (confirmed)

10.2 Public Health Assurance Committee held on 23 October 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

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

There were no matters to escalate to NHS Fife Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JANUARY 2025

Any other reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

13. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 3 March 2025 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 13 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 items have been deferred and rescheduled:

- Eating Well & Having a Healthy Weight and Staying Physically Active/ Food4Fife Delivery Plan
- Green Health Partnership Update
- Sexual Health and Blood Borne Virus Framework Annual Report 2023/24

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

2. The Committee considered the following items of business:

2.1 Psychological Therapies Improvement Plan

The Committee agreed to take a “**limited**” **level of assurance** from the update, noting that plans for redesign are under consideration and will be progressed through the Mental Health Oversight Group. An update on the redesign programme, will come back to the Committee later in the year.

2.2 Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT Standards

The Committee took a “**moderate**” **level of assurance** from the update and also **endorsed** the Alcohol and Drug Partnership summarised first year Delivery Plan Q1, Q2 and Q3 and MAT Standards in year update report, for approval at the Integrated Joint Board

2.3 Internal Controls Evaluation Report 2024/25

The Committee were advised that the work of the Committee has been positive, through achievement of the workplan and the Population Health & Wellbeing Strategy. Noted nine recommendations within the report aligned to the Committee with the majority of actions complete or are on track for completion. The Committee took **assurance** from the report.

2.4 Post Diagnostic Support for Dementia

The Committee took a “**moderate**” **level of assurance** from the update, noting that a large amount of work is being carried out in this area, with early

intervention as the main focus.

2.5 Key Areas of Focus for the Director of Public Health Annual Report 2023/24

The Committee took a “**moderate**” level of assurance from the update and received an overview of the contents. The Committee noted that the report will be published in March 2025.

2.6 Annual Reports

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

- Annual Climate Emergency and Sustainability Report 2023/24 (moderate level of assurance)

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 Noted slight reduction in the six-in-one immunisation, however, close to target. Take up of MMR2 remains static. All those eligible have been offered the Covid vaccination, in line with national expectations. Confirmation was provided that the NHS Stop Smoking Policy and the NHS Smoke Free Grounds Policy have now been listed for the Once for Scotland policies, which is expected to be completed later in 2025. The Committee took a “**moderate**” level of assurance from the report and endorsed the Public Health & Wellbeing section.

4.2 Dental Services & Oral Health Improvement

The Committee took a “**moderate**” level of assurance from the report, noting the ongoing challenges around dental services and ongoing work to improve child oral health

5. Update on Risk Management

There are five corporate risks aligned to the PH&WC. A slight reduction in the risk level for health inequalities was reported. An overview was provided on the proposed substance related morbidity and mortality risk, and subject to an update to the risk mitigation elements, the Committee **accepted** the substance related morbidity and mortality risk statement onto the corporate risk register.

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

Risk	Actions Required
Population Health & Wellbeing Strategy	Risk mitigation updated
Health Inequalities	Risk mitigation updated Risk level decreased
Policy obligations in relation to environmental management and climate change	Risk mitigation updated
Primary Care Services	Risk mitigation updated
Pandemic Risk	Risk mitigation updated

6. Any other Issues to highlight to the Board:

None.

John Kemp
Chair
Public Health & Wellbeing Committee

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 3 March 2025



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	AG	In progress. 21/02/25 update – Alastair Graham met with the risk team, and a plan for implementation is being developed.	In progress – completion date TBC
2.	11/11/24	East Region Health Protection Service Overview	To provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach.	JT	Deadline not reached. A joint paper will be prepared for East Region Boards setting out the governance, planning, associated risks and proposed next steps.	May 2025
3.	11/11/24		Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board.	JT		
4.	11/11/24	Anchor Institution Programme Board Update	To share the Fife baseline data with the Committee.	S Crabb	Closed. The updated national metrics will be included in the update for the Committee at the March meeting. Deadline extended from January 2025.	March 2025
5.	13/01/25	Proposed Substance Related Morbidity and Mortality Risk	To revisit the impact and consequence elements of the risk, to ensure that the upstream public health elements are captured, and to also add an additional mitigation action around the primary prevention element.	JT/LG	Closed. Risk score has been agreed and upstream public health aspects added capturing primary prevention. Exec lead for this risk will be the Director of H&SCP.	March 2025

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
6.	13/01/25	Update on Health & Inequalities Risk	To take forward an action around the articulation of the risk appetite for the health & inequalities risk and consider adding a rating to the risk mitigation element of each of the corporate risks aligned to the Committee.	JT/SAS	Closed. The Risk and Opportunities Group have agreed not to add mitigation elements. Work is being progressed to review risk presentation across all corporate risks.	March 2025
7.	13/01/25	Internal Controls Evaluation Report 2024/25	To clarify the recommendation relating to the public health & wellbeing strategy risk and health inequalities risk.	J Lyall	Closed. The recommendation was to ensure that risks are not reviewed in isolation, but in the context of the full risk profile.	March 2025
8.	13/01/25	Annual Workplan	To consider the two items relating to sustainability, and how best to bring those forward to Committee ideally as a joint agenda item.	NM	Closed. One item will come to the Committee in November, which will be the Annual Climate Emergency and Sustainability Report 2024/25, and include an update on the Greenspace Strategy.	March 2025
9.	13/01/25	Proposed Substance Related Morbidity and Mortality Risk	To revisit the risk in January 2026, and to add to the Committee's workplan.	JT/HT	Closed. Added to workplan	January 2025

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 March 2025
Title:	Committee Self-Assessment Report 2024-25
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper details the outcome of the recent self-assessment exercise of the Public Health & Wellbeing 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 Public Health & Wellbeing 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. A summary report assessing the composite responses for the Public Health & Wellbeing 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 (which has been reviewed as recently as November), with adequate membership, an appropriate schedule of meetings and processes in place to allow for escalation of matters directly to the Board.

Self-Assessment questionnaire (completed by members and attendees)

Excluding from numbers the Committee Chair, in total, 8 (of 9) members and 4 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a largely positive assessment from its members and attendees who participated. There was comment about the Committee still establishing itself, particularly in relation to ensuring no duplication with the Clinical Governance Committee, especially in areas such as oversight of mental health performance.

Some 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 limiting the frequency of data-heavy appendices and ensuring that papers are tailored accordingly to a lay audience;
- comments around ensuring the membership is correct, to potentially include representation from the local authority and attendance from the Board's Sustainability Champion for applicable agenda items;
- enhancing the Committee's function around performance reporting, noting feedback on the importance of interpretation particularly for unfamiliar subject areas and that a number of the measures currently being used have a significant lag in reporting;
- a recognition that some of the datasets for the Committee (such as those related to smoking cessation and immunisation performance) have a lag in currency due to their being based on national statistics, and hence more local updates on these services might be required; and
- further refinement of the Committee's workplan and agendas (including the order of agendas) to ensure a focus on emerging public health priorities, given the core remit of the committee.

Some of the issues noted above are not unique to the Public Health & Wellbeing Committee and indeed are common 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. In the survey, there were comments about keeping the principles of the Blueprint for Good Governance in mind regarding the focus of meeting, and also the importance of setting a positive tone whilst members undertook their scrutiny role, which were also themes mentioned in other committees. On the suggestions about membership (inclusion of a local authority member and potentially the sustainability champion), these will be considered as part of the next review of committee membership. As the Committee's Non-Executive membership has to be from NHS Fife Board members, any local authority member would need to be the Fife Council member on the Board.

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 Other impact

N/A

2.3.8 Communication, involvement, engagement and consultation

Invitation, and reminders, to complete the questionnaire were sent to all members, allowing for all the chance to submit feedback.

2.3.9 Route to the Meeting

The Committee is the first group to receive this paper. This paper has 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

2 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	2 (18%)	9 (82%)	-	-	<p>The Committee has sufficient Executive and Non-Executive membership.</p> <p>The support from the Board Committee Support Officer is excellent.</p> <p>The Committee have authority, delegated by the Board, and provide robust challenge across their areas of responsibility.</p> <p>It would be helpful if the Non-Exec Champion for Sustainability was a member of the Committee.</p> <p>I wonder if we would benefit from having a local councillor or Chief Social worker as a member.</p>
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	2 (18%)	9 (82%)	-	-	<p>More so than other committees, there are regular presentations and contributions from non-committee members.</p> <p>Yes, the membership includes representation from key stakeholders and this feels balanced.</p> <p>The Committee meetings have changed a little over the last year, bringing in authors of papers, and my perspective is that this works well, supporting more complete answering of questions during the meetings.</p> <p>I do wonder about Local Authority representation.</p>
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	1 (9%)	8 (73%)	2 (18%)	-	<p>I still feel that this Committee, which is "newer" than the others, is finding its feet as to how to make an impact on performance.</p> <p>There have been developments over the last year to strengthen the process of assurance. This can be seen in the new SBAR templates and is helpful to support</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						<p>discussion during meetings. There is, however, sometimes blurring of the operational responsibilities and assurance. In general, when these issues do happen, they are discussed within meetings to reach a shared understanding.</p> <p>Some duplication between this committee and others - further review of IPQR might be appropriate</p> <p>Role of Committee should be made clearer with regard to effective performance.</p> <p>I think the role has become clearer as the Committee has evolved and matured.</p>
A4.	Committee members are able to express their opinions openly and constructively.	3 (28%)	7 (64%)	1 (9%)	-	<p>Committee members do express their opinions openly. There is awareness of the importance of taking a constructive approach to scrutiny and seeking additional information.</p> <p>Sometimes discussion is less constructive, particularly when more detailed operational matters are raised within meetings.</p> <p>At times I feel members have felt that emotions have run high and have therefore stifled conversation</p> <p>Yes. The Director of Public Health is an excellent Lead Executive Officer, very reflective and thoughtful and open to strengthening the committee, public health topics and members' scrutiny.</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	3 (28%)	7 (64%)	1 (9%)	-	<p>I find that some of the topics are technical and as such are outwith my knowledge and scope of influence.</p> <p>There is robust challenge of the Executive from all Committee members.</p> <p>The scrutinising role could benefit from further discussion, so there is a shared understanding of what Committee members would find beneficial. Earlier notification of questions before meetings is one area which could help progress discussions.</p> <p>Tone and manner of challenge and scrutiny is worth careful consideration. Values and behaviours are important enablers to respectful discussions.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
						Yes, I think this can be evidenced through the dialogue at committee and how the committee topics have evolved, and data set is far more reflective of a wider agenda.
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	-	11 (100%)	-	-	<p>Development sessions are very helpful.</p> <p>The Committee has held separate development sessions on topics relevant to their area of responsibility.</p> <p>One consideration, the Board found the Blueprint for Good Governance workshop very helpful. Would it be beneficial to revisit the Blueprint for Good Governance in the context of specific Committee remits?</p> <p>Through development sessions, though I wonder if it's an idea to be providing suggested reading material or mini modules for those interested in deepening their knowledge.</p>
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	1 (9%)	9 (82%)	1 (9%)	-	<p>Could ensure all members understand how to interpret data presented.</p> <p>Fairly confident that this is the case, although the breadth of topics within the Committee's ToR may mean that longer discussion would be helpful.</p>
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	2 (18%)	8 (73%)	1 (9%)	-	<p>Performance is scrutinised at every Committee meeting through the IPQR format.</p> <p>If additional information is required, then Committee requests this and updates are provided on the Action Tracker.</p> <p>I think this is a difficult one because of the data and data lag for some of the subject matter. Screening is an example, some of reporting is annual.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	1 (9%)	10 (91%)	-	-	<p>These are not regular reports to Public Health and Wellbeing Committee, although where relevant they would be shared.</p> <p>I think there is opportunity here to clarify what we would expect at PH committee and what is CGC. In particular around external reports for example HIS, Mental Welfare Commission etc.</p>
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (27%)	7 (64%)	1 (9%)	-	<p>Committee have received updates on new National Strategies and policy directions. These updates include consultations about future national strategies and frameworks.</p> <p>Committee should be briefed where NHS Fife deviates from national policy.</p>
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	1 (9%)	8 (73%)	2 (18%)	-	<p>Sometimes papers are not concise enough, so critical information is not transparent and clear.</p> <p>Papers can be lengthy with large appendices and can use abbreviations/descriptions of situations that I am unfamiliar with.</p> <p>This is a tricky balance, and some meetings include too much additional reading. There has been recent review of this across the Chairs and Executive leads for all committees.</p> <p>Requests for more detail on reports inevitably creates long papers and an excessive amount of information. Members could be encouraged to hold the five primary functions of governance at the forefront when considering requests for papers. Curiosity is not governance.</p>
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	3 (27%)	8 (73%)	-	-	<p>Mostly.</p> <p>The preparation and run-in time to Committee meetings is well supported and papers are provided in good time.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	2 (18%)	9 (82%)	-	-	<p>I think we should try to bring the more substantive/important/controversial papers to the front of the agenda. At present the agenda is set by generic subject matter e.g governance matters first, strategy second etc</p> <p>This has been a bit patchy over the last year, the discussions on IPQR and risk are tending to dominate time.</p> <p>The Committee used a different approach at their last meeting, putting the most important topic at the start of the agenda and this worked, with most of the discussion taking place on that topic.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	4 (36%)	7 (64%)	-	-	Minutes are turned around quickly after meetings and then cascaded through members of the Board. This works very smoothly.
B8.	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.	3 (27%)	8 (73%)	-	-	The Action Tracker, with named individual who has responsibility for each action listed, works well and allows follow-up until conclusion.
B9.	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 (27%)	7 (64%)	1 (9%)	-	<p>Only to an extent.</p> <p>The Committee review strategies before these are finalised and scrutinise updates on progress.</p>
B10.	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 (27%)	8 (73%)	-	-	<p>Committee spent considerable time last year reviewing their ToR and discussing scrutiny of delegated services. This proved very helpful and there is greater confidence with the read-across to governance structures within the H&SCP.</p> <p>I think this is an area we need to explore in particular around delegated services and in context of public health as a whole system not just the health system.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C. The Role and Work of the Committee						
C1.	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.	4 (36%)	7 (64%)	-	-	This aspect of the work of the Committee is very clear.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	3 (27%)	8 (73%)	-	-	Although we are still trying to more clearly define that focus. This aspect of the Committee's work is working well.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	3 (27%)	7 (64%)	1 (9%)	-	The agenda follows the agreed workplan and in advance of each meeting is reviewed jointly with the Chair and Director of H&SCP.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	3 (27%)	8 (73%)	-	-	Committee take decisions following discussion and consideration of the papers received. I think there is something we need to consider when Committee are not assured or have limited assurance what we expect as next steps. Conscious, for example, that PT paper, despite having limited assurance, it comes back through other routes as moderate from report authors.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	Working to reduce volume of papers presented and continuing to bring in the authors of papers to take questions. I think this is a really important committee and is really interesting and vibrant due to the scope of the subject matter. Alignment with National Public Health strategy/s and emergent thinking around population health approaches and consideration around wider links with Local Authority partner and possibly 3rd sector.				
D. Public Health & Wellbeing Committee specific questions						

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D1.	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.	2 (18%)	9 (82%)	-	-	<p>The Corporate Risks are scrutinised and management actions are reviewed as set out in the workplan.</p> <p>There is ongoing consideration about strengthening the approach to oversight of management actions related to the Corporate risks and so although I have rated as 'strongly agree' it is also an area for further development.</p> <p>It would also be beneficial to strengthen links with the Risk and Opportunities Group with a focus on working to transition established risks to being managed as 'issues'.</p>
D2	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).	4 (36%)	6 (55%)	1 (9%)	-	<p>Need clarity around mental health services clinical services being covered by CGC and PHWC.</p> <p>Could be more on mental health.</p> <p>The agenda structure and also the workplan provide the right mechanism and ensure that the key components of the remit are covered.</p> <p>Might be an idea for us to align our workplan priorities with national public health priorities as a benchmark to check in we have sufficient coverage.</p>
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (9%)	10 (91%)	-	-	<p>The IPQR has expanded over the last year and a wider range of metrics included. It is helpful to have the explanatory narrative alongside these summary metrics.</p> <p>Some metrics are much more about performance and others are more developmental/improvement focussed. There would be an advantage in grouping them in that way as these can get confused. Suggest separating out developmental/improvement metrics.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
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.	1 (9%)	9 (82%)	1 (9%)	-	<p>This often takes the shape of a deep dive or development session.</p> <p>Agree, there is a tension that is inherent in scrutiny that providing additional information will enable a step-change and improve the position.</p> <p>There is clear understanding that information is provided for Committee to support the assurance process.</p> <p>Recent example of PDPR performance - unclear that acceptable assurance given on corrective action or full exploration of issue.</p>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 March 2025
Title:	Annual Review of Committee's Terms of Reference
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
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 November 2024, to reflect in-year changes as previously discussed at the Committee.

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 – Public Health & Wellbeing Committee's Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 November 2024~~ [TBC](#)

1. PURPOSE

- 1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.
- 1.2 To exercise scrutiny and challenge over the delivery performance of a range of services, including those delegated by the Board to the Integration Joint Board, for which NHS Fife is accountable to Scottish Ministers.
- 1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.
- 1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

2. COMPOSITION

- 2.1 The membership of the Public Health & Wellbeing Committee will be:
 - Four Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or Area Clinical Forum)
 - Employee Director
 - Chief Executive
 - ~~Director of Finance & Strategy~~
 - Director of Nursing
 - Director of Public Health
 - Medical Director
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the lead Executive officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Director of Planning & Transformation
- Director of Property & Asset Management
- Associate Director, Planning & Performance
- Board Secretary

2.3 The Director of Public Health shall serve as the lead Executive officer to the Committee.

3. QUORUM

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

4. MEETINGS

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

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Non-Executive Committee members to chair the meeting.

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

5. REMIT

5.1 The remit of the Public Health & Wellbeing Committee is:

- To agree key areas of focus within the public health priorities that will be taken forward each year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic and delivery plans are formulated that reflect public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the performance and risks relating to primary care and community services are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to

address any areas of concern or where performance is not in line with national or local standards or targets.

- To receive assurance that the performance and risks relating to mental health provision are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national or local standards or targets.
- To support the work of the Anchor Institute Programme Board and receive updates on progress and outcomes.
- To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy.
- To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.
- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
- To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.

5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and thereafter to the Board.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

- 7.1 The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who 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.

Meeting:	Public Health and Wellbeing Committee
Meeting date:	3 March 2025
Title:	Corporate Risks Aligned to the Public Health and Wellbeing Committee
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Shirley-Anne Savage Associate, Director for Risk & Professional Standards

Executive Summary

- The report provides an update on the corporate risks aligned to this committee including the suggested new risk ***Substance Related Morbidity and Mortality***.
- 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:

- 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

This report aligns to the following NHSScotland 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 13 January 2024.

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.

Table 1: Risks Aligned to the Public Health and Wellbeing Committee

Risk Title	Target Score	Current Level	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
1. Population Health & Wellbeing Strategy	12	12	12	12	12	12	12	Below
2. Health Inequalities	16	16	16	20	20	20	20	Within
4. Environmental management and climate change	10	12	12	12	12	12	12	Below
10. Primary Care Services	12	16	16	16	16	16	16	Above
21. Pandemic Risk	20	20	20	20	N/A	N/A	N/A	Within
23. Substance Related Morbidity and Mortality (Under Consideration)	15	20	N/A	N/A	N/A	N/A	N/A	Within

Since the last report to the Committee on 13 January 2025:

- Five risks are aligned to this Committee.
- One new risk is under consideration Substance Related Morbidity and Mortality
- The risk level breakdown is now - 3 High and 2 Moderate.

Risks 1, 2, 4, 21 and potentially 23 align to *Strategic Priority 1: 'To Improve Health and Wellbeing'* and the Board has a Hungry appetite for risks within this domain.

- Risks 1 and 4 both have a current risk level of Moderate 12 and are below risk appetite.
- Risk 2, 21 and 23 have current risk levels of High 16, High 20 and High 20 respectively and are all within risk appetite.

Risk 10 aligns to *Strategic Priority 2: 'To improve the Quality of Health and Care Services'* and the Board has an Open appetite for risks within this domain.

- Risk 10 is currently assessed as High 16 and above 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.

Key Updates

Risk 10 – Primary Care Services

The risk descriptor for the Primary care risk has been updated.

From:

There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.

To:

There is a risk that due to a combination of increasing demand on Primary Care services, resource challenges including workforce and finance and adequate sufficient premises, service delivery may be compromised impacting on sustainability and quality of care to the population of Fife.

Risk 23 – Substance Related Morbidity and Mortality

Following a direction requested by the Public Health and Wellbeing Committee, a 'deep dive' was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from drugs use. This is to identify aspects of strategy, policy and delivery within the Board where there is a relevance pertaining to the prevention of drug related deaths and recommend actions that reduce the likelihood and consequence.

The deep dive was then taken through the following groups:

- Fife Risks and Opportunities meeting held on 3 December 2024
- Public Health Assurance Committee on 18 December 2024
- Public Health and Wellbeing Committee 13 January 2024

Comments were made on the deep dive and a couple of mitigations were added as below:

- Work to address poverty, fuel poverty and inequality through ensuring prioritisation of income, housing, education and employment programmes as part of the Plan 4 fife
- Multi-agency resilience response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Multi-agency event was held in

august 2024 and a recommendation made to SG and PHS to convene a national exercise.

This will now be taken through the Audit and Risk Committee for consideration and if agreed put forward to the Board for adoption.

Emerging Risks

NHS Fife PHW Committee has suggested that a specific high level corporate risk is considered regarding access to general dentistry across Fife. This risk has been articulated and proposed to the PCGSOG and will be presented to PHWC in May 2025.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none 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. It is expected that the application of realistic medicine principles will ensure a more co - ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks aligned to this Committee continue to be maintained through close monitoring of agenda, work- plans, and clear governance through appropriate groups and committees; these include the Public Health Assurance Committee, the Primary Care Governance and Strategy Oversight Group, and the National Sustainability Assessment Tool (NSAT) Working Group tasked with developing the Board's progress against the standard national question set.

2.3.5 Equality and Human Rights, including children’s rights, 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 that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage, specifically, Corporate Risk 4 - ‘Policy obligations in relation to environmental management and climate change’ which is aligned to this Committee for assurance purposes.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects stakeholder input including risk owners and members of the ROG.

2.3.8 Route to the Meeting

- Lynne Garvey, Director of Health & Social Care, on 20 February 2025
- Susan Fraser, Associate Director of Planning & Performance, on 20 February 2025
- Neil McCormick, Director of Property & Asset Management, on 20 February 2025
- Margo McGurk, Director of Finance & Strategy, on 20 February 2025
- Dr Chris McKenna, Medical Director, on 20 February 2025
- Carol Potter, Chief Executive, on 20 February 2025
- Dr Joy Tomlinson, Director of Public Health, on 20 February 2025

2.4 Recommendation

Members are asked to:

- 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
- 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 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 20 February 2025
- Appendix 2, Risk Appetite Statement November 2024



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
1	 <p>HUNGRY</p>	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.</p> <p>Reporting of progress against the strategy is through the published PHW Annual and Mid-Year Reports including public health metrics and case studies.</p> <p>In 2024/25, assurance of delivery can be evidenced through the Annual Delivery Plan 2024/25, Corporate Objectives and RTP. Regular updates describe the progress against these plans.</p> <p>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions and reshape if necessary.</p>	Below	Mod 12	Mod 12 by 31/03/25	◀▶	Chief Executive	Public Health & Wellbeing (PHWC)
2	 <p>HUNGRY</p>	<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas,</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p>	Within	High 16	High 16 by 31/03/25	◀▶	Director of Public Health	Public Health & Wellbeing (PHWC)




		<p>representing huge disparities in health and wellbeing between Fife communities.</p>	<p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Development of Anchors strategic plan with links to addressing determinants of health inequalities. Key achievements to date:</p> <ul style="list-style-type: none"> - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife <p>Fife Partnership are preparing to refresh their 10-year plan, with a focus on the Marmot principles. They are working to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.</p> <p>Prevention and early intervention strategy has recently been ratified by the NHS Board. Public Health supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>A workshop to explore development of Inclusion Health Network has taken place that will seek to provide a focal point for a range of partners, including the Third sector. This network will advocate for the resolution of issues faced by inclusion</p>						
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			<p>health groups such as those who are homeless.</p> <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. The approach will focus on support for families with children who have a potential disability or long-term condition. Subject to satisfactory progress this may be continued into 2025/26.</p>						
4	 <p>HUNGRY</p>	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.</p> <p>Regional working group and representation on the National Board ongoing. The new RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>Our objectives are set out and monitored through Section 10 of the ADP</p> <p>Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.</p>	Below	Mod 12	Mod 10 by 01/04/25	◀▶	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)

			<p>We have increased our commitment to partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council).</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38. A secondary mid-year sustainability & greenspace report has been produced to provide a progress update following the publication of the board report in January 2024.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews was prepared for submission to the Fife Partnership board in May 2024. This set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p> <p>A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This is to ensure there will be effective management of the risk that will allow us to meet our strategic priorities.</p>						
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10	 <p>OPEN</p>	<p>Primary Care Services</p> <p>There is a risk that due to a combination increasing demand on Primary Care services, resource challenges including workforce and finance and adequate sufficient premises, service delivery may be compromised impacting on sustainability and quality of care to the population of Fife</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 has now progressed to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan. Year 2 plan is on track</p> <p>Performance and Assurance Framework now in place with regular reporting to PCGSOG</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB NHS Board and Scottish Government.</p> <p>Local negotiations in relation to MOU2 transitional payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received and detailed within PCIP report above. Discussions continue locally.</p> <p>In line with MOU2, pharmacotherapy and CTAC models for care continue to be developed and implemented</p>	Above	High 16	Mod 12 by 31/03/25		Director of Health & Social Care	Public Health & Wellbeing (PHWC)

			<p>throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative</p> <p>GMS IG have now approved end point to delivery of PCIP as March 2026. Planning is now being progressed in line with this.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.– Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service. CTAC on track to have full-service delivery model, in line with resources available, in place by April 2025.</p> <p>NHS Fife PHW Committee has suggested that a specific high level corporate risk is considered regarding access to general dentistry across Fife. This risk has been articulated and proposed to the PCGSOG and will be presented to PHWC in March 2025.</p> <p>Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now in implementation phase as a key deliverable of the year two strategy. An interface group between primary and secondary care will be formally constituted by April 2025 to focus on whole system quality improvement.</p>					
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21	 <p>HUNGRY</p>	<p>Pandemic Risk</p> <p>There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.</p>	<p>An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.</p> <p>Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally.</p> <p>Preparation underway to deliver large-scale population immunity and immunisation campaigns.</p>	Within	High 20	High 20		Director of Public Health	Public Health & Wellbeing (PHWC)
23	 <p>HUNGRY</p>	<p>Substance Related Morbidity and Mortality</p> <p>There is a risk that people experiencing problem substance use may have a poor patient experience and increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to all treatment and care due to lack of funding and capacity.</p>	<p>Implementation of the Strategy Drug Mission Priorities 2022-26.</p> <p>Implementation of The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” November 2018.</p> <p>Implementation of the Medication Assisted Treatment (MAT) Standards 2021.</p> <p>Implementation of the New Fife Alcohol and Drug Partnership Strategy 2024-2027</p> <p>Development of the New Drug Alert Process and Protocol & Communication Strategy 2024.</p> <p>Ensure appropriate testing and referral pathways for SH&BBV.</p> <p>A two-year High-Risk Pain Medicines (HRPM) patient safety programme to ensure safe and appropriate prescribing of HRPMs and reduce risk of potential</p>	Within	High 20	High 15 31/03/26		Director of Health & Social Care	Public Health & Wellbeing (PHWC)

			<p>diversion has been delivered. This programme should be embedded into business-as-usual models and continue to implement quality improvement actions.</p> <p>Improvement from prison/police custody to NHS Addictions Service pathways for patients liberated.</p> <p>Multi-agency resilience response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. A multi-agency event was held in August 2024 and a recommendation made to SG and PHS to convene a national exercise.</p>						
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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:

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

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

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

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
DRAFT ANNUAL WORKPLAN 2025 / 2026**

Governance - General							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health / Director of Nursing	✓					
Annual Internal Audit Report	Director of Finance		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance / Director of Public Health	✓	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2025/26	Chief Internal Auditor					✓	
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Review of Annual Workplan 2026/27	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2025/26	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓					
Anchor Institution Programme Board Update	Director of Public Health		✓				✓
Annual Delivery Plan Scottish Government Response 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Planning & Transformation	✓					
Annual Delivery Plan Quarterly Performance Report <i>(also goes to CGC, FP&R & SGC)</i>	Director of Planning & Transformation	✓ Q4		✓ Q1 & SG Feedback	✓ Q2		✓ Q3
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Corporate Objectives	Director of Planning & Transformation		✓				
Implementation of the Promise National Update on Delivery in Fife	Director of Health & Social Care				✓		
Inclusion Health Update	Director of Public Health	TBC					
Mental Health Estates Initial Agreement Update	Medical Director					✓	
Mental Health Strategy implementation	Director of Health & Social Care	✓					
Prevention & Early Intervention Update on Delivery Plan	Director of Health & Social Care			✓			
Population Health & Wellbeing Update on Delivery Plan <i>(also goes to SGC)</i>	Director of Planning & Transformation	✓			✓		
Post Diagnostic Support for Dementia Update on Plan4Fife and Shared Ambitions	Director of Health & Social Care					✓	
Update on Plan4Fife and Shared Ambitions	Director of Public Health		✓				
Quality / Performance							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
CAMHS Performance Yearly Update	Director of Health & Social Care					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active/	Director of Public Health					✓	

Quality / Performance (cont.)							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Dental Services & Oral Health Improvement	Director of Public Health					✓	
East Region Health Protection	Director of Public Health				✓		
Food4Fife Delivery Plan					✓		
Green Health Partnership Update	Director of Public Health	✓			✓		
Good Food Nation and Weight Management	Director of Public Health				✓		
Integrated Performance & Quality Report	Director of Planning & Transformation	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health	November 2026					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓		
Spring Booster Campaign	Director of Health & Social Care	✓					
Inequalities							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Equality and Health Inequalities Impact of Financial Decisions - TBC	Director of Public Health	✓					
Equalities Outcomes Annual Report Outcomes 2025-29	Director of Nursing	March 2027					
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2024/25	Director of Public Health			✓			
Annual Reports / Other Reports							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Adult Support & Protection Annual Report 2023/25 <i>(also goes to CGC)</i> <i>(next report after 2025 due 2027)</i>	Director of Nursing	✓					

Annual Reports / Other Reports (cont.)							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Alcohol & Drugs Partnership Annual Report 2024/25	Director of Health & Social Care	✓ Mid-year		✓			
Annual Climate Emergency and Sustainability Report 2024/25 (to include Greenspace Strategy Update)	Director of Property & Asset Management (<i>Anne Haston will be invited to join the meeting, as the Board's Sustainability Champion</i>)				✓		
Director of Public Health Report 2024/25 (<i>and additional updates, based on agreed priorities</i>) (<i>also goes to CGC, for information only</i>)	Director of Public Health						✓
Fife Child Protection Annual Report 2024/25 (<i>also goes to CGC</i>)	Director of Nursing		✓				
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027	Director of Public Health			✓			
Public Health Screening Programmes Annual Report 2024/25	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2024/25	Director of Pharmacy & Medicines	✓ Mid-year			✓		
Primary Care Strategy Year 1 Report 2024/25	Director of Health & Social Care			✓			
Sexual Health and Blood Borne Virus Framework Annual Report 2024/25	Director of Health & Social Care					✓	
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 Report	Director of Public Health / Director of Health & Social Care	✓					
Violence Against Women Annual Report 2024/25	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Equality and Human Rights Strategy Group	Director of Nursing	-	07/05	05/08	-	04/11	04/02

Linked Committee Minutes (cont.)							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Public Health Assurance Committee	Director of Public Health	26/02	14/05	-	20/08	26/11	-
Ad Hoc Items / Additional Items							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Matters Arising							
	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Development Sessions							
	Lead						
Joint Working with Fife Partnership – TBC	Director of Public Health						
Health & Transport – TBC	Director of Public Health / Director of Property & Asset Management						

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025**

Governance - General							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Population H&W Strategy	✓ Primary Care Services	✓ Pandemic Preparedness Environmental deferred due to timings of data	✓ Environmental (included within Sustainability & Greenspace Update Report)	✓ Health & Inequalities/ proposed Drug Related Deaths	✓
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			✓ Private Session
Review of Annual Workplan 2025/26	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2024/25	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓ Strategy					
Anchor Institution Programme Board Update	Director of Public Health	✓ Update on Anchor Institution Programme Strategic Plan Metrics Baseline			✓		✓ Strategic Plan Delivery Report
Annual Delivery Plan Scottish Government Response 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓ Draft	✓				
Annual Delivery Plan Quarterly Report <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy		✓ Q4	✓ Q1	✓ Q2		✓ Q3
Corporate Objectives	Director of Finance & Strategy		✓				
Sustainability & Greenspace Update Report	Director of Property & Asset Management			Deferred – work still under progress	✓		
Implementation of the Promise National Strategy	Director of Health & Social Care		Deferred – awaiting national performance framework		✓		
Mental Health Estates Initial Agreement Update	Medical Director	Removed from the workplan					
Mental Health Strategy Implementation	Director of Health & Social Care						Deferred due to timeline of governance route
Prevention & Early Intervention Strategy	Director of Health & Social Care		Deferred	✓			
Population Health & Wellbeing Strategy Update <i>(also goes to SGC)</i>	Director of Finance & Strategy	✓			✓ Mid-year review		
Post Diagnostic Support for Dementia	Director of Health & Social Care					✓	

Quality / Performance							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
CAMHS Performance Update	Director of Health & Social Care	✓			✓		Removed – update went to Board in Jan '25 & also included within IPQR
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health					Deferred	Removed – will be captured within Director of Public Health Report
Food4Fife Delivery Plan						Deferred to November 2025	
Green Health Partnership Update	Director of Public Health					Deferred to May 2025	
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	Director of Pharmacy & Medicines			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓ Including Smoking Cessation Deep Dive	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health			Deferred	✓		
No Cervix Exclusion Audit	Director of Public Health		Deferred		✓		
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓ Including Improvement Plan		
Spring Booster Campaign	Director of Health & Social Care	✓					
East Region Health Protection	Director of Public Health			Deferred - East Region Programme Board meet in October	✓		

Inequalities							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equalities Outcome Annual Report and Equality Outcomes and Mainstreaming Plan 2025-2029	Director of Nursing						✓ 2025 Report
Participation & Engagement Report	Director of Nursing					Removed from workplan. Will go the CGC in March 2025	
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24	Director of Public Health			✓			
Annual Reports / Other Reports							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/25 <i>(also goes to CGC) (mid-year report not feasible)</i>	Director of Nursing	Deferred to May 2025					
Alcohol & Drugs Partnership Annual Report 2023/24	Director of Health & Social Care			✓			Mid-year report deferred to May 2025
Annual Climate Emergency and Sustainability Report 2023/24 <i>(mid-year report in July 2025)</i>	Director of Property & Asset Management				✓ (Mid-year update included within Sustainability & Greenspace Update Report)	✓ Annual Report	
Director of Public Health Annual Report 2023/24 <i>(and additional updates, based on agreed priorities) (also goes to CGC) (no mid-year report available)</i>	Director of Public Health			Deferred		✓ Areas of focus for the report	✓ Annual Report
Fife Child Protection Annual Report 2023/24 <i>(also goes to CGC)</i>	Director of Nursing		✓				
Health Promoting Health Service Annual Report 2023/24	Director of Public Health			✓	Removed from workplan: moving to business-as-usual		
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027 <i>(no mid-year report available)</i>	Director of Public Health		✓				

Annual Reports / Other Reports (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Public Health Screening Programmes Annual Report 2023/24 <i>(no mid-year report available)</i>	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2023/24 <i>(mid-year report in May 2025)</i>	Director of Pharmacy & Medicines				✓		
Primary Care Strategy Year 1 Report 2023/24 <i>(no mid-year report available)</i>	Director of Health & Social Care			✓			
Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 <i>(mid-year report in September 2025)</i>	Director of Health & Social Care					Deferred due to timings of data	✓
Violence Against Women Annual Report 2023/24 <i>(mid-year report in September 2025)</i>	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equality and Human Rights Strategy Group	Director of Nursing	-	02/05	✓ 06/08	-	✓ 07/11	✓ 04/02
Public Health Assurance Committee	Director of Public Health	✓ 21/02	✓ 17/04	✓ 12/06	✓ 21/08	✓ 23/10	✓ 18/12
Ad Hoc Items / Additional Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Update on Plan4Fife and Shared Ambitions	Director of Public Health		✓				
Equality And Health Inequalities Impact of Financial Decisions	Director of Public Health	✓					
Draft Public Participation and Community Engagement Strategy 2024-2028	Associate Director of Communications	✓					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					

Ad Hoc Items / Additional Items (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	Director of Public Health / Director of Health & Social Care	✓					
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				
Food4Fife Delivery Plan	Director of Public Health						Deferred to Nov '25
Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards	Director of Health & Social Care					✓	
Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update	Director of Health & Social Care						✓
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					✓	
Storm Eowyn Update	Director of Public Health						✓ Private Session
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Updated Public Health & Wellbeing Committee Terms of Reference	Board Secretary			✓	✓		
Psychological Therapies Improvement Plan	Director of Health & Social Care					✓	
Development Sessions							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Oral Health Prevention & Treatment	Director of Public Health			✓ 18/10/24			

Development Sessions (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Focus of Committee, followed by a fundamental review of the Terms of Reference	Director of Public Health		09/07/24 – Initial discussion 11/11/24 – Final ToR on agenda				
Child & Adolescent Mental Health Services and Psychological Therapies	Director of Health & Social Care	Removed – Board Development Session in December 2024 will cover mental health					
Joint Working with Fife Partnership – TBC 2025	Director of Public Health	Removed – added to 2025/26 workplan as TBC					
Health & Transport – TBC 2025	Director of Public Health / Director of Estates & Property Management						

Meeting: Public Health & Wellbeing Committee
Meeting date: 3 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 35 deliverables within ADP 2024/25 aligned to 'Improve Health and Wellbeing' Strategic Priority. As of the end of Dec-24 (quarter 3 of 2024/25), there is one that is **'complete'** with majority of deliverables (77.1%/27) being **'on track'**. Additionally, there is one deliverable at **'at risk'**, one that is **'unlikely to complete on time/meet target'** and one **'suspended /cancelled'**.

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

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	1	5	27	1	1	35
Improve Quality of Health and Care Services	3	13	63	5	3	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	3	14	39	4	-	60
Total	7	37	147	10	4	205

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

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

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

2 Report summary

2.1 Situation

This paper presents the 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

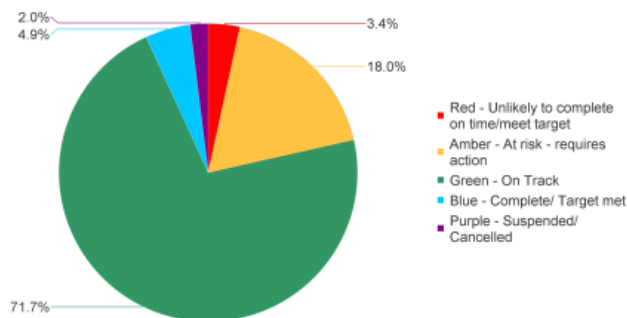
2024/25 Quarter 3 Update

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 is also **four** deliverable that has been **'suspended/ cancelled'**.



There are 35 deliverables aligned to 'Improve Staff Experience and Wellbeing' Strategic Priority. Details for the deliverable that is **'unlikely to complete on time/meet target'** is below, as well as those **'at risk'** at quarter 3 but were **'on track'** at quarter 2.

Improve Health and Wellbeing	
Unlikely to complete on time/meet target	
Deliverable	Comment
Increase capacity for providing in-hours routine and urgent dental care	<p>Offer short courses of targeted care throughout Fife. 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>
At risk – requires action	
Development of improved digital processes i.e. online pre-employment	Business Analyst recommended extension of current provider, but system is now decommissioned and required major change

and management referral programmes.	project, at pace, to implement supplier's new digital platform. System not yet fully operational and business risk remains with significant impact on service delivery.
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.	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.

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

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

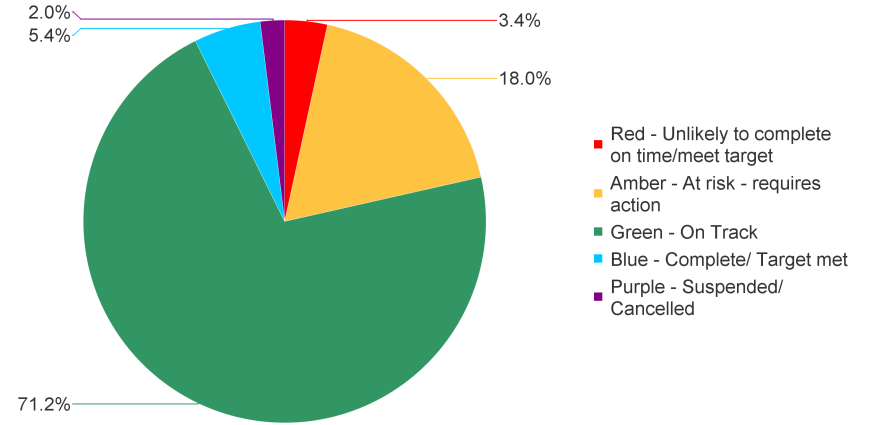
Planning and Performance Manager

Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q3 Progress Summary

Q3 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	3	16	2		22
2. Urgent and Unscheduled Care	1	5	8		1	15
3. Mental Health		3	13	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		4	21	1	2	28
7. Women & Children Health	2	2	8	1		13
8. Workforce		4	13	1		18
9. Digital & Innovation		9	10	2		21
10. Climate		1	11		1	13
Other	2	5	33	2		42
To Improve Health and Wellbeing	1	5	27	1	1	35
To Improve the Quality of Health and Care Services	3	13	63	5	3	87
To Improve Staff Experience and Wellbeing		5	15	1		21
To Deliver Value & Sustainability	3	14	39	4		60
ALL			2			2
Total	7	37	146	11	4	205

Q3 RAG Status



Q2 V	Q3 >	Total
Red	5	9
Amber	2	50
Green	5	138
Blue		7
Purple		1
Total	7	205

Annual Delivery Plan 2024/25 - Q3 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
SLA and External Activity	Finance & Strategy	<p>Assurance remains limited while discussions with external partners are pending</p> <p>There is an opportunity to potentially deliver £400k recurring savings from 2025/26 by moving decontamination services to a new supplier</p> <p>The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift</p>	<p>Agreement to start discussion on the potential withdrawal process from current decontamination provider</p> <p>Confirmation that GP referrals from North East Fife practices to Acute Services in NHS Fife are influenced by patient preference, waiting times and clinical performance</p> <p>Scottish Government have confirmed SLA uplift levels for 2024/25, with funding allocated to partly cover this, resulting in a reduction of original cost pressure £5M to £2M</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Business Transformation	Digital	Programme behind its financial recovery target. Case for change being developed for presentation to RTP Exec Group		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	<p>Length of stay meetings continue to support a collaborative approach to reducing length of stay and delays.</p> <p>Overall surge numbers have increased, if including wards 6 and 9.</p> <p>Paper going to SLT on 02/02/25.</p>	<p>Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint</p> <p>Continue to monitor Locum Surge Consultant post</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Work continues to progress a consolidated bank within existing fiscal position. Medical Locums and Health Records will transfer over in Q4.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	Digital	Programme behind its financial recovery target.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.</p> <p>Revised Acute Medicines Optimisation Plan in progress</p> <p>The availability of resources required to make the required changes in clinical practice is challenging.</p>	<p>Reporting structure reviewed and updated to show scheme finance position accurately</p> <p>Medicines Waste campaign launched</p>	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track
Procurement Savings within Acute Services	Acute Services	Schemes in play are on track to deliver 90% of goal. A range of other schemes are in development with the goal of achieving more than 100%.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track

Deliverable	Directorate	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Estates Rationalisation	Property & Asset Management	Hayfield house, Cameron house and Haig house have all been decanted and are in the process of being decommissioned fully. We have begun site consolidations and have started the process of site consolidations and disposal plans	Staff interviews to gain insights in to impact of change Plan decom Hayfield House Plan decom Cam + Haig Commence site consolidation/disposal plans	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track
Infrastructure - Workforce	Digital	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met

Annual Delivery Plan 2024/25 - Q3 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	<p>GDS: Primary Care have received several expressions of interest for the Scottish Dental Access initiative with one formal application being progressed.</p> <p>Continue to provide for un/de-registered population of Fife with urgent and emergency care.</p> <p>Offer short courses of targeted care throughout Fife.</p> <p>PDS and Primary Care working together.</p> <p>Monthly meeting with SG on access to registration in Fife and how we can improve situation, increase in targeted approach with Dental Body Corporates (DBC). Weekly reporting on GDP cover in DBC practices.</p> <p>Progressing with local interest in Scottish Dental Access Initiative Grant (SDAI) grants provided by SG. Work with the NHS Comms team progressing to consider options to increase GDP workforce to the NHS dental services in Fife and further promote SDAI locally for the 3 areas agreed by SG.</p> <p>NDIP is a way we ensure to capture children who may be unregistered and require dental treatment. The PDS are responsible for all unregistered children in Fife</p>		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		No progression	No progression, remains at risk as is out of scope work.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	<p>Work has been ongoing in regard to the nursing cover for the Levenmouth area, though this remains problematic.</p> <p>The wider ADHD pathway review is still ongoing and therefore there is no change within the service capabilities whilst this is pending.</p> <p>Milestones are led by the H&SCP, therefore there is limited ability in the Community Paeds service to influence this.</p>		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - Child Health Replacement	9.1	National Programme continues to report as Amber status		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Development of improved digital processes i.e. online pre-employment and management referral programmes.		Business Analyst recommended extension of current provider but system is now decommissioned and required major change project, at pace, to implement suppliers new digital platform. System not yet fully operational and business risk remains with significant impact on service delivery.	Options provided for decision on future system procurement or extension of current provider.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	OH Service review identified 3 levels of service provision options with recommended resource implications required, to be included in Workforce Directorate transformation update paper to EDG Jan 2025. Outcome and actions awaited.	Consultation on model of OH Service delivery on-going.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		Due to service pressures, there has been no active work with Health Promotion, however there has been increased momentum in the national work regarding this, so we are also planning to build on this at a local level. We have been working with our key partners i.e. education and health visiting to progress the local conversations about the plan, within the WFBW strand. SLTs are the connector between local and national work. Good engagement with key partners regarding the national plan. On-going work taking place in early years settings.	Work with colleagues from Health Promotion to identify key messages and activities for promotion within the partnership Having identified the relevant strategic strands within the Children's Services plan start to implement a speech, language and communication development plan. Promote information and learning from the national plan with colleagues.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Progress is being made in increasing treatment trajectory as effect of Fife participation in the PHS RECAST look back exercise. This is still likely to be below the Scottish Government target due to resources (financial and staff) available to test and find the number of target patients . Green RAG status as this years performance will contribute to the overall elimination goal		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	All Public Health contributions are ongoing. Opportunities Fife work may overlap with Employability team.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Hosted an Inclusion Health workshop to explore development of an Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	QI work in relation to inequalities and deprivation. Work with Localities to address areas of low uptake across all programmes	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes. Outreach model and Strategy	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The Mental Health and Wellbeing Strategy Working Group has been established and met on 3 occasions (6/9/23,24/10/24 and 7/11/24). The draft strategy is being finalised by the group and work is ongoing to develop the year one delivery plan. The group have made significant progress during quarter 3 and are on target for final approval by the IJB in March 2025.	Establish Working Group. Draft local strategy and agree priorities for supporting delivery plan.	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The changes in processes aligned with the implementation of the new Child Protection Guidance 2021 have now been fully integrated. This work aligns with GIRFEC indicators, The Promise, and the principles of the UNCRC. Work is being progressed to develop data gathering and analysis processes to strengthen this work	Ensure existing collation processes are sufficient.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
<p>Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25</p> <p>Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites.</p> <p>Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients.</p> <p>Create referral pathway for in patient discharge on an opt out basis</p>	6.3	<p>Up to 31 October, appointments offered are at 2,986 which keeps us on track.</p> <p>The service is currently offering 12 sessions weekly using the mobile unit being utilised across all localities .</p> <p>We have weekly onsite clinics at QMH and VHK maternity units.</p>	<p>Following needs analysis, outreach work rolled out in Glenrothes and Dunfermline localities. Updated e-referral pathway has been circulated across the FHSCP, acute & primary services.</p> <p>Referrals from maternity services for pregnant smokers has shown a slight decline, there are currently 27 successful quits and 28 active caseloads for pregnant smokers, weekly clinics in the VHK and QMH maternity units. Collaborative work planned for January 2025 to support workforce development for early referral to service.</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track
<p>Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.</p>	7.3	<p>Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25.</p>	<p>Establish income maximisation referral pathways for CAMHS, AHPs, Child Clinical Psychology Service</p>	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track
<p>CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.</p>	3.1	<p>CAMHS continues to work on the development of Clinical Pathways, which is near completion.</p> <p>CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Focus Groups</p> <p>Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.</p> <p>A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
<p>CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.</p>	3.1	<p>The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard.</p> <p>CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services.</p> <p>Ongoing recruitment continues to ensure workforce is at full capacity.</p> <p>CAMHS will continue to develop Parent/Carer focus groups ensuring their participation and engagement underpins service developments and their needs are met.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track

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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

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Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	<p>Community Chest Fund SBAR well received by SLT and Quality & Communities Committee - ongoing monitoring and evaluation of projects.</p> <p>The locality event proved to be a huge success with over 115 delegates attending. The positive feedback via MENTI and emails to the team after the event reinforced that the stakeholders had an increased understanding of locality planning and agreed the event was very worthwhile.</p> <p>The 7 Nov/Dec locality meetings are complete. A presentation was delivered to group members to raise awareness of "alcohol harm" at a locality level and delivery plans for 24/25 were reviewed.</p> <p>SBAR regarding the impact of Community Chest funding was presented to SLT in October.</p>		6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	<p>Review completed and improvements made to process guided by PHS NDIMMT advice including harm reduction. Subgroup established based on RADAR alerts and quarterly reports.</p>	<p>Conduct full start to finish review to identify any improvements that could be made and implemented to drug alert process Establish ADP subgroup with relevant partners to identify risks across Scotland and prepare for potential impact on Fife</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	<p>Multi-agency resilience event was held in August 2024 to address the Fife response to the potential of mass casualties due to new potent illicit substances mixed into the drug supply. Several scenarios were exercised and a recommendation was made to SG and PHS to convene a national exercise as it was considered likely that such an incident would involve a number of boards</p> <p>A short life working group has been convened to review and develop the pathway to Residential Rehabilitation.</p> <p>A short life working group has been convened to review and make recommendations for the existing processes to review drugs deaths in Fife. It is anticipated that both these groups will report late March/early April. The assessment of this work is still on track.</p> <p>Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.</p> <p>Public Health continues to contribute to the work of HRPM group and with colleagues from ADP have engaged the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track

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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

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Development of a new OP specialist Gynaecology Unit	7.2	A revised business case is required with a focus on RTP for further submission due to current financial climate.		7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Due to changes in service management during this quarter it has not been possible to take forward the review of the specialty nursing workforce. The Epilepsy Specialty Nurse role is under review.	Diabetes: Business case written	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Project is at ESTABLISH phase Project on hold due to the ongoing review of Buchan Associate (commissioned by NHS Fife RTP Programme - Infrastructure workstream) HIS/ PE engagement is on hold until January 2025		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		Weekly report of Stage 1 data to Services including compliance with 80% timeframes.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Request for service to provide process mapping regarding gathering of complaint factual accounts and approval/sign off. This will help highlight good practice and areas for improvement with a comparison of areas across NHS Fife.			Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Mental Health SIG has not met hence Amber status Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan still in development as at January 2025 Evaluation Framework work requires Strategy and Delivery Plan to be finalised/agreed	Contributed PH perspective to Draft Mental Health & Wellbeing Strategy and Yr 1 Delivery Plan	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		3 x PET Feedback Volunteers going through the recruitment process. Implementation across NHS Fife of new and tested Complaint Factual Account Document (previously statement memo / investigation template) which is easier to complete. Meeting still to be arranged to discuss and plan a lived experience group. Streamline education and training resources for PET.			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Scottish Government are removing funding for 'ReSPECT' - developing a new 'Future Care Plan' pathway which will not be on stream for at least another 2 years; workstream now revisiting existing options and exploring new opportunities		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	PT activity has been higher in 2024 than 2023; longest waits have decreased and the improved target trajectory seen in Q2 has continued into Q3. Referral rate for highly specialist PTs however continues to rise. The Psychology Service as a whole is not yet in balance and is still focused upon longest waits, therefore performance is anticipated to fluctuate.	Enhance digital offer and increase support to help people engage with this.	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event. Business case for additional resources and funding to be developed for consideration		1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Implement preventative podiatry service in care homes		Due to recruitment challenges work has not progressed at the pace initially projected.	Development of educational solutions in Care Homes and Data collection. Review of evaluation work	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Test of change commenced 15/01/25 to schedule GP patients in the out of hours period to prevent admission. Reviewing admin documentation with a view to commence new documentation 01/02/25 within assessment areas of AU1. Learning will be taken forward into SDEC. Reviewing use of ECAS for IV infusions with an aim to remove them from the Unit.	Paper to be signed by RTP & EDG with a fully costed and deliverable SDEC	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs . Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of over due review patients, review of referrals process . 90 day improvement plan now commissioned by Head of Service and oversight group convened. - Transformation oversight group has now met 3 times since the last reporting period and has an action tracker in place - progress with consultant recruitment with one preferred candidate - workforce plans underway for nursing, physio and OT supported by the professional service leads - performance data being captured and reported to the oversight group A transformation oversight group is in place to maintain oversight of progress and mitigate any risk. Some challenges remain notably with reduction of locum spend, outstanding backlog of reviews and medicines overspend.	Create Rheumatology Transformation Oversight Group to review and support delivery of progress	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

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Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Investment that will come through to NHS Fife from participation as Spoke/partner to NHS Tayside Commercial Clinical Trials Delivery Centre (in 27/28) has changed focus of initiative. Meetings with Dean SOM, Director of Research SoM and Executive Director Research Governance and Integrity University of St Andrews to plan for alignment of potential staff resource via VP Research, Innovation and Collections at University of St Andrews with VPAG staff resources investment and possible infrastructure	Business options template to be developed (subject to availability of briefing document from SBS) and submitted to VP Research, Innovations and Collections.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		ICM to join NHS Fife InPhase Project team. Meetings paused in December by Clinical Governance Team. Lead IPCN and ICD (Surveillance Lead) to join the national working groups being established: System Requirements working group IPC Business Processes working group				Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the WHP by end Dec 2024	7.2	The gynaecology service has identified some nurse support to endometriosis. However, consultant lead absence, which will impact some waiting times. Endometriosis was a service delivered in the tertiary centres and is still delivered by tertiary centres in most health boards. Some consideration to the sustainability of this service in NHS Fife, that was set up without any additional funding from the tertiary unit pre 2018, needs to be considered. The number of referrals for menopause has continued to increase. It is well managed by the clinicians within the service, but waiting times have grown slightly. Testosterone prescribing is now possible but can't be fully met this financial year as it is unachievable in the current climate and with the current resources. It will be reviewed and revised for 2025/26.		7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action
Continue to deliver the Community Listening Service.		Work is currently ongoing with Directorate finance contact to scope whether opportunities exist to cross charge CCL volunteer expenses to GP Practices where volunteers are placed. Correspondence has been shared with Practice managers to explore possible options. The need for admin support around this service is also being looked at from within Directorate		8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	There has been progression in both Q3 milestones and plans to take forward participation and engagement in support.		2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		preparatory work ongoing. work packages and diary templates being created and confirmed currently. Go live date intended to be Feb / March 2025	Preparatory work partially completed and working towards transition over to TrakCare and MORSE digital systems	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services are developing a quality data dashboard to systematically review and analyse both qualitative and quantitative data. This initiative aims to inform quality improvement efforts, ensuring the sustainable and most effective use of resources in the delivery of care.		Establish SLWG with associated agencies to establish improvement plan scope for multi agency information sharing and chronology	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Forensic Mental Health Services review and benchmark across the Forensic Network in relation to appropriate pathways. There has been good progress of patients from Medium Secure being supported straight into the community and there has been patient flow with inpatients but room for improvement. Rehab resource (chestnut lodge) will be fully functioning again to create more bed capacity and maximise rehabilitation and recovery. 3rd Party ToC also active in the ward area to support progression of patients into community. FCMHT reviewed assessment tools and outcomes monitored with no impact of removal of BEST.	Develop LSU facility improvement plan. MWC action plan Develop FCMHT improvement plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	Numerical evidence indicates improved delivery but some issues remain with recording compliance and occasional performance caused by small numbers on MAT 1 and MAT 5. These can be rectified before the reporting period next quarter. MAT 6 recording has improved but clarifications are needed on eligibility of staff to be trained across the full ADP workforce including third sector. Again this is a small issue and can be recovered for next quarter. Experiential data compliance is excellent with over 40 service users, staff and family members interviewed so far. Marked differences in experiences and satisfaction with the services and system from previous year.	Plan redeveloping in year based on numerical and experiential information and feedback from governance structure Process information developed for MAT 6 to 10	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	
Targeted actions to improve the quality of our Immunisation services	1.2	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	Formation of Transformation Oversight Group and improvement activity groups for children, teenage & adult programmes.	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	
Support the creation of Person Centred Care Planning Principles		Principles have been agreed				Amber - At risk - requires action	Green - On Track	
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Continue to work nationally by supporting work with ARHAI Scotland on the development of changes to the NIPCM and TBPs Deliver - Winter preparedness programme			Amber - At risk - requires action	Green - On Track	Green - On Track	
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Meetings held with stakeholders in Public Health, Research, Information and Knowledge and Property and Estates. Discussion with the Acute Cancer Services Delivery Group are ongoing. Public Health has reviewed and updated the cancer data.	Meetings with Stakeholders Discussions with Acute Services Cancer data reviewed and updated	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	

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Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Looking to identify keeping mums and babies together, with babies who are experiencing Neonatal Abstinence Syndrome (NAS), pathways being developed. Antenatal Education now implemented. Guideline to be developed for babies going home on tube feeds. Service User group is being formed with Best Start midwife		7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	Work continues with system supplier to embed supplementary questionnaire in Trakcare as part of the current clinical workflow to allow recording. Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire. Work continues on both these aspects so full compliance can be achieved.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	OA Services have an established SLWG in place to develop new OA CMHT SOP - this is near completion and target date is end Feb 25. Pathways are now being rolled out across OA CMHT'S to provide consistent systems and processes across the 3 localities.	Define optimal model of CMHT design as output of Reform, Transform and Perform Framework actions	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		Provide information and expert advice as required			Green - On Track	Green - On Track	Green - On Track
Continued development of digital front door for patients	9.5	Programme continues to progress against its plan. Initial service to commence February 2025	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		East Region HP service established, with agreed Standard Operating procedures, cross-Board digital solutions in place and shared training opportunities.		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		Full HPT workforce complement recruited across the East Region. Ongoing training. Significant pressures from other respiratory infections.	Good ongoing service capacity and competency.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory. Overall list sizes below planned numbers submitted to SG for 20/25. Continue to focus on longest waits within financial envelope. Cancer and diagnostics monitored through weekly meetings.	New OP waiting list size decreased by 5% from end Q2	4. Planned Care	Green - On Track	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Internal CAH hours have increased. Reviews of all existing double up packages is on track and producing savings	Reduce the needs for double up packages of care whilst utilising a variety of techniques and different equipment; ICASS collaboration ToC (Single Handed Care) To reduce the unit cost of a Care at Home service: commissioning	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

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

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Mental Health and Wellbeing in Primary Care and Community Settings - Development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of mental health & wellbeing services and supports in primary care and community settings.	3.3	In Quarter 3, the MHWPCCS coproduction feedback was analysed and change ideas were prioritised. A proposal for a six-month TOC in NEF was submitted to and approved by the 13/11/24 meeting of the MHWPCCS project board. The TOC will bring together a range of stakeholders to achieve the following objectives: to review and improve integration of mental health & wellbeing services & supports locally; to improve relationships, knowledge and understanding of services available and how these can be accessed; to provide clear, accessible pathways into mental health & wellbeing services and supports; and to increase people's sense of trust, safety and support with the system. TOC to commence in Jan 2025.	Complete phases 1-3 of coproduction activity (discover, define, develop) Complete analysis of coproduction feedback and prioritise change ideas Identify and submit TOC proposal to the 13/11/24 MHWPCCS project board (approved) Develop plan (incl evaluation plan) for TOC, bringing together a range of stakeholders, with a view to improving access to mental health & wellbeing services and supports locally. TOC to commence in Jan 2025 (for 6 months).	3. Mental Health	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance which require to be sustained continuously.	Staff Link pages going live Results of Rota monitoring Qualitative feedback review on Fife resources for DDIT & Gateway EU		Green - On Track	Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	This will be fully implemented by March 2025	Understanding, planning and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Stakeholders met to discuss revising local pandemic response planning			Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	New hospital & ED pathway in place for children and YP with a QR code directly to community based third sector support. This is aligned with the new CP IRD process. First monitoring meeting is set for February 2025. Soft launch of public campaign at end of Q3 to coincide with high risk seasonal period.	Development of new hospital liaison pathway for children and young people affected by their own substance use to be completed and to include stronger linkage to community based support post discharge. This to be monitored by representations at ED and in hospital wards Public campaign of harms and risks to CYP from drug use to be launched	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Redesign of community frailty services progressing and new model anticipated to be implemented by 31/03/2025 Heart Failure planning has paused and we will revisit in 2025, with a robust way of implementing Diuretic IV training. District Nursing continue with the Test of Change and no issues identified.	ARC staff aware of new model. Organisational change process fully established. The process, systems and pathway group is working at pace to support the redesign. For Test of Change to progress within Heart Failure Services who begin IV Diuretic training. To ensure this Test of Change is rolled out across Fife.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Phase 3 of the Enhanced ICT test of change is being progressed which will commence Jan 2025. This is to support the Fife Rehab Model and Bed Base Model. The Fife Rehab Model is dependent on the transformation of the Bed Base Model and can't progress fully until that is known. FELS work is now complete Ongoing collaboration with Red Cross as part of a Discharge to Assess model and to reduce the use of assessment beds, will continue to November 2025.	Fife Rehab Model/D2A Model Complete stakeholder engagement Implement appropriate D2A pathways Fife Rehab Model Develop implementation plan and undertake potential TOC.	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track

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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

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Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Meeting with workforce development to support collaborative approach to leadership education across the organisation	SLWG to commence in November to embed the framework within Leadership programme			Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		Support nurse in post until March 2025 will be focusing on CAIR users				Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development		8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	we have an established pathway for prison release to either sector team/FCMHT depending on legal status and GP registration		3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.					Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	SBAR paper presented to SLT in November 2024 and it was agreed in the current financial climate the spend to implement this is cost-prohibitive		2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.6	To be reported via PAM Sustainability Team, Pharmacy will contribute to return.		10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Remains ongoing, areas identified through scoping exercises will be explored as they arise. Focussed pieces of work will be added to ADP when applicable.		6. Health Inequalities	Green - On Track	Green - On Track	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	<p>We were unable to recruit to the Project Officer post established to take forward this work. The HSCP Recovery Plan has now paused recruitment of new posts for 2024-25 and will review at the beginning of 2025-26, which will limit our ability to achieve this outcome in the short-term.</p> <p>The carer's experience survey was completed, and valuable insights were gained from the 237 respondents. Of those numbers only 22% of carers said they have access to high quality information at a time and place of their choosing. We will review this data and set out the actions required to improve this response.</p> <p>The review of the model of delivery for Social Work Assistants, led by a Service Manager and a SLWG, has not yet completed and will be carried into Q4.</p>		6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - eRostering	9.1	National Programme continues to report as Amber status. No interface development with Payroll systems completed. Local redesign and validation of roster build to be completed		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	<p>Work is underway with the recently recruited Social Work Assistants to work with carers through the Adult Carers Support Plan (ACSP).</p> <p>A review is ongoing to analyse the collaborative working with internal and external partners to improve connectivity with unpaid carers. This will involve reviewing existing Service Level Agreements (SLA) and how to further develop these in support of unpaid carers.</p> <p>This objective involves collaboration with Citizens Advice & Rights Fife (CARF) who were commissioned to deliver an income maximisation project in The Wells. CARF have been unable to recruit to the posts to deliver this project to date. We continue to work with CARF and internal colleagues to take this forward.</p>		6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews within existing areas are being carried out. The roster reviews are moving at pace and will ensure rosters are accurate and additional support / training is provided. Once any corrections and revised templates are in place, this will support the implementation of SafeCare in these existing areas and help inform an effective and robust process for on-boarding new services when implementation resumes.	Revised eR rollout plan to be finalised for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action

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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) & 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

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Reduction of Medical Gas Emissions through implementation of national guidance	10.1	<p>Work on Entonox/nitrous paused in November 2024 as we are awaiting an external occupational hygiene assessment of maternity (identified as an exposure risk to staff). All other areas using nitrous/Entonox assessed as low risk and no further action required. Work is ongoing (BAU) reviewing usage of nitrous/Entonox.</p> <p>There is nothing further to add at this stage. It is expected that the group set up to specifically review the Technical Update for Entonox mitigation will conclude by the end of March with the Medical Gas Committee assuming responsibility for ongoing oversight</p>	Review risk assessments surrounding exposure limits of Nitrous oxide	10. Climate	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Data is currently being collated into databases, there is continuing work ongoing to build on the initial data request as further reporting requirements are requested. An SBAR for a test of performance automation for the IJB report has been submitted to committees and the IJB Board, with a proposal for the first automated report to be produced in the new financial year, which will take place in 25/26 Q1. Further automation for other reports will be completed after the IJB report is complete and approved.	Collate data into databases and develop proof of concept of automation	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	NHS Fife is currently reviewing risks through public sector collaborations and establishing a path forward for monitoring, evaluation and making recommendations for climate adaptations to be undertaken within the organisation based on current priorities and future predictions of climate scenarios. Our main adaptations will focus on retrofit and nature-based solutions to flooding and overheating. These adaptations will not only help the board become more resilient and prevent service disruption but also enhance biodiversity and provide greenspaces for patients and staff.	Work with the resilience team on flood management plans and identify key sites that are at risk	10. Climate	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		<p>Winter Preparedness Plan 24/25 was on agenda of EDG 20/12 and approved to be shared with CGC at EDG on 09/01.</p> <p>Plan comprised of information from SG Winter Preparedness Checklist (submitted mid-Oct) as well as feedback collated at Planning Event.</p> <p>ADP 24/25 Q2 report was compiled before being endorsed by EDG, Committees and Board for submission to SG.</p>	<p>Feedback from Planning/Review Event to be presented at IUCPB</p> <p>Produce Winter Plan and complete Winter Preparedness Checklist for SG</p> <p>ADP24/25 Q2 to be produced</p> <p>Guidance for ADP25/26 received</p>		Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		<p>Transferred to Morse is complete, however, some areas required further input from digital colleagues.</p> <p>Trak Care slight delays - further work required by digital to accommodate opt in option. Person-centred booking.</p>	ERP transferred from Tiara to MORSE (complete)	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		Workforce Directorate transformation update paper to EDG on 20 December 2024 with PMO support to move the recommendations into actions in Q4.	Embed new service delivery model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track
Delivery of Digital and Information Framework		On track	Closure report to NHS Fife Board	9. Digital & Innovation		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Complete NHS Fife's Phase 2 M365 Programme		Complete	Assess future options for maximisation of M365 products in line with current licence	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	9.3	Activities now complete for sites. Support provided from BAU services	Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.			Review evaluation available	7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q3 Comment	2024/25 Q3 Milestones ACHIEVED	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Developed summary report outlining the NHS Fife Change Model and submitted to EDG in January 2025	Develop Change Model overview.		Green - On Track	Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Mid Year Report signed off by NHS Fife Board in November 2024. Now published on NHS Fife webpages at https://www.nhsfife.org/strategy/	Deliver the 2024-25 Mid-Year Report to the November Board.		Green - On Track	Green - On Track	Green - On Track

Meeting: Public Health and Wellbeing Committee

Meeting Date: 3 March 2025

Title: Anchor Institution Update

Responsible Executive: Joy Tomlinson, Director of Public Health

Report Author: Sharon Crabb, Public Health Service Manager
Alison McArthur, Employability and International Recruitment Co-ordinator
Jimmy Ramsay, Head of Sustainability
Kevin Booth, Head of Financial Services and Procurement

Executive Summary:

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

the Young Workforce (DYW) through delivering Health and Social Care Careers Events and work placements within NHS Fife and the Health and Social Care Partnership.

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

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Person Centred

2. Report Summary

2.1 Situation

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

2.2 Background

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

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

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

In December 2024 NHS Boards were issued with Guidance on Anchor Metrics (**Appendix 1**, Annex 2 is the completed return) as part of the Annual Delivery Plan Guidance for NHS Boards 2025/26. The submission date for this is 17th March 2025.

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

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

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

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

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

2.3 Assessment

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

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

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

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

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

Employability

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

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

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

Employability initiatives utilised to widen access to NHS Fife including:

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

Contact has been re-established with the Department of Work and Pensions nationally and locally and we will continue to support job seekers of all ages interested in a career within NHS Fife through attendance at local recruitment fairs and the provision of information sessions relating to application guidance.

We have partnered with MCR Pathways, (Motivation, Commitment and Resilience) mentoring pathway programme, offering a high school mentoring programme supporting

care experienced and other vulnerable young people across Scotland. In addition, we have been working with the University of Dundee and the University of St Andrews to offer internships and to promote NHS careers.

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

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

Procurement

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

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

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

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

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

Land and Assets

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

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

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

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

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

There is no requirement to resubmit Anchor Strategic Plans.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This is a paper prepared for the Public Health and Wellbeing Committee. Updates on NHS Fife as an Anchor Institution have previously been presented to the Public Health and Wellbeing Committee on the following dates.

- 4 September 2023
- 6 November 2023
- 13 May 2024
- 11 November 2024

This paper has been considered by the Director of Public Health and Public Health Management Team on 27 January 2025 and noted by the Executive Directors Group on 20 February 2025.

2.4 Recommendation

Members are asked to take a **“moderate” level of assurance** from the work progressed by the Anchor Operational Group and to **note** the annual progression and future intentions are moving in a positive direction.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Draft Guidance on Anchor Metrics
- Appendix 2 – Draft NHS Board Delivery Plans for 2025/26

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NHS Fife Delivery Plans for 2025/26

Guidance on Anchor Strategic Plans

December 2024



Scottish Government
Riaghaltas na h-Alba
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Contents

1. Introduction.....3

2. Background.....3

3. ADP Guidance on Anchors.....5

4. Updating Anchor Strategic Plans.....7

5. Returns and timelines7

Annex 1 – Resources to support Anchor activity.....9

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

1. Introduction

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

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

2. Background

Anchors workstream

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

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

and the following objectives:

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

Anchor Strategic Plans and Baselines

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

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

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

Review of Anchor Strategic Plans

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

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

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

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

Feedback from Boards

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

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

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

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

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

Analysis of baselines

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

3. ADP Guidance on Anchors

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

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

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

NHS territorial Boards

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

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

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

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

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

NHS national Boards

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

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

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

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

Additional requirements for some National Boards

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

NHS National Services Scotland

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

Public Health Scotland

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

NHS Education for Scotland

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

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

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

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Real Living Wage accreditation

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

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

4. Updating Anchor Strategic Plans

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

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

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

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

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

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

5. Returns and timelines

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

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

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

6. Further information

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

Úna Bartley
Team Leader, Place and Wellbeing Programme

Annex 1 – Resources to support Anchor activity

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

Anchor Progression Framework

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

Communication Toolkit

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

Anchor Strategic Plan - Template

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

LEP/Board Engagement Framework

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

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

Analysis of Anchor activity

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

Anchor Strategic Plans – feedback from Boards

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

Official

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

Anchors Peer Learning Network

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

Community Benefit Gateway

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

Annex 2 – Template to provide information on Anchor plans

This template should be used by Boards to return the information requested of them as Anchor institutions in the ADP guidance for 2020/26. Please feel free to adapt the template to include further information if required.

NHS Board:

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

Governance arrangements to oversee Anchor Strategic Plan

Please tick as appropriate:

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

Real Living Wage

Please tick as appropriate:

- ✓ Currently accredited

Community Planning Partnerships

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

Official

Organisations within Fife Partnership are:

Fife College

Fife Voluntary Action

Fife Council

St. Andrews University

Fife Gingerbread

Dunfermline Greenspace Forum

Fife Communities Climate Action Network

Greener Kirkcaldy

Developing the Young Workforce

Department of Work and Pensions

Transport Scotland

Opportunities Fife

Fife International Forum

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

Objectives to progress Anchor Strategic Plan

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

Official

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

Official

			bids at the year end.
Land and assets			
1. Progress use of renewable energy on NHS Fife sites	Continue working with other boards, national procurement and Fife Council (on a place-based approach) to identify solutions for renewables	March 2026	Measured by outputs for renewable strategies per site
2. Develop NHS Fife greenspaces and the natural environment, including assessing biodiversity	Using our greenspace strategy, build on the greenspaces and work with stakeholders to identify solutions for each space. Continue to apply for funding to develop the sites and have a habitat assessment carried out. Progress the transfer of land at Skeith HC and other areas to Fife Council to develop allotments and a community garden. Increase uptake via FCCAN to support communities to use our land.	March 2026	Measured by completion of habitat surveys and development of greenspaces
Local Partnerships			
1. Fife Partnership	Scoping a “Life Chances Plus” approach, including progressive recruitment and, embedding in-work progression and skills and qualifications in the model		
2. Fife Partnership	Explore opportunities for joint work through Joint Public Asset Register		

Commented [JT1]: Text from Community Wealth Building deep dive paper, section 3.4 (still in draft) will need Alison’s consideration

Commented [JT2]: Text from section 3.10 of CWB deep dive paper- will need Jimmy’s review. This paper will go to FPB on 4th February.

Additional asks of some National Boards

The following Boards should use this space to set out how they will progress the additional asks of them to support the Anchors workstream: NES, PHS, and NSS.

Official

Return date

Boards are asked to return the information requested to pawsecretariat@gov.scot by **Monday 17 March 2025**.



NHS Fife Progress Report Anchors Programme 2023-2024



Contents

Introduction	3
1. Background	4
1.1 Process to review metrics	4
1.2 Caveats and limitations.....	4
2. Reporting	5
Annex A – Data on Anchor activity	6
Workforce	Error! Bookmark not defined.
Procurement	6
Land and Assets	Error! Bookmark not defined.
Annex B – Data sources and additional notes	24
Workforce metrics.....	Error! Bookmark not defined.
Procurement metrics	24
Land and Assets metrics	25

Introduction

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

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

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

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

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

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

1. Background

1.1 Process to review metrics

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

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

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

1.2 Caveats and limitations

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

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

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

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

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


2. Reporting

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

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

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

Úna Bartley Team Leader, Place and Wellbeing Programme



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

Annex A – Data on Anchor activity

Reporting year: 2023/2024

NHS Board: NHS Fife

Workforce metrics

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

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

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

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

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

Table 1: Employability Programmes (excluding apprenticeships)

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

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

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

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

Table 2: Apprenticeships

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

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

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

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

Official

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

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

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

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

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

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

Table 3: Outreach Activity

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

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

Official

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

W3. Are you accredited as Carer Positive?

Yes No

W4. Are you accredited as Disability Confident?

Yes No

W5. Are you accredited as Equally Safe at Work?

Yes No

W6. Are you accredited as Menopause Friendly?

Yes No

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

Yes No

W8. Do you publish a race pay gap?

Yes No

W9. Do you publish a disability pay gap?

Yes No

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

Yes No

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

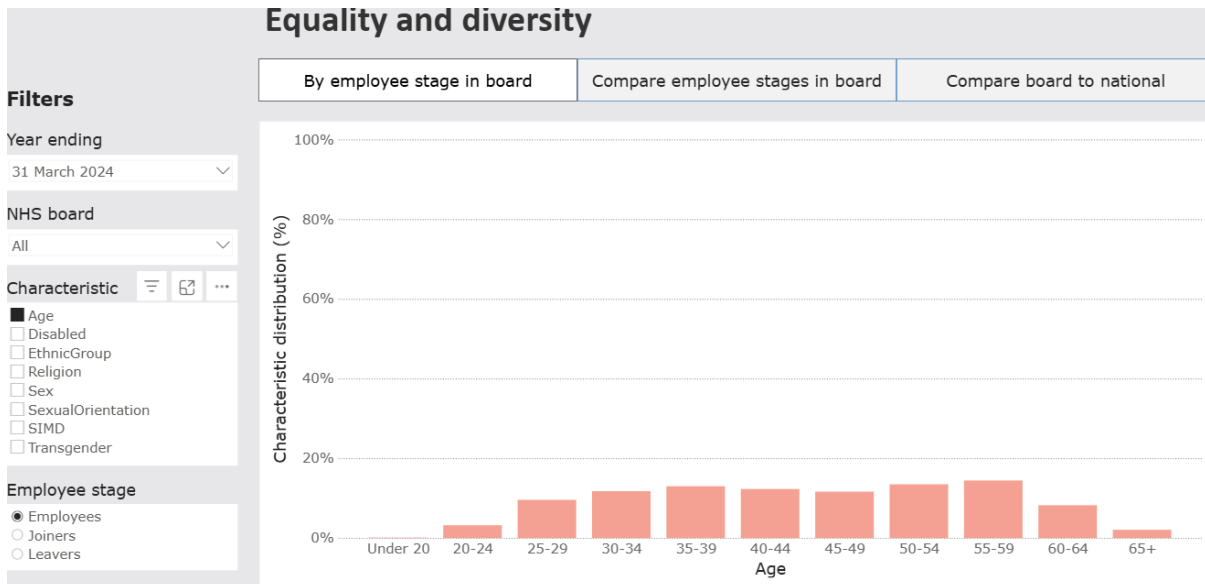
This question is not mandatory for national Boards.

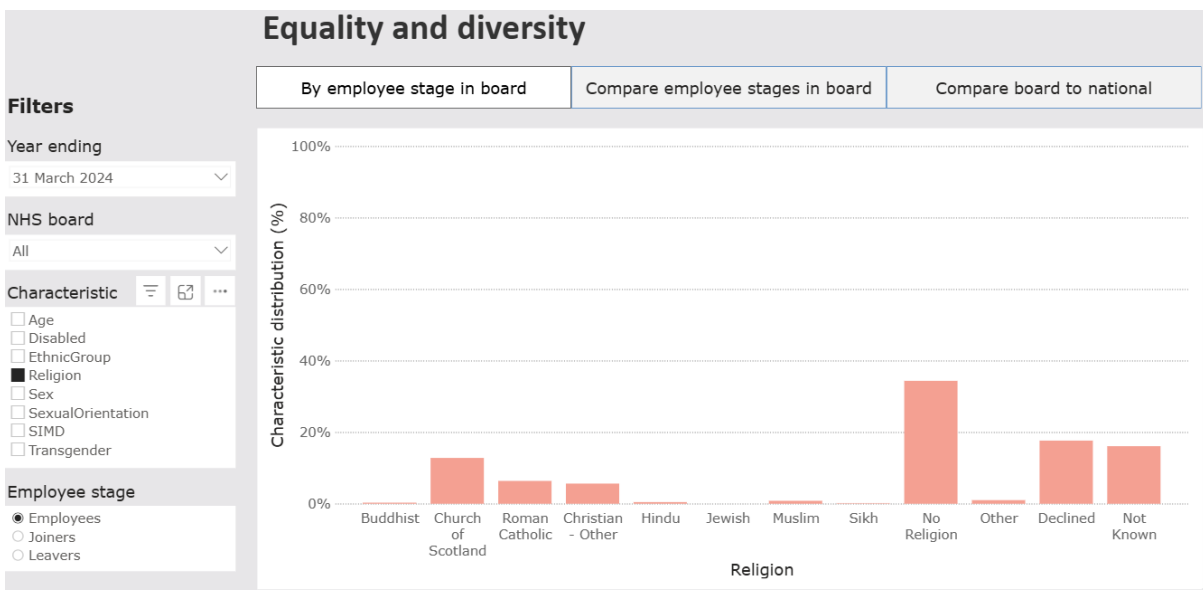
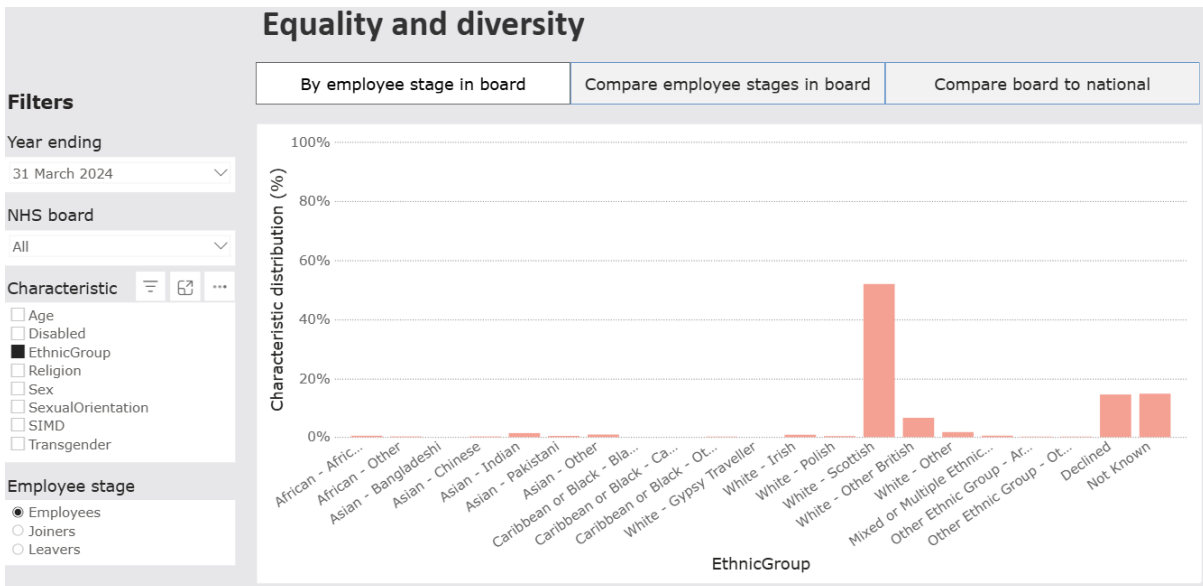
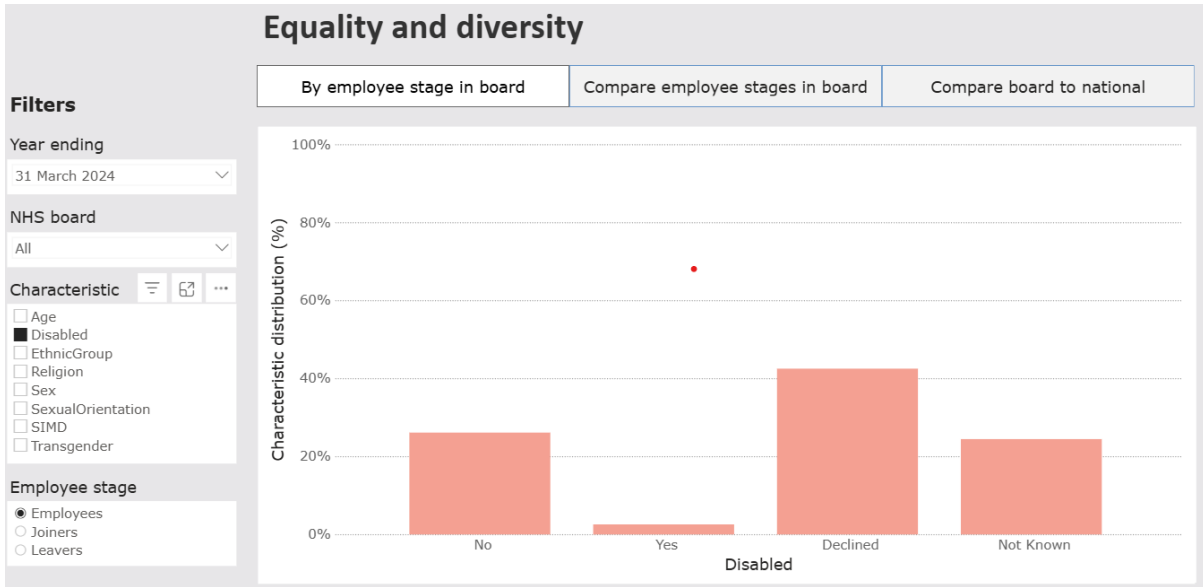
Yes No

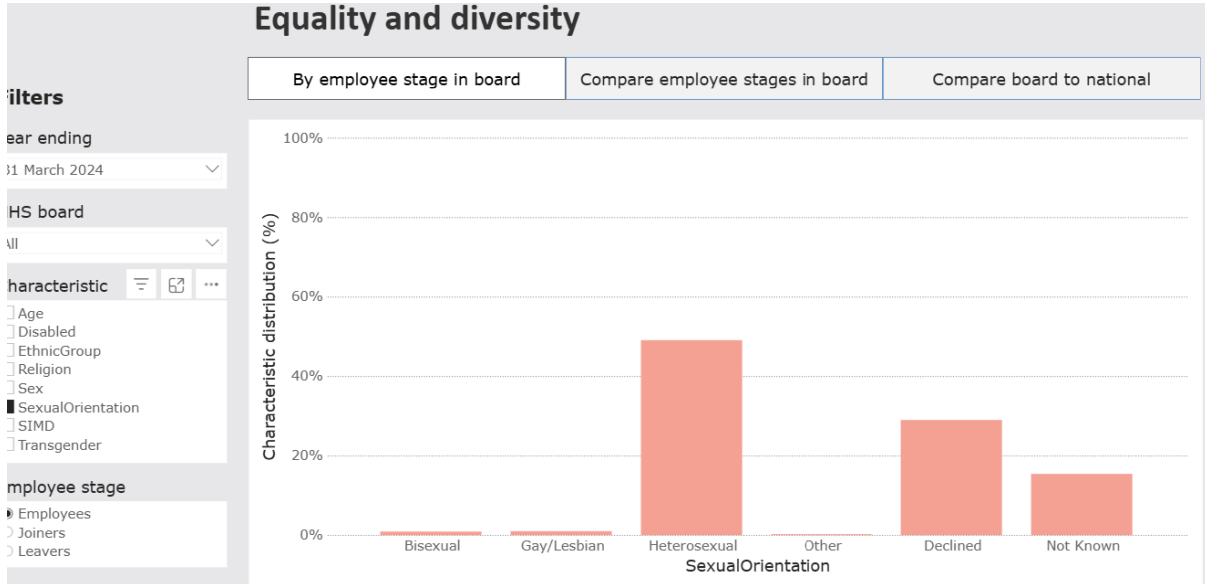
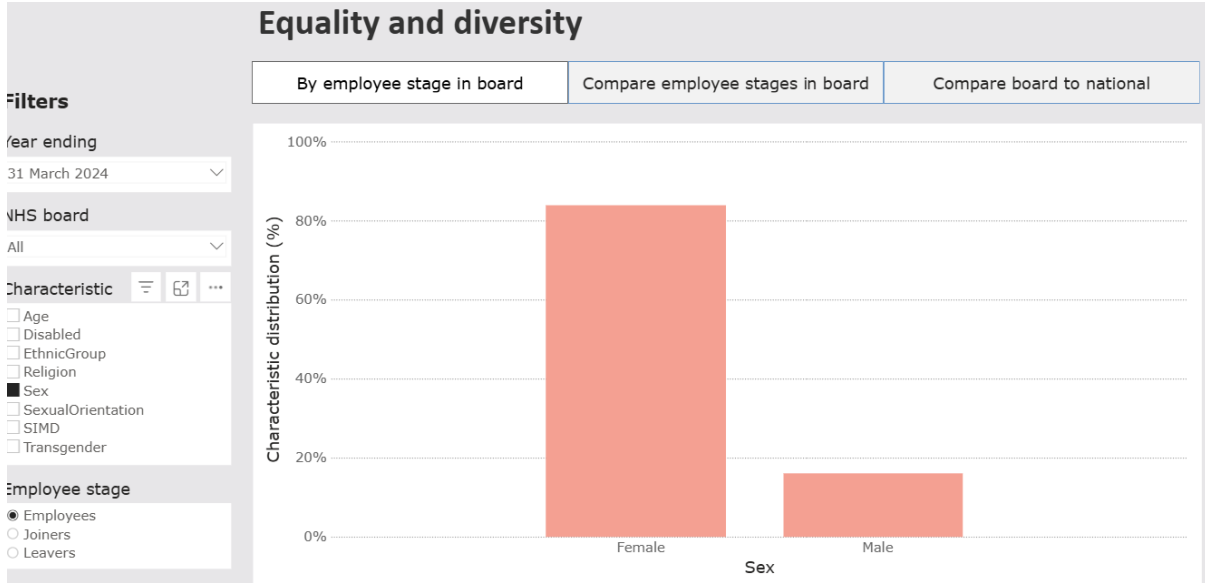
If yes, insert name and title:

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

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

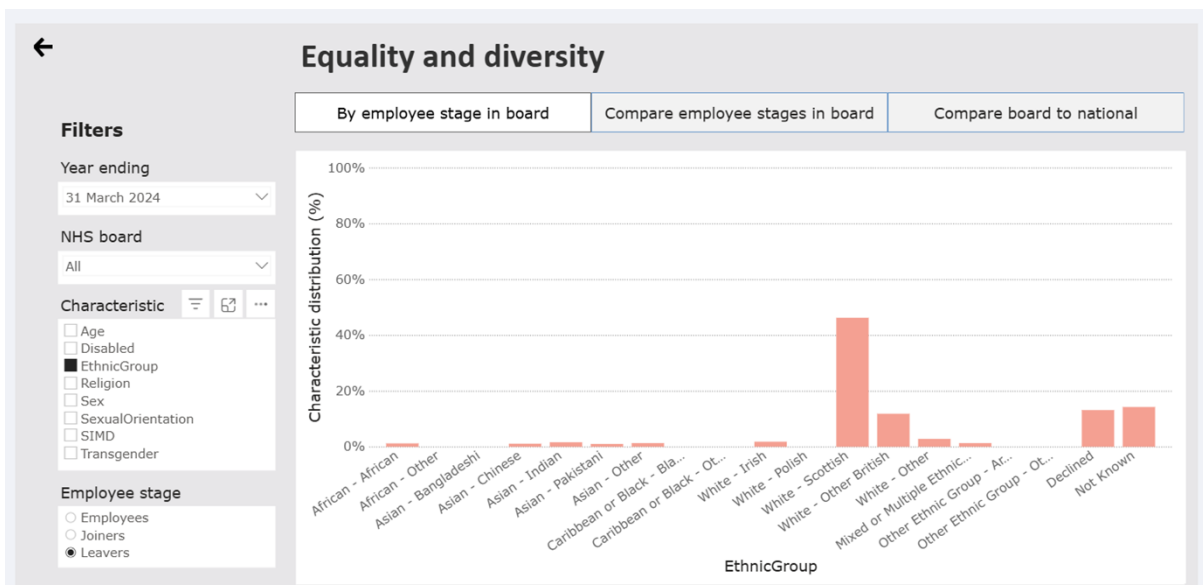
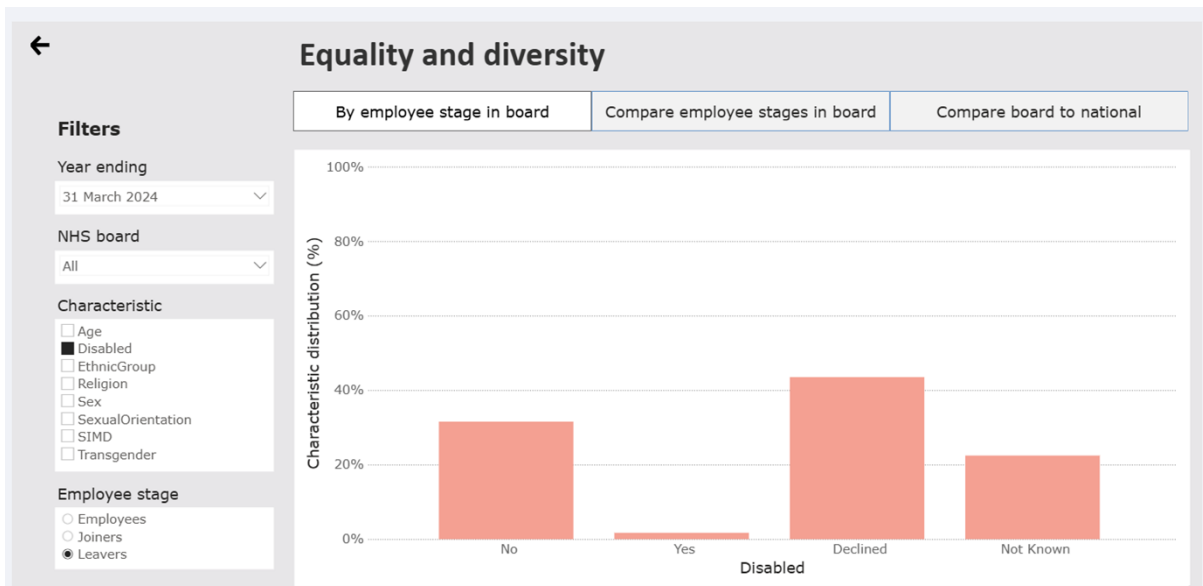
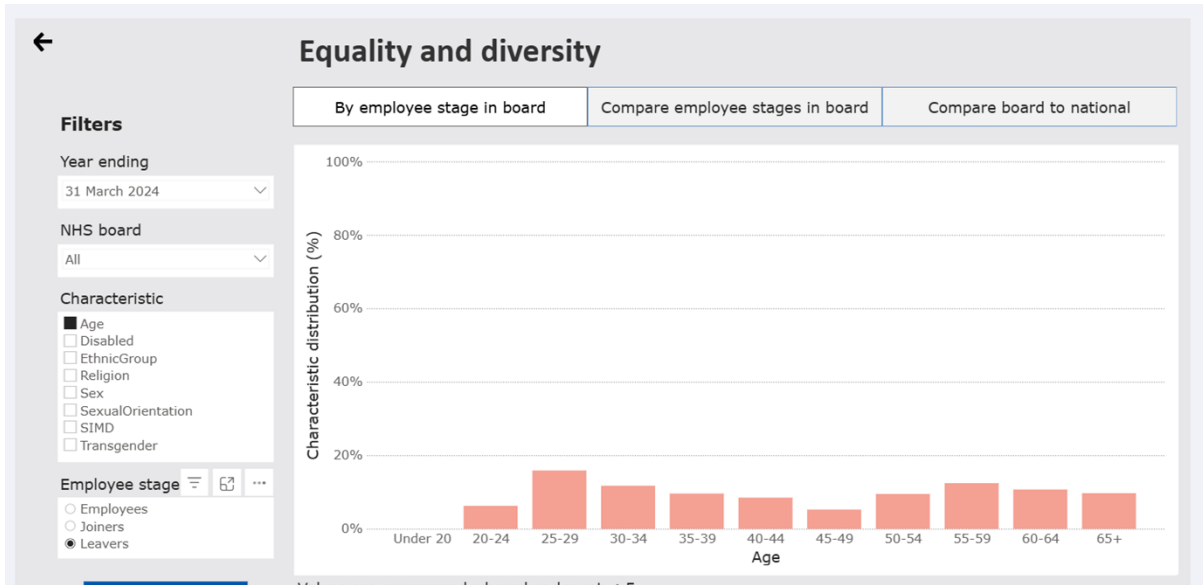


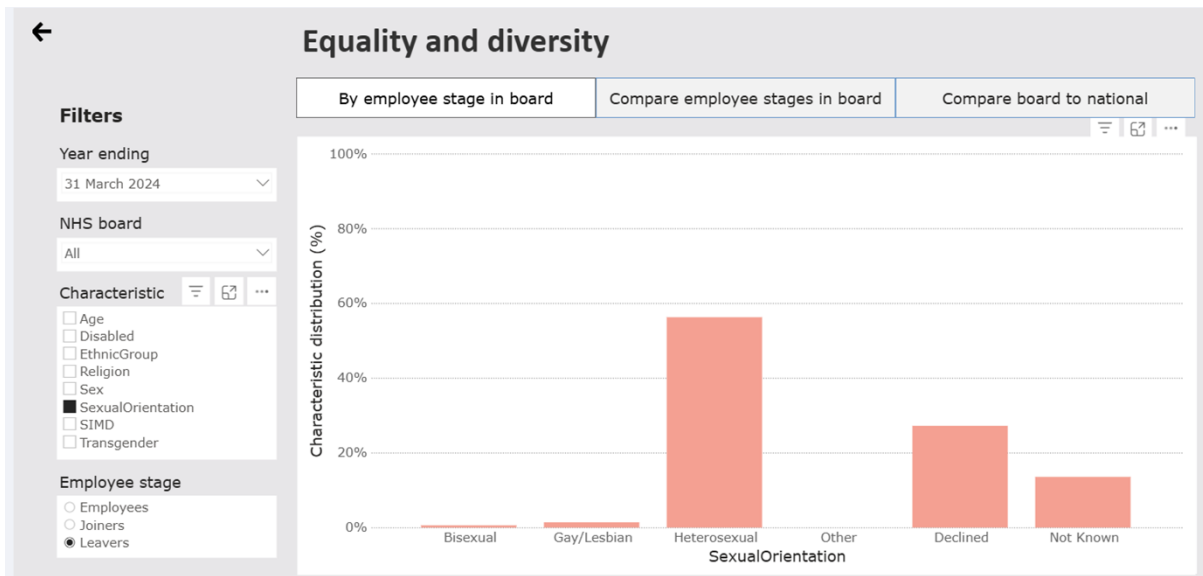
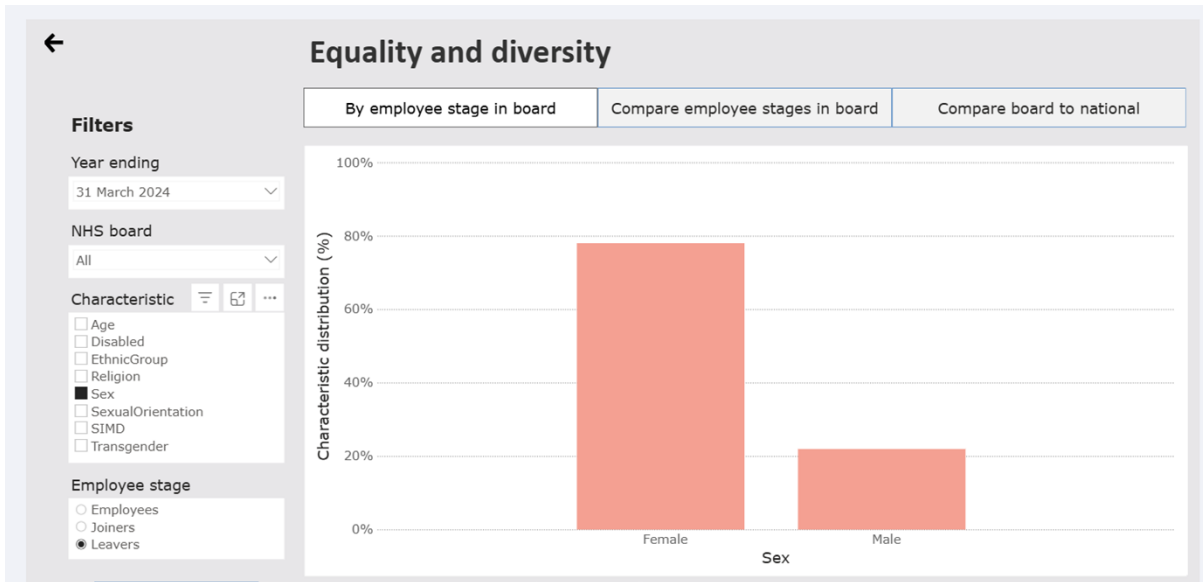
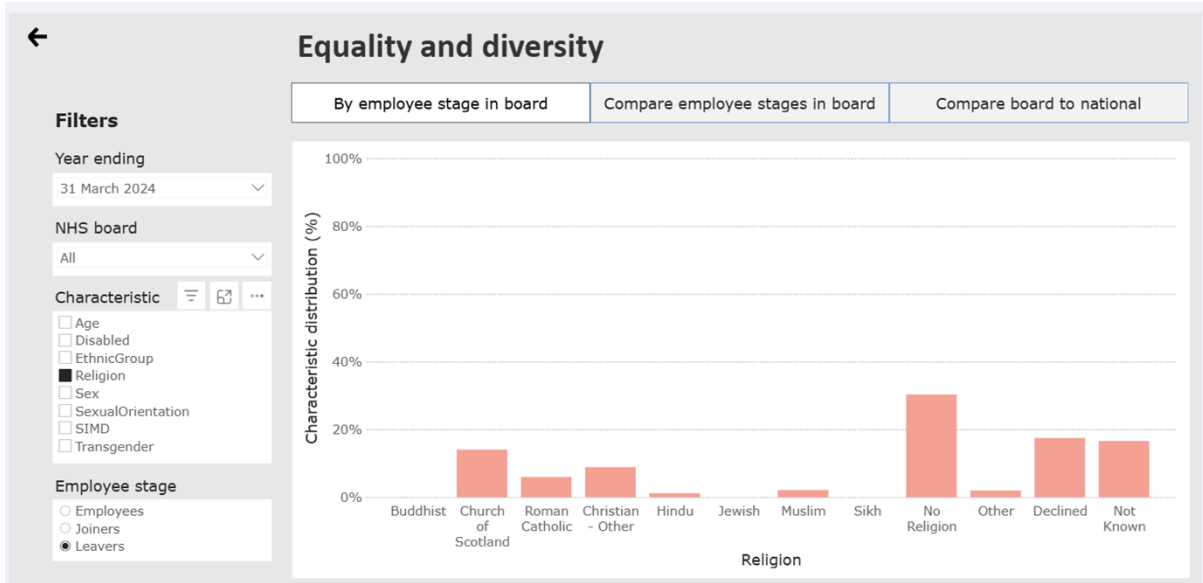


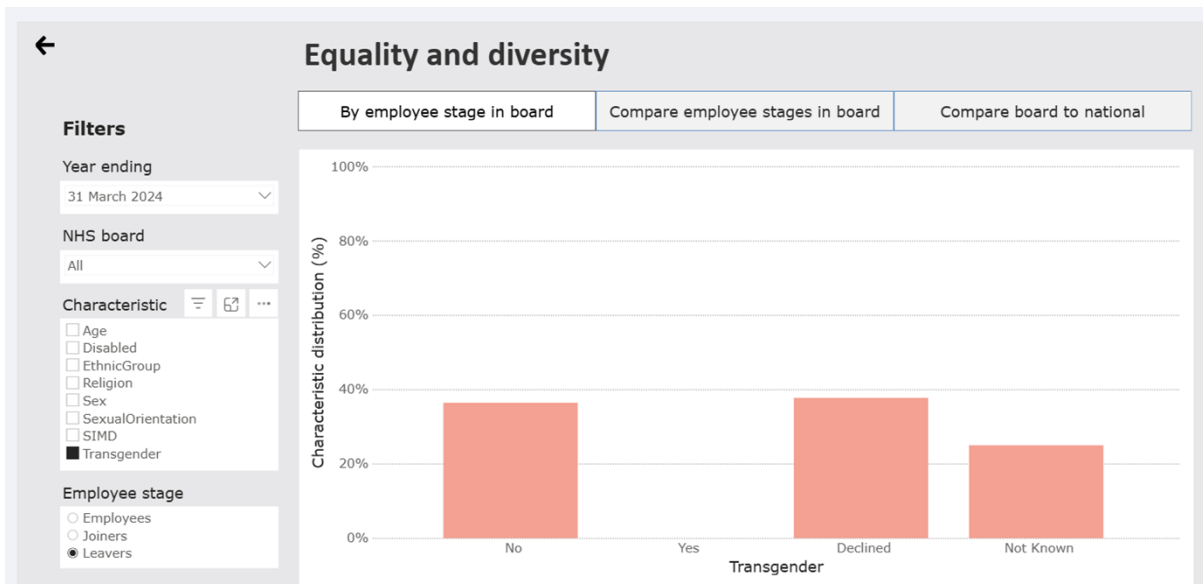
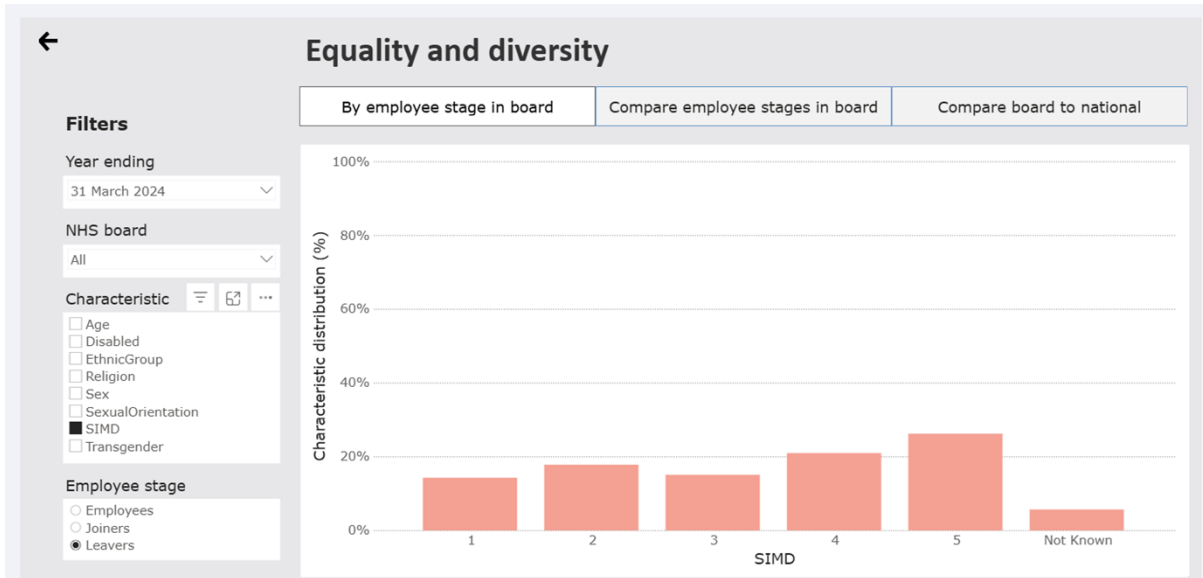




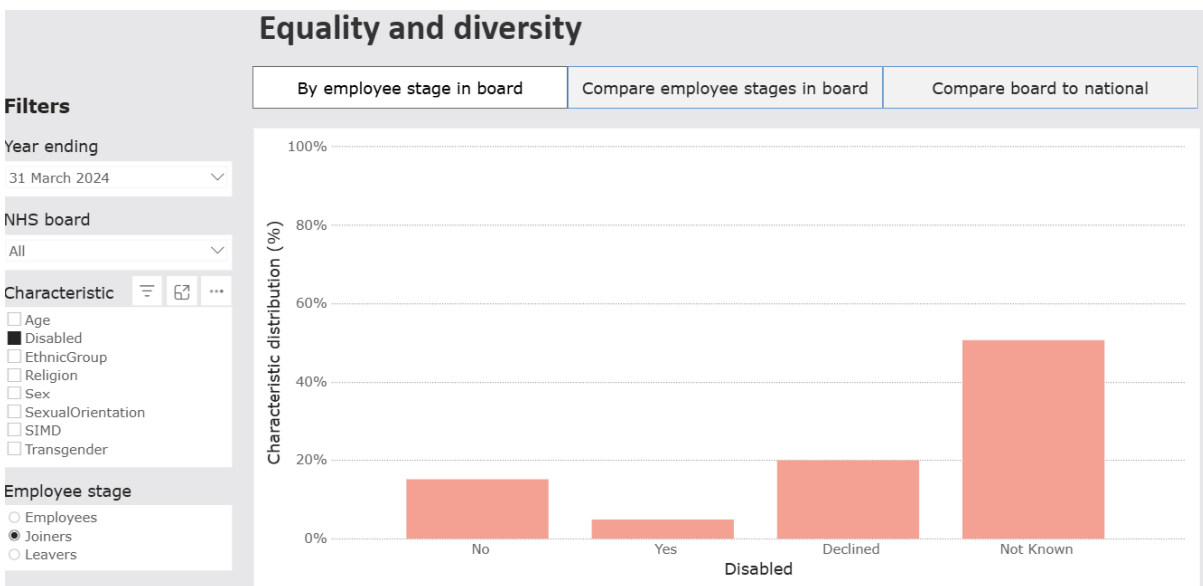
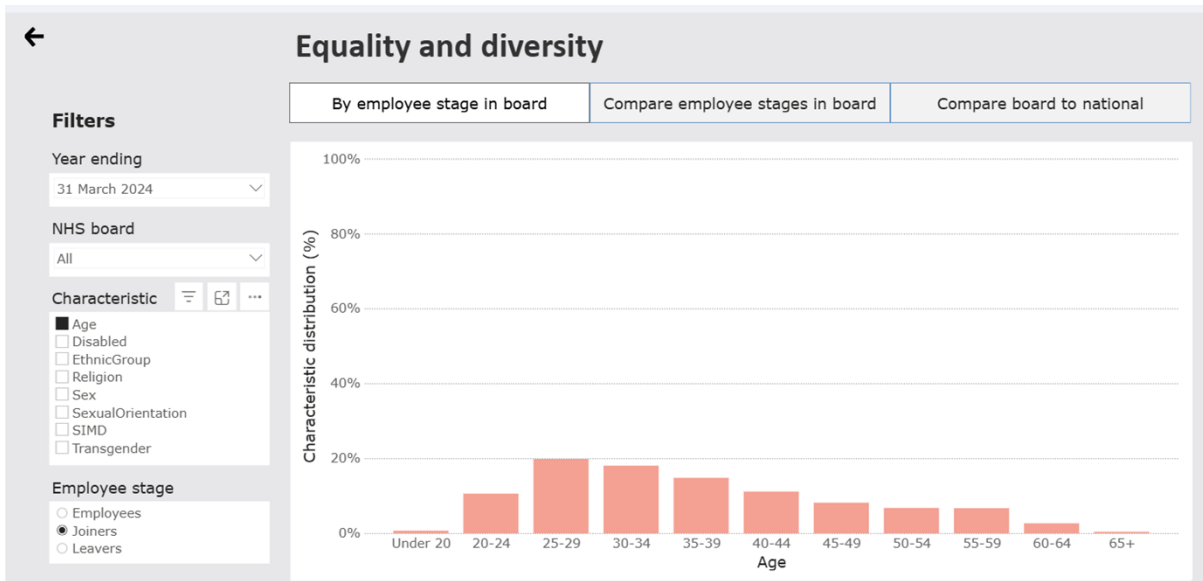
W13. What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to [guidance note](#)).

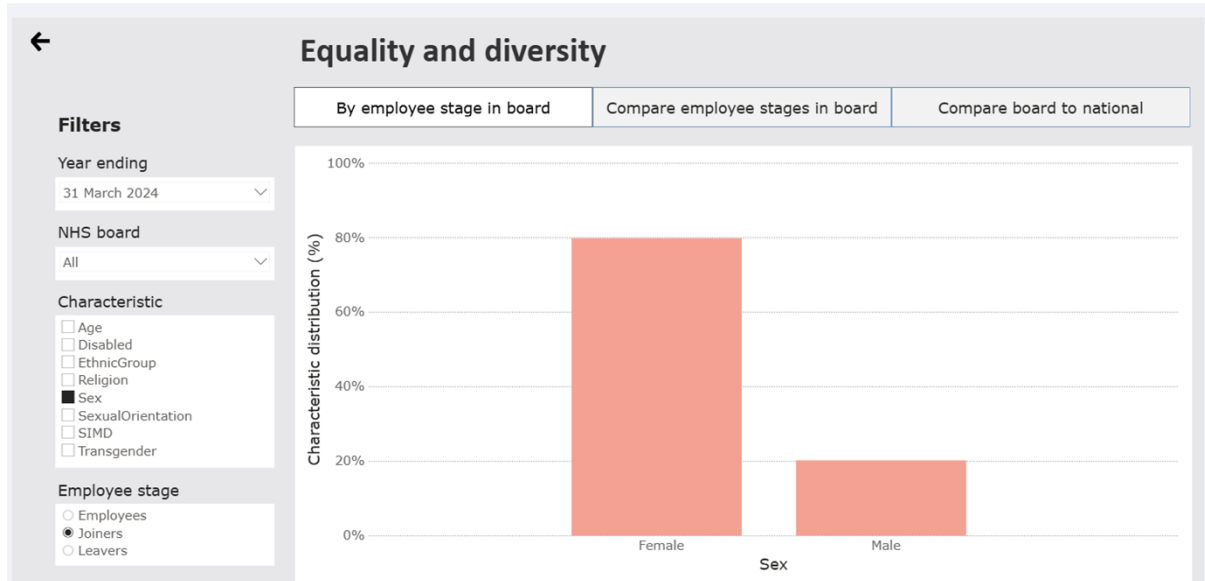
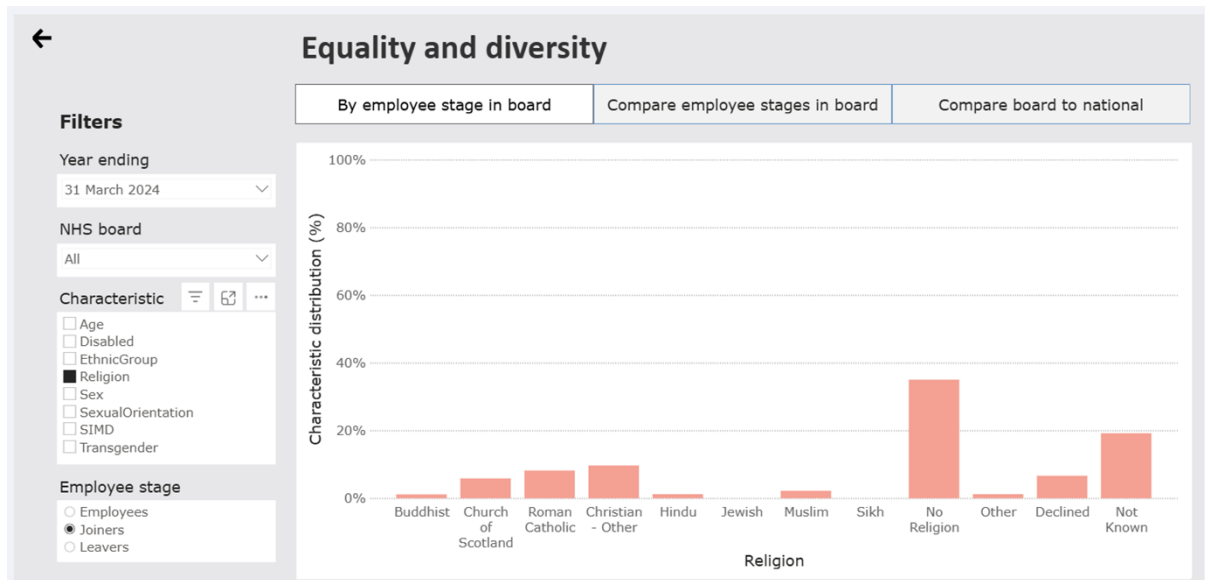
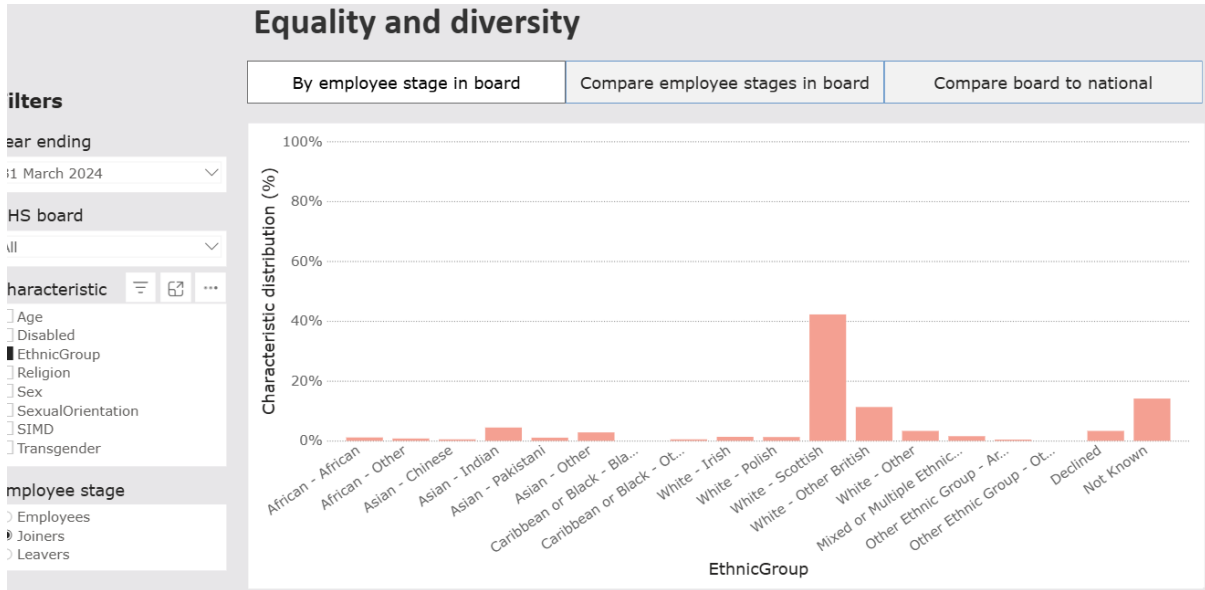


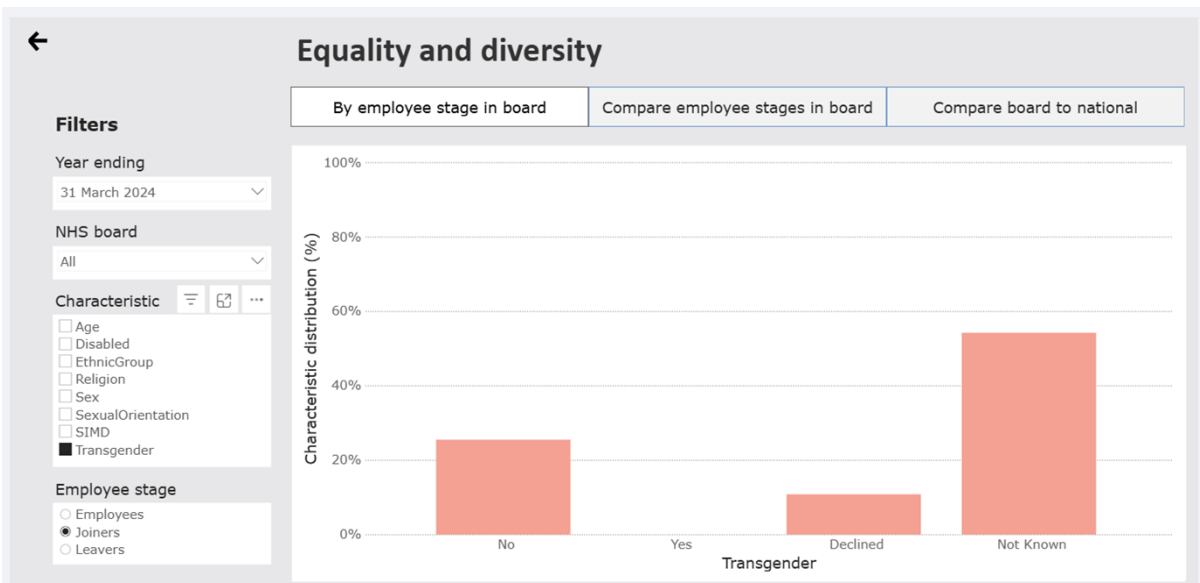
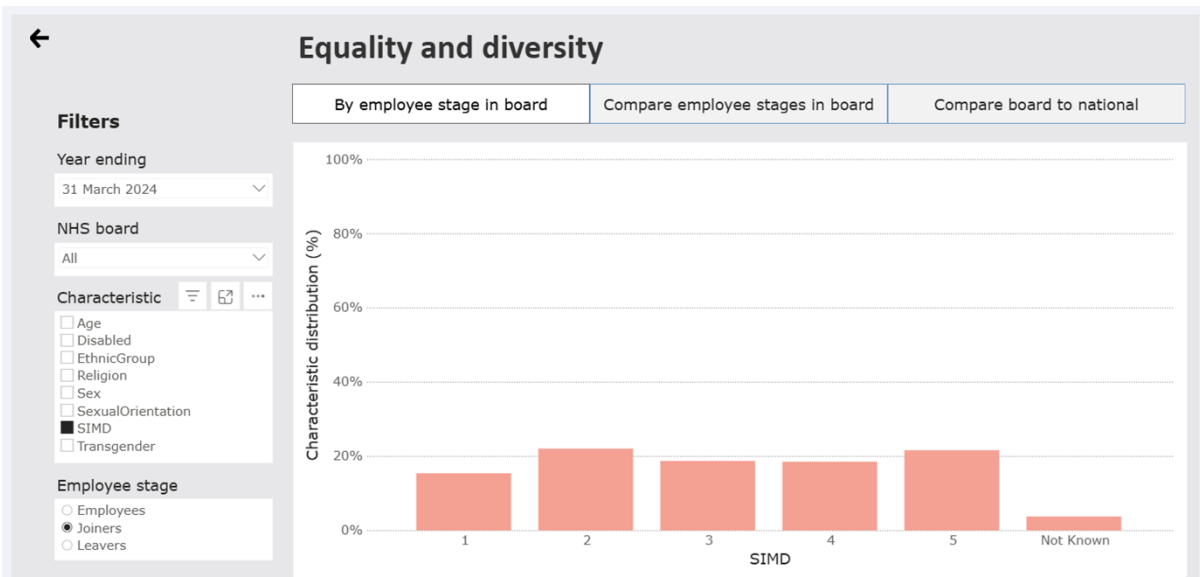
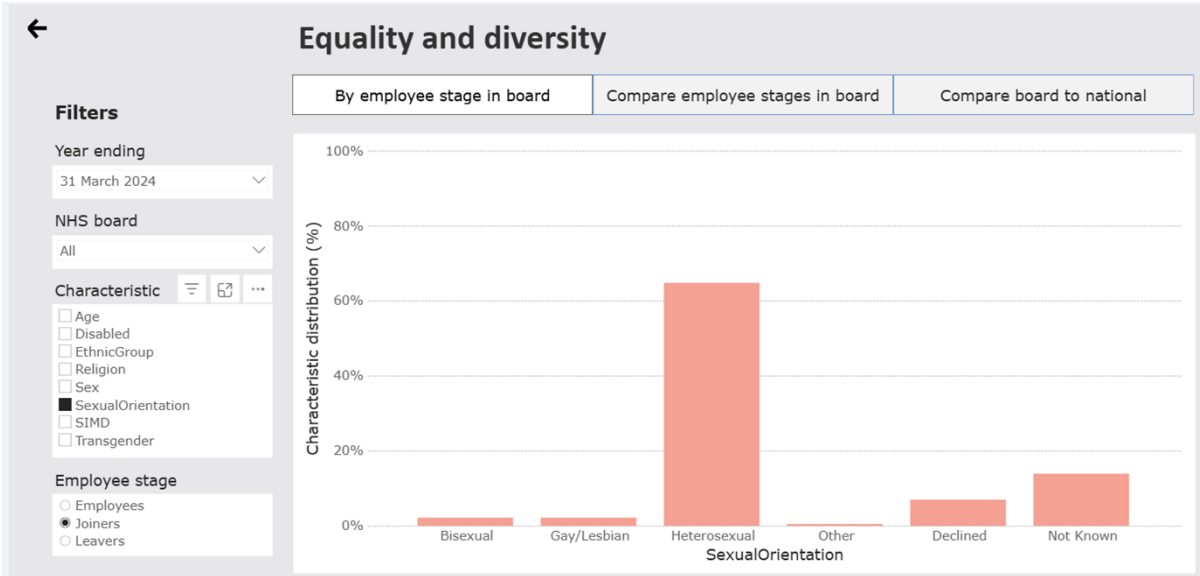




W14. What is the distribution of joiners by protected characteristics and SIMD from Turas Data Intelligence (refer to [guidance note](#)).







Procurement metrics

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

Fife - £56.5m Scotland £238.7m

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

Fife 16.24% Scotland 68.20%

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

£68.5m

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

19.57%

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

£17.8k

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

(a) Regulated procurement

Yes No

(b) Quick Quotes

Yes No **Yes for HSCP**

(refer to [guidance note](#))

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

Yes No

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

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

Land and Assets metrics

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

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

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

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

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

Yes No

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

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

Yes No

As per LA3. Each Framework has provision for community benefits

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

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

Yes No

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

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

Official

Yes No

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

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

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

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

Yes No

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

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

Yes No

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

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

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

Yes No

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

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

Yes No

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

Official

Yes No

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

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

Yes No

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

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

Yes No

As per LA10 above

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

Yes No

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

Yes No

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

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

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

Annex B – Data sources and guidance notes

Workforce metrics

Key data source: NES TURAS.

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

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

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

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

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

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

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

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

Procurement metrics

Key data source: Procurement Annual Report Annex A.

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

Land and Assets metrics

Key data source: Asset Transfer Request annual report.

Additional notes on Land and Assets metrics

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

Official

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 March 2025
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary:

There are 15 metrics reported via the IPQR relating to Public Health and Wellbeing, of which, 3 (Mental Health Readmissions, Infant Feeding and Child Development) have no defined trajectory/target.

- CAMHS has exceeded the national standard of 90% for the 5th consecutive month.
- Psychological Therapies performance in Dec-24 achieved local trajectory but did not achieve national target.
- Influenza vaccination achieved the local target of 80% for ages 75+ by end of Dec-24. Covid-19 vaccination has not yet achieved 80% as of 02-Feb 2025.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- 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 varies; Flu and Covid Immunisations are up to the beginning of Feb-25; CAMHS & Psychological Therapies are available up to the end of Dec-24; Smoking Cessation is up to Oct-24; Childhood Immunisation is up to Sep-24; and the remaining measures are up to Jun-24, except for the Screening measures which have significant lag: Breast & AAA Screening are up to the end of Mar-23; Bowel Screening is up to the end of Apr-23.

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 applicable metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities 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. There are no changes to measures or planned trajectories to report relating to Public Health and Wellbeing.

Highlights of January 2025 IPQR

A summary of the status of the Public Health and Wellbeing metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

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

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	156	Oct-24	157	473
Alcohol Brief Interventions (2024/25)	103%	QE Jun-24	-	80%
Drugs & Alcohol Waiting Times	92.3%	QE Sep-24	-	90%
CAMHS Waiting Times	100%	Dec-24	90.0%	90%
Psychological Therapies Waiting Times	84.9%	Dec-24	73.0%	90%
Mental Health Readmissions within 28 days	5.8%	QE Jun-24	-	-
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	66.2%	2YTD Apr-23	-	60%
AAA Screening	87.3%	YTD Mar-23	-	85%
Infant Feeding	35.6%	Sep-24	-	-
Child Developmental Concerns	17.2%	QE Sep-24	-	-
Immunisation: 6-in-1 at Age 12 Months	94.0%	QE Sep-24	-	95%
Immunisation: MMR2 at 5 Years	85.7%	QE Sep-24	-	92%
Flu Vaccination (Winter, Age 75+)	80.5%	02-Feb	-	80%
COVID Vaccination (Winter, Age 75+)	77.4%	02-Feb	-	80%

This report provides the following Level of Assurance:

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

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 Public Health & Wellbeing extract of the Position at January IPQR has been made available for discussion at the meeting on 03 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 2024

2.4 Recommendation

Members are asked to take a **“moderate level of assurance”** from the report, and to **endorse** the public health & wellbeing section.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - IPQR Position at January 2025

Report Contact

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



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
Total	20	15	5	0	0		

Risk Key

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

Movement Key

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

This update reflects the new risk appetite which aligns to the strategic priorities within the four-point model.

There are currently 20 risks on the Corporate Risk Register. Two new risks have been agreed and added: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place for all risks to support management of risk over time.

Assessment of corporate risk performance and improvement trajectory remains in place.

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

B. Indicator Summary

Quality & Care		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	SAER - Median Working Days to Report Approved	254	238	▼		HSMR	0.96	0.96	—		Stroke Care Bundle	70.1%	67.7%	◆
	Inpatient Falls	9.08	9.03	◆		Pressure Ulcers	1.02	1.39	▲		Ligature Incidents (Mental Health)	0.90	0.37	▼
	Incidents of Restraint (Mental Health)	9.89	11.64	▲		Incidents of Physical Violence (Mental Health)	10.43	7.57	▼		Incidents of Self Harm (Mental Health)	1.98	1.29	▼
	SAB HAI	20.2	28.1	▲		C Diff HAI	3.4	17.5	▲		ECB HAI	13.4	45.6	▲
	S1 Complaints Closed in Month on Time	70.8%	50.0%	▲		S2 Complaints Closed in Month on Time	36.4%	14.7%	▲					
Operational Performance		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	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

C4. Public Health & Wellbeing


To improve health and wellbeing
5
3
2
-
-
▼
Hungry

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2024/25)	156	YTD	Oct-24	275	473	●	—	—	● QE Jun-24
Alcohol Brief Interventions (2024/25)	103%	YTD	Jun-24		80%	●	—	—	●
Drugs & Alcohol Waiting Times	92.3%	Quarter	Sep-24		90%	●	▼	▲	● QE Sep-24
CAMHS Waiting Times	100.0%	Month	Dec-24	90.0%	90%	○	▲	▲	● QE Sep-24
Psychological Therapies Waiting Times	84.9%	Month	Dec-24	73.0%	90%	○	▲	▲	● QE Sep-24
Mental Health Readmissions within 28 days	5.9%	Quarter	Jun-24			●	◆	▼	● YE Jun-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	●	—	—	● 2021-23
Bowel Screening	66.2%	2-YTD	Apr-23		60%	●	—	—	● 2022-23
AAA Screening	87.3%	YTD	Mar-23		85%	●	▲	▲	● 2022/23
Infant Feeding	35.6%	Month	Sep-24			○	▲	▲	● QE Sep-24
Child Developmental Concerns	17.2%	Quarter	Sep-24			○	▲	◆	● QE Sep-24
Immunisation: 6-in-1 at Age 12 Months	94.0%	Quarter	Sep-24		95%	○	▼	◆	● QE Sep-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter	Sep-24		92%	○	◆	▼	● QE Sep-24
Flu Vaccination (Winter, Age 75+)	80.5%	Week to	02-Feb		80%	●	—	—	● ME Jan-25
COVID Vaccination (Winter, Age 75+)	77.4%	Week to	02-Feb		80%	●	—	—	● ME Jan-25

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period — Not Applicable 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile ● Not Available
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Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2024/25)

156 quits
56.7%
(to Oct-24)

144 successful quits were required to achieve Trajectory for Oct-24

Data Analysis

There were 12 successful quits in Oct-24 for the 40% most deprived SIMD areas, which is 27 short of the monthly target. Achievement against trajectory is 56.7% for Apr-Oct 2024 (compared to 57.5% for Apr-Oct 2023).

For all quit attempts, the quit success rate in 'Maternity' services is higher than for other services: and total quit success rate for Apr-Oct 2024 (21%) was slightly better than in Apr-Oct 2023 (20%).

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Jun-24 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 63.0% against a Scottish average of 76.9%.

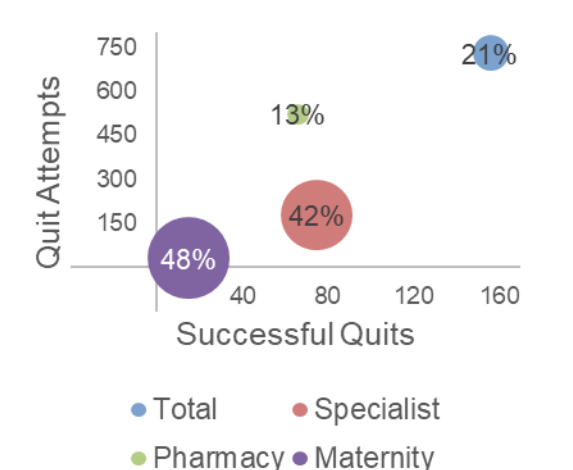
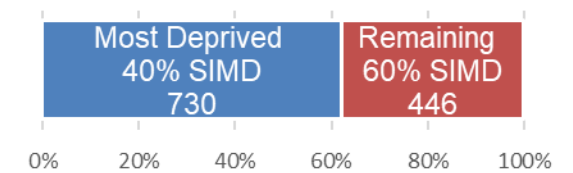
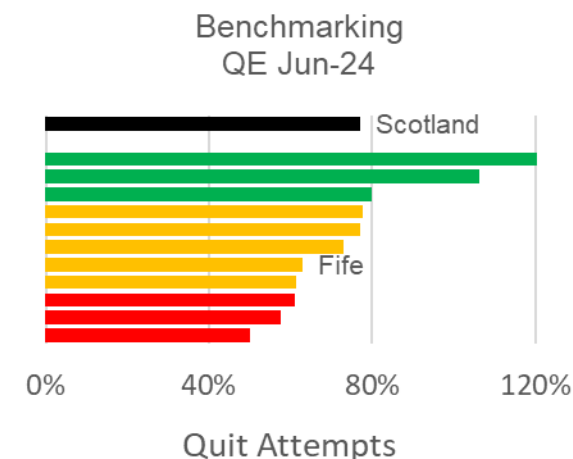
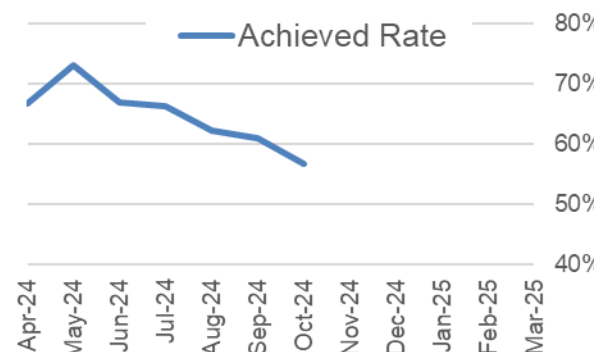
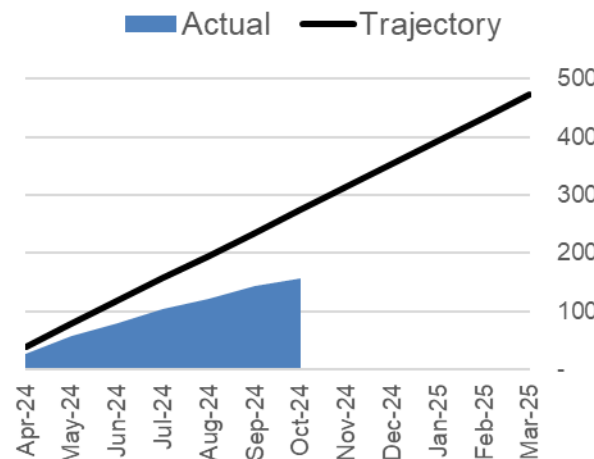
Achievements & Challenges

The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. An outcome is expected soon on the national review of all board's standards, to take effect from April 2025. The new standard will reflect quits with the other priority groups e.g. mental health and NHS Acute.

- Training delivered to maternity staff resulting in an increase in referral rates.
- Progressing actions from Deep Dive report recommendations.
- Training courses delivered to diverse range of frontline staff, increasing effective reach
- The training has led to increased number of clients SIMD 1 and 2 and demand for group support, e.g. Oakley
- A programme of work being progressed with NHS Dental practices to establish and strengthen referral pathways, includes promotional materials, QR code for referrals.

Challenges

- Loss of clinic venues within Kirkcaldy locality, these loss of venues reduces capacity and visibility of the service. Work being progressed to secure alternative venues at reasonable cost.
- Impact of venue challenges has meant reduced appointments at popular clinics.
- Unable to access clinic rooms at Victoria Hospital, Kirkcaldy, prime venue – work being progressed to seek alternative.
- Organisational change, despite robust arrangements to mitigate impact, closure of the service main base at Cameron Hospital and transition to agile working did have an impact on clinic provision during this quarter. These are now anticipated to be resolved
- Ongoing multifactorial workforce due to absence and vacancy. These are being managed.





Data Analysis

Monthly performance increased from 95.1% in Nov-24 to 100% in Dec-24 which remains above national standard.

In Dec-24 no patient was waiting more than 19 weeks for treatment.

The percentage of those waiting less than 18 weeks decreased in Dec-24 to 98.7%, from 100% month prior.

The number of referrals received in Dec-24 was 182, a decrease from Nov-24 and lower than same month in 2023.

The overall waiting list has increased to 75 after dropping to 54 in Oct-24, the lowest number since pre-2018.

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

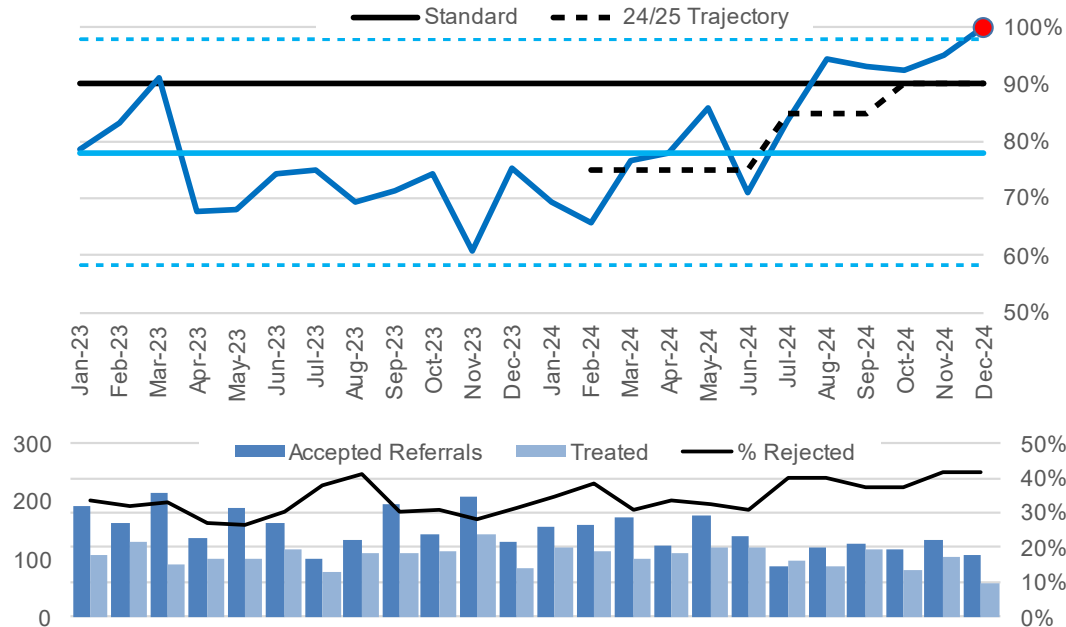
Achievements & Challenges

All children and young people started treatment within 18 weeks in December, with RTT remaining above 90% for 5 consecutive months. Referrals reduced compared to November 2024 but are comparable to December 2023 and there continues to be a declining trend in referrals overall.

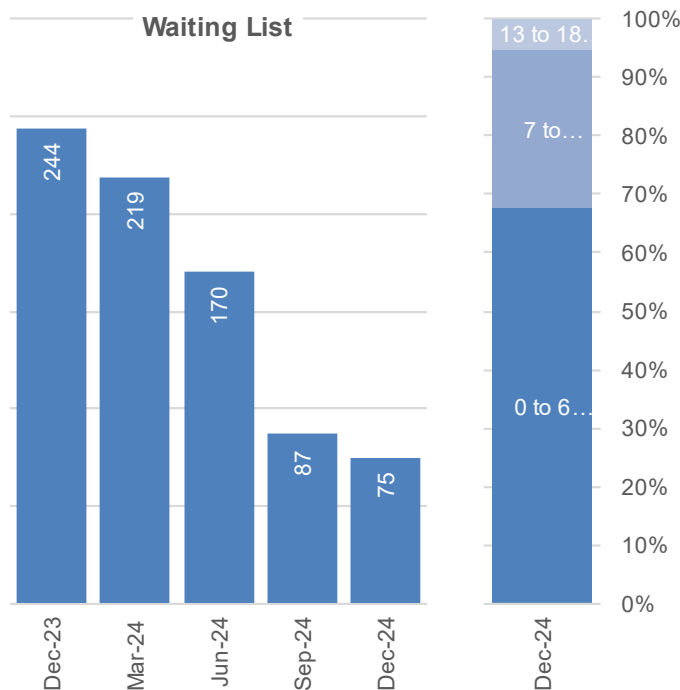
Overall, demand, capacity, activity and queue look balanced highlighting the success of the positive strategies implemented throughout the service.

To ensure we sustain the progress made on both the waiting list management and meeting the RTT, it is imperative vacancies are filled, and capacity is not reduced further.

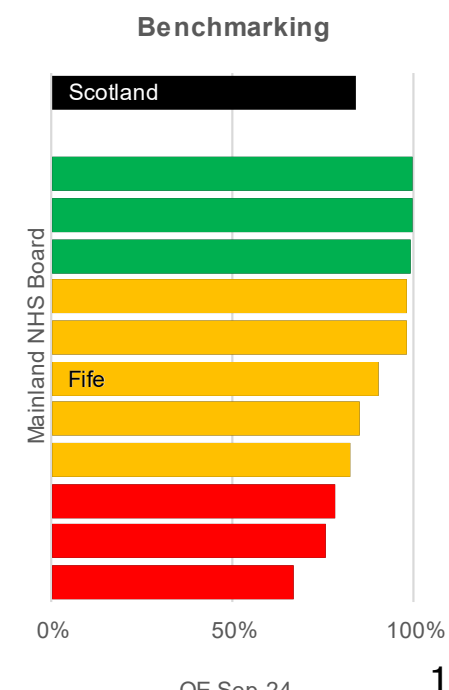
CAMHS 18 weeks RTT



Waiting List



Benchmarking





Psychological Therapies

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

84.9%

Trajectory achieved Dec-24

Data Analysis

In Dec-24 371 patients started therapy, this was less than the 630 in Nov-24, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks decreased to 315 compared to Nov (475) but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 84.9%, which is above local target for 2024/25.

The overall waiting list has increased to 2372 from 2314 in previous month, with the number waiting over 18 weeks increasing to 1009 and the number over 52 weeks increasing to 206.

Referrals for all ages decreased by 244 (719) from month prior.

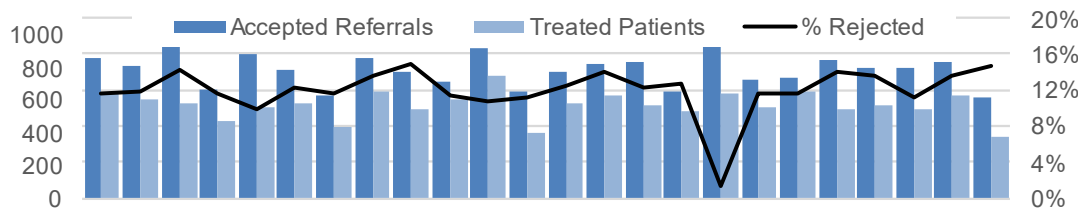
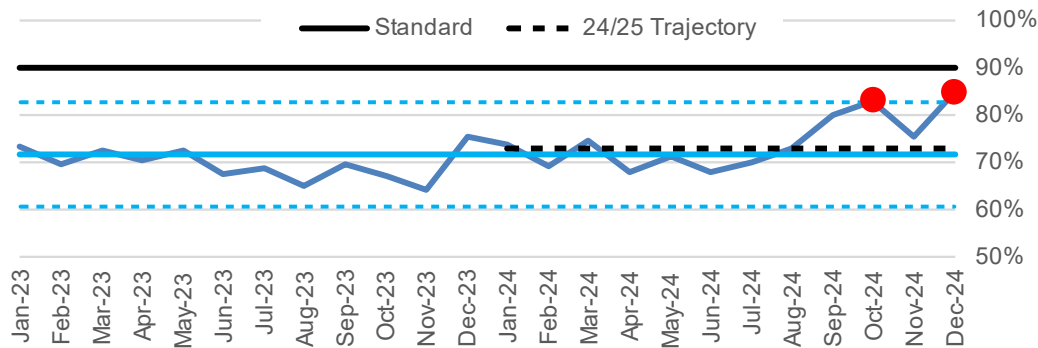
The % of referrals that were rejected in Dec-24 was 14.6% which is the highest level since Sep-23

NHS Fife position improved relative to other Boards in QE Sept-24 compared to QE Jun-24, however it remains in the low-range and was below the Scottish average (74.2% compared to 80.4%).

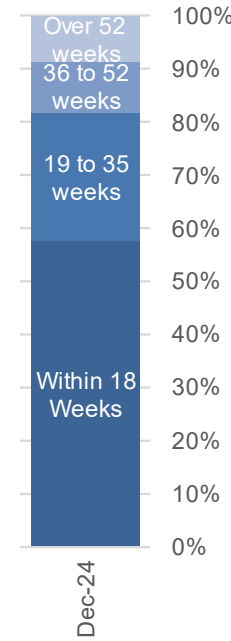
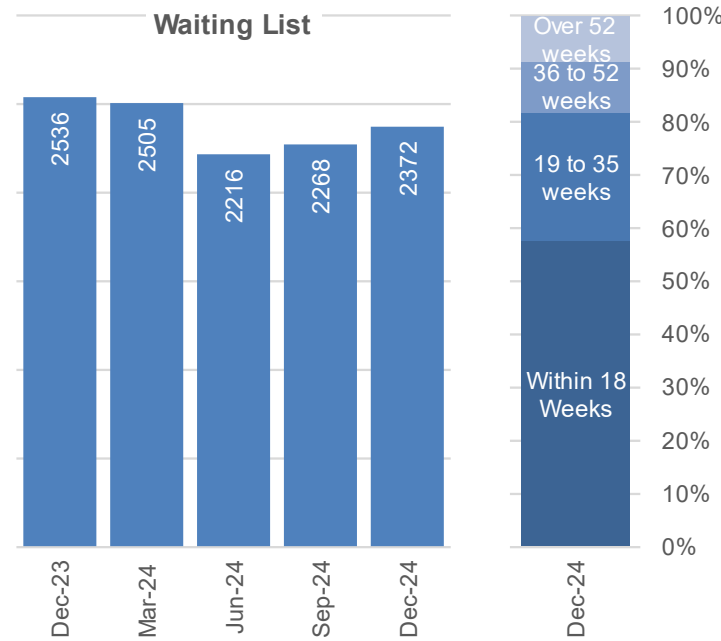
Achievements & Challenges

Performance on the waiting times target has been above the local trajectory for the past four months, with December's performance being the highest ever. December's RTT performance is due in part to the reduced treatment starts for people waiting over 18 weeks (not unusual for this month) although the overall improvement trajectory suggests service changes are also having a positive impact. There has been no reduction in the number of patients waiting over 52 weeks since July 2024, with December figures showing an increase. Referral rates for adults with complex problems remains higher than capacity for provision of highly specialist PTs. It remains too early to say whether this month's increase in those waiting over 52 weeks is a substantive indicator of the impact of this capacity gap. The service continues to monitor this. The Psychology Service continues to work closely with colleagues from the Scottish Government's PT implementation support team, focusing upon trajectory modelling employing more detailed assessments of service capacity. The Psychology Service also continues to progress improvements in line with the SG Psychological Therapies and Interventions specification as well as innovations in service development. The challenges associated with staff absence and vacancy for both clinical and clinical support admin staff remain and the service is working to try to mitigate the impact, on staff health and well-being and service quality, of the pressures arising from these.

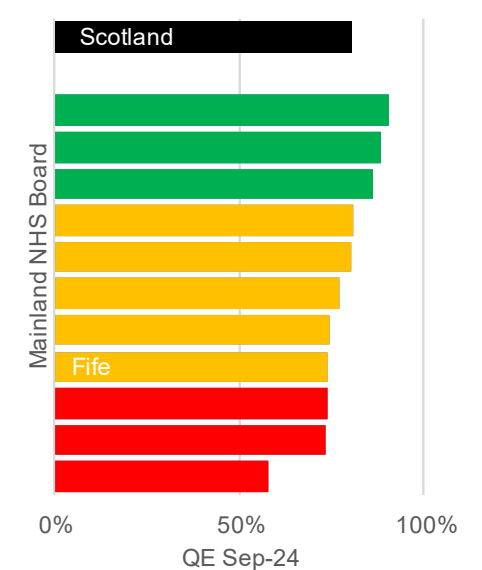
Psychological Therapies 18 weeks RTT



Waiting List



Benchmarking





Mental Health Readmissions

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

5.9%

Below Scottish Average (aiming to decrease)

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.9%, increasing from 3.7% in QE Mar-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.3 per month for the first three months of 2024/25. Average length of stay has been increasing since QE Nov-23 and was 91.8 days for QE Jun-24.

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

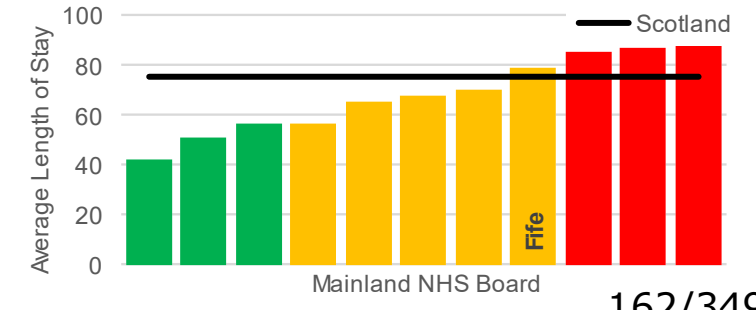
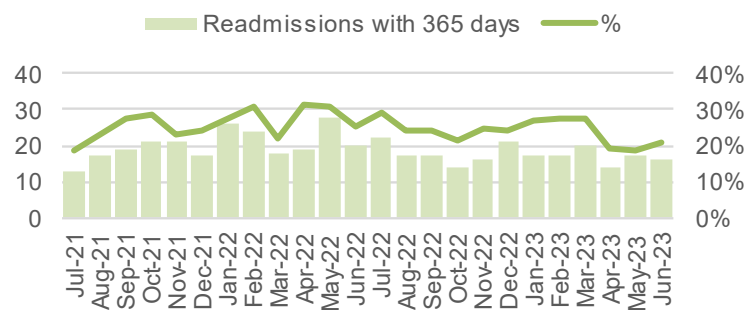
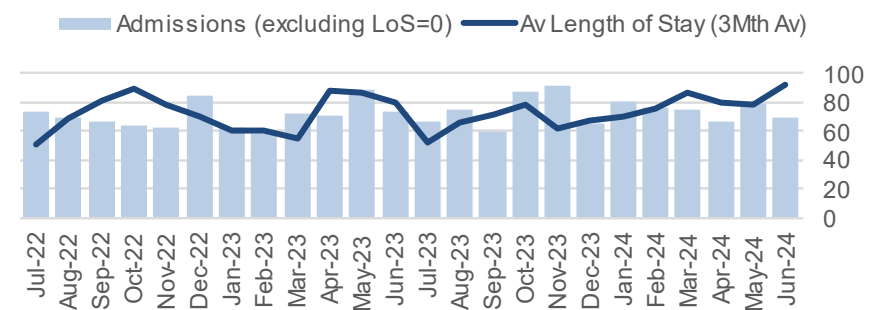
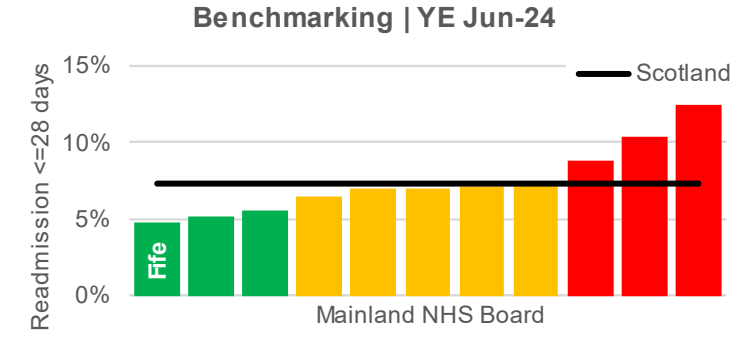
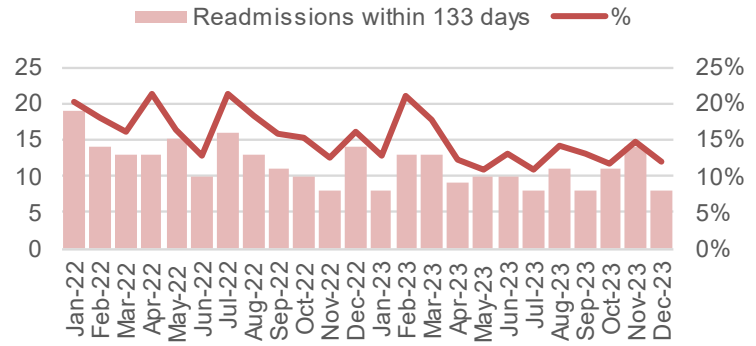
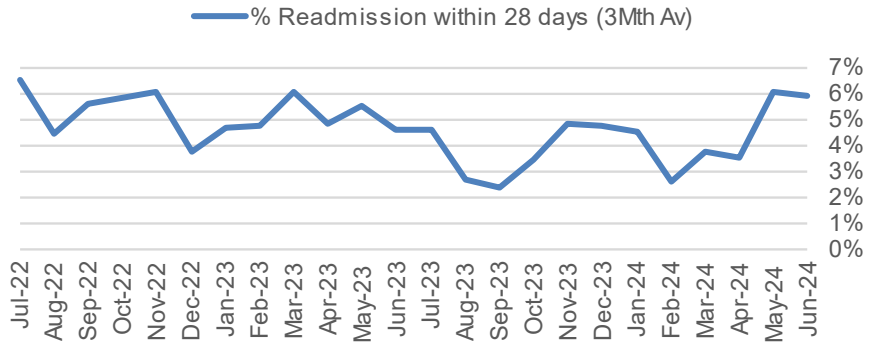
On average, to year ending (YE) Dec-23, there was 10.3 readmissions per month within 133 days. Rate for QE Dec-22 was 12.9% with 33 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.6% with 47 readmissions.

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

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. Multi-disciplinary clinical reviews promote care that is least restrictive and aim to address barriers to discharge and identify supports that will minimise future readmission.

Community teams continue to promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible. Daily reviews are in place to ensure discharge packages of care are established within appropriate time scales that reflect individual need and to maximise flow through the inpatient system. Mental Health service is currently reviewing the process of facilitating discharges and avoiding delays so that services have adequate admitting capacity and ensuring that admissions or readmissions are for the shortest period possible and lead to effective discharge.





Breast Screening

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

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

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

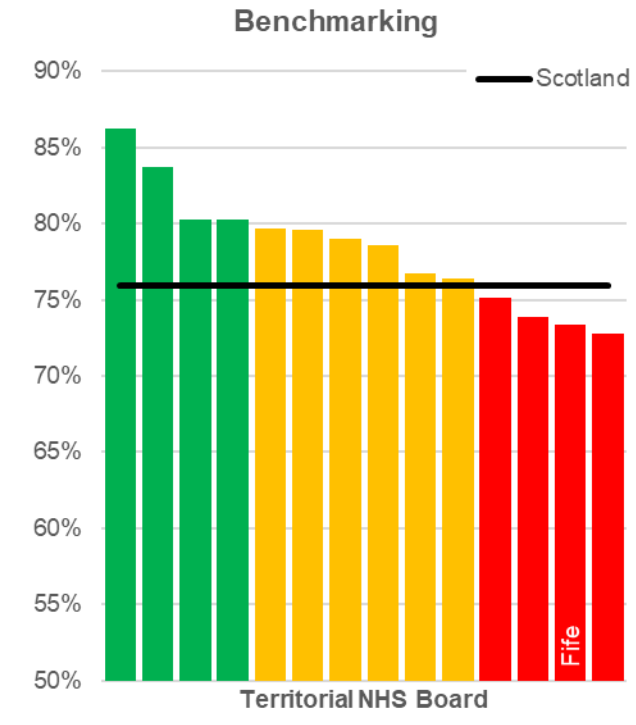
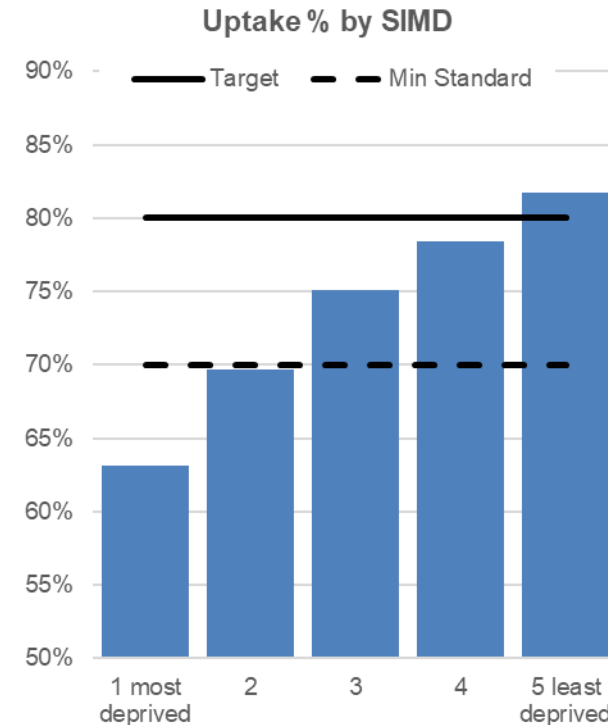
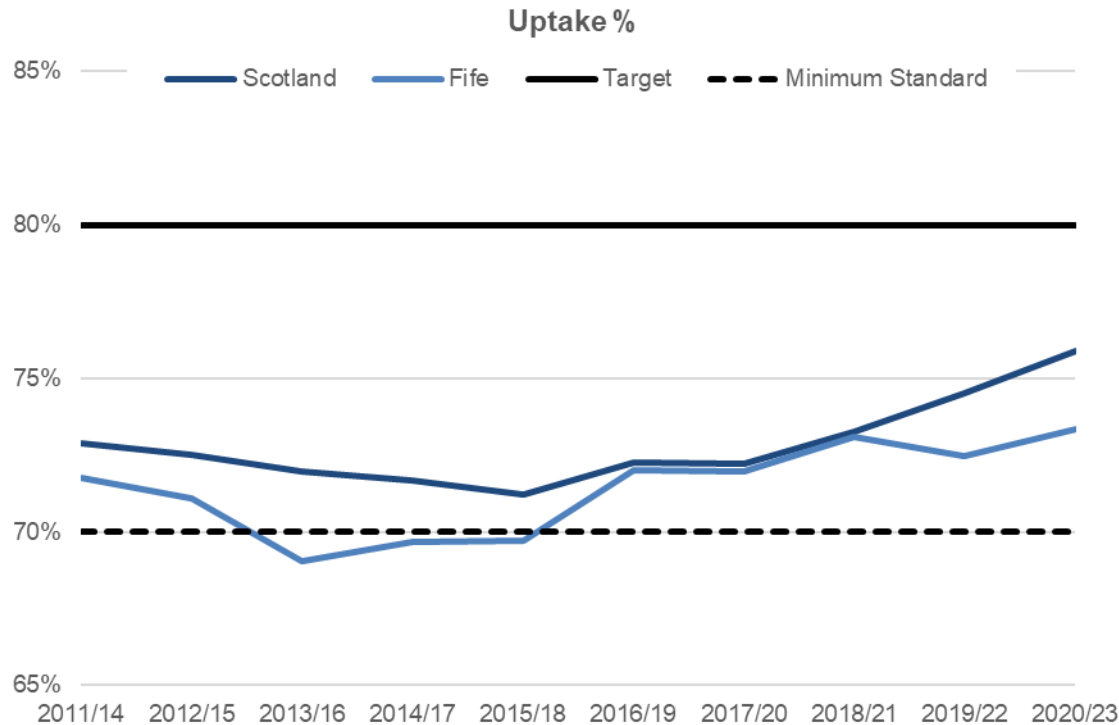
Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas. Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. South-East Breast Screening Programme promote breast screening on Facebook, targeting residents living with a geographical area, ahead of a breast screening mobile unit visit. NHS Fife also undertake onsite outreach promotion ahead of the mobile unit visits. Scoping work ongoing for telephone interventions for first time breast screening participants as well as partnership working with organisations across Fife. Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

Challenges:

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





Bowel Screening

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

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

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

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

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

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

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

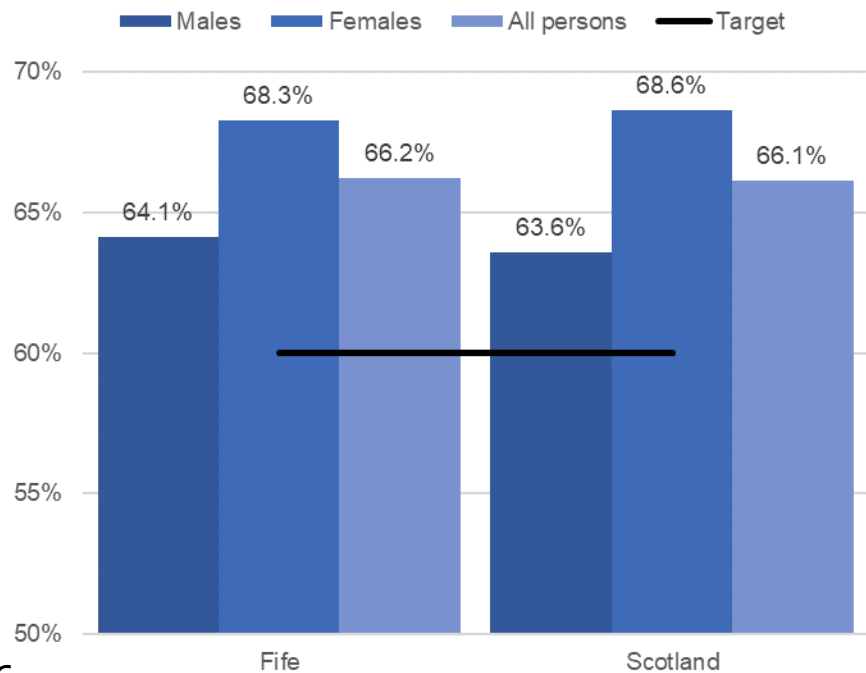
Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. Bowel screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote bowel screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 72.9% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 22.3% in Scotland.

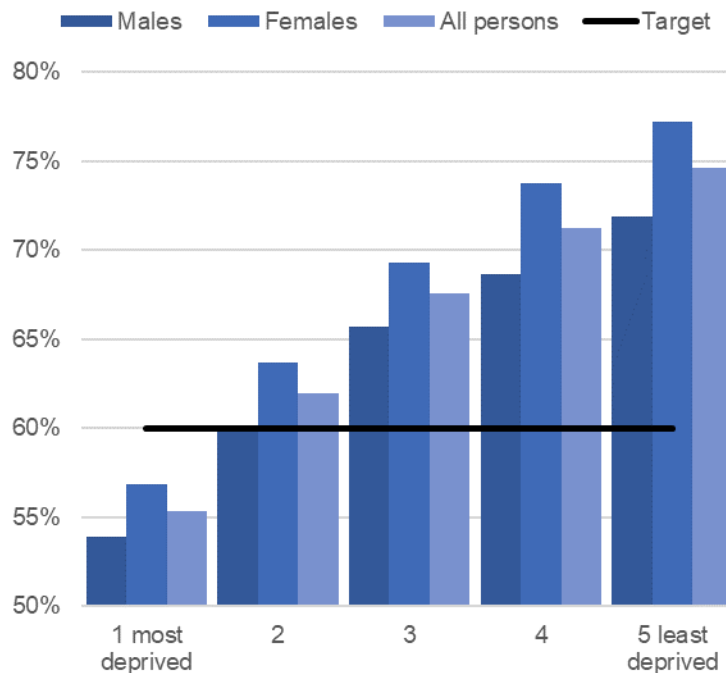
Challenges:

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

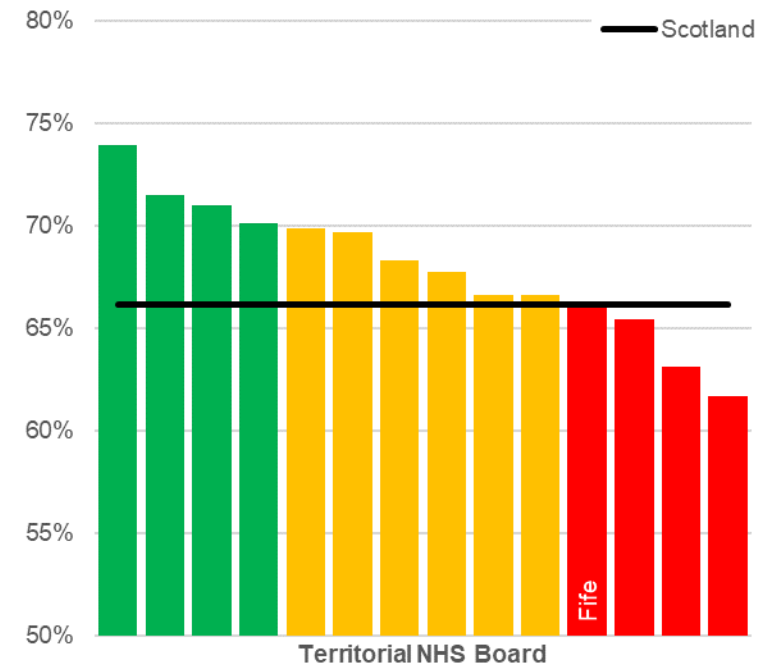
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

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

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

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

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

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

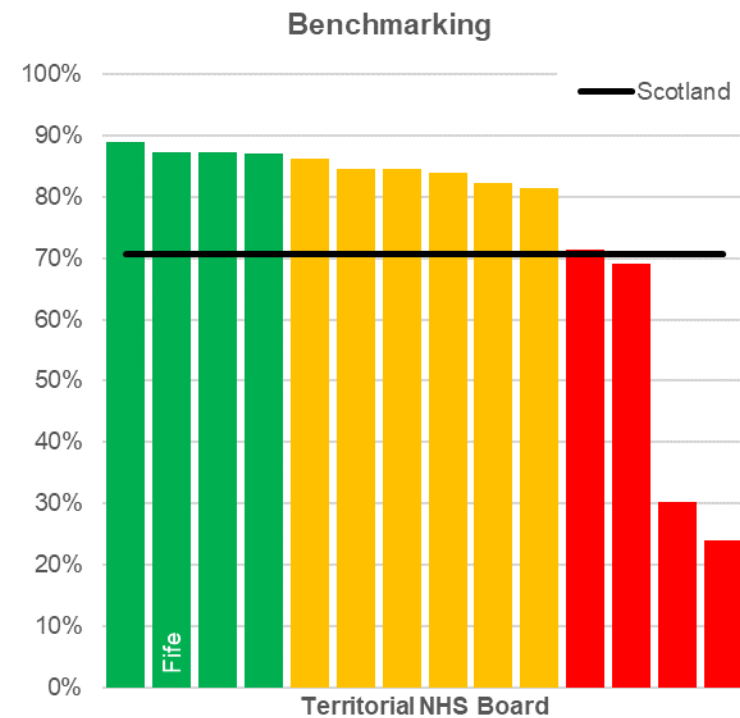
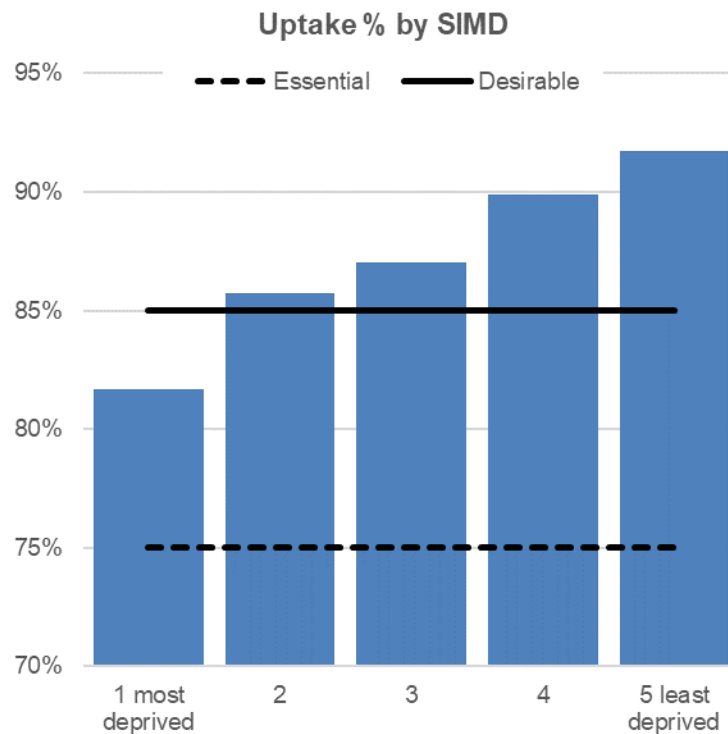
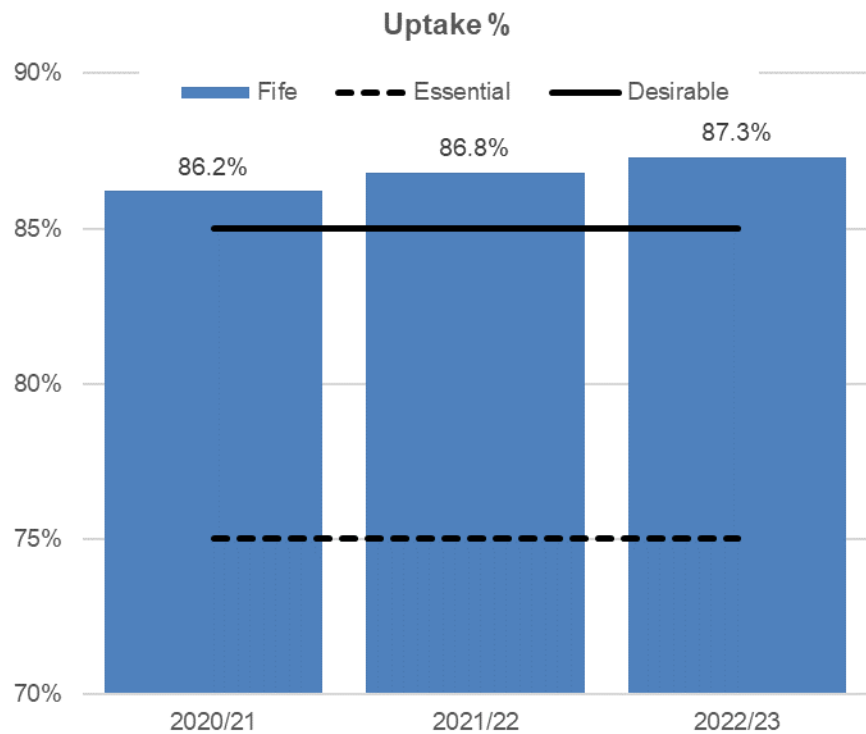
NHS Fife was in upper quartile compared all NHS Boards in 2022/23, with the highest uptake of all mainland NHS Boards, 16.6% higher than Scottish Average.

Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer to oversee the implementation of the Screening Inequalities Action Plan. AAA screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote AAA screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service.

Challenges:

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





Infant Feeding

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

35.6%

Above Scottish Average
(aiming to increase)

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Sep-24 was 35.6%, an increase from month prior (29.1%) and year prior (30.1%). The % that had Ever Breastfed decreased from 70.4% in Jun-24 to 64.9% in Sep-24.

Exclusively Breastfed at First Visit decreased from 43.4% in Jul-24 to 38.1% in Sep-24, but Ever Breastfed increased from 66.0% in Jun-24 to 71.0% in Sep-24.

Comparing Year Ending (YE) Sep-23 to YE Sep-24, there were reductions in all infant feeding categories for both First Visit and 6-8 Week Review.

NHS Fife remains in the Mid-range compared to mainland NHS Boards in Sep-24 for % Exclusively Breastfed for both First Visit (NHS Fife 38.1%; highest 52.2%) and 6-8 Week Review (NHS Fife 35.6%; highest 46.1%).

Achievements & Challenges

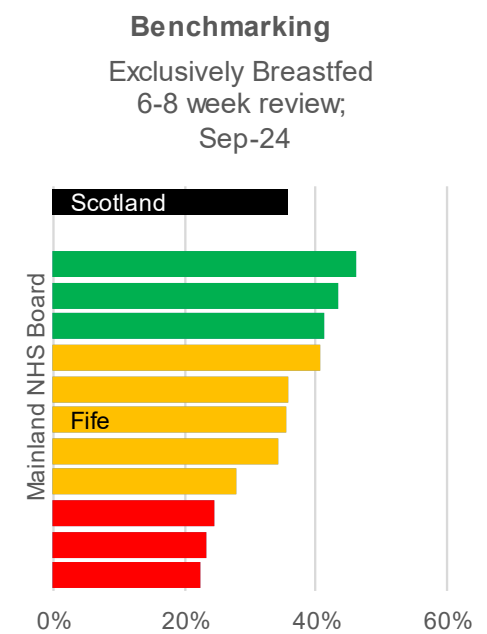
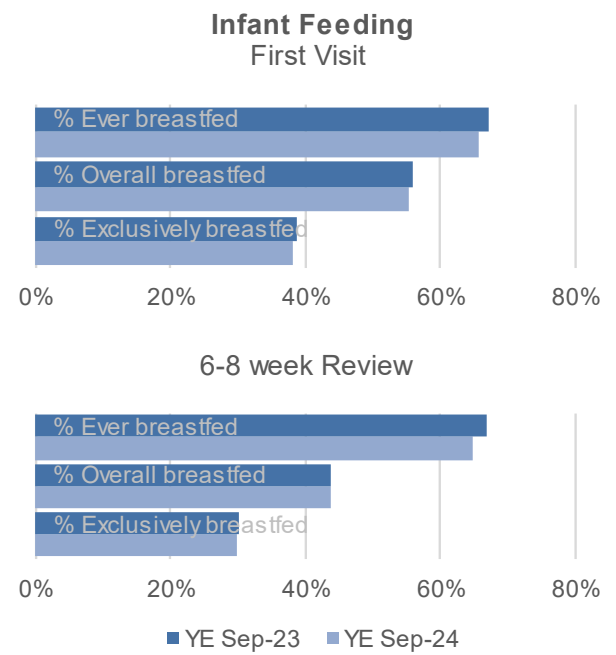
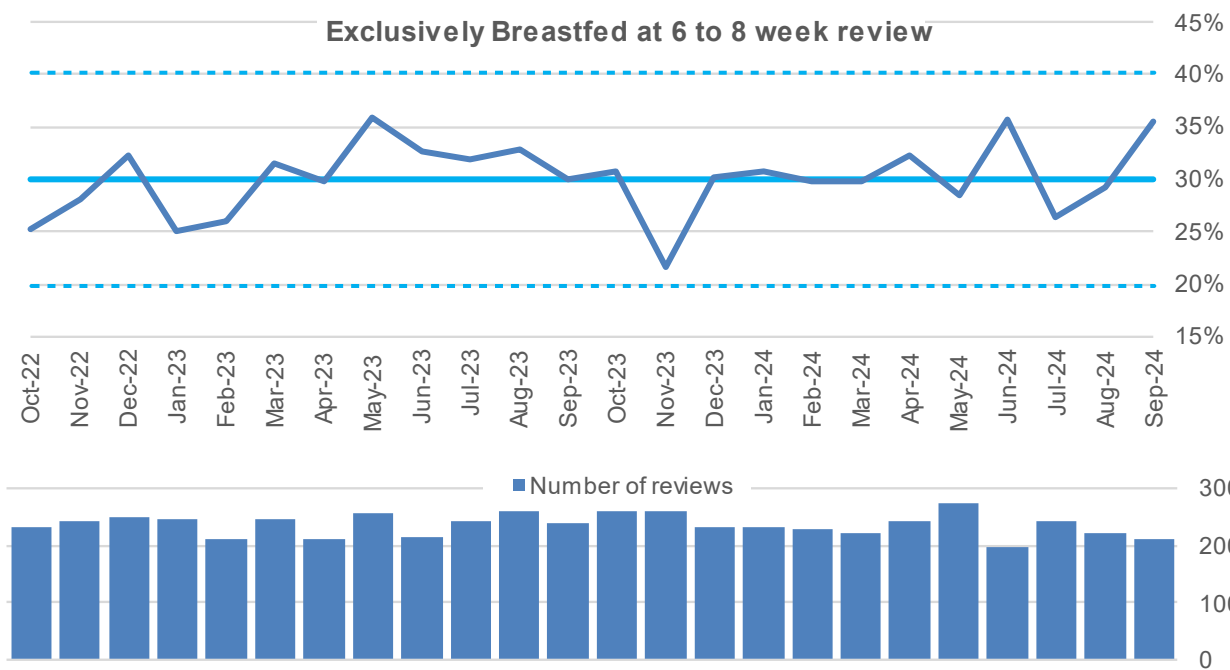
99% of Infant feeding assessments completed by 6-8 week review by Health Visitors. One to one individualised support offered to Breastfeeding mums by either HV or breastfeeding support worker as required.

Health promotion - All antenatal contacts are mandatory by HV service and Family Nurse Partnership which includes a discussion on benefits of breast feeding before birth with parents.

Health Promotion key messages on Breast feeding shared across social media platforms. A robust communications strategy is now in place.

HV/FN/Breastfeeding Support across Community Children's Services received UNICEF baby friendly Gold Award. Fife has a successful breastfeeding pump loan scheme and has just purchased over 70 new pumps. Long term sickness absence rates within Breastfeeding team impacting on support available for complex feeding issues. After a period of staffing issues and critical function staffing beginning to improve.

C4. Public Health & Wellbeing





Developmental Concerns

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

17.2%

Above Scottish Average (aiming to decrease)

Data Analysis

In quarter ending (QE) Sep-24, from 680 reviews carried out, 17.2% of children had one or more development concerns at 27-30 months: this was a decrease from the 19.6% in QE Jun-24, and whilst higher than the same period the year prior (QE Sep-23; 16.5%), it is slightly less than the year ending (YE) Sep-24 at 17.4%.

NHS Fife is in the mid-range of all Mainland NHS Boards (best performing was 7.4%) and is just above the Scottish average of 16.5%.

From 679 reviews carried out at 13-15 months, 16.3% of children had one or more development concerns. This is almost equal to QE Jun-24 and lower than year prior (18.7%).

From 723 reviews carried out at 4-5 years, 17.3% of children had one or more development concerns. This is higher than both QE Jun-24 (14.2%) and year prior (15.5%).

Achievements: Reduction of children with developmental concerns recorded at 27-30 month review by 2.4% since QE June-24.

HV Service delivery of Universal Health Visiting Pathway at 27/30 months across Fife is completed by HVs.

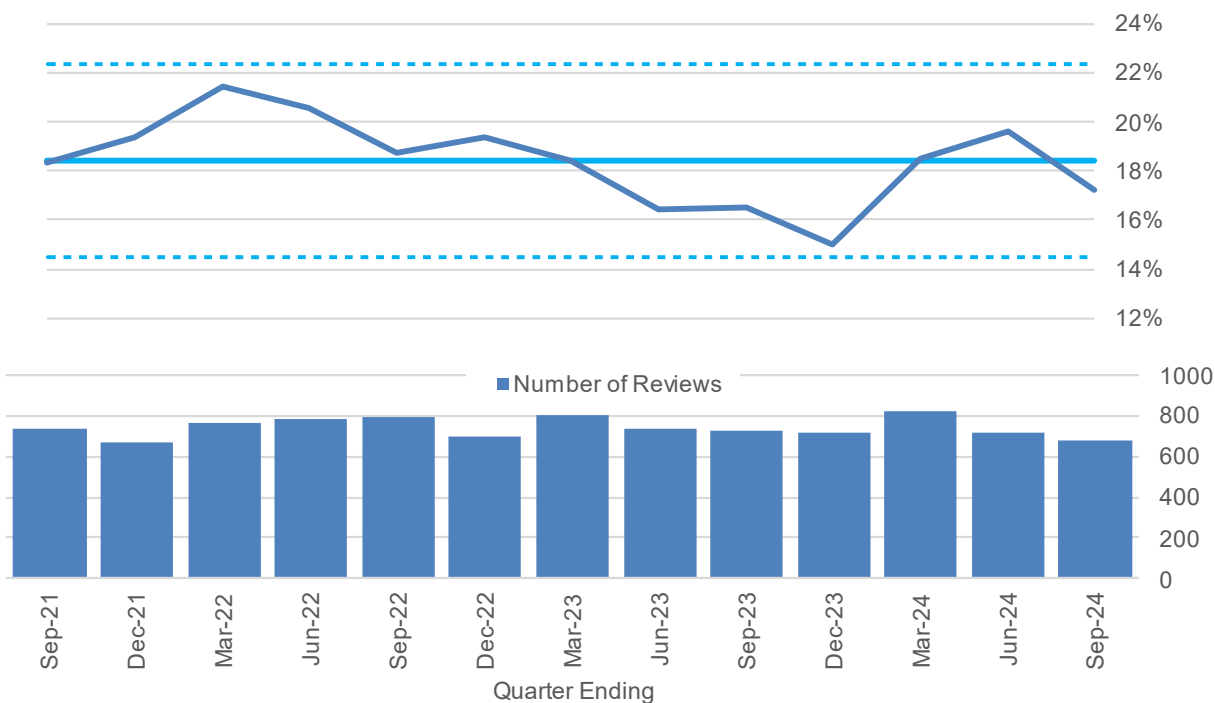
High uptake of 27/30 month review offered to parents/carers.

Standardised ASQ-3 tool and training to all staff which supports learning and development for completion of developmental review.

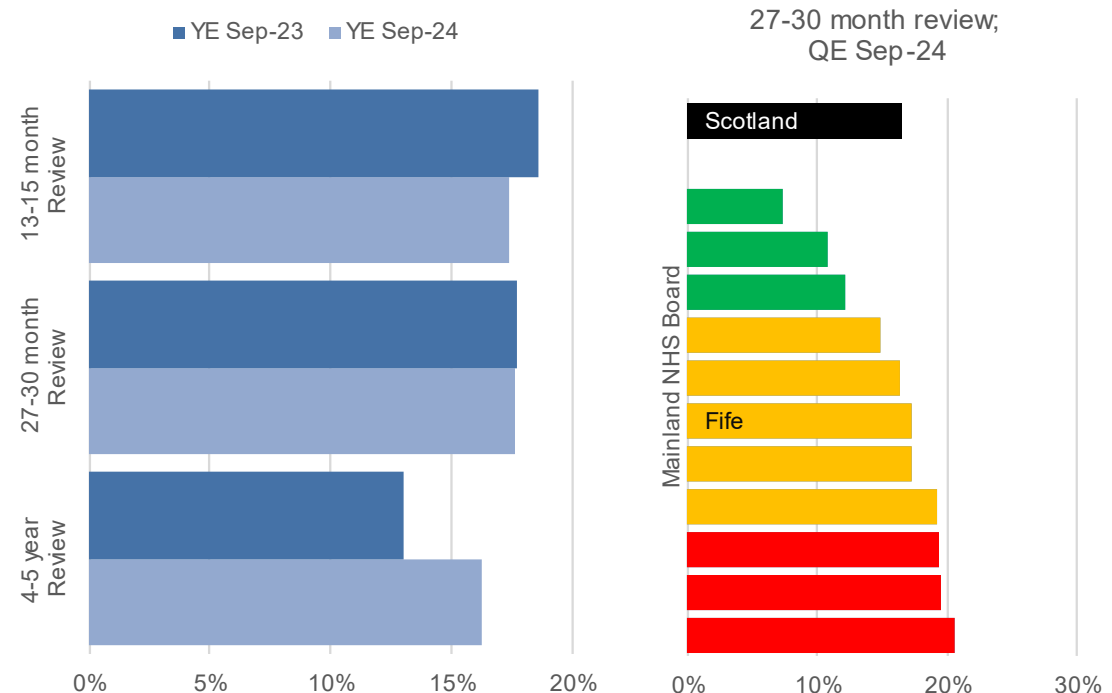
Face to face reviews with children within the home setting and also offered within nursery setting. Early intervention strategies supported by CNN.

Challenges: There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.

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



% Developmental Concerns





Childhood Immunisations

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

94.0%

8 ↑ to achieve target

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

85.7%

60 ↑ to achieve target

Data Analysis

6-in-1 at 12 months of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake decreased slightly from 94.5% in the last quarter to 94.0% in the most recent quarter, which is below target and just below the average of 94.5% (based on the last 18 quarters). PCV, Rotavirus & MenB also saw decreases on previous quarter. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.4%.

MMR2 at 5 years of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake, at 85.7%, was the same as the previous two quarters. This continues to be below target, below the average of 88.4% and remains the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 saw small increases in uptake compared to the previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 91.0%.

Service Narrative

Whilst it is disappointing to note the lower uptake of MMR2, 2025 will bring a refreshed approach to addressing this concern. On a positive note, it is encouraging to observe a minimal decrease in the 6-in-1 vaccination data.

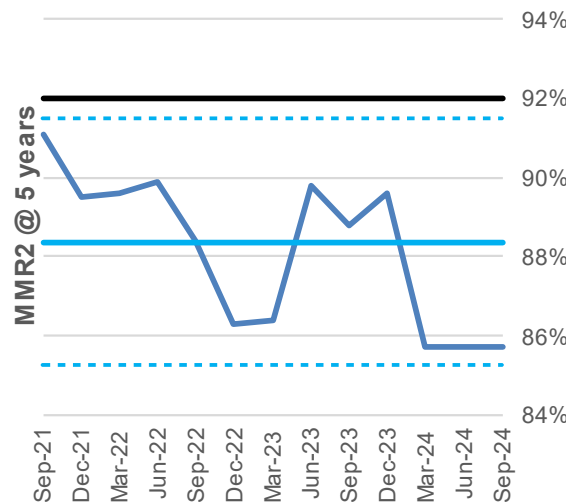
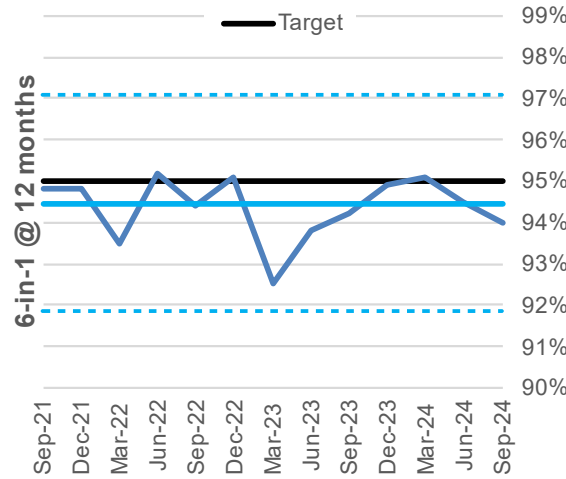
We will be refocusing on our Quality Improvement (QI) initiatives, particularly on MMR2 uptake, with an emphasis on improving engagement and reducing DNA rates.

As part of this effort, we are eager to trial new approaches, including working within preschool nursery settings and evaluating the effectiveness of a text reminder service.

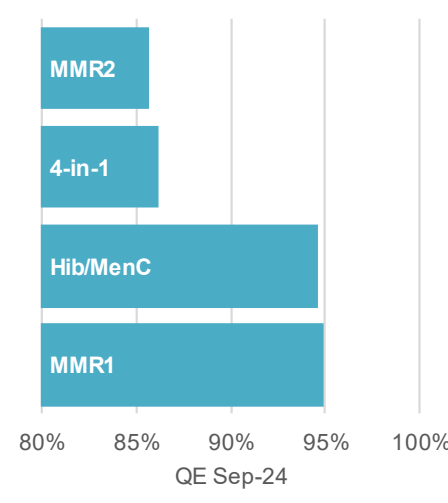
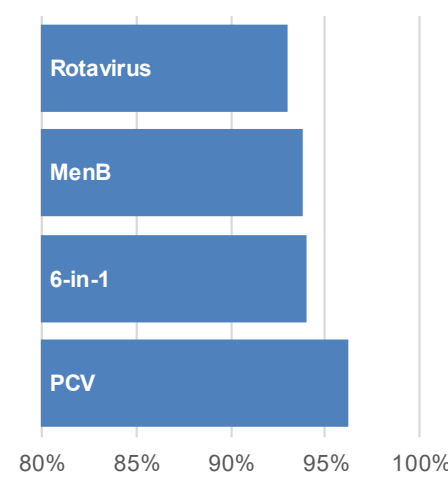
Our delivery plans will also focus on identifying children under 5 with incomplete MMR records, inviting them to arrange appointments, and potentially offering additional clinics during school holidays.

The transition to a locality-based service will enable more targeted efforts in areas with low uptake. Alongside this, we plan to review the venues currently used for infant clinics to ensure accessibility and suitability.

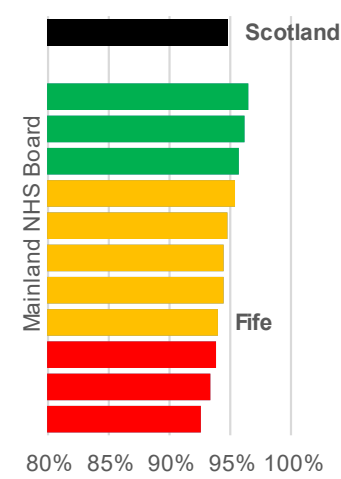
Childhood Immunisations



Uptake



Benchmarking





Influenza/Covid Vaccinations

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

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

81.1%

77.8%

Above Scottish Average (aiming to increase)

Above Scottish Average (aiming to increase)

Data Analysis

Influenza: As of 02 Feb-25, uptake for Influenza vaccination in Fife for ages 75+ was 81.1% with numbers plateauing: Fife had achieved the target of 80% uptake by the end of Dec-24. Care Home residents are the priority group with the highest uptake at 82.6%. Uptake for all Health Care Workers was 33.1%. Fife is in the mid-range of all Scottish boards for overall uptake at 53.4% (Scottish average 53.0%).

Uptake for Children overall was 50.9% with the highest uptake being the Primary cohort at 65.0%.

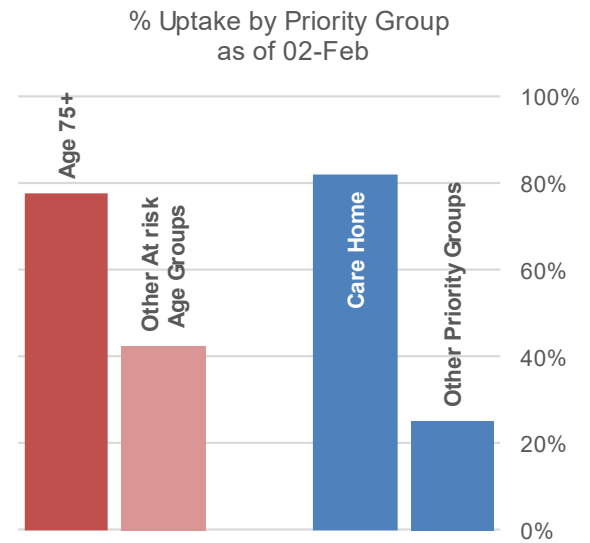
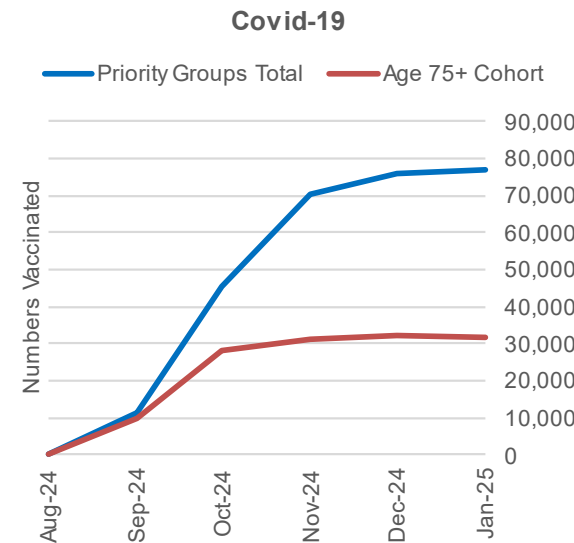
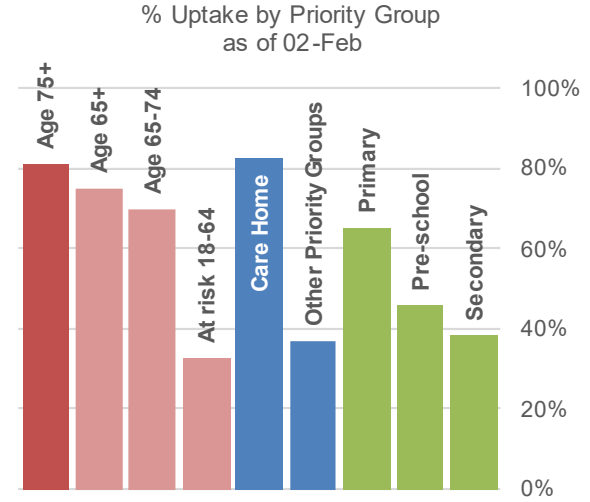
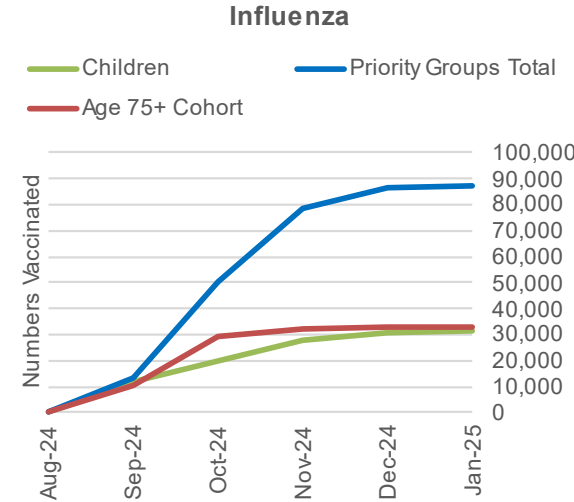
Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 77.8% and numbers have plateaued. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 82.1%. Uptake for Frontline Health Care Workers is 18.9%. Fife is in the mid-range of all Scottish boards for overall uptake at 48.4% (Scottish average 47.4%).

Service Narrative

Winter 2024 was a successful programme within NHS Fife, with both Flu uptake meeting the 80% trajectory; Covid uptake almost meeting target; and both above the Scottish average.

Health and Social care workers remains disappointing in terms of uptake. Flu was prioritised this year, with all staff being able to access Community Clinics, Community Pharmacy from the commencement of the Programme, Peer vaccination was scoped and implemented across Acute Service and HSCP. The Immunisation team provided several mop up roving staff clinics across Health and Social care with varying levels of success. Further scoping will be undertaken for Winter 2025 and a specific lessons learned event will be held in relation to the uptake of vaccination within HSCW.

Ongoing works in relation to high school flu uptake will be scoped for Winter 2025. Winter 2024 did see an improvement on Winter 2023, but further improvement is required.



Meeting: Public Health & Wellbeing Committee
Meeting date: 3 March 2025
Title: Winter Covid/Flu Vaccine Delivery Campaign 2024/25 Update
Responsible Executive: Lynn Garvey, Director of Health & Social Care
Report Author: Karen Nolan, Clinical Service Manager CIS

Executive Summary:

- Fife winter vaccination uptake in 2024/25 has exceeded the Scottish average uptake among those over 65 years of age and those with a weakened immune system.
- Uptake in care home residents in Fife exceeded our local target of 80%.
- In both Fife and Scotland, 2024/25 uptake for both flu & COVID-19 vaccine was lower than the previous season (2023/24) across most cohorts.
- Nationally there has been an overall decline in uptake across health and social care staff and this is replicated in Fife. As of 09/02/25, flu uptake in NHS Fife is 33.2% for health care workers (2023/24 = 38.0%) and 14.6% for social care workers (2023/24 =21.9%).
- A lessons learned exercise will be completed and any learning identified will be used to drive improvement activity for next winter programme
- Laboratory confirmed influenza activity peaked in Week 52 of 2024 at extraordinary levels. COVID-19 wastewater surveillance and hospitalisation rates have remained at low levels over the winter season. Ten care homes in Fife have had confirmed Influenza A outbreaks, with most occurring in December 2024.
- This report is being brought to the Public Health and Wellbeing Committee for discussion regarding the significant level of assurance (20/02/25) in regards to planning and delivery of the 24/25 Winter vaccination programme.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive

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

- Effective

2 Report summary

2.1 Situation

This report provides an update on vaccine uptake within the eligible cohorts for Winter 2024/25 COVID-19 and flu campaign within NHS Fife. A data appendix provides a summary of flu & COVID-19 epidemiology over the winter period, including care home outbreak data within Fife.

2.2 Background

Policy Context

As set out in the CMO direction (appendix 1), the key objectives for the Winter 2024 programme were:

1. To protect those in society who continue to be more at risk of severe COVID-19 and flu, to prevent severe illness, hospitalisation and death.
2. To continue to focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.
3. To minimise further pressure on the NHS and social care services during the winter period.

The following groups were offered both COVID-19 and flu vaccination:

- Residents & staff in care homes for older adults
- All adults aged 65 and over
- Those aged 6 months and over in a clinical at risk group, including pregnant women
- Pregnant women
- Frontline Health & Social Care workers

In addition, the following groups were offered flu vaccination only:

- Those under 65 with eligible flu-only clinical at risk condition
- All children aged 2-5
- All primary and secondary school pupils
- Unpaid carers
- Household contacts of those with immunosuppression
- Poultry workers & bird handlers
- Non-frontline NHS workers
- Those experiencing homelessness; substance misuse; prisoners

Delivery to adult population cohorts

Delivery to care homes and housebound citizens commenced on 24/09/24. Care homes continued to be mopped up over December. All care homes were contacted again in early January to review residents' status and to contact the Immunisation Service if further vaccination was required. Adult community clinics commenced on the 30/09/24 with scheduled appointments running until 08/12/24 and ongoing drop-in and rescheduled

availability after this. Those eligible could continue to access COVID-19 vaccination until 31/01/25, and access to flu vaccination remains until 31/03/25 through open access to community venues. National guidance was that the preferred approach for pregnant women should be co-administration of COVID-19 vaccination by midwives at existing clinic visits along with flu. Due to several factors this was not fully achieved and those wishing COVID-19 vaccination were able to attend local community clinics.

A targeted approach to an outreach model in conjunction with our SAS colleagues was developed following SIMD data in terms of deprivation, hard to reach communities and ethnicity. This proved to be very successful with good attendance across all dates, uptake was not solely with those targeted but with a wide range of eligibility.

Delivery to health & social care staff cohorts

A large range of options were offered to Health and Social Care Workers (HSCW) to encourage vaccination uptake. Focus this year was to promote and offer flu to staff – frontline staff could request a COVID-19 vaccination, however this was not the focus of the staff offer as per current JCVI and Scottish Government advice¹. As per previous campaigns, staff could drop into any community clinic for flu or COVID-19 vaccination, with additional options to access flu vaccination via over 50 community pharmacies across Fife. This year the opportunity for peer flu vaccination was also implemented. This was approved by the Nursing Directorate and a short life working group was set up and chaired by the Senior Portfolio Manager for Immunisations with support from the Immunisation Coordinator and Senior Nursing Leadership. A further CMO letter issued on 28/11/24 asked Health Boards to increase promotion of winter vaccinations to staff to increase uptake. Throughout December and into the first week in January roving staff clinics were undertaken across acute and community hospitals in order to promote uptake. Increased communications were on the staff intranet, and daily updates on safety huddles, promotion via line managers and social media campaigns continued.

Delivery of the school flu programme

The children's flu programme commenced on the 16/09/24 completing on the week ending the 13/12/24, with all schools having been visited; Inverkeithing High School required a later mop up clinic and this was undertaken the week of the 6th January. Further engagement with the Head of Education was undertaken to promote the importance of vaccination in our children/young person cohorts. This was a positive approach with some targeted work to support lower uptake. As part of our lessons learned alternative plans will be implemented in winter 2025 to further target improvement work.

2.3 Assessment

Winter vaccination uptake data as of the 9th February 2025 is provided in Tables 1-6 within appendix 2. A comparison of Fife data against uptake in Scotland is shown for this current campaign (2024/25) alongside a comparison of Fife 2023/24 performance against the Scotland 2023/24.

¹ Whilst the JCVI advised flu vaccination should be offered to frontline health & social care workers, for 2024/25 the JCVI did not advise COVID-19 vaccination for this cohort due to very limited indirect protection (vaccinating in order to reduce the risk of severe disease in other people). Scottish Government continued to offer COVID-19 vaccine to frontline health and social care workers in winter 2024/25 as an interim position, but asked Health Boards to prioritise delivery of the flu programme to this group.

In the largest eligible adult cohort group (those over 65) and in the most vulnerable clinical adult cohort (those with a weakened immune system) Fife performance in 2024/25 has exceeded the Scottish average. In cohorts where in 2024/25 Fife performed below the Scottish average, it can be seen that the gap in performance against Scotland has narrowed in 2024/25 in comparison with the gap in the 2023/23 season (18-64 at risk cohort; care home residents; under 18s; health & social care staff). Uptake in care home residents in Fife exceeded our local target of 80%. In both Fife and Scotland, 2024/25 uptake for both flu & COVID-19 vaccine was lower than the previous season (2023/24) across most cohorts.

To note in 2024/25:

- Those over 75 years of age, flu uptake in NHS Fife is 81.2% against NHS Scotland average of 80.4%.
- Those over 75 years of age, COVID-19 uptake in NHS Fife is 77.8% against NHS Scotland average of 76.6%.
- Older people in care homes, flu uptake in NHS Fife is 81.8% against the NHS Scotland average of 83.5%.
- Older people in care homes, COVID-19 uptake in NHS Fife is 81.1% against NHS Scotland average of 81.4%.

Nationally there has been an overall decline in uptake across health and social care staff and this is replicated in Fife. As of 09/02/25, flu uptake in NHS Fife is 33.2% for health care workers (2023/24 = 38.0%) and 14.6% for social care workers (2023/24 =21.9%) against NHS Scotland average of 35.8% and 17.0% for each cohort. There was a significant amount of planning and coordination required to support the peer vaccination process and whilst staff were keen to support the peer campaign, capacity to release the staff to undertake take this task was a challenge due to winter flow activity. In-depth qualitative evaluation with staff is planned for March 2025 and a SLWG to reconvene the staff campaign planning work will commence in June 2025 to work toward a more whole systems approach to staff immunisation for winter 2025/26. We must however celebrate that we have been able to reintroduce the peer vaccination model and offer a greater range of opportunities for staff to receive their vaccines.

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	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied.	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,	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

	an insignificant amount of residual risk or none at all.	There remains a moderate amount of residual risk.	which requires further action to be taken.	
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2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. An immunisation quality matters assurance group meets regularly to provide assurance regarding safe delivery of the Immunisation programme. Care Opinion, complaints and compliments are accurately recorded and shared with team members. The number of complaints and MSP enquires have significantly reduced compared to previous years campaigns.

2.3.2 Workforce

Workforce during this programme involved the use of extra hours and Bank. Finance colleagues have been involved in this discussion and there was a financial envelope to support this usage.

2.3.3 Financial

The programme continued to work closely with finance colleagues to track and report on expenditure. There are no additional costs, and any risks were identified throughout the delivery stages of this campaign and will be managed, mitigated, and reported accordingly. Bank usage has already been factored into the budget and this will also be monitored weekly.

2.3.4 Risk Assessment / Management

A robust risk review process is in place where risks are reviewed frequently across key workstreams.

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

Outreach work was undertaken in conjunction with SAS to target areas of lower uptake.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact on Board climate targets. Improvement work continues to ensure vaccine waste is minimised and to adjust patterns of working to maximise efficiencies in staff travel. Access to public transport is always factored into assessments for identifying suitable community vaccine clinic locations.

2.3.7 Communication, involvement, engagement and consultation

Communications are linked with the national direction, applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from previous vaccination programmes to ensure effective, timely and targeted communications.

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.

- Community Immunisation Service Programme Board, 21 January 2025
- (HSCP Senior Leadership Team, 17 February 2025)
- (Executive Directors Group, 20 February 2025)

2.4 Recommendation

Members are asked to take a **“significant” level of assurance** that the Winter Vaccine Programme met the deliverables as directed by CMO.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, SGHD CMO 2024 16 Winter programme 2024 – seasonal flu and COVID-19 vaccination can be found [here](#).
- Appendix 2, COVID19 & Flu Vaccine Uptake, Fife & Scotland
- Appendix 3, Respiratory virus activity in Fife 2024/25

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Clinical Services Manager

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Appendix 2: COVID19 & Flu Vaccine Uptake, Fife & Scotland

Table 1: Adult population cohorts Flu Uptake

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024		Fife 2023 vs Scottish Average 2023	
Overall	163462	87406	53.5%	53.0%	+0.5%	↑	-1.9%	↓
75+	40823	33128	81.2%	80.4%	+0.8%	↑	+0.3%	↑
65 to 74	45317	31638	69.8%	68.4%	+1.4%	↑	+0.2%	↑
WIS	12856	8035	62.5%	60.7%	+1.8%	↑	+0.2%	↑
18 to 64 at risk	60826	19926	32.8%	34.4%	-1.6%	↓	-2.8%	↓
Care Home	2426	1984	81.8%	83.5%	-1.7%	↓	-3.6%	↓

Table 2: Adult population cohorts COVID-19 Uptake

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024		Fife 2023 vs Scottish Average 2023	
Overall	158224	76620	48.4%	47.4%	+1.0%	↑	0	↔
75+	40823	31761	77.8%	76.6%	+1.2%	↑	+0.7%	↑
65 to 74	45317	29145	64.3%	63.4%	+0.9%	↑	+0.3%	↑
WIS	9853	4748	48.2%	47.0%	+1.2%	↑	+1.0%	↑
18 to 64 at risk	52253	14140	27.1%	27.6%	-0.5%	↓	-2.0% (12 to 64 at risk)	↓
Care Home	2426	1967	81.1%	81.4%	-0.3%	↓	-2.7%	↓

*WIS = Weakened Immune System

Table 3: Under 18 Flu cohorts

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
Secondary School	25979	9908	38.1%	53.0%	-14.9% ↓	-31.2% ↓
Primary School	26779	17404	65.0%	68.1%	-3.1% ↓	-1.7% ↓
Pre-school	8542	3921	45.9%	50.1%	-4.2% ↓	-13.9% ↓
6m to 2y	117	51	43.6%	40.6%	+3.0% ↑	+1.5% ↑

Table 4: Under 18 COVID-19 cohorts

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
12 to 17 at risk	2620	183	7.0%	7.4%	-0.4% ↓	
5 to 11 at risk	2242	112	5.0%	6.0%	-1.0% ↓	-2.1% ↓
6m to 4y	380	21	5.5%	6.3%	-0.8% ↓	+0.1% ↑

Table 5: Staff Flu cohorts

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
All health care workers	11316	3753	33.2%	35.8%	-2.6% ↓	-4.2% ↓
All social care workers	12625	1845	14.6%	17.0%	-2.4% ↓	-4.0% ↓

Table 6: Staff COVID-19 cohorts

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
Frontline healthcare	6982	1317	18.9%	23.5%	-4.6% ↓	-4.8% ↓
All social care workers	12660	1314	10.4%	11.7%	-1.3% ↓	-3.0% ↓

Appendix 3: Respiratory virus activity in Fife 2024/25

Influenza activity (Table 1 & Figure 1- 4)

Laboratory confirmed influenza case numbers continue to decline having peaked in week 52 at extraordinary levels, with levels currently at moderate levels in most recent week of reporting (week 6, 03/02/25 to 09/02/25).

Of the 133 influenza virus samples that have been genetically sequenced this season, the dominant strain has been Influenza A H1N1 (84 cases). Influenza B is currently increasing as a proportion of total influenza cases, although has decreased in absolute number of cases in week 6 compared with week 5. Vaccine effectiveness estimates for 2024/25 will be published by PHS later in the season.

In total, to 10/02/25, there have been 10 confirmed Flu A outbreaks, 1 confirmed COVID-19 outbreak, and 2 unconfirmed respiratory illness outbreaks within care homes within Fife over the winter season. Care home outbreak activity was greatest in December 2024.

COVID-19 activity (Figure 5)

COVID-19 prevalence as measured by viral RNA levels in wastewater remains at low levels, reflecting the hospitalisation trend.

Figure 1: Influenza incidence rate per 100,000 population by week of sample, Scotland

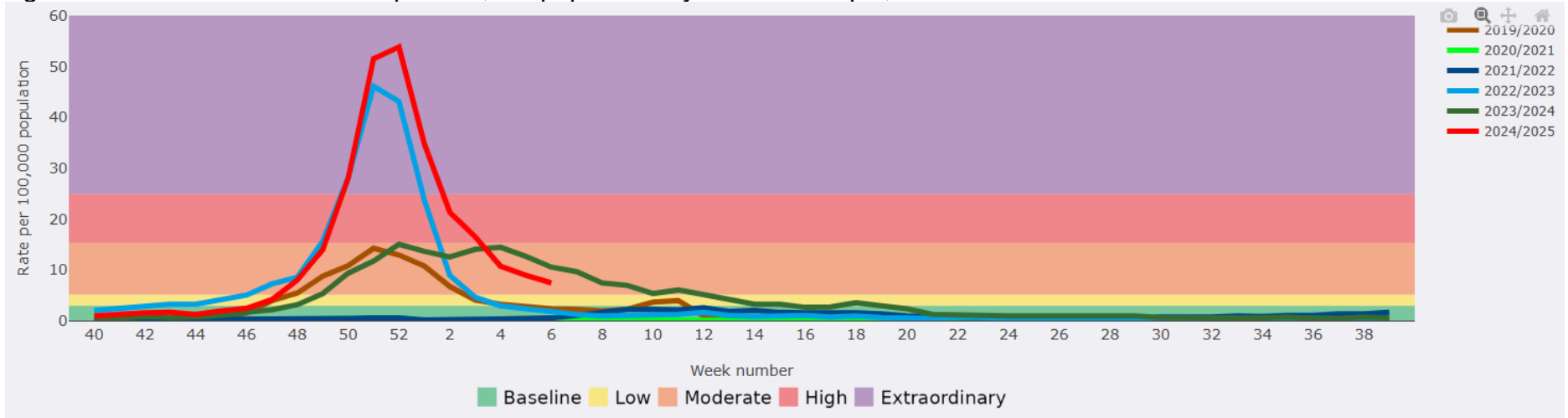


Figure 2: Influenza incidence rate per 100,000 population by age group by week of sample, Scotland

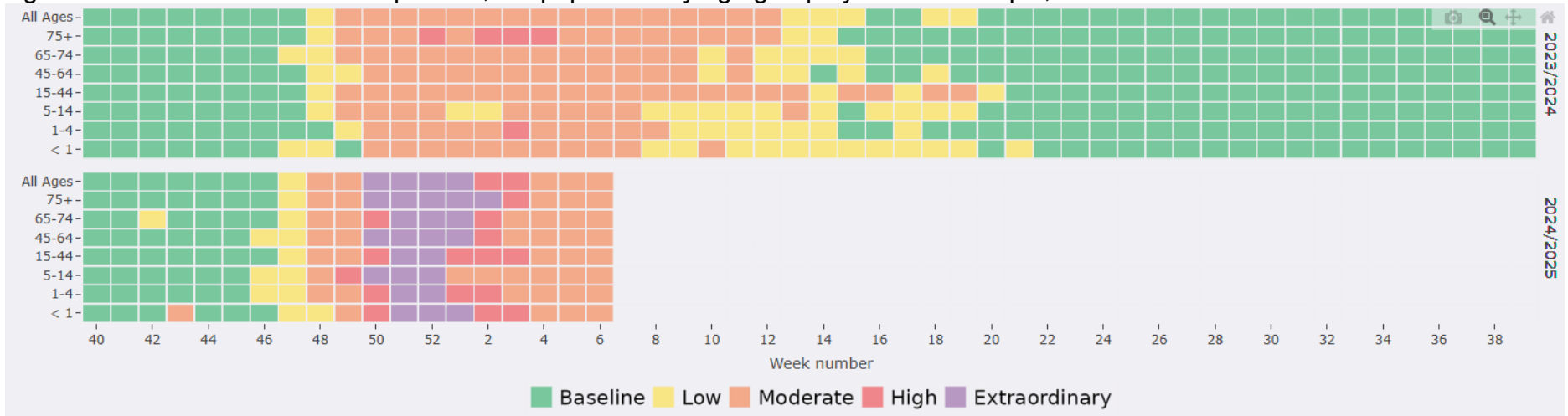
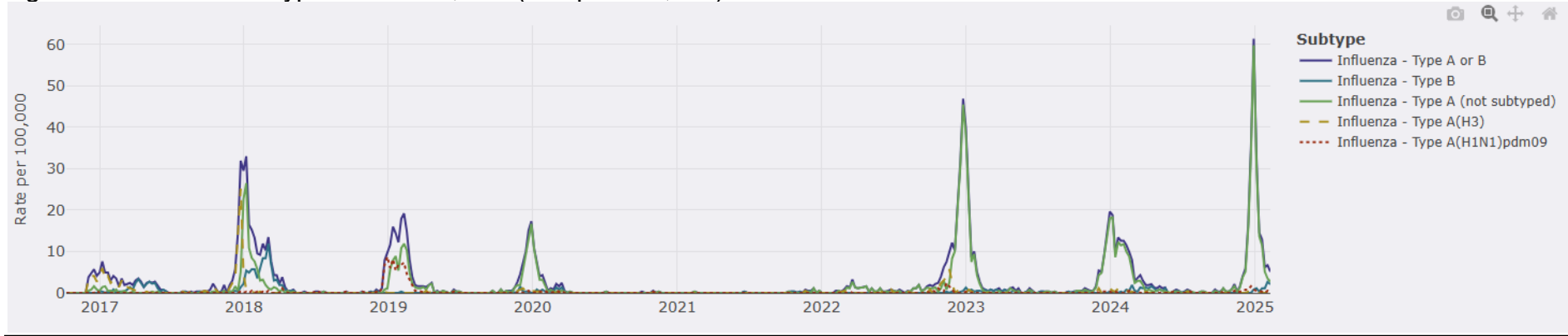


Figure 3: Influenza sub-types over time, Fife (rate per 100,000)*



*Variation testing practices over time impacts interpretation of rates across years

Figure 4: Acute influenza hospitalisation admissions, Scotland

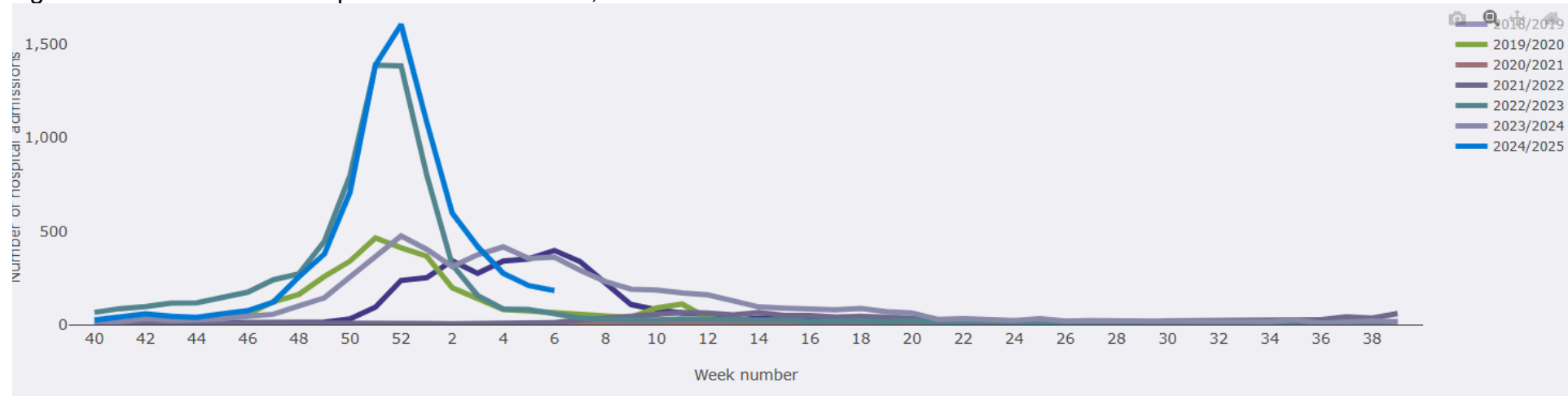
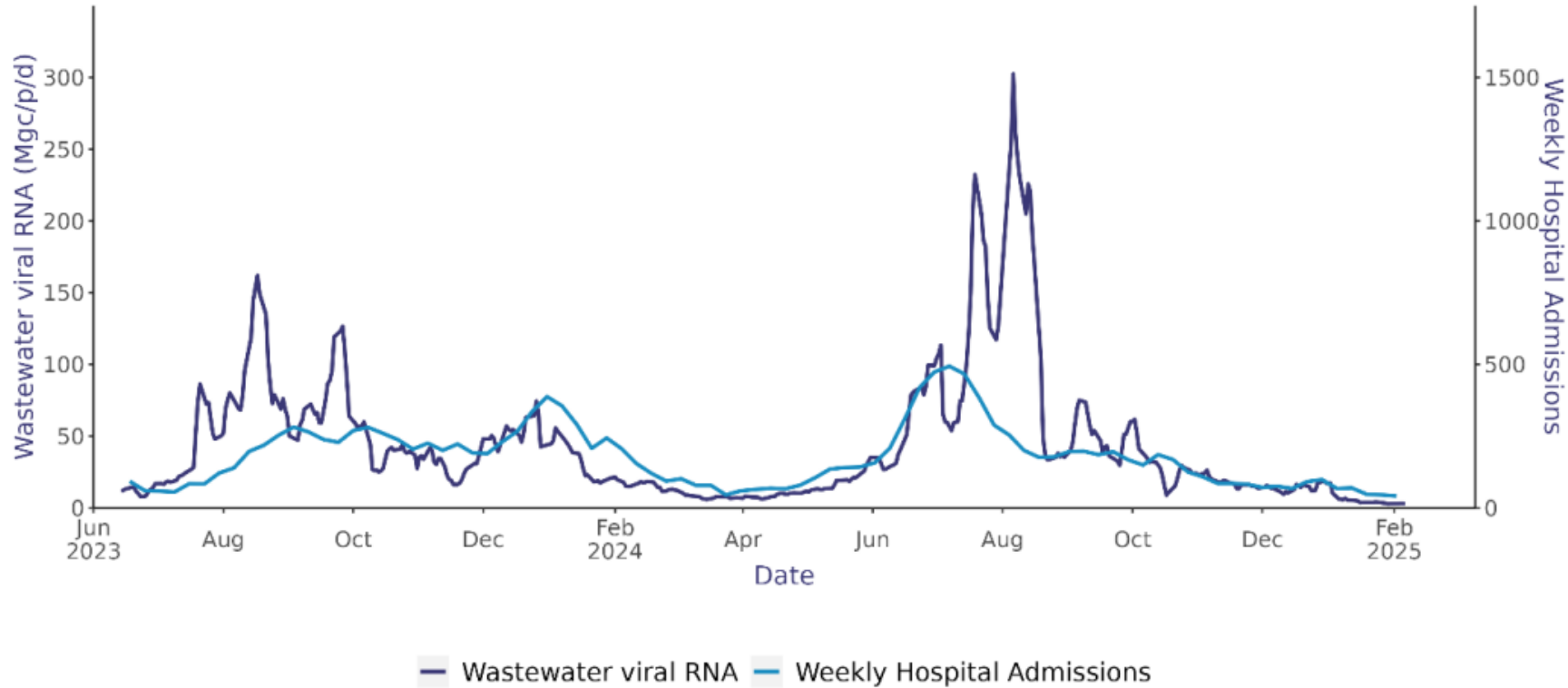


Figure 5: National average national trend in wastewater COVID-19 RNA compared with PHS hospitalisation data



Appendix 3 Contact:

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Source Data:

Figures 1-5: [PHS COVID-19 & respiratory surveillance interactive dashboard](#) (extracted 14/02/2025).

Table 1: Fife health protection records (HPZone).

Meeting: Public Health and Wellbeing Committee

Meeting date: 3 March 2025

Title: Equality Outcomes Final Report and Equality Outcomes and Mainstreaming Plan 2025-2029

Responsible Executive: Janette Keenan, Executive Nurse Director

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

Executive Summary:

- The Equality Outcomes Plan 2021-2025 is concluding, and NHS Fife has developed the NHS Fife Equality Outcomes Final Report 2021-2025 to evaluate the progress made, actions taken, challenges encountered, and impacts achieved during the reporting period.
- NHS Fife is now required to develop a new set of equality outcomes for the next period, outlined in the NHS Fife Equality Outcomes Plan 2025-2029, which outlines key priorities to improve and mainstream equality across the organisation, in line with initiatives like the Anti-Racism Directive.
- The reports are crucial for ensuring the organisation's accountability, demonstrating compliance with legal requirements, and showcasing NHS Fife's commitment to an equitable, inclusive, and diverse workforce and services.
- The Equality Outcomes Final Report 2021-2025 identified several challenges, including the lack of specificity in the outcomes, which made it difficult to track progress. The new plan is designed to be SMART, with clear actions, defined stakeholders, and mechanisms for accountability.
- The Public Health Committee is asked to review and recommend this for publication...

1. Purpose

This report is presented for:

- Decision

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

Looking ahead, NHS Fife has developed the NHS Fife Equality Outcomes Plan 2025-2029, setting out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation. These new equality outcomes have been aligned with key national directives, including Scotland's Anti-Racism Strategy and the Maternity and Neonatal Care Strategy, ensuring a coordinated approach to equality improvement.

The Committee is asked to review the work undertaken, scrutinise the proposed Equality Outcomes Plan 2025-2029, and recommend it for approval by the NHS Fife Board.

2.2 Background

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

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

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

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

2.3 Assessment

The Equality Outcomes Final Report for 2021-2025 identified several challenges that have influenced the development of the new plan. A significant issue was the lack of specificity in the outcomes set in the 2021-2025 plan, which made it difficult to track progress and ensure accountability. The outcomes were broad, lacked clear, actionable steps, and were not well-defined, leading to inconsistent implementation and limiting their impact. These lessons have directly influenced the design of the 2025-2029 plan, which has been developed to be SMART. The new plan includes clear actions, designated stakeholders, and robust mechanisms to ensure accountability and measure progress.

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

There are no financial implications to the outcomes set.

2.3.4 Risk Assessment / Management

There are minimal risks with the outcomes that have set.

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

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

2.3.6 Climate Emergency & Sustainability Impact

There is no anticipated impact on climate or sustainability.

2.3.7 Communication, involvement, engagement and consultation

Engagement was undertaken to shape the new plan, was through governance committees, meetings with services directly, and through complaints and feedback. The outcomes were also shared with members of the FHSCP for consultation and comment. The NHS Fife

Equality and Human Rights section of the NHS Fife website will be updated inline with the Boards obligations under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to develop and publish equality outcomes.

2.3.8 Route to the Meeting

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

- NHS Fife Equality & Human Rights Steering Group, 4th February 2025.
- Executive Directors Group – 20th February 2025

2.4 Recommendation

This paper is provided to members for:

- **Discussion** – For examining and considering the implications of both reports.
- **Decision** – For review and recommendation to Fife NHS Board that Reports are published

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Equality Outcomes Final Report 2021-2025
- Appendix No. 2, Consultation List – Final Report
- Appendix No. 3, NHS Fife Equality Outcomes Plan 2025-2029
- Appendix No. 4, Consultation List - 2025-2029 Plan

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Equality Outcomes Final Report

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



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



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Contents

1.	Foreword	2
2.	Introduction.....	3
3.	Equality Outcomes 2021–2025.....	4
3.1	Outcome 1 – Person-centred Care – To improve the mental health outcomes for patients over 65 years.....	4
3.2	Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community	10
3.3	Outcome 3 – To make senior management equality-focused by improving and embedding knowledge and skills through learning, mentoring and leadership	12
3.4	Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.	13

1. Foreword



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

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

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

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

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

Janette Keenan

Executive Director of Nursing

Executive Lead for Equality and Human Rights

2. Introduction

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

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

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

The NHS Fife Equality Mainstreaming report, inclusive of a general workforce equalities update can be found in the new [NHS Fife Equality Outcomes and Mainstreaming Plan for 2025-2029](#) on our website.

3. Equality Outcomes 2021–2025

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

Action:

NHS Fife will provide opportunities for older people to participate in volunteering within NHS Fife to improve and support both their health and wellbeing, and also our patient's health and wellbeing. Additionally, the range and number of volunteering activities will be increased to enable more opportunities for older people in our community.

The NHS Fife volunteering service continues to support 66 year olds and over (approximately 46% of NHS Fife Volunteers) volunteering and does so through Occupational Health, wherever required, to ensure adequate support measures are in place for each individual. Training delivery is offered both online and face-to-face, for flexibility and we now have a number of volunteers placed in the education centre at Queen Margaret hospital, supporting as simulation volunteers.

Action:

To reduce the use of anti-psychotic medication through the use of personalised playlists.

The aim of this was to reduce symptoms of stress and distress in persons with dementia in the West Fife Community by February 2024. Staff worked collaboratively with service users and carers to ensure the playlists developed were meaningful to each individual patient. Co-production of care plans were also important with many relatives choosing to share this with other care providers involved in their family members care to enable continuity of care for the patient.

Tests of change

- Training staff in the use of Playlist for Life.
- Introducing Playlist for Life as a non-pharmacological approach in the community.
- Playlist for Life care plan design and implementation.
- Playlist for Life patient information folders.

Outcomes

As of October 2024, 12 staff members have been trained to deliver Playlist for Life interventions, resulting in 24 patients having playlists in place. 80% of these patients have seen a reduction in medication usage for treatment of stress and distress symptoms, with one patient experiencing a 100% reduction and no longer requiring medication for the treatment of stress and distress symptoms.

The West Fife Older Adult Community Mental Health Team are the first accredited Playlist for Life community team in Scotland.

What Next?

The team are already working with the remaining Older Adult Community Mental Health Teams to embed Playlist for Life into care delivery service wide.

Action:

Fully implement Psychologically Informed Care for “Stress and Distress” in Dementia care across Fife.

Psychologically informed care refers to the integration of psychological principles in health and social care. The current psychological work around the “stress and distress” model aims to promote a shared language and understanding across the health and social care partnership.

Newcastle Formulation Model

The Newcastle Formulation Model is a framework which is used to consider potential causes / triggers for stress and distress in people with dementia. This framework helps the Multi-disciplinary Team consider the factors affecting behaviour and identify unmet needs. A tailored care plan can then be developed which focuses on non-pharmacological approaches, and is reviewed as necessary.

Summary

The aim of this approach is to improve the psychological care of people with dementia and enhance the psychosocial skills of those who work with people with dementia. Staff have reported positive experiences of consultancy, supervision and training which has led to improved confidence in the use of psychological interventions and improved care planning for people with dementia.

Action:

Improving PRN Administration and recording processes to support person-centered care and create opportunities for improved non-pharmacological interventions.

NHS Fife Older Adult Mental Health Inpatient service aimed to improve pro re nata (PRN) or “As required” psychotropic medication recording and review processes to support focus on non-pharmacological activity as a first line response to the treatment of stress and distress behaviours. They also aimed to provide accurate, timely and patient specific data relating to each administration; contributing to a reduction in PRN usage, improved patient-centeredness, care planning and increased non-pharmacological treatments. In 2023, we reported on the introduction of green stickers for non-pharmacological activity.

The service have since implemented red and amber stickers in addition to the green. The red indicates intramuscular (IM) medication, Amber indicates oral medication and Green continues to indicate non-pharmacological intervention. This was supported by automated data reports which tracked patient specific trends in PRN usage and symptom improvement. Reporting opportunities were enhanced through improved use of digital technologies and this forward thinking approach has contributed to an enhanced level of patient specific information and has improved the services ability to govern and monitor PRN usage proactively. Reports were adapted through small scale testing, utilising quality improvement methodology and ward level PRN usage was tracked over time and issued weekly via ward level reporting.

Outcomes

The Older Adult Service has experienced a 35% reduction in Oral/IM PRN administration for the January 2022 – January 2023 period. The learning from small scale testing within Older Adult Services has led to the scale up and spread throughout NHS Fife Mental Health and Addictions Service in 2023/2024. Access to patient specific data reports has lead to improved person centered care planning as well as an improvement in timely patient specific medication reviews. Multi disciplinary communication has also improved with data reports providing the necessary information to inform patient prescribing. Senior nurses have found benefit in the data reports as they reinforce often instinctive feelings about patient’s behaviour patterns.

Conclusion and Next steps

The PRN sticker process and associated reports have already been scaled up and spread to NHS Fife Mental Health inpatient service. Inpatient areas are being supported by Quality Improvement practitioners to further explore how these reports can support improved patient safety data such as violence and aggression and falls.

Action:

To introduce a Post Diagnostic Support Quality Questionnaire.

Using the Health Improvement Scotland focus on a single quality question for dementia, a simplistic feedback form was developed that asked *“Overall, how helpful or unhelpful has the support been to you?”* The aim of this approach is to improve the way the service gains feedback from individuals receiving Post Diagnostic Support and will facilitate an improvement to the patients care and overall experience.

Initially the form was generated on paper, however due to limited uptake, an electronic form was created. This proved a success, and so a QR code for easy accessibility to the form was generated to compliment the electronic approach. The QR codes were added to documentations, letter and staffs work badges, to encourage submission of feedback. The QR codes allowed for instant submission of responses to the Quality Improvement Team.

What Next?

The data collected for each patient allows the service to proactively respond to any potential areas for improvement, whilst also enabling the team to showcase areas of excellence. This feedback process has been scaled up and is now being implemented by the remaining Post Diagnostic Support teams across Fife. A monthly report is in the process of being designed to ensure the feedback is disseminated across all team members.

Action:

Implementing the Mental Health Advanced Nurse Practitioner (MHANP) role in Older Adult Community Mental Health Services.

As reported in the 2023 Interim report, a MHANP role was implemented in the East Fife Older Adult Community Mental Health Team in November 2021.

The introduction of the MHANP role has supported capacity and capability of the workforce by offering diagnosis and treatment recommendations to be made by a wider range of professionals providing an efficient and cost effective process. Future work will consider non-pharmacological recommendations, geographical area and purpose of review appointments to examine closely the workload of the MHANP and offer insights to workload distribution when considering any service expansion.

The MHANP does not have authority to refer for diagnostic scanning; however a potential change in process could improve the patient journey and efficiency further.

Action:

To introduce the 'Simple Pleasures Project' in the Elmview Ward, Stratheden Hospital.

'Simple Pleasures' was a small-scale quality improvement project commenced within the Older Adult Mental Health Inpatient Service in April 2022. The initial aim of the project was to embed processes that would improve the quality of daily living for patients in Elmview by achieving the following:

- 25% Increase in patient engagement with meaningful activity by 1st May 2023
- 40% Increase in the number of patients who are deemed fluid vulnerable meeting their fluid targets
- Achieving a 20% increase in positive staff experiences at mealtimes by 1st May 2023

To fully understand the system and know how the ward was currently performing. The team implemented several baseline data measurements that would support them to track improvement following any test of change. Audits included were; Care Planning, Activities, Environment and Fluid Charts.

Outcomes

- Improved compliance with fluid monitoring
- Improved fluid intake for patients through the offering of sparkling water
- Implementation of dining room decoration and environmental design which has supported better mealtime experiences.

Next Steps

To fully implement the use of fluid reports and RAG status.

Action:

Improving waiting times for Post Diagnostic Dementia Support.

NHS Fife Older Adult Mental Health Post Diagnostic Support (PDS) Team aimed to shorten the wait times from referral to appointment for patients diagnosed with Dementia. An Audit of waiting times highlighted a substantial waiting list of 122 patients awaiting appointment 6 months post diagnosis. This was caused by increased referral rates combined with reduced staffing resource within the PDS Team have attributed to waiting list management.

Test of Change

The service reviewed staff resource from the wider Community Mental Health Team and allocated resource to the PDS Team with an aim to reduce the waiting list within a 3 month period. This 3 month review of the new measures provided a reduction in waiting list numbers by 70% and length of time from referral to appointment reduction of 50%.

Next Steps

Continue with additional staffing resource from wider Community Mental Health Team to support ongoing improvements to waiting times.

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

Action:

NHS Fife to improve ethnicity data collection.

As reported in our 2023 interim report, NHS Fife has experienced challenges with collection of ethnicity data collection for a variety of reasons. NHS Fife is now working collaboratively with Public Health Scotland (PHS) to make improvements to this. PHS have developed training resources for staff, as well as information leaflets for patients, service users and their families, to improve understanding on the importance of ethnicity data collection and why we ask for it. NHS Fife is expected to trial these resources in early 2025. Success of these resources will be determined by two comparative surveys completed by staff, to explore their confidence to ask ethnicity data collection questions, and their understanding of why we ask them. These surveys will be circulated round staff at the beginning of the trial period, and at the end of the trial.

Should these resources be found to be beneficial, they will be made available by PHS for use across all NHS Scotland health boards.

Action:

To continue to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

Throughout 2023, NHS Fife undertook an extensive review of our Interpreting and Translation services. A number of key areas were identified as areas for improvement, including face-to-face BSL interpreting provisions, availability of interpreters, out of hour's provisions, governance, and an efficient internal process for obtaining and booking interpreters.

So far, NHS Fife has successfully onboarded 1 WTE BSL Interpreter, that has shown an enormous improvement in the patient experience, as well as improved availability of interpreters, flexibility, better booking system and has aligned with the boards financial goals. Additionally, NHS Fife has begun prioritising the appropriate use of digital solutions, such as our audio interpreters and other digital solutions by expanding and promoting access to these.

Next Steps

NHS Fife looks to transform their community spoken language interpreting by on boarding a variety of spoken language interpreters to the staff bank. This will result in an improved and streamlined booking system, with improved availability of interpreters and better governance.

The top 6 languages that NHS Fife provides interpreting support for are as follows:

1. **Romanian**
2. **Polish**
3. **Arabic**
4. **Russian**
5. **Bulgarian**
6. **British Sign Language**

These are the languages that will be initially prioritised in onboarding to the staff bank, due to the demand for these services.

Action:

To explore racialised outcomes for neonates in NHS Fife.

The findings of the MBRRACE UK 2021 perinatal mortality surveillance report on the effects on ethnicity on perinatal mortality produced stark results. Along with the Race and Health Observatory (RHO) review of neonatal assessment, it prompted us to look at our current practice and awareness of neonatal assessment in babies of diverse ethnicity. NHS Fife employed a Plan-Do-Study-Act (PDSA) methodology and sought to ascertain the level in which the nationwide findings apply locally.

An initial survey of all midwifery staff (31% response rate) across the board was undertaken to explore staffs confidence in assessing neonates of diverse ethnicities. The three main areas for assessment that were discussed were adaptation at birth, jaundice levels and evidence of cyanosis.

Data collection highlighted an opportunity to enhance confidence among midwifery staff within NHS Fife, as the majority of respondents had not previously received training on conducting assessments that consider diverse ethnicities. This presents a valuable chance to strengthen knowledge and ensure more inclusive, culturally competent care.

A subsequent awareness raising programme has been developed entitled 'Bridging the Gap'. By October 2024, this training had successfully reached 50 staff midwives in its initial 4 months and we have plans to continue its expansion through a 'train the trainer' approach.

In November 2024, NHS Fife was also selected to present this work to the Scottish Maternity and Midwifery Festival in Edinburgh which saw over 100 delegates attend in person with even more joining remotely.

As part of our commitment to understanding inequality and inequity in neonatal care, NHS Fife will develop a revised and specific Equality Outcome for our 2025-2029 plan relating to both racially-conscious maternity and neonatal care.

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

Action:
Bi-annual Board development sessions will take place.

Board development sessions throughout 2023 and 2024 have taken place via a series of presentations to board governance committees, including Staff Governance Committee, Area Partnership Forum, and others. These have covered a range of material, from discussion around the experience of our Diverse Ethnic Staff (see 3.4 for more info) to BSL interpreting awareness.

There is a regular agenda slot for Equality and Human Rights on the Staff Governance Committee, to ensure members are regularly updated with key activity in the field. Delivery to and attendance at these governance committees is intended to continue indefinitely.

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

Action:
To improve engagement including supporting to establish networks and forums, ensuring their voice is heard across NHS Fife.

NHS Fife’s successful LGBT+ Network launch in 2024 provides a valuable model for revitalising the Diverse Ethnicity Network in 2025. The LGBT+ Network attracted over 100 survey responses and a total of over 20 attendees at its initial meetings, with a focus on inclusivity through hybrid meetings and partnerships with the Fife Health and Social Care Partnership, ensuring broad participation. The network’s involvement in events like Fife Pride demonstrates its potential to foster community connections and shared learning. Similarly, the launch of the Fife Health and Social Care Partnership Neurodiversity Staff Network, which engaged over 50 attendees, highlights the importance of inclusive dialogue and collaboration. Building on the insights and successes of these initiatives, the Diverse Ethnicity Network will adopt a fresh approach focused on inclusivity, engagement, and long-term impact, aligning with the Anti-Racism Plan and addressing the unique challenges this staff group face, to create a supportive and sustainable platform

Action:

NHS Fife to make efforts to boost the recruitment of International Medical Graduates, Internationally trained Nurses and Radiographers, and improve the rates of retention of these staff members.

NHS Fife received an International Recruitment Pastoral Care Quality Award from the Scottish Government in April 2024. This has been awarded in recognition of NHS Fife's commitment to providing high-quality pastoral care to internationally recruited adult nurses and radiographers during the recruitment processes and their employment.

Fife became the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust.

New recruits were offered a comprehensive package of support from our recruitment and spiritual care teams as part of the international induction programme. This included the issuing of an information welcome pack and contract of employment before they arrived in the country, being met at the airport and escorted to accommodation where they were able to stay for 3 months, orientation tours of accommodation and local area, being issued with a SIM card, Wi-Fi access and a food welcome pack. They were also issued with a laptop to undertake corporate induction and training, shown how to use our public transport apps, how to register with a Dentist and GP, how to open a bank account and provided with information on pay, benefits and tax.

Action:

Seek to understand the impact and experiences of racism and discrimination on our Ethnically Diverse Staff.

Throughout October, the Equality and Human Rights Team undertook a staff survey on MS forms which aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination, if (and how) they record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network.

For the purpose of analysing the results of this survey, respondents have been grouped into approximate 'race' groups and general workforce groups, however it should be noted that this does not equate to equal experiences for each subgroup and this was to improve understanding of general trends in the data and how experiences may vary across general races and areas of work.

Results

Overall, 72% of respondents declared an 'excellent' or 'good' experience of working for NHS Fife. The only group that did not have a majority good or excellent experience were mixed ethnicity staff. When asked if they feel they are treated differently in the workplace than staff who are not ethnically diverse, Black and mixed ethnicity staff were most likely to feel treated differently and 'Allied Health Professionals (AHPs)' or 'Other Therapeutic' staff were least likely to feel this way.

When asked if they feel confident that concerns they raised would be listened to, the only groups that were likely to feel 'unconfident' or 'not so confident' were Black and mixed ethnicity staff. Positively, 61% of respondents declared they do not believe they have experienced racism or discrimination due to their ethnicity, compared to 32% of respondents who believe they have. Staff members of mixed ethnicities were most likely to have felt they have experienced racism or discrimination out of all groups, with 80% of respondents saying so, and 73% of white and 66% of black respondents respectively also saying they have experienced this. However, 83% of Asian respondents have declared that they have not experienced racism/discrimination. When exploring responses by workforce grouping, AHPs and 'Other Therapeutic' were least likely to feel they have experienced racism and discrimination in NHS Fife. It can be noted however, that it was most common for respondents to declare they have experienced racism or discrimination from patients, followed by patient's families/friends or carers, then by colleagues in other teams, their own team members, senior colleagues respectively, and the group least reported were line managers. It was also noted that when asked if staff felt able to report incidents of racism and discrimination, 61% said they were able to and only 27% reported they did not. When analysed by grouping, the only group that the majority felt unable to report on this were Black staff members with 67% reporting feeling this way. It must however be noted that although 71% of Medical/Dental respondents felt able to report incidents of racism and discrimination, only 29% of them were aware this could be completed on DATIX. Overall,

59% of respondents have said that they did not report racist or discriminatory incidents on DATIX.

When asked if staff were aware of the NHS Fife Diverse Ethnicity Network (the DEN), 53% of respondents were not, however, 39% said that they were interested in joining it. Finally, when asked what areas of work they think the DEN should explore, the most common suggestions were as follows:

- 1. Discrimination, racism and awareness raising**
- 2. Training for both staff and managers**
- 3. Support for international recruits**
- 4. For the DEN to be a support network for seeking unbiased advice, such as micro-aggressions and how to deal with them**
- 5. For the DEN to be a celebration of diversity**
- 6. Cultural education**
- 7. A place for black leaders and to promote black leaders in NHS Fife**
- 8. A confidential listening service.**

Overall, the results of this survey were somewhat reassuring about overall staff experiences of working in NHS Fife, however this has highlighted the need to address DATIX as the appropriate platform for reporting racism and discrimination, and also that staff of Black and mixed ethnicities appear to have a less positive experience than their counterparts from other race groups.

The results of this survey have been shared widely at all board governance committees.

Next Steps

NHS Fife have recently introduced the new role of a 'Speak Up / Whistleblowing Coordinator', with the post holder taking up position in September 2024. The role is intended to provide dedicated resource to improve the Board's promotion and co-ordination of its Whistleblowing processes. Priorities include specific outreach work with staff and clinical teams to speak up about unsafe or discriminatory practices, and dedicated resource to support all staff with navigating the national Whistleblowing Standards, as part of our commitment to be a learning organisation.

NHS Fife is also now in the process of beginning to develop an Anti-Racism strategy which should be produced in 2025. For more information on this, please refer to the Equality Outcomes and Mainstreaming Plan 2025-2029.

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

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

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

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Appendix 2 -

List of Individuals /Groups consulted in development/review Document

Name of Document	Equality Outcomes Final Report 2021-2025		
Name of Lead Person	Isla Bumba		
Date of Final Draft	12/2/25		
List of Groups Consulted			
NHS Fife Equality & Human Rights Steering Group			
List of those consulted			
<p>Section 3.1 only: Jacqueline McInnes Iain Millar Gayle Morris Michelle Smith Josephine Smith</p> <p>Section 3.2 only: Keya Smith</p> <p>Section 3.3 only: Debbie McGirr</p>			
Please indicate that the group or individual has considered the following issues:			
	n/a	Yes	Comments
Risk Management:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Clinical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Environmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Equality Diversity Impact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Health & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Budgetary Consideration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			
Signed	Date: 12/2/25		
Name (please print clearly) ISLA BUMBA			

Equality Outcomes and Mainstreaming Plan 2025-2029



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



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Contents

1.	Foreword	2
2.	Introduction.....	3
3.	NHS Fife’s Mainstreaming Update.....	4
3.1	About NHS Fife	4
3.2	Leadership and Governance	4
3.2.1	The Board	4
3.2.2	Equality and Human Rights Team	4
	Governance.....	4
3.3	Equality Impact Assessments.....	6
3.4	Anti-Racism Strategy.....	6
3.5	Workforce Update	6
3.4.1	Staff Networks	7
3.4.2	Young People	9
3.4.3	Staff Wellbeing	10
3.4.4	Equality Profiling.....	11
3.4.5	Staff Training.....	11
3.4.6	Hate Reporting.....	12
4.	Equality Outcomes 2021–2025.....	13
4.1	Racially-Conscious Maternity and Neonatal Care	13
4.2	UNCRC – Article 12.....	15
4.3	Workforce	17

1. Foreword



At NHS Fife, we are privileged to serve a vibrant and diverse community, and it is our responsibility to ensure that every individual feels valued, respected, and supported in their healthcare journey. As the Director of Nursing and Executive Lead for Equality and Human Rights, I am proud to introduce our Equality Outcomes and Mainstreaming Plan for 2025–2029.

This plan represents our commitment to fostering a culture of inclusion, fairness, and respect across all our services and workplaces. It outlines our efforts to address inequalities and promote human rights, ensuring our actions align with the needs of our patients, staff, and communities.

While we have made significant progress, including laying the groundwork for an NHS Fife Anti-racism Plan, we recognise there is still much to do. This document reflects our determination to meet these challenges with evidence, collaboration, and the input of those we serve and work alongside.

Our new equality outcomes for 2025–2029 are a testament to our commitment to continuous improvement. They are ambitious, SMART (Specific, Measurable, Achievable, Relevant, Time-bound), and rooted in co-delivery and engagement with patients and staff. These outcomes aim to enhance services for individuals with protected characteristics, support our workforce diversity, and ensure our organisation reflects and respects the communities we serve.

By addressing inequalities and mainstreaming these efforts, we enhance outcomes for all, strengthen community trust, and ensure our workforce thrives in an environment where everyone feels valued and empowered.

Janette Keenan

Executive Director of Nursing

Executive Lead for Equality and Human Rights

2. Introduction

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

This plan outlines our vision and commitment for the future of NHS Fife's acute, corporate, and Health and Social Care Partnership (HSCP) services. As a public sector organisation, we are committed to upholding all equality legislation, including the Public Sector Equality Duty (PSED). A key aspect of our commitment is to transparently report our progress in promoting equality through our Equality Outcomes and Mainstreaming plans and reports. These plans are refreshed every four years and reported on biennially.

Over the past four years, NHS Fife has remained committed to advancing equality, tackling discrimination, and ensuring fair and equitable access to services for all. We are now pleased to present the Equality Outcomes and Mainstreaming Plan 2025-2029, which builds on this progress and sets out our strategic priorities for the next four years. This plan outlines a clear framework for embedding equality across NHS Fife, with outcomes that are evidence-based, aligned to national priorities, and focused on improving experiences for individuals across all protected characteristics. Each outcome is structured around SMART principles, with a strong emphasis on co-delivery and meaningful patient engagement to drive sustainable change.

This report also includes our equality mainstreaming update, featuring workforce equality insights such as staff networks, staff training, and employee satisfaction and wellbeing updates. Additionally, it provides a brief overview of the health board.

Explore our comprehensive [Equality Outcomes 2025 report](#) on our website.

3. NHS Fife's Mainstreaming Update

3.1 About NHS Fife

NHS Fife, as part of Fife Health and Social Care Partnership (FHSCP), is dedicated to meeting the health needs of approximately 370,000 residents in Fife to deliver safe, accessible, and high-quality health and social care services.

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

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

3.2 Leadership and Governance

3.2.1 The Board

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

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

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

3.2.2 Equality and Human Rights Team

Governance

NHS Fife's Equality and Human Rights team sits within the NHS Fife Patient Experience Team, and is managed through the Executive Director of Nursing, who is also the executive lead for equalities.

Interpreting and Translation Service

In 2023, the E&HR Team conducted a comprehensive review of the Interpreting and Translation service, identifying key areas for improvement such as interpreter availability, governance, and financial efficiency. This review led to a strategic shift from relying solely on external providers to a hybrid model, incorporating in-house staff, bank staff, and external providers to create a more versatile and responsive service.

In January 2024, NHS Fife welcomed our first full-time BSL interpreter on a fixed-term basis. Following a successful evaluation in June, this role was made permanent, marking a significant improvement in service delivery. The benefits of this change include:

1. Enhanced interpreter availability, particularly for short-notice appointments and emergencies.
2. Increased utilisation of BSL interpreters by service users.
3. Greater trust and positive feedback from the community.
4. Improved interpreting quality through consistent interpreter assignments, facilitating more effective communication.
5. A better experience for family members and friends of Deaf BSL users, as there is no requirement for them to support communication.

Looking ahead to 2025, we will embark on the second phase of this transition, focusing on expanding to have a bank of interpreters. Recruitment efforts will initially target the languages that are most frequently requested by NHS Fife patients.

NHS Fife Equality and Human Rights Steering Group

This steering group is entrusted with ensuring compliance with Equality and Human Rights legislation, reporting to both the Population Health and Wellbeing Committee and the Staff Governance Committee. Co-chaired by the Executive Director of Nursing and the Equality and Human Rights Lead Officer, the group includes NHS Fife staff, FHSCP staff, a staff-side representative, and we hope to recruit 5 staff volunteers to the group in 2025 to represent Protected Characteristics in our workforce.

The group's mission is to provide leadership, guidance, and support to ensure NHS Fife meets its legal obligations and integrates equality throughout the organisation. A notable achievement during the 2023-2025 period was hosting a presentation from NHS Grampian on their Anti-Racism initiatives. This sparked important discussions in Fife and laid the groundwork for our own Anti-Racism Plan.

3.3 Equality Impact Assessments

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

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

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

3.4 Anti-Racism Strategy

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

3.5 Workforce Update

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

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

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

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

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

To further drive progress in workforce equality, NHS Fife has established two specific equality outcomes, which are detailed in Section 4.3 of this report.

3.4.1 Staff Networks

NHS Fife LGBT+ Network:

In recognition of 2024 as the Year of the LGBT Worker, NHS Fife took the opportunity to establish a new LGBT+ Staff Network, designed to support our LGBT+ colleagues and allies. An initial planning meeting was held in spring 2024, followed by the network's first formal meeting in summer 2024. Engagement has been strong, and interest in the group has continued to grow, with new members joining at every meeting of the group.

To ensure clear governance and strategic direction, a Terms of Reference was developed, outlining the network's purpose, scope, and remit. The network will meet quarterly at various NHS Fife sites, with hybrid options available to maximise accessibility and engagement.), fostering a broader support network, promoting shared learning, and strengthening collaborative efforts for key events such as Fife Pride.

Looking ahead, NHS Fife is committed to expanding the network's membership and building connections with similar staff networks across NHS Boards and partner agencies. We will continue to ensure strong representation at key equality and inclusion events, reinforcing our commitment to fostering a diverse and inclusive workplace.

Fife Health and Social Care Partnership Neurodiversity Staff Network:

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

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

Through the experiences of developing these networks and efforts to set up a Diverse Ethnicity Network, we have realised the invaluable addition these make to the organisation. Therefore, it has been decided that a specific equality outcome will be set relating to strengthening and enhancing the NHS Fife equality staff networks. Please refer to section 4.3 for more details.

3.4.2 Young People

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

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

The objectives of the programme are:

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

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

Additionally, NHS Fife has partnered with Motivation, Commitment and Resilience (MCR) Pathways, a high school mentoring and talent development program that supports over 3,000 care-experienced and other vulnerable young people across Scotland. This program

helps them realize their full potential through education. Currently active in four high schools across Fife, MCR Pathways is seeking mentors to work with students from the 3rd year upwards for one hour per week throughout the academic year. We currently have six mentors within NHS Fife, with an additional ten expressing interest in becoming mentors for the 2024/2025 academic year.

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

3.4.3 Staff Wellbeing

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

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

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

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

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

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

Our Occupational Health services include:

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

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

3.4.4 Equality Profiling

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

3.4.5 Staff Training

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

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

3.4.6 Hate Reporting

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

There has been a significant increase in overall incident reporting in the last 2-year period compared with the previous (2020-2022) period. Reports relating to sexual orientation and gender reassignment have also seen an increase. However, there has been a notable decrease in reports concerning religion, disability, and age. It is crucial to determine whether these changes reflect a shift in the actual occurrence of incidents or are due to variations in reporting practices.

4. Equality Outcomes 2025–2029

As we continue to advance our commitment to equality, diversity, and inclusion, we are excited to introduce our new equality outcomes. These outcomes are designed to address key areas of inequality and drive meaningful change within our organisation. The following sections will explore each outcome in detail, outlining our goals and the steps we will take to achieve them, and how we intend on monitoring progress.

4.1 Racially-Conscious Maternity and Neonatal Care

Outcome:

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

Protected Characteristics:

Race, Sex, Age, Pregnancy and Maternity

Evidence:

Inequalities in maternal mortality rates persist, with women from Black ethnic backgrounds experiencing nearly three times higher rates compared to White women, and women from other ethnic backgrounds facing almost double the rates. According to the latest MBRRACE-UK report, the maternal death rate in the UK has increased by 53% for the period 2020-22 compared to the previous three-year period, highlighting stark and widening social inequalities linked to deprivation and disadvantage.

An initial exploration of local NHS Fife population-based data has highlighted potential inequalities in outcomes for Black, Asian, and Mixed ethnic groups. Further investigation is needed to better understand these disparities and identify specific areas for improvement.

Actions	Outputs	Measurables
Conduct patient experience and satisfaction surveys for patients and families accessing maternity and neonatal services	Generate detailed reports for patient surveys, specifically analysing responses relating to accessibility, cultural competence and patient care experiences across different ethnic groups	Patient survey results

Actions	Outputs	Measurables
Analyse health outcome data and service usage records to identify trends and disparities, focusing on outcomes for different racial and ethnic groups within NHS Fife	Develop reports that highlight disparities and identify areas requiring targeted intervention	Disparities in health outcomes
Provide race-conscious and culturally sensitive training to staff		Track training completion rates
Track interpreting service usage		Record interpreter usage statistics
Track ethnicity data in feedback and complaints, exploring and identifying recurring themes	Develop a tracking system	Complaint outcomes and statistics
Record ethnicity data in adverse events and clinical incidents, identifying and exploring recurring themes	Develop a tracking system	Reporting outcomes and statistics
Review workforce diversity in maternity and neonatal services, encouraging diversity within the teams to reflect that of our community.		Monitor and report on the diversity index
Review policies and procedures	Review policies and procedures to ensure inclusivity and responsiveness to diverse racial and ethnic needs.	Policy updates

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

Outcome:

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

Protected Characteristics:

Age, Race, Religion and Belief, Disability, Sexual Orientation, Gender Reassignment

Evidence:

Promoting the meaningful participation of children and young people in matters that affect them and their healthcare is important in light of the UNCRC being incorporated into Scots Law on July 16, 2024. This means that all public authorities in Scotland are now legally required to ensure their actions are compatible with the rights outlined in the UNCRC. The UNCRC emphasises the right of children and young people to express their views freely in all matters affecting them and to have those views given due weight (Article 12). By promoting initiatives that facilitate the meaningful participation of all children and young people, including marginalised groups, NHS Fife is directly supporting this right. This approach ensures that all children, regardless of their background, have a voice in decisions that impact their lives, fostering an inclusive environment that respects and values diversity.

By focusing on initiatives that promote the meaningful participation of all children and young people, we not only comply with legal obligations under the UNCRC but also support us to be a more equitable and inclusive organisation. This approach ensures that every child has the opportunity to be heard and to influence the decisions that shape their lives. In 2020 Scottish Government research found that 54% of children and young people with a health condition agreed that adults were good at listening to their views, compared with 61% of those without a health condition; increasing the meaningful engagement of all children and young people will support an improvement in these statistics.

Actions	Outputs	Measurables
Promote the use of Care Opinion Bear	Increased awareness and usage	User feedback and engagement statistics for Care Opinion Bear
Develop a child-friendly complaints process	A streamlined, accessible and adaptive complaints process	Child-friendly complaints statistics and complainant satisfaction
Develop a child-friendly consent procedure for media use	A clear and well-documented procedure for obtaining consent for media involving children and young people	Feedback from children, young people and their guardians
Expand the use of the EQIA/CRWIA process for adult and children's services.	Increased number of completed CRWIAs within the EQIA process	Track the percentage increase in CRWIAs completed annually
Review the FHSCP Children and Young People's Participation and Engagement (P&E) Framework		An updated and effective P&E framework
Explore developing children and young people's engagement panels	Establish panels and meet regularly	Engagement statistics and outcomes
Explore engagement through modern communication channels (i.e. BlueSky, TikTok)	Increased engagement	Metrics on platforms and frequency of campaigns targeting children and young people

4.3 Workforce

Outcome 1:

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

Protected Characteristics:

Race, Sexual Orientation, Gender Reassignment, Religion and Belief, Sex, Disability, Age, Marriage and Civil Partnership, Pregnancy and Maternity

Evidence:

By establishing and enhancing staff equality networks, NHS Fife will foster a workplace culture where all employees feel represented, supported, and empowered. These networks will not only contribute to a more diverse workforce but will also provide valuable opportunities for career development, leadership roles, and a deeper sense of inclusion. Regular monitoring of staff engagement, leadership involvement, and the career progress of underrepresented groups will ensure that these networks are effective in meeting their objectives by 2029.

Research from both the Equality and Human Rights Commission and NHS England underscores the positive impact of staff equality networks. These networks have been shown to enhance employee engagement by amplifying diverse voices, creating leadership opportunities, and embedding a culture of inclusion.

In addition, NHS Fife has drawn inspiration from NHS Grampian's success in advancing anti-racism work through their staff equality networks. In October 2024, NHS Grampian shared valuable insights in a presentation to NHS Fife, highlighting how the promotion and success of their equality networks played a central role in their progress. This learning experience has directly influenced NHS Fife's commitment to prioritising the establishment and strengthening of its own staff equality networks.

Furthermore, members of NHS Fife's Equality and Human Rights Steering Group have voiced strong support for the creation of more staff equality networks. They have reported increasing demand from staff groups who are eager to explore and develop specific networks tailored to their needs, demonstrating a clear appetite for greater representation and inclusion across the organisation.

Actions	Outputs	Measurables
Conduct a staff engagement needs analysis to establish what networks are desired by the workforce	Develop and conduct a survey	Survey response rates
Establish networks with initial support from NHS Fife	Multiple established and active equality networks by 2029 with committees for each.	Number of established and functioning networks
Create network development plans	Robust plans for all desired networks with specific timeframes, objectives and resource requirements outlined to enable them to be self-sustaining	Completion of plans for each network
Create and execute a communication plan to promote equality networks and boost staff engagement	Develop materials, i.e. posters, digital content, email newsletters	Engagement metrics
Senior leadership commitment to engage and support	Visible support through participation, event sponsorship and endorsement	Participation rates
Establish a network leaders group	Development of network, with training and development opportunities provided	Participation rates and learning/development outcomes
Monitor and evaluate staff satisfaction regularly to assess impact of the networks	Track staff satisfaction through surveys and feedback	Results from surveys and iMatter

Outcome 2:

To assess and enhance the diversity of NHS Fife’s managerial and leadership positions, ensuring that these roles reflect the diversity of our workforce and the communities we serve, by 2029

Protected Characteristics:

Disability, Maternity and Pregnancy, Religion and Belief, Sexual Orientation, Gender Reassignment, Race, Sex, Age

Evidence:

Ensuring that NHS Fife’s leadership and management positions reflect the diversity of its workforce and the community it serves is critical for promoting equality, inclusion, and improved service delivery. Research shows that diverse leadership teams drive better decision-making, innovation, and patient care, while also ensuring that underrepresented voices are heard in both operational and strategic decisions.

Fife’s population, as shown in the 2022 Scottish Census, is becoming increasingly diverse, with 8.3% identifying as an ethnicity other than White British, Irish, or Scottish, up from 5% in 2011.

This disparity is particularly important in healthcare, where diversity in leadership and managerial roles may influence patient care, outcomes, and satisfaction. Diverse leadership and managerial roles can also improve employee morale and retention by fostering a supportive and inclusive work environment.

Note: Definitions for the purpose of this Equality outcome:

Management and Leadership encompasses all individuals in positions of responsibility for decision-making, planning, directing, and guiding NHS Fife’s operations and strategy.

Management refers to individuals who have responsibility for operational oversight, overseeing day-to-day clinical or supporting functions and managing teams within NHS Fife.

Leadership refers to individuals who provide strategic direction, make decisions that influence the overall goals of the organisation and its culture, role modelling, ensuring the overall success and sustainability of NHS Fife and representing the organisation in external contexts.

- **Examples of managerial roles:** Service Manager, Department Heads, Operational Managers, Team Leaders, Project Managers.
- **Examples of roles in leadership:** Executive Directors (e.g. Nurse Director, Medical Director, Director of Workforce, Director of Finance), Senior Leaders (e.g. Heads of Service, Chief Officers), Board Members (e.g. Non-executive Directors), Clinical Leads and Specialists, Strategic Leaders in areas like Quality Improvement or Policy.

Actions	Outputs	Measurables
Conduct an audit to assess the current diversity within leadership and managerial positions by 2026		Workforce diversity audit report
Develop a diversity improvement plan to improve workforce diversity index by 2029	Benchmarking diversity data exercise and development of a plan	Diversity gaps identified and outlined in plan
Explore improvement opportunities such as mentorship programs and inclusive recruitment by 2029	Mentorship Program design Inclusive recruitment strategy	Mentorship program participation rates and community and staff feedback

Note: Long-term actions, outputs and measurables may be subject to change, dependent on the findings from initial audit.

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

To find out more about accessible formats contact:

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

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Appendix 4 -

List of Individuals /Groups consulted in development/review Document

Name of Document	Equality Outcomes & Mainstreaming Plan 2025-2029
Name of Lead Person	Isla Bumba
Date of Final Draft	12/2/25
List of Groups Consulted	
<p>Section 4 only: The Equality & Human Rights Steering Group Public Health Strategy Group Staff Governance Committee</p>	
List of those consulted	
<p>Section 3.4.1: Matt Valenti, NHS Fife, Unison</p> <p>Section 3.4.5: Jackie Millen, NHS Fife Jackie Ballantyne, NHS Fife</p> <p>Section 3.5 & 4 Rhona Waugh, NHS Fife</p> <p>Section 4: Lesley Gauld, HSCP Avril Sweeney, HSCP Cathy Henderson, HSCP Louise Radcliffe, HSCP Brian McKenna, NHS Fife Sinead Braiden, NHS Fife Adam Watson, NHS Central Legal Office</p> <p>Section 4.1 only: Aileen Lawrie, NHS Fife Keya Smith, NHS Fife Anne MacKinnon, NHS Fife Claire Fulton, NHS Fife Siobhan McIlroy, NHS Fife Elizabeth Gray, NHS Fife</p> <p>Section 4.2 only: Rebecca Saunders, NHS Fife/HSCP Olivia Robertson, NHS Fife/HSCP</p>	

Please indicate that the group or individual has considered the following issues:

	n/a	Yes	Comments
Risk Management:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Clinical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Environmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Equality Diversity Impact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Health & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Budgetary Consideration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



Signed

Date: 12/2/25

Name (please print clearly) ISLA BUMBA

Meeting:	Public Health and Wellbeing Committee
Meeting date:	3 March 2025
Title:	Director of Public Health Annual Report 2024
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Jo-Anne Valentine, Public Health Manager Lucy Denvir, Consultant in Public Health

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.
- The Public Health and Wellbeing Committee (PHWC) is invited to offer final comment and approval for the report to proceed to presentation at NHS Fife Board in March 2025.

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. PHWC is asked to confirm support for the themes of healthy eating and physical activity in the context of healthy places and spaces. PHWC 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 PHWC 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 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 years' DPH Annual report are a natural progression of this partnership collaboration. As a result of this the Communities and Well-being Partnership has already identified physical activity as a key area to prioritise for added value partnership collaboration. Work has already begun to develop a whole systems approach to physical activity.

There is a wealth of other partnership activity at both strategic and operational level that is already addressing these areas. For example:

- Food4Fife Strategy and Action Plan 2024-2029
- Local Transport Strategy for Fife 2023-2023
- LDP 'Fife's Place Plan'
- NHS Fife Greenspace Strategy
- Fife College whole setting approach to health and well-being
- NHS Fife Child Healthy Weight Service
- Fife Sport and Leisure Trust – Musculoskeletal programme
- ADP project with Active Communities
- EATS Rosyth
- Cafe Inc – addressing holiday hunger
- 'Bums off Seats'
- Lynebank Hospital greenspace development
- River Leven Programme 'Growing with the flow'

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

2.3.1 Quality, Patient and Value-Based Health & Care

The content of the report relates to key areas of healthy living and healthy places. These are fundamental to principles of realistic medicine in relation to preventing ill health, promoting independence and contributing to the future sustainability of health and social care services.

2.3.2 Workforce

Our workforce is part of our population and communities so the report is relevant for them. In relation to the key areas of healthy eating and physical activity the report also addresses a whole systems approach through key settings including workplaces.

2.3.3 Financial

The subject areas of the report address key areas of population health and well-being, healthy living and independence. Prevention is a key aspect of both the NHS Fife Health and Well-being Strategy and the Health and Social Care Partnership Prevention and Early Intervention Strategy. This becomes increasingly important in the light of our ageing population and increased pressures on health service capacity and resources.

2.3.4 Risk Assessment / Management

The subject area of this years' DPH report highlights eating well and being physically active as key areas. These are crucial areas to address both in terms of widening inequalities in health. They are also important in efforts to mitigate the potential risk

presented to healthcare resources of increased demand for obesity related medical treatments.

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

The broad recommendations of the report include how NHS Fife both as an organisation and a community planning partner can contribute to healthy eating, physical activity and healthy places and spaces through its' role as an employer and an Anchor Institution. Food procurement is one example of this.

2.3.6 Climate Emergency & Sustainability Impact

The DPH report in addressing healthy eating, physical activity and healthy places and spaces will contribute to NHS Fife's climate emergency and sustainability impact. Work such as that addressing our greenspace and active travel plans is already being progressed.

2.3.7 Communication, involvement, engagement and consultation

A wide range of community planning partners at operational level have contributed to the content of the report. The report acknowledges 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 previously been presented at the following groups:

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

This paper was noted by EDG on 20.02.25.

2.4 Recommendation

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

Members are also invited to **discuss** and offer final comment for DPH Annual Report 2024 to proceed to presentation to NHS Board in March 2025. In particular, members are asked to **consider** their support for recommendations which cover broad areas of:

- Food and physical activity need to be addressed taking a whole systems approach and key settings provide great opportunities for this
- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life
- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provide a key opportunity for partners to contribute to making healthier places and communities

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 DPH Annual Report 2024 Final Working Draft (As at Feb 2025 v1 PHWC)

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Healthy Eating, Active Living for Everyone

Director of Public Health Annual Report 2024

Acknowledgements:

I am grateful to my colleagues within our Public Health Department and 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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Contents

Introduction.....	2
Executive Summary	3
Background.....	5
The National Approach	5
Our Local Fife Approach	6
Healthy Eating	8
What We Know	8
What We Eat	10
Barriers to Healthy Eating	12
Food4Fife Strategy and Action Plan 2024-2029	14
Local Levers for Diet and Healthy Weight	15
Protect and Support Breastfeeding & Healthy Diets for Children.....	16
Improve Uptake of School Meals	19
Public Food Procurement and Provision Standard.....	22
Utilising Planning to Improve Food Environments.....	23
Reduction in Calories on Eating Out of Home Sector Menus.....	24
Food Advertising	26
Active Living for Everybody	29
What We Know	29
Physical Activity and Inactivity	29
System-based approaches to Physical Activity in Fife.....	33
Active Places of Learning.....	34
An Active Workplace	36
Sports and Recreation	38
Active Places and Spaces.....	39
Active Travel and Transportation	43
Active Health and Social Care Services.....	45
Summary	49
Recommendations.....	50
Healthy Eating	50
Active Living for Everyone.....	52

Introduction



In each Director of Public Health Report, there is an opportunity to look at the health of the population in Fife and topics where there are new emerging pressures. This report takes as its central theme healthy weight and physical activity. It sets out the opportunities to improve health and wellbeing across the population through preventive actions.

Six national public health priorities were identified in 2018 by the Scottish Government and COSLA.¹ In 2020-21 the Director of Public Health report provided an overview of these Priorities and the actions for each.² Last year the Director of Public Health Report for Fife 2023 explored one of these national priorities in detail, 'Children and young people in Fife – the building blocks for health' was aligned with public health priority (PHP) 2 'A Scotland where we flourish in our early years'.³ The report this year focuses on a different building block for health, PHP 6 'A Scotland where we eat well, have a healthy weight and are physically active'. The importance of having a healthy, balanced diet and being physically active, through all ages and stages in life is well recognised and having a healthy diet and staying physically active supports both physical and mental health.

The public health priorities for Scotland also include PHP 1 'A Scotland where we live in vibrant, healthy and safe places and communities'.⁴ How we move and what we eat are fundamental to the sustainability of both human and environmental health. As such healthier food and more movement are part of wider place-making to create healthier environments and circumstances in our communities.

This report will review what we know about eating healthily and keeping physically active in the Fife context. It will explore, highlight and celebrate the work and progress of partners and communities to address these issues and in particular the potential for place-based approaches to planning and collaborative working to create healthy places and spaces.

Dr Joy Tomlinson
Director of Public Health

¹ [Public Health Priorities for Scotland](#)

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

³ [NHS Fife Director of Public Health Annual Report 2023](#)

⁴ [Public Health Priorities for Scotland](#) PHP 1

Executive Summary

Encouraging our population to eat well and move more are priorities for Fife and Scotland as a whole. Evidence from the Scottish Burden of Disease Study shows us that the health of Fife's population would be improved if everyone were to eat a healthier diet and stay as active as possible. Having a healthy weight and eating a healthy diet significantly reduces the risk of many chronic diseases and poorer health outcomes.

For healthy eating, individual decisions about what we eat are influenced by a range of factors, including our own family and community, affordability and accessibility, and skills and capacity to prepare healthy food.

The early years and childhood establish foundations for healthy eating throughout life. Actions that support and promote breastfeeding where possible and sensitively support all families regardless of feeding method are important in getting a healthy start in life. Providing information and practical techniques can help with healthy food choices and supporting lifelong healthy eating habits. In Fife examples of this include work by Fife Council to encourage uptake of healthy school lunches, and the Café Inc programme providing nutritious meals during school holidays.

There are opportunities to improve the quality and nutrition of food provided through catering and procurement across public and private sectors. Work underway as part of the Food4Fife strategy demonstrates Fife's commitment to do this. The new National Planning Framework 4 provides levers to support a healthy food environment and addressing risks to community wellbeing. There are also opportunities to work supportively with food businesses to encourage healthier approaches.

Movement is essential for life and staying physically active contributes to preventing ill-health and managing disease. Supporting everybody to stay as physically active as possible is something which organisations and people living in Fife can influence and change.

Schools have an important role to play by creating active places of learning so that being physically active is a normal part of our children's lives at playtime, in lessons, afterschool activities and in travel to and from school.

For adults, workplaces can support physical activity. Workplace policies which encourage people to stay active and enable active travel to and from work make a real difference. Wider regional and national travel and transport policies have a significant role in helping people stay active.

Across the lifespan, participation in sports and recreational activities can increase physical activity and support wider wellbeing through social connection. There is significant benefit in encouraging people to make use of outdoor spaces to stay active. In Fife there are a range of high-quality outdoor spaces that partners have developed and maintained and ongoing work such as the Leven Programme, which is supporting use of local natural spaces. Work to address barriers, such as costs and accessibility, will enable all Fifers to benefit.

Health and social care services also have an important role to encourage physical activity and healthy eating. These services engage with a large proportion of our population and can provide information and support about keeping active.

Healthy eating and physical activity are vital for health, however there remain significant structural barriers for people living in Fife to access a healthy diet and stay physically active as part of their everyday lives. There is a significant opportunity to increase healthy eating and physical activity levels and improve the overall health outcomes of the population in Fife.

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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.⁵ This will have four main drivers within an overall prevention focused system:

- Social and economic factors
- Places and communities
- Healthy living
- Equitable health and care

Increasingly, links are being made between public health and spatial planning. In 2021, the Improvement Service and Public Health Scotland published the briefing 'Place and Wellbeing - Integrating Land Use Planning and Public Health in Scotland' since when there have been further developments of the Place Standard Tool and the Place and Wellbeing Outcomes and Indicators.^{6,7,8} The National Planning Framework 4 has also been published.⁹ This all provides a firm foundation for partners in Fife to work together on the Local Development Plan (LDP) which presents a significant opportunity to improve health and wellbeing including through the influence local development and the use of land can have on how we move and eat.¹⁰

In 2022 the Scottish Government passed the Good Food Nation (Scotland) Bill as part of its aspiration to make Scotland a place where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve and eat each day.¹¹ The Act placed a duty on public bodies to produce a Plan including outcomes health and wellbeing, economic development, education, child poverty and the environment.

Scottish Government's 2024 National Framework for Physical Activity provides a framework for action to improve levels of physical activity at both national and local level which is firmly founded on evidence-based international guidance from the World Health Organization and other global partners as to the approach which is needed to deliver sustainable change.¹²

It recognises that plans and strategies across transport, education, planning and the environment have as great an impact as do those in health or sport in helping to improve the health and wellbeing through increasing levels of physical activity. The document recognises that local delivery is critical to success.

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

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

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

⁸ [Place and Wellbeing Outcomes | Improvement Service](#)

⁹ [Scottish Government 2024: National Planning Framework 4](#)

¹⁰ [Local development plan \(FIFEplan\) | Fife Council](#)

¹¹ [Good Food Nation](#)

¹² [Physical Activity For Health: Scotland's National Framework](#)

Our Local Fife Approach

Fife has a strong history of partnership working and developed a single 'Plan for Fife' in 2017. As we emerged from the COVID-19 pandemic the plan was reviewed to take into account refreshed priorities for Recovery and Renewal.¹³ As part of this a series of 'Leadership Summits' took place during 2021-2022 to allow partners in Fife to engage in focused redesign conversations on key themes, one of which was Health and Wellbeing. Partners agreed that there was real scope and potential to collaborate to improve health through physical activity and food. Partners also agreed that this needed to be set in a context of social connection in our communities and places.

These leadership conversations helped set a local context in which work already underway in a number of areas could gain momentum and flourish. This includes examples such as the 'Food 4 Fife' Strategy 2024, the 'Local Transport Strategy for Fife 2023' and the report 'Our Place – Living in Fife 2023'.^{14,15,16}

In 2023 Obesity Action Scotland and The University of Edinburgh published 'Local Levers for Diet and Healthy Weight'.¹⁷ This report will utilise the evidence-based opportunities highlighted by that research as a framework for exploring healthy eating in Fife. It will also use the strategic outcomes outlined in 'A Systems-Based Approach to Physical Activity in Scotland' as a framework for exploring physical activity.¹⁸

Using guidance offered by the evidence base can help us take an overview of what we are doing and identify areas where moving the focus of our efforts may offer the best opportunities for adding value through collaboration between partners and with communities.

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

¹⁴ [OurFife: Food4Fife](#)

¹⁵ [Fife Council: Local Transport Strategy for Fife](#)

¹⁶ [KnowFife: Our Place: Living in Fife 2023](#)

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

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

Healthy Eating

Healthy Eating

What We Know

Having a healthy weight and eating a healthy diet can significantly reduce the risk of many chronic diseases and poorer health outcomes. An unhealthy diet, high in salt, sugar and fat, is internationally recognised as one of five main modifiable risk factors for poor health and non-communicable (or chronic) diseases.¹⁹ These include oral health problems, Type 2 diabetes, coronary heart disease and cancer.

Obesity, defined as defined as a body-mass index (BMI) equal to or greater than 30, is a risk factor for poor health and many NCDs but is also categorised by the WHO as a 'complex chronic disease' caused by interactions of a range of factors including those which are environmental, economic, biological, commercial and social.²⁰

Just under one third (32%) of adults in Scotland were living with obesity in 2023 and a further 34% were living with overweight.²¹ This was the highest level of obesity reported in the Scottish Health Survey and significantly higher than the 24% reported in 2003. Younger adults (16-24) in Scotland were most likely to have a healthy weight and those age 45-54 were most likely to be living with obesity. Rates of adults living with obesity in the most deprived areas in Scotland have been consistently higher than those in in the least deprived areas, in 2023 36% of adults in the most deprived areas were living with obesity compared to 25% in the least deprived areas. Data on adult healthy weight and living with overweight and obesity has not been available for Fife since the COVID-19 pandemic, due to its impact on survey data collection, but prior to this time 32% of adults in Fife in 2016-19 were living with obesity compared to 29% in Scotland.²²

Among children in Primary 1 in Fife 74.7% were a healthy weight in 2023/24. In the past 10 years levels of healthy weight have fluctuated between 74.7% and 77.9% (Figure 1). The 2023/24 figure was the lowest figure in the time period and was slightly lower than Scotland (76.5%).²³ The percentage of children at risk of obesity in Fife in 2023/24 was 11.2%, this is higher than the figure for Scotland (10.5%). Persistent inequalities are also seen in child healthy weight (Figure 1). For the 10 years shown in Figure 1 a higher percentage of children in the least deprived areas had a healthy weight, 79.5% compared to 71.3% in most deprived areas in 2023/24.²⁴

¹⁹ [Non Communicable Diseases | NCD Alliance](#)

²⁰ [WHO Obesity and overweight Factsheet](#)

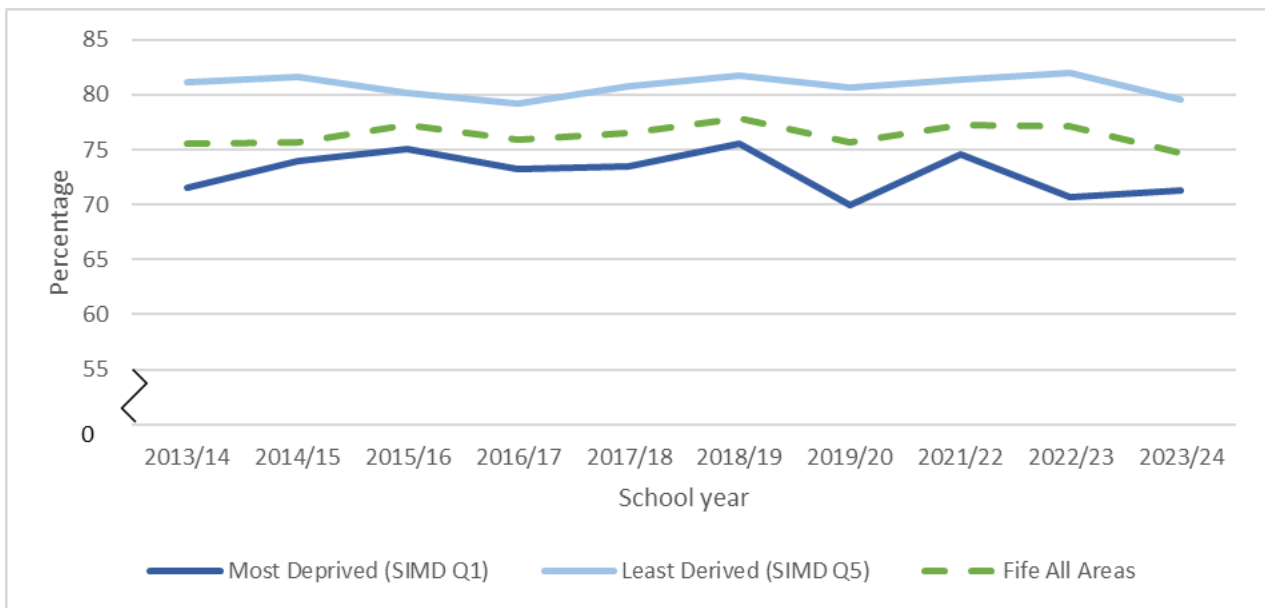
²¹ [9 Obesity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

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

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

²⁴ [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023 to 2024](#) (Data Tables 9 and 10)

Figure 1: Percentage of healthy weight children in P1 in Fife by Most and Least Deprived SIMD quintile; school year 2013/14 to 2023/24



Source: PHS (no data available for 2020/21)

Oral health is a fundamental aspect of overall health and wellbeing. A healthy, balanced, low-sugar diet can prevent caries and simultaneously support general health.²⁵ Dental decay and periodontal disease are very common and largely preventable and are therefore considered widespread public health issues. Dental decay is linked to other diseases, including Type 2 diabetes and obesity, through the common risk factor of diet.

Poor oral health has impacts across the life course. Decay, periodontal diseases, and head and neck cancers are associated with significant morbidity, and mortality for cancers.²⁶ The national oral health improvement programmes emphasise prevention across the life course and are designed to improve and support oral health “from the cradle to the grave”. Working collaboratively across health and social care can optimise preventive efforts for both oral and general health and promote efficient use of resources.

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

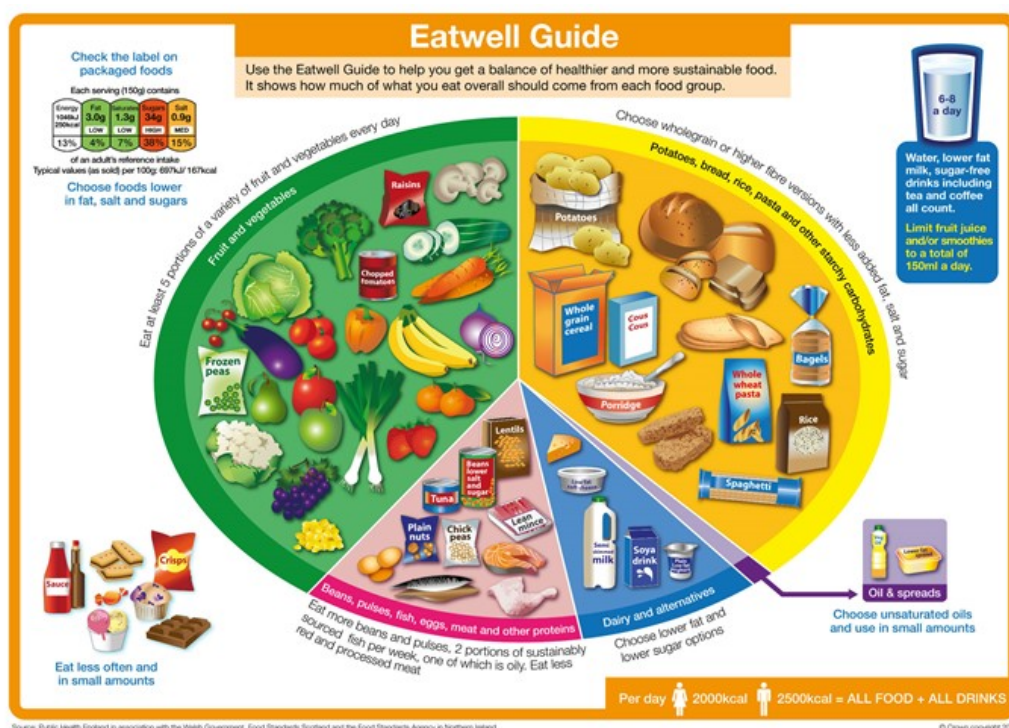
²⁶ [Oral Health Improvement – Scottish Dental](#)

What We Eat

NHS Scotland uses the Eatwell Guide which outlines the recommendations for eating a healthy balanced diet. The guide shows the different types of foods and drinks people should consume – and in what proportions – every day or over a week (Figure 2).²⁷

Food and eating 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.²⁸ The survey asks whether respondents have been worried about running out of food in the last 12 months. Levels are currently at the highest level since recording began in 2017 (8%) following a sharp increase between 2021 (9%) and 2023 (14%).

²⁷ [Food and nutrition - Healthy living | NHS inform](#)

²⁸ [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Diet, Indicator = Food insecurity)

Increases have been seen across all age groups, but adults aged 16-44 (20%) were more likely to have experienced food insecurity in 2023 than other age groups. 11% of adults reported that they had eaten less due to lack of money or resources, an increase from the 6-7% reported between 2017 and 2021. In 2023 the proportion of adults (8%) who had run out of food due to lack of money or resources was double the proportion in 2021 (3%).

Across the UK the cost of foods that are part of a healthy balanced diet 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.²⁹ Food insecure households in the UK were more likely to cut back on purchasing healthy foods, 60% reported cutting back on fruit and 44% reported cutting back on vegetables.³⁰

There can be an imbalance between what we need to eat and our actual consumption. Across Scotland we eat a diet that is too high in calories, fat, salt and sugar and too low in the foods that are the main components of the Eatwell Guide.³¹ Food Standards Scotland and the Faculty of Public Health have both recently issued position statements acknowledging the role ultra processed foods, which are often cheap and widely available, may play in this as ultra processed foods could account for about half of the energy intake of adults in the UK.³²

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.³³ 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.³⁴

In 2023, just under a fifth of children (18%) aged 2-15 across Scotland ate five or more portions of fruit and vegetables per day.³⁵ The 2023 figure was similar to the figures of 20% and 21% reported in 2021 and 2022 but remains higher than figures between 2009 and 2019 (12 to 16%). Younger children were more likely to have eaten five or more portions than older children in 2023, 22% of those aged 2-7 compared with 15% among children aged 8-15.

The proportion of children that did not consume any fruit or vegetables increased with age from 4% amongst those aged 2-4 years and 5-7 years, to 10% amongst 8-10 years old and up to 14% amongst those aged 13-15 years.

In 2021/22 a fifth of children ate biscuits once a day, a significant fall from the 42% in 2008/9. An even greater reduction was seen in the consumption of non-diet soft drinks once a day or more, from 38% in 2008/2009 to 5% in 2021/2022. Fewer children are now eating 2-3 slices of high fibre bread a day and tuna fish once a week (22%) but consumption of oily fish (19%) and white fish (52%) once a week has risen.

²⁹ [The Broken Plate 2023 | Food Foundation](#)

³⁰ [Food Insecurity Tracking | Food Foundation](#)

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

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

³³ [Scottish Health Survey Dashboard](#)

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

³⁵ [The Scottish Health Survey 2023 - volume 1: main report](#) Chapter 5: Diet and Food insecurity

Barriers to Healthy Eating

Whilst affordability and food insecurity are two of the main the main barriers to healthy eating other barriers to eating healthily include hidden factors such as having the time and confidence and skills to cook from scratch, lack of resources for energy to cook and the means to travel to shops that offer a wide range of foods.³⁶

Food choice is key to improving nutrition, good nutrition is key to reducing risk of diet related disease such as obesity, heart disease, stroke, and cancer. Lack of confidence and poor cooking skills and lack of food knowledge contributes to the lower fruit and vegetable intake and higher intake of high fat, high sugar foods processed foods 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.

³⁶ [The Scottish Diet it needs to change, Food Standards Scotland 2018](#)

Case Study - Fife College

Fife College takes the health of its students very seriously and maintains that the importance of student's relationship to healthy food, nutrition, and fitness levels, will connect discernibly with their academic and personal success.

Many courses and departments at Fife College centre their studies around this philosophy and the Sports and Fitness department, and Culinary Arts department are not the only facets of the academic contingent to align their curriculum with these philosophies.

Young adults from the ages of 16-24 are particularly vulnerable to developing obesity, especially if they have been obese or overweight in childhood. There is an increase in prevalence of obesity in accordance with an increase in deprivation. In addition, there is an increase in prevalence for obesity for those with learning disabilities. Many of the Fife College social care programmes and supported programmes introduce parts of the course structure in educating students on nutrition, and fitness and wellbeing within their programmes.

The Student Experience department has many activities and resources that highlight the valuable nature of these areas too.

New Wellbeing Hubs have been created and established on the college's Kirkcaldy and Dunfermline campuses allowing the Health & Wellbeing team to accommodate space for many appointments including Nutrition drop ins, and other ad-hoc activities based on the Health & Wellbeing calendar of events and monthly topics.

Talks during Welcome sessions centre around student support including access to Health & Wellbeing resources on Food, Nutrition and fitness.

The college has extended its hours for the Breakfast Club and Free Lunches for students so that students can eat twice a day for free on all campuses.

There are many events through the year including a Health & Wellbeing Festival and Get Ready for Xmas event which offers students lots of free drinks and snacks from hospitality students, and from Fife College food trucks, as well as many fitness exercises to try and to join in with.

Other meaningful resources include an Autumn Eats Guide which introduces lots of comforting recipes, Breakfast, Lunch & Dinner, that can be made at home and on a budget.

The Health and Wellbeing team have introduced a walking route within Dunfermline Campus to encourage students as well as staff to increase their daily steps. Fife College Wellbeing and Fitness co-ordinator has produced Fitness and Nutrition Diaries, Student gym inductions, individual fitness programmes, fitness classes for staff and students and a "Mindfulness and Movement" booklet about health for mind and body. The gym facilities and fitness classes are free of charge for students and staff to use.

Food4Fife Strategy and Action Plan 2024-2029

The strategy’s vision is to create a sustainable food culture for a healthy Fife.³⁷ Using a 6-pillar food system framework (developed by Sustainable Food Places), the strategy supports work across boundaries and disciplines to address key challenges for food in Fife.

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.

³⁷ [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.³⁸

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.

³⁸ [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 2024.³⁹ There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed. As described earlier in this report approximately one fifth of children in Scotland eat the recommended 5 portions of fruit and vegetables per day and approximately 10% of children are at risk from obesity by the time they are in P1.

Modifiable factors/local actions

NHS Fife has been “Baby Friendly” since 2014. The service includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or infant feeding advisors.⁴⁰ Families can also get help with cost of living through Best Start grants and Best Start foods to help make sure infants and young children have access to food. There were 3,855 Best Start grants and Best Start foods applications made from Fife residents in 202/24.⁴¹

The small team of skilled and experienced Breastfeeding Support Workers in Fife is vital to increase breastfeeding rates. Early, specialised and personalised breastfeeding assistance in the home is essential for establishing breastfeeding. Breastfeeding groups will hopefully help in the normalisation of breastfeeding within the bottle-feeding culture of Fife and provide social support groups for mums to access continued breastfeeding peer support throughout their breastfeeding journey. Breastfeeding peer support training courses have recently run in person and online to enable 24 mums to complete training and to continue to volunteer to support the running of new and existing breastfeeding groups in Fife.

Antenatal parent education infant feeding sessions recommenced in 2024, after a prolonged hiatus following the COVID-19 pandemic. This includes breastfeeding advice as well as information on when to offer solids and signs of readiness, how to access best start foods and safe formula feeding.

Baby bites is an informative interactive weaning session for parents and carers and their baby of around 6 months.⁴² The Baby bites programme has been rolled out to every nurture centre in Fife and will extend into nurseries across Fife.

Fife’s Child Healthy Weight Service, known as Fife Loves Life, supports families to eat well and be physically active.⁴³ The service, which includes self-referral, provides family focused sessions to support being active as a family and working together to make small healthy behavioural changes. The Child

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

⁴⁰ [Fife Breastfeeding Resources Links](#)

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

⁴² [Baby bites - interactive weaning sessions | NHS Fife](#)

⁴³ [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 80m² of existing growing spaces, such as brick planters and beds, and gathering feedback from over 750 parents, teachers and pupils on food education and growing. During the summer holidays, pupils and parents were invited to open days in EATS Rosyth's Centenary Orchard, where they took part in activities on growing topics, including harvesting vegetables, making fresh fruit smoothies and beekeeping and honey tasting. As part of the Fife Climate Week in September, pupils attended special 'Apple Days', where they tasted fresh apples, which they 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

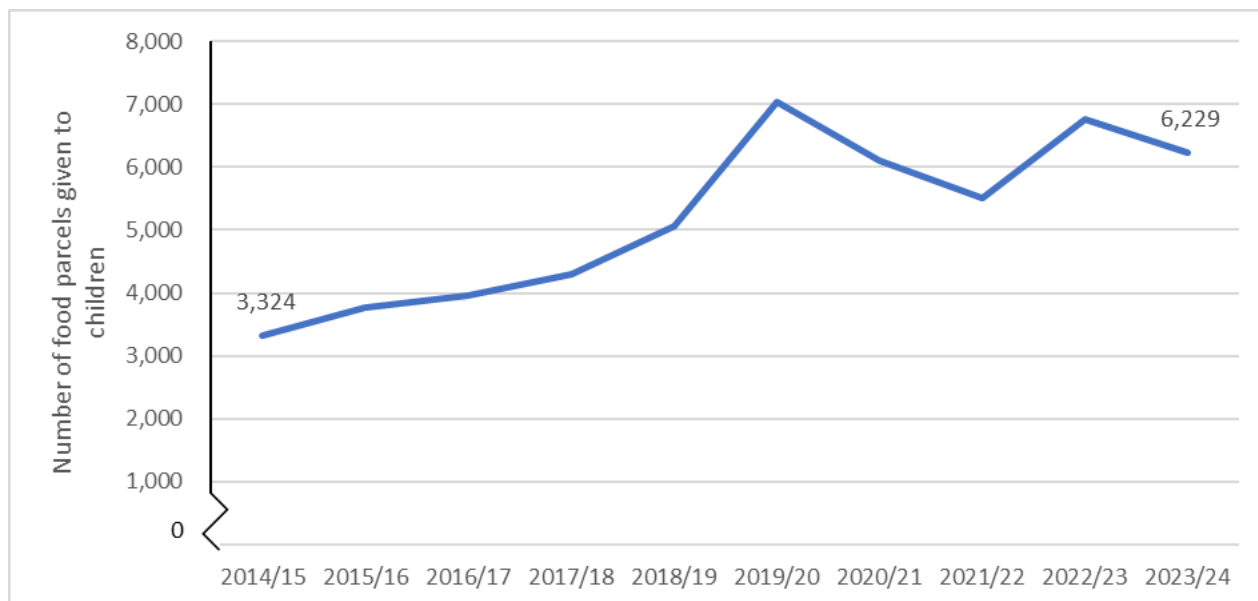
Why is this important?

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

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



Source: The Trussell Trust

⁴⁴ [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot](https://www.gov.scot/resources/information/health-and-wellbeing-census-scotland-2021-2022/)

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

⁴⁶ [End of year stats | Trussell Trust](https://www.trusselltrust.org/end-of-year-stats/) EYS 2023-24 raw data (A family of 2 adults and 2 children attending the foodbank is recorded as 4 parcels, 2 adult and 2 children.)

Background

The nutritional quality of a child's diet during their formative years has far-reaching consequences, influencing subsequent development, educational accomplishments, health outcomes, and overall wellbeing. Dietary patterns have a lasting impact on adult eating habits and the risk of non-communicable diseases. Children in the UK typically consume foods high in saturated fat and sugar and low in fibre, with a diet that contains fewer fruits and vegetables than those of children in other countries.⁴⁷

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

Meals cooked from scratch with fresh ingredients high in nutritional value constitute healthy meals. This helps meals to be nutritionally dense rather than calorie dense. Children should eat regular balanced diets that contain protein, starchy carbohydrates, vegetables and fruits. The Eatwell Guide recommends eating at least 5 portions of fruit and vegetables daily. Making food look exciting, colourful and fun encourages healthy eating in children. In Council supported nurseries all food served also complies with regulations which helps to improve the acceptance of better food to these young children and their families.

Modifiable factors/local actions

School meals enable children to access affordable nutritious meals, especially with the current high inflation on essential food products. The responsibility of nurturing the next generation is a shared endeavour. Parents, teachers, health professionals, catering staff, and policymakers must join forces to achieve nutritional excellence in and improve uptake of school lunches. Children can flourish academically, physically, and emotionally when they are healthy and happy.

The provision of school meals is an integral part of the Plan for Fife objectives of improving health and wellbeing and minimising the impact of poverty, by delivering food that is high in nutritional value. In the longer term as part of implementing the Food4Fife Strategy, Fife Council aims to use local seasonal food in meal planning that also supports the local economy. Having a pleasant dining experience, a protected lunch time, implementing a staggered lunchtime system and involving pupils in the development of menus all contribute to encouraging children to have a school meal.⁴⁹ Early indications are that Primary 1-5 universal free school meals have been well received in Fife with approximately 75+% uptake. Fife Council is committed to ensuring that parents and carers are aware that children can access free school meals in a dignified and discreet way with an objective of increasing the take up of healthy meals. In terms of free school meals, as well as the nutritional value of the meals, financially taking a free school meal can save a family approximately £475 per child per year.

Fife Council are also focusing on influencing the eating habits of high school pupils by encouraging that cohort to eat nutritious school food rather than off-site low nutrition 'fast food' and confectionery. This is challenging, however, sales of school meals in high schools increased between July 2022 and July 2024, perhaps demonstrating there are encouraging signs that pupils are changing eating habits.

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

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

⁴⁸ [Healthy Eating in Schools: guidance 2020](#)

⁴⁹ [Better Eating, Better Learning](#)

children and young people miss out on healthy and nutritious meals during the school break. Across the seven locality areas in Fife there were 65 venues for families to access.

Café Inc is Fife Council's holiday hunger programme, and the aims of the project are to provide children, young people and their parent/carer(s) with a nutritious meal during school holidays.⁵⁰ The project is universal and is underpinned by the dignity principles.⁵¹

The Café Inc team also conducted a piece of research over summer and received 128 responses. The key findings were:

- **66%** of respondents were not in receipt of free school meals
- **50%** were in receipt of Universal Credit
- If Café Inc was not available, **40%** of respondents would have fed their children but skipped a meal themselves.

In addition to the survey findings, several powerful stories were collected, showcasing the social and economic impact of Café Inc. These stories highlight how the programme not only provides meals but also serves as an important social lifeline for families who are struggling to make ends meet. These stories demonstrate the real-world impact of the programme, offering insights into how it alleviates stress, builds community connections, and improves the wellbeing of participants.

⁵⁰ [Café Inc | Fife Council](#)

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

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.⁵²

Catering and procurement provide unique powerful levers for promoting good food. There is potential to transform catering across a wide range of settings from nurseries, schools and colleges through hospitals and care homes, workplace canteens and smaller scale catering outlets. As well as improving the eating habits of people across Fife there is the ability to create large scale demand for healthy, sustainable and local food. Improving consumption of food grown locally or within the UK and that is easily accessible locally also helps to reduce carbon impact. Collaboration between catering, procurement and menu teams, suppliers and growers, and distribution contractors is key to enabling change.

There is a close link between this local lever and the local lever work with the Out of Home Sector to reduce calories on the menu and with the Food4Fife strategy catering and procurement pillar.

Background

This local lever recommends that all facilities owned and/or operated by local authorities and health boards including for example leisure centres and NHS premises providing non-patient food and drink should consider:

- Offer price promotions on healthier options
- Reduce the calorie content of foods on offer, either through reformulation or smaller portions, and consider a mandatory calorie cap per item sold
- Provide free drinking water
- Increase the proportion of healthy food and drink on offer to at least 75%.

Modifiable factors/local actions

Collaboration between catering, procurement and menu teams as well as with suppliers, growers and distribution contractors are key to enabling change. As part of the Food4Fife Strategy, a Fife wide procurement group including Fife Council, Fife College, NHS Fife and the University of St Andrews have been working together on ways to achieve this.

At the same time, it is important to take into consideration the taste of healthy food and drink on offer to ensure that these do not negatively impact uptake of meals in these settings.

Bringing local food into our public buildings including schools, hospitals and learning institutions can support local community wealth building. This area is closely linked to the Local Levers of Increasing School Meal Uptake and Working with the Out of Home Sector to reduce calories on the menu where actions considered in those levers include facilities owned and/or operated by local authorities and health boards.

⁵² Allan et al, 2021, Nutr Health, 27(3): 321-327, link: <https://pubmed.ncbi.nlm.nih.gov/33769109/>

Utilising Planning to Improve Food Environments

Why is this important?

The food environment is an important part of how a place can support or undermine our health and wellbeing. This includes access to out of home food consumption including takeaways, temporarily or permanently sited catering vans, hospitality venues, and drive-through sites. A Food Standards Scotland survey published in 2023 indicates that one in 6 adults in Scotland eat out at least once a week.⁵³

For many people their local food environment is comprised of more unhealthy outlets, such as hot food takeaways, than outlets offering healthy and affordable options. Research in 2018 into outlets in Glasgow selling potentially health-damaging products and services, such as fast food, were usually clustered in more deprived areas, leading to greater exposure in these areas and further exacerbating inequalities.⁵⁴

The food environment encompasses more than just the out of home sector but includes all food available to people in their surroundings. Connection to healthy food and drink outlets and to opportunities for community food growing and allotments are examples of positive attributes within a place that can facilitate and engage communities with a healthy diet.

Background

The National Planning Framework 4 (NPF4) intends to drive spatial planning that improves health and wellbeing and reduces health inequality in our communities.⁵⁵ In principle development proposals that would have an adverse effect on the health and wellbeing of communities, particularly in disadvantaged areas, should not be supported. Development proposals that will have positive effects on health should be supported.

NPF4 includes applying and promoting a town centre first approach and covers retail and non-retail outlets. This could include, for example, proposals that incorporate opportunities for exercise, community food growing or allotments. Consideration should also be given to clusters of outlets that may be affecting community wellbeing.

Modifiable factors/local actions

The built environment influences people's access to both healthy and unhealthy foods and planning is an upstream tool that can be used to influence the built food environment over the long term. Planning policy can support the creation of healthy places and facilities and support easy access to healthy food.

As part of the Local Development Plan (LDP) process it would be helpful to further understand the distribution of different types of food outlets and food growing in different communities across Fife. This can be used to map and inform planning of food related retail and non-retail spaces. The LDP preparation and evidence gathering stages can be used as a tool to help identify clusters where the balance of healthy food related retail and non-retail spaces may be affecting community health and wellbeing. This can help implementation of NPF Policies on Health and Safety, Commercial Centres and Retail. The Food4Fife Strategy and associated action plans include projects to map food grown commercially as well as community growing spaces.

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

⁵⁴ Macdonald, L., Olsen, J.R., Shortt, N.K. and Ellaway, A. 2018. [Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? - ScienceDirect](#). *Health & Place*, 51: 224-231.

⁵⁵ [Scottish Government 2024: National Planning Framework 4](#)

Reduction in Calories on Eating Out of Home Sector Menus

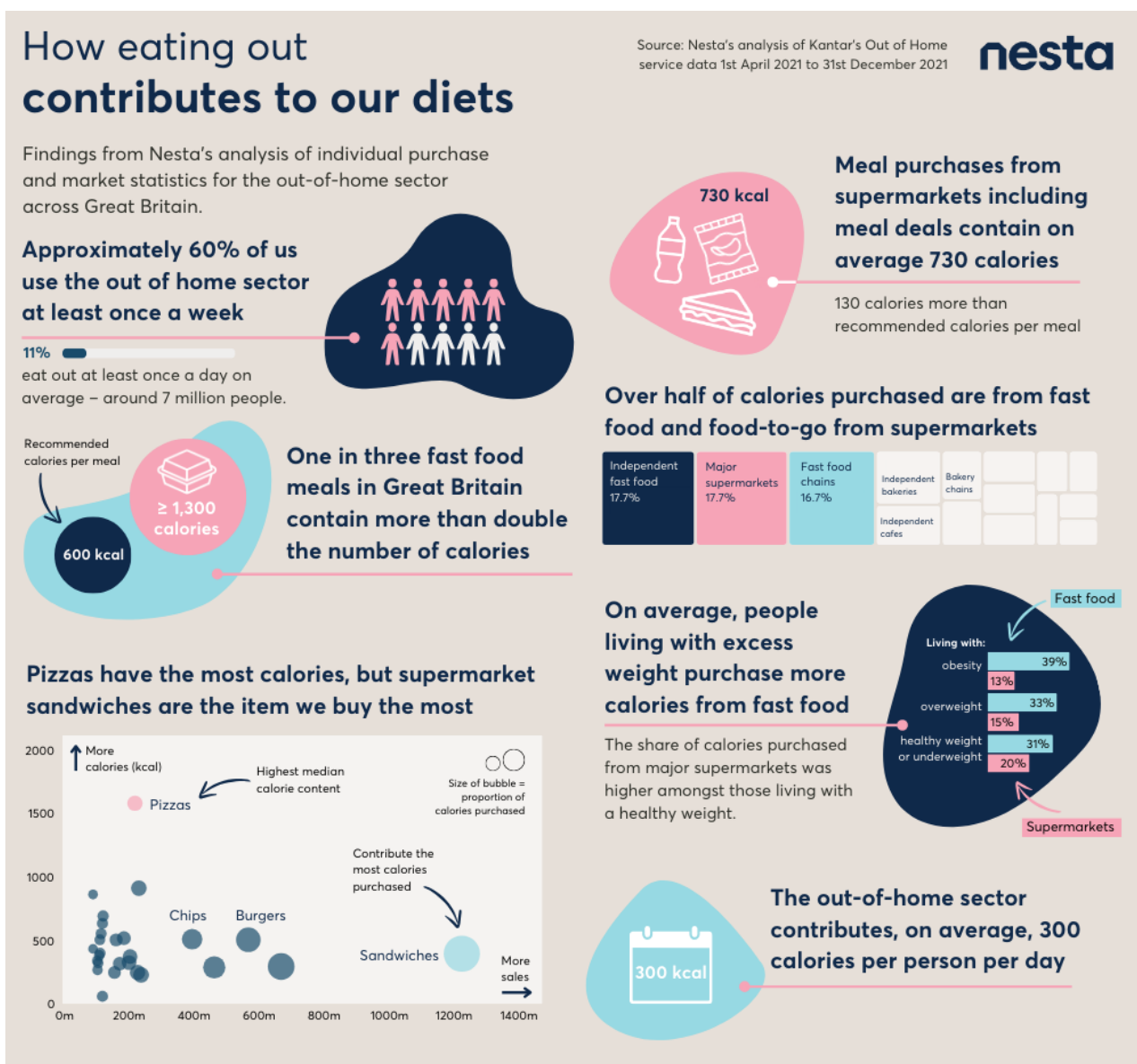
Why is this important?

In 2021, people in Scotland took 3 out of home trips per week on average, with one in 6 adults eating out at least once a week.⁵⁶ Taste, ease, and convenience are main reasons for eating out of home. Portion sizes tend to be bigger resulting in greater caloric intake when eating out of home as compared to eating at home. Takeaways and full-service restaurants have lots of scope for calorie reduction and helping communities achieve a healthy weight.

Background

The infographic below highlights findings from analysis carried out by NESTA in 2021 into individual purchase and market statistics for the out of home sector across Great Britain.

Figure 4: Infographic showing NESTA analysis of purchase and market statistics of the out of home sector in 2021



⁵⁶ [Testing the calories of the UK's favourite takeaway foods | NESTA](#)

Nesta also lab tested 600 of the ten most popular meals from independent takeaways in Great Britain.⁵⁷ The findings lend weight to the viability of portion size reduction as a way of reducing calorie intake. Key findings included:

- calorie content of 'regular' or 'medium' meals ranged widely
- across all types of food, meals contained an average of 1,289 calories
- 99% of meals exceeded the recommended calorie intake of 600 kcal per meal, 57% exceeded double the average recommended intake per meal, and 2% exceeded the recommended daily intake of 2,250 kcal
- more expensive meals had a higher number of calories, even after adjusting for differences in portion size (in grams).

Modifiable factors/local actions

There is a place for working with the out of home sector to understand retailers' knowledge of calories on their menus, and knowledge of portion size. Exploratory work between Public Health, Health Promotion and Fife Council Protective Services has begun into a possible pilot in one area of Fife.

There is a close link between this area and the lever relating to utilising planning to improve food environments as well as to public food procurement and provision standards.

⁵⁷ [Testing the calories of the UK's favourite takeaway foods | Nesta](#)

Food Advertising

Why is this important?

Advertised food and drinks are generally less healthy than those recommended as part of a healthy diet.⁵⁸ An Obesity Action Scotland policy statement on food advertising reported that:

- one third of total food and drink marketing spend in the UK is spent on advertising unhealthy products compared to just 1% spent on advertising fruit and vegetables
- Children and adults from more deprived backgrounds are up to 50% more likely to be exposed to unhealthy food advertising than less deprived groups.
- For every four minutes of TV food and drink advertising exposure, children consume approximately 60 calories more than children exposed to non-food adverts. The effect of TV adverts on dietary intake is also shown to be greater for children already living with overweight or obesity
- Exposure to unhealthy food advertising causes increased overall calorie intake in children and results in a higher chance of them preferring the advertised product when making food choices. UK survey showed that young people report seeing adverts for unhealthy products at least twice per day.

Background

Restrictions on food advertising of foods high in fat, sugar and salt (HFSS) are likely to come into effect during 2025. These restrictions only cover TV and online advertising but do not include outdoor advertising so will not include advertising in public spaces, such as billboards, and on public transport. In some parts of England local authorities have been prohibiting HFSS product advertising for all advertising generated by themselves and advertising sponsorship by third parties on council owned spaces, assets and events.

In 2021, Obesity Action Scotland and East of Scotland Partnership published a report that looked at the influence local authorities in Scotland have in restricting outdoor advertisements of products high in fat, sugar and salt.⁵⁹ The findings indicated that local authorities would prefer national level policy on HFSS outdoor advertising as opposed to localised action. The report also highlighted a demand for more knowledge sharing to guide policy decisions. The same report also gathered information on the scale of local authority owned and/or controlled advertising spaces across four local authorities in Scotland, including Fife. The table below shows results for Fife.

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

	Billboards	Bus shelters	Taxis	Public transport	Events/sponsorship
Fife	None	6 owned by Fife, 153 owned by Clear Channel	Only signage relating to taxi business is allowed	None	Roundabouts – mainly for local business sponsorship

Source: Obesity Action Scotland

⁵⁸ [Obesity Action Scotland: Advertising Position Paper](#)

⁵⁹ [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.⁶⁰ These spaces in buildings, on fleet vehicles or other public spaces could be used for promotion of healthy foods. Community Planning Partner organisations could also restrict HFSS product advertising by third parties on spaces, assets and at events owned or led by them.

Space for picture??

⁶⁰ [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.⁶¹ This includes:

- everyday activities: active travel like walking, cycling or wheeling, heavy housework, gardening, DIY, occupational activity
- active recreation: recreational walking, cycling, active play or dance
- sport: sport walking and cycling, swimming, formal and informal sport, structured competitive activity, exercise and fitness training and individual outdoor pursuits.

Physical activity impacts our physical and mental health and wellbeing. Regular physical activity and movement can help to reverse some of the age-related decline in physical function, improve wellbeing, help maintain independent living and create opportunities to increase social connections. However, as people get older physical activity levels typically decline and sedentary behaviour increases. Along with low levels of physical activity this can combine to increase levels of morbidity. Sedentary behaviour has increased in the years since COVID-19 pandemic, with changes to working environments 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).⁶² NCDs include conditions such as cancers, cardiovascular disease, chronic respiratory diseases, diabetes and mental health and neurological conditions.⁶³ Noncommunicable diseases currently account for more than two thirds of deaths and are the leading causes of ill health in Fife and across Scotland.⁶⁴

Physical inactivity is recognised by the World Health Organisation as one of the 5 leading risk factors of noncommunicable diseases.⁶⁵ A SBoD study examining the burden of physical inactivity on disease in Scotland reported that almost 3,200 deaths in 2022 were estimated to be attributable to physical inactivity, defined as activity at levels lower than current guidelines.⁶⁶ In Fife this figure was 253 deaths representing 5.5% of all deaths. A third of these deaths, in both Fife and Scotland, were from cancer or cardiovascular disease. Mortality rates attributable to physical inactivity were higher in Fife than the Scottish average and the sixth highest of all health boards. Estimates indicate substantial regional inequalities within Scotland in the burden of disease attributable to physical inactivity.

Of the deaths attributed to physical inactivity across Scotland, the majority (80%) occurred in those in the very low activity category, less than 30 mins per week of moderate physical activity. The finding that more than 80% of these deaths are due to those with very low levels of activity (less than 30 minutes of

⁶¹ [UK Chief Medical Officers' Physical Activity Guidelines](#)

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

⁶³ [World Health Organisation: Noncommunicable diseases](#)

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

⁶⁵ [World Health Organisation: Noncommunicable diseases](#)

⁶⁶ [The burden of disease attributed to physical inactivity](#)

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.⁶⁷ 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 2019-23.⁶⁸ A higher proportion of men have consistently reported meeting the MVPA guideline than women, 69% compared to 59% in Fife in 2019-23.⁶⁹

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.⁷⁰ 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.⁷¹ 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.⁷²

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

⁶⁸ [Scottish Health Survey Dashboard](#) (query as previous footnote)

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

⁷⁰ [Scottish Health Survey Dashboard](#) (query as previous footnote)

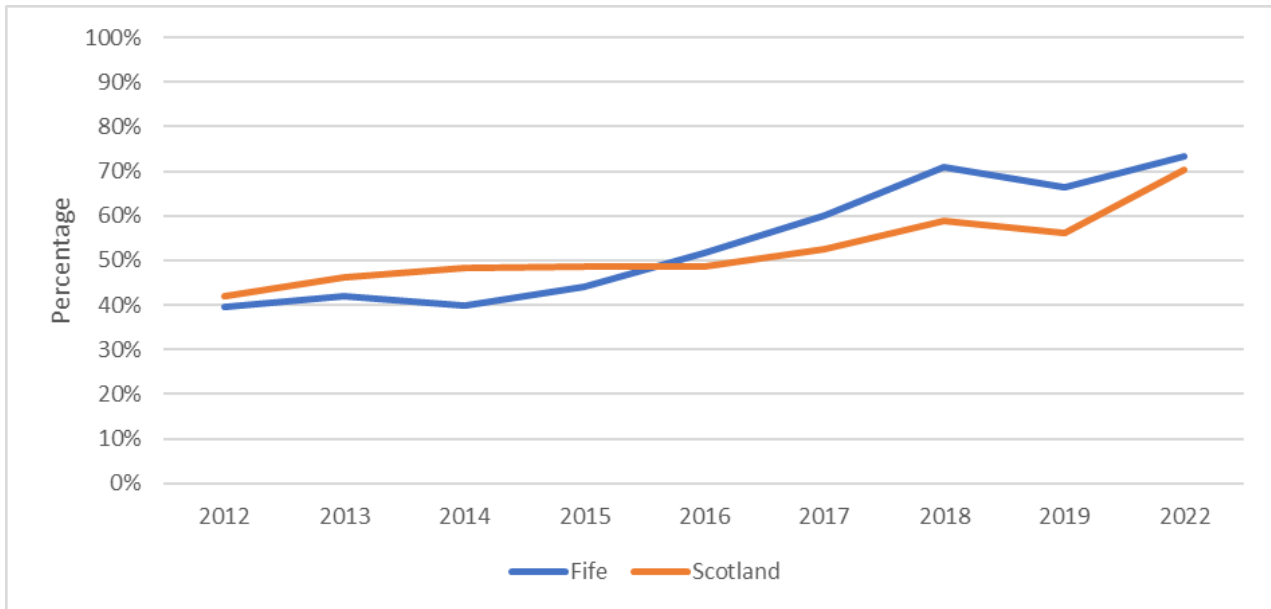
⁷¹ [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

⁷² [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 2022.⁷³ 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 2022.⁷⁴ 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.⁷⁵

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

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

⁷⁵ 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.⁷⁶ 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.⁷⁷

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.

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

⁷⁷ [English-Eight-Investments-That-Work-FINAL.pdf](#)

- Youth 1st's B:active programme promotes physical activity and health and wellbeing for young people, youth workers and volunteers. The project has a dedicated member of staff promotes and co-ordinates training and sessions or Youth 1st member groups. As well as sports tasters and games sessions the programme includes Climate Action Fife sessions and Young STEM Leader and B:active Leader awards for young people.
- In the academic year 2023-24, Active Schools provided extracurricular activities which 19,246 pupils took part in through a range of universal and targeted provisions within Fife schools.

An Active Workplace

Why is this important?

We spend a large proportion of our lives in the workplace, with many spending almost a third of each day at work.⁷⁸ 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.⁷⁹

Adult recommendations for physical activity are for adults to be moderately physically active for 150 minutes per week.⁸⁰ 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.⁸¹ 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.

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

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

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

⁸¹ [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.⁸²

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.

⁸² 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.

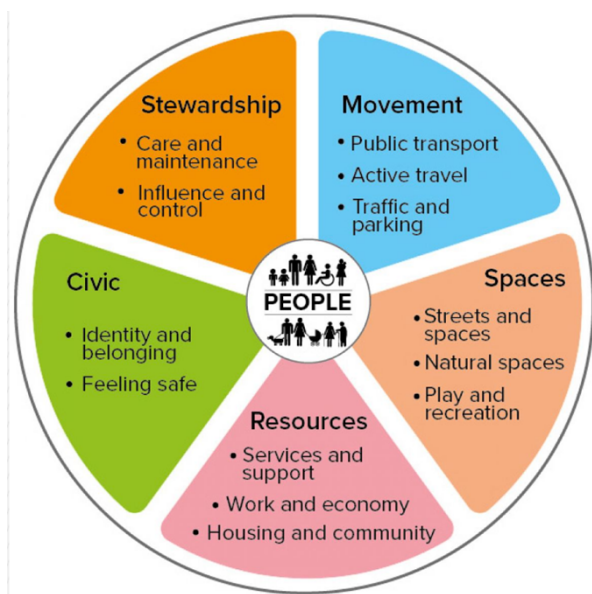
Background

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.⁸³

⁸³ [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 2024.⁸⁴ 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.⁸⁵

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).⁸⁶ 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.

⁸⁴ [Our-Place-Fife-2023.pdf](#)

⁸⁵ [Scottish Government 2024: National Planning Framework 4](#)

⁸⁶ [Fife LDP Evidence Report 2024](#)

NHS Fife's Greenspace Strategy

NHS Fife Greenspace Strategy 2030 was developed in 2023.⁸⁷ 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.

⁸⁷ [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.⁸⁸ 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??

⁸⁸ [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.⁸⁹ 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.⁹⁰ 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.

⁸⁹ [Scotland's Census](#)

⁹⁰ [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.⁹¹ 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.⁹² 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.

⁹¹ [Pulmonary rehabilitation | NHS Fife](#)

⁹² [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.

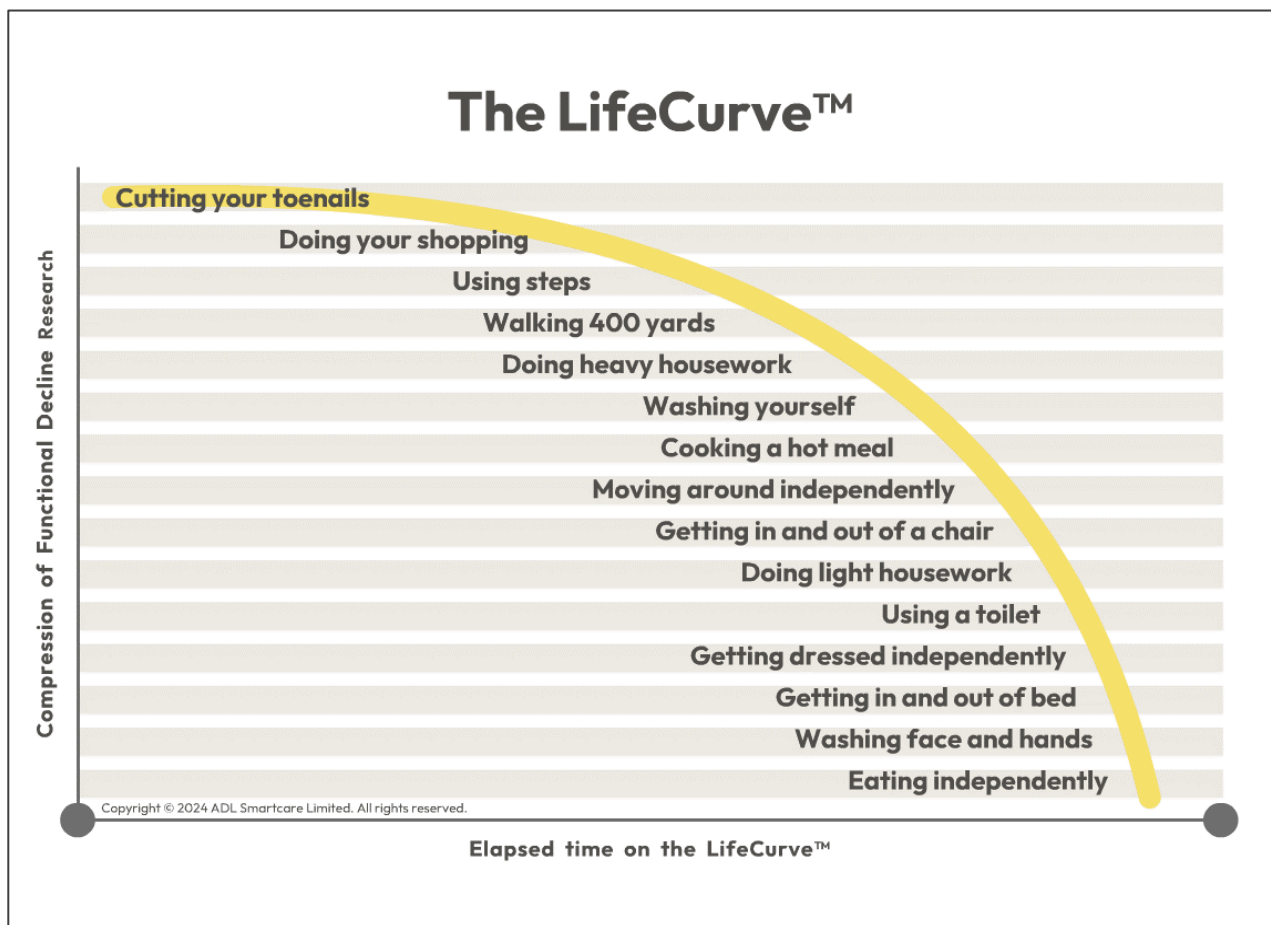
The training will support participants to understand the benefits of movement and physical activity for health and wellbeing and provide information and knowledge to enable them to support people to be more active. It will allow participants:

- 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.⁹³ 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.⁹⁴

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.

⁹³ [Smart Life in Fife: LifeCurve Assessment](#)

⁹⁴ [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.⁹⁵

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.

⁹⁵ [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"> 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. 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. 3. NHS Fife Child Healthy Weight Service to develop targeted approach to offering support in areas of deprivation and poor health outcomes. 4. Extend the Baby bites session into nurseries in all localities in Fife. 	
Improve uptake of school meals	<ol style="list-style-type: none"> 5. Stakeholders to work together to explore best practice and evidence for how to further increase uptake of school lunches. 6. Stakeholders to work together to explore how uptake of Café Inc can be promoted to families in receipt of free school meals. 	
Public Food Procurement and Provision Standards	<ol style="list-style-type: none"> 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. 	
Utilising Planning/National Planning Framework 4 to Improve Food Environments	<ol style="list-style-type: none"> 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. 	
Reduction in Calories on Eating Out of Home Sector Menus	<ol style="list-style-type: none"> 9. NHS Fife, the Fife HSCP and Fife Council to explore the feasibility of a pilot to work with the out of home sector to explore understanding among retailers of the calories on their menus, and 	

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

Active Living for Everyone

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

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

To find out more about accessible formats contact:

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

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Meeting: Public Health and Wellbeing Committee

Meeting date: 3 March 2025

Title: Sexual Health and Blood Borne Virus Framework Annual Report 2023/24

Responsible Executive: Lisa Cooper, Head of Service, Primary and Preventative Care

Report Author: Mark Steven, Clinical Service Manager, Sexual Health & BBV

Executive Summary:

- This report provides a summary of local partnership and service activity in support of the Sexual Health and BBV Actions Plan. This includes ;
- Highlights from the report include
 - Increased update of Pre-Exposure Prophylaxis for HIV and low rate of new infections and late diagnosis.
 - Early analysis of a Hepatitis C reengagement project.
 - Increased demand for HIV treatment and care.
 - Stabilisation and reductions in rates of Gonorrhoea and Chlamydia.
 - Further innovations and development of services for young people.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- To Improve Health and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The attached report intends to provide information to PH&WC on action on Sexual Health and Blood Borne Viruses (SHBBV) in Fife by referencing cross cutting strategies, providing examples of activity and good practice and innovation and identifying challenges and priorities for recovery.

2.2 Background

The national strategic framework for SHBBV and the operational delivery of services aimed at promoting sexual and reproductive health and reducing blood borne virus infections have undergone significant change and disruption during the pandemic. The first Scottish Government five-year SHBBV framework was published in 2011 and updated in 2015 and 2020. The activity detailed in the report reflects the expected outcomes and aspirations of the Scottish Government Sexual Health and BBV (SHBBV) Action Plan (1) which was published on November 28th, 2023, the 2022 Health Improvement Scotland standards for Sexual Health (2) and the HIV Transmission Elimination Delivery Plan (3).

2.3 Assessment

The report intends to give a general overview of this area of work to the membership of the EDG. It is not intended as a submission to assess performance of the partnerships or services involved in delivery of the SHBBV Action Plan.

This report showcases sexual health and bbv partnerships and services in Fife against a backdrop of significant financial and demand led challenges.

It highlights the local responsibilities set out the Sexual Health and BBV action plan, HIS standards for Sexual Health and the HIV Transmission Elimination Delivery plan and provides key indicators and narrative on these areas of work. The report this year is more focused on prevention and early intervention activity in line with the emerging Health and Social Care Prevention and Early Intervention Strategy. The information in the update report demonstrates the impact of a range of agencies and partnerships involved in service delivery and development on improving health outcomes in Fife.

Elements of the report rely on published data some areas, for example HIV care and treatment, LARC and STI's and locally produced data from the National Sexual Health data base. The report seeks to reassure committees of the ongoing recovery of Sexual Health and BBV related activity with a focus on prevention and early intervention.

This report provides the following Level of Assurance:	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the	There is sufficient assurance that	There is some assurance from the	No assurance can be taken from 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.	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.	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.	information that has been provided. There remains a significant amount of residual risk
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2.3.1 Quality, Patient and Value-Based Health & Care

Evidence of performance in relation to waiting times is included in the report. It highlights engagement for and service improvement in line with the Care Experience improvement Model (4).

2.3.2 Workforce

The report includes information on workforce development and training activity.

2.3.3 Financial

Previously, ring fenced funds supported the SH&BBV Framework Activity. This is now included in prevention funding bundles. The report is not intended to provide financial scrutiny and assurance. It does refer in general terms to the current financial context and pressures affecting this area of work.

2.3.4 Risk Assessment / Management

None relevant to this report.

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

All sexual health and blood borne virus framework and service activity is underpinned by SH & BBV Outcome 2 (reducing inequalities).

2.3.6 Climate Emergency & Sustainability Impact

None relevant to this post.

2.3.7 Communication, involvement, engagement and consultation

Specific projects named in this report have included patient /citizen engagement and involvement.

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.

- HSCP SLT Business 17 February 2024
- Executive Directors Group 20 February 2025
- Primary & Preventative Care QMAG 25 February 2025.

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 – Sexual Health & Blood Borne Virus Framework Annual Report 2023/24
- Appendix No. 2 - Sexual health and blood borne virus action plan: 2023 to 2026 can be found [here](#).
- Appendix No. 3 - Sexual health standards – Healthcare Improvement Scotland - can be found [here](#).
- Appendix No. 4 - Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26 - gov.scot - can be found [here](#).
- Appendix No. 5 - CEIM Experience Improvement Model for Health and Social Care | Healthcare Improvement Scotland - CEIM - can be found [here](#).

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Sexual Health and Blood Borne Viruses Update 2024

Sexual Health and Blood Borne Viruses in Fife Update Report 2024

Contents

1. Foreword & Introduction

1.1 Foreword

1.2 Introduction

1.3 Executive Summary

2. Context - National Strategic Context

2.1 The Sexual Health & Blood Borne Virus Action Plan 2023 to 2026

2.2 Local Strategic Context

2.3 Operational Context

2.4 Localities and inequalities

3. Prevention and early intervention

3.1 Preventing BBVs STI and unintended pregnancy

3.1.1 Free Condoms Fife

3.1.2 Health Improvement and Awareness raising

3.1.3 Long-Acting Reversible Contraception (LARC)

3.2 Pre exposure Prophylaxis (PrEP)

3.3 Access to STI testing

3.3 Vaccine preventable diseases3.4 Access to STI testing

3.5 Injecting Equipment Provision

3.6 Gender Based Violence

4. Young People

4.1 Attendance

5 Demand and Access- Sexual Health

5.1 Access

5.2 Overall service activity and waiting times

5.1.3 Pre exposure Prophylaxis (PrEP)

6. HIV

6.1 Service Model

6.2 Current cohort

6.3 Late diagnosis of HIV

7. Hepatitis

7.1 Treatment numbers and Targets

7.2 Treatment challenges and innovations (Recast)

7.3 Activity

8. Sexually Transmitted Infections

9. Vasectomy

10. References and related documents

11. Glossary of Terms

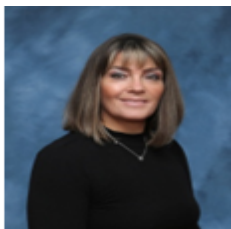
1. FOREWORD & INTRODUCTION

1.1 Foreword

This report aims to provide an update on the key priorities and actions set out in the Scottish Government Sexual Health and BBV (SHBBV) Action Plan ⁽¹⁾ which was published on November 28th, 2023, the 2022 Health Improvement Scotland standards for Sexual Health and the HIV Transmission Elimination Strategy (2023) ⁽²⁾.

The report links this national strategic framework with the outcomes and aspirations set out in the Fife's HSPC Strategic Plan 2022-2025, the NHS Fife Public Health and Wellbeing Strategy and the recently published Fife HSCP Prevention and Early Intervention Strategy 2024-2027. In response to our Prevention Strategy, this year's report has a greater emphasis on primary preventative approaches whilst recognising the importance of treatment as prevention in Blood Borne Viruses and sexually transmitted infections.

The information provided shows an encouraging level of post pandemic recovery in this area of work, underpinned by flexibility, innovation and continuous improvement at the core of our key services. While our focus remains on quality of care and prevention, there is positive evidence in this update that our Sexual Health and BBV work in Fife has strong foundations and robust governance in place to respond to the current financial challenges we face across Health and Social Care displaying innovation and agility in our planning and delivery of services. I would draw your attention to the valued engagement with young people in the last year aimed at reducing unplanned pregnancy and the Fife response to the UK wide public health concerns on syphilis and gonorrhoea in the younger population. The service award for innovation received by Sexual Health in the 2024 NHS Fife Awards is a recognition of the passion and determination of staff across sectors and displays our strong approach to partnership working to reduce and ultimately eliminate blood borne viruses and improve sexual health and focus on wellbeing for the people of Fife. I present and commend this report to continuing to work together in partnership to meet our shared goals and aspirations.



Lisa Cooper, Head of Primary and Preventative Services, Fife Health and Social Care Partnership

1.2 Introduction

The past year has seen significant strategic and operational developments impacting on sexual health and wellbeing and blood borne virus prevention, treatment and care. The existing strategic frameworks and priorities were complemented by national and local drive to deliver on the aspirations of the Sexual Health and BBV Action Plan, HIS Standards for Sexual Health (3) and HIV Elimination Delivery Plan (4), Fife's HSPC Strategic Plan 2023-2026 (5) and the NHS Fife Population Health and Wellbeing Strategy. (6)

The recently adopted HCSP Prevention and Early intervention strategy (Prevent, Reduce, Improve), represents a validation of the preventive approaches to SH & BBV taken in Fife. It provides a challenge to continue to innovate, develop and refine our responses to take account of the changing social and financial context as we contribute to improvement of public health in Fife. This report has drawn on a range of internal and external data to provide a picture of the activity over the last year. Where 2024 data from the National Sexual Health database (NASH) is presented, this is primarily for the period January to November 2024 unless otherwise noted.

1.3 Executive Summary

This report provides a comprehensive overview of the current state of sexual health and the prevalence of blood-borne viruses (BBVs) within the Fife region. It examines key data trends, highlights areas of concern, and outlines the efforts made in prevention, treatment, and care

The report highlights the previous peaks in some Sexually Transmitted Infections and the recent levelling off of rates of Gonorrhoea and Chlamydia.

It provides figures on treatment levels of HIV and Hepatitis C infections and indicates the changing demographics in HIV cases in Fife and outlines some of the demand and financial pressures impacting on meeting Hepatitis C targets.

It details performance in relation to Long Acting Reversible Contraception in Fife that suggest this is should remain an area of focus for primary secondary and specialist care services to increase access and reduce unintended pregnancy

2. CONTEXT – NATIONAL STRATEGIC CONTEXT

2.1 National Context

2.1.1 The Sexual Health & Blood Borne Virus (SH &BBV) Action Plan 2023 to 2026 ⁽¹⁾ re asserts the 5 high level outcomes articulated in previous SH &BBV Frameworks as the basis for the current action plan. The outcomes are:

- i. Fewer newly acquired blood borne virus and sexually transmitted infections, fewer unintended pregnancies.
- ii. A reduction in the health inequalities gap in sexual health and blood borne viruses.
- iii. People affected by blood borne viruses lead longer, healthier lives, with a good quality of life.
- iv. Sexual relationships are free from coercion and harm.
- v. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

The SH & BBV Action Plan articulates links to other crosscutting national strategies and standards including the Women's Health Plan, Medication Assisted Treatment (MAT) standards, Parenting and Pregnancy in Young People Strategy (including Relationships, Sexual Health and Parenting Education). It challenges Health Board areas to think about the ownership and influencing of sexual health and wellbeing and reducing blood borne viruses beyond the role of specialist services and across the whole system.

2.2 Local Strategic Context

2.2.1 Fife's Population Health and Wellbeing Strategy 2023-28 ⁽⁶⁾ sets out 4 priorities:

1. Improve health and wellbeing
2. Improve the quality of health and care services
3. Improve staff experience and wellbeing

4. Deliver value and sustainability

2.2.2 Fife HSCP Strategic Plan 2023-2026 ⁽⁵⁾

The development and delivery of specialist sexual health and BBV services is driven by the Improving Health and Wellbeing priority and the Strategic Priorities articulated in Fife HSCP Strategic Plan. These are:

Local A Fife where we will enable people and communities to thrive

Sustainable A Fife where we will ensure services are inclusive and viable

Wellbeing A Fife where we will support early intervention and prevention

Outcomes A Fife where we will promote dignity, equality and independence

Integration A Fife where we will strengthen collaboration and encourage continuous improvement

2.2.3 HSCP Prevention and Early intervention strategy (Prevent, Reduce, Improve)

The development of this strategy reflects familiar approaches to Preventing, Reducing and improving the context and individual circumstances of people living with or at risk of blood borne viruses and poor sexual health and wellbeing.

Integration

Our BBV services remodelled in 2016 and developed an award winning multi-disciplinary and multi sectoral team around people living with Hepatitis and HIV. This has continued with input from Psychology, Pharmacy and Dietetics. Three third sector organisations Restoration, Terence Higgins Trust (THT) and We Are With You (WAWY) were commissioned by Fife HSCP to deliver service briefs related to sexual health and BBV prevention alongside clinical services. Key data from their work is included in the relevant sections of this report.

Inclusion

Involvement in feedback and redesign of services is a core part of what we do. Most recently we have engaged with young people about their access to holistic sexual health advice and treatment (as outlined in Section 9 of this report) and have taken the first steps to implement the CEIM model across Sexual Health. (7)

Stewardship of resources

In the last year we have taken a proactive and systemic approach to the allocation of our resources, from allocation of Hepatitis drugs savings to Health and Social Care efficiency targets to the implementation of online appointment booking and self-arrival systems to improve patient pathways and reduce pressure on frontline admin and clinical staff.

Governance

Local SH & BBV strategic groups including the Fife SH & BBV Executive Group and BBV Prevention and Testing Treatment and Care Groups were suspended in 2020 and have not yet been re-established. A Sexual Health and Substance Use working group has been established which reports to Children in Fife via the Health and Wellbeing Strategy Group. Work is also underway to establish a working group to focus on the shared elements of the Women's Health Plan and SH & BBV Action Plan. Activity and performance is reported via HSCP Quality Matters Assurance and management groups.

2.3 Operational Context

2.3.1 There is shared operational delivery of the outcomes in the SH & BBV Action Plan. Most of the operational responsibility for sexual health and BBV treatment sits with Sexual Health Fife with key responsibilities relating to contraception shared with Gynecology and Primary Care (for example in delivering Long-Acting Reversible contraception in line with HIS standards and Women's Health Plan priorities as outlined in section 3.1.2) within the drug and alcohol field, third sector partners and NHS Addiction Services in Fife offer BBV testing and onward referral.

2.4 Community and inequality focus

The breakdown of patient's localities recorded in NASH has remained static over 2022-2024 and is consistent with the population share for the demographic who access Sexual Health services. By comparison with other board areas Fife has a decentralised clinical footprint for BBV and Sexual Health work. The service operates from core bases in Kirkcaldy and Dunfermline with satellite clinics currently operating in Cupar, St Andrews, Glenrothes, Buckhaven, Cowdenbeath and Lochgelly. (Table1)

In response to local assessment a weekly young people's clinic was introduced to Randolph Wemyss Memorial Hospital in February 2024. Over 200 young people were seen at this clinic between February and November 2024 with the top reasons for attendance being contraception and ST screening. 43% of attendees were under 19. Further analysis of services for young people is provided in section 9.

Table 1

Locality	2022	2023	2024 Jan to Nov
Dunfermline & South West Fife	27%	28%	28%
Kirkcaldy	22%	23%	23%
Cowdenbeath	14%	16%	15%
Glenrothes	12%	12%	12%
Levenmouth	8%	9%	9%
North East Fife	8%	12%	10%

In 2024 around 51% of all people whose attendance was recorded on NASH lived in SIMD 1 and 2 areas.

3. PREVENTION AND EARLY INTERVENTION

3.1 Preventing BBVs, STIs and unintended pregnancy

3.1.1 Free Condoms Fife (including FCF by post)

There are currently 176 outlets signed up to Free Condoms Fife (FCF) scheme. The scheme is a partnership between Sexual Health Fife and Fife Health Promotion Department that seeks to increase access to condoms for key groups including young people, injecting drug users and people living in rural areas. Since 2021 people have been able to access free condoms by post. The increased uptake of condoms by post, as illustrated in Table 2 is a success story when set against the national trends of declining condom use in young people as reported in the Conundrum research ⁽⁸⁾.

Whilst not able to be ascribed as a cause, it is hoped that the success of this scheme and prioritisation of young people's sexual health and wellbeing in the past few years may have contributed to an overall downward trend in teenage pregnancy (under 20 years old) rates in Fife as shown in Public Health Scotland figures published in July 2024 ⁽⁹⁾. Fife's rate of teenage pregnancy was below the Scottish rate per 1,000 and the 5th lowest of Scottish Board areas in 2022. However, a rise in teenage pregnancies was seen across all board areas in 2022 and challenges remain in the under 16 population, with the Fife rate being reported as the second highest by board area in 2022.



Table 2 - Postal condom orders received by year

Year	Orders
2021	528
2022	746
2023	1538
2024 *	2958

(* Figures provided April 23 to March 2024)

THT operate a postal condom and safer sex scheme for Gay, Bisexual and other men who have sex with men (GBMSM) in Fife with 150 regular subscribers.

3.1.2 Health Improvement and Awareness raising

Providing the workforce with the knowledge and skills to engage with people about blood borne viruses and sexual health and wellbeing is a key part of the local actions. A wide range of online training is available. This is complemented by live courses developed and promoted via the Fife Health Promotion Department Health Improvement Catalogue and bespoke sessions delivered by Sexual Health's Health Development Team.

Three core Sexual Health and BBV training sessions are offered each year in the Fife Health improvement catalogue; Hepatitis Awareness Testing and Treatment, Introduction to LGBT and Introduction to Transgender Awareness. There was limited uptake of these courses during 2024. 14 people attended, the majority of whom worked within Health and Social Care in the Kirkcaldy Locality.

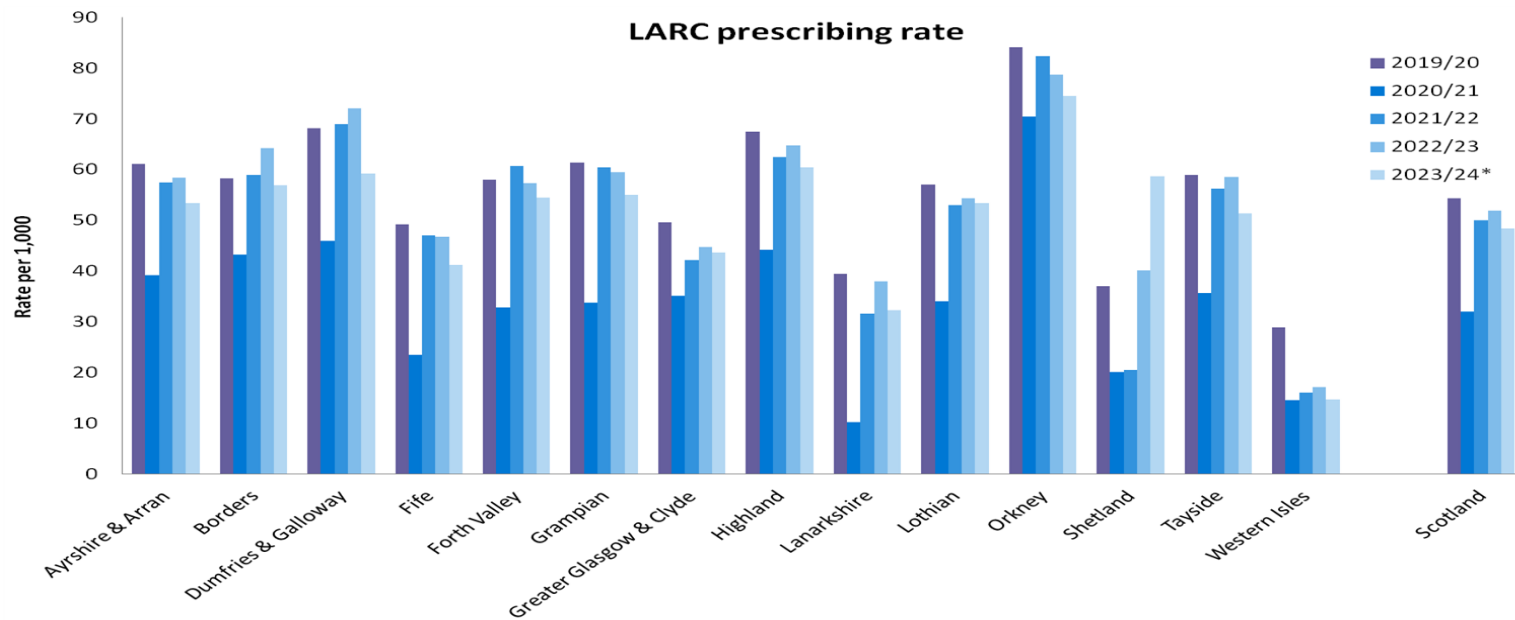
Bespoke learning and development activity on dry blood spot testing (DBST), Condom Distribution, HIV awareness. Introduction to Sexual Health Services for the Workforce, Sexual Health Awareness for young people were part of the Health Developments Teams workforce and awareness raising activity in 2024. These courses and promotional activities at colleges, universities and community venues and groups were part of 50 events held in 2024 that reached over 260 people in 2024.

THT delivered 2 Community testing clinics in St Andrews in 2024 with 11 people in attendance.

3.1.3 Long-Acting Reversible Contraception (LARC) ⁽¹⁰⁾

The overall rates of Long-Acting Reversible Contraception prescribing in Scotland fell from 51.8 to 48.4 per 1,000 in 2023/24. Only Shetland saw an increase in its LARC rate in 2023/24. After some recovery from 2021 the overall rate in Primary Care and Sexual Health settings in Fife fell from 46.8 to 41.2 per 1,000 between 2022/23 and 2023/24. Waiting times for LARC within Sexual Health Fife met the 5-week standard in 2024. (Table 3)

Table 3



LARC includes: contraceptive implant, IUD & IUS.
 Rate per 1,000 women aged 15-49.
 Source: Prescribing Information System (PIS) & NaSH.

3.2 Pre-Exposure Prophylaxis (PrEP)

Assessment and prescribing of PrEP in Scotland was integrated into NHS Sexual Health services in 2018. Pre-exposure prophylaxis for HIV continues to be a key tool in the prevention of HIV transmission, particularly in gay, bisexual and other men who have sex with men (GBMSM).. Fife has seen a further increase in the number of patients receiving PrEP with a 12% increase compared to last year. The increased uptake of PrEP, (alongside the rising costs of HIV treatment drugs) does create staffing and financial pressures within the existing service budget. However, this must be seen in the context of the Scottish Government Target of eliminating transmission of HIV by 2030 and the longer-term costs of treating people who acquire HIV throughout their lives.

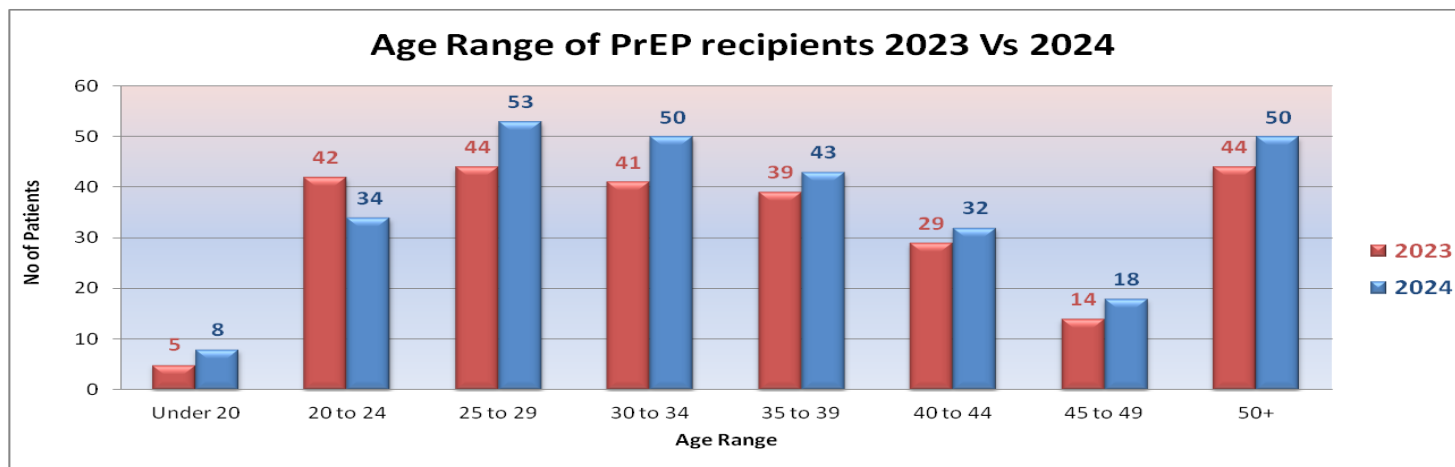
Table 4 shows the increase in PrEP prescribing and the number of individuals supported to access service in the last four years.

Table 4

Number Of	Year			
	2021	2022	2023	2024
PrEP Prescriptions	388	561	658	735
Unique Patients	146	218	258	288

Table 5 provides an age range breakdown of our PrEP recipients and indicates a drop in age range 20 - 24 which will account for the rise in the average age this year

Table 5



Because of the low numbers involved is not possible to present the figures for new diagnoses of HIV in for Fife among the GBSM population. National data shows new diagnoses in this group have been falling since 2017. 2023 saw the number of new diagnoses almost half that of 2014. The awareness safer sex messages and uptake of PrEP in the GMBSM population is likely to have contributed to lower transmission rates in this group. Rates of HIV transmission acquired by sexual intercourse between men and women increased sharply in 2021 and now account for the largest number of new infections. (11)

3.3 Vaccine Preventable Diseases

Hepatitis A & B, Human Papilloma Virus (HPV)

Sexual Health and BBV services have a role in the administration of vaccines for Hepatitis A and B, HPV for at risk populations. Primary Care and Community Immunisation programmes. The uptake of vaccination for Hepatitis A and B and HPV Vi among GBMSM attending Sexual Health Fife is illustrated in tables 6 and 7. This work is reported through the Fife Area and Immunisation Steering group. In sexual health settings immunisation against hepatitis A & B has remained relatively constant. HPV vaccination in Sexual Health increased to 55% of all eligible patients between 2021 and 2024.

Table 6

Individuals prescribed Hep A and Hep B vaccine recorded in NASH

Year				Total
2021	2022	2023	2024	
58	73	72	67	270

Table 7

Individuals under 45 who were prescribed an HPV vaccine recorded in NASH

Year				Total
2021	2022	2023	2024	
60	93	67	69	289

Since recording started in July 2017 Sexual Health Fife have delivered 966 HPV Vaccines to 691 GBMSM Patients. It's likely some eligible patients will have received the HPV vaccine elsewhere and this has not been recorded in NaSH. The percentage of eligible patients who attended sexual health vaccinated for HPV was 21% in 2021 (384) *, 33% in 2022 (444) and 24% (478) in 2023 and 55% (516) in 2024.

*(Total number of eligible patients each year in brackets)

Mpox

UK health services have been responding to an outbreak of Mpox since May 2022. Sexual Health Services were involved in the planning for a potential second wave of Mpox in early 2024 and have continued to offer opportunistic or on demand pre-exposure vaccination to at risk eligible groups. 49 first doses and 8 second doses were delivered in sexual health in 2024. The cumulative number since the initial public health alert is 243 (first and second doses).

3.4 Increasing Access to Sexually Transmitted Infection (STI) testing

Self-Sampling Kits (known as Postal Testing Kits) for STI's were introduced by Sexual Health Fife as a business continuity response to COVID. These were particularly aimed at people who were worried they had contracted an STI but did not have any symptoms. Table 8 shows the requests for this service from 2021 through to 2024.

Table 8

Year			
2021	2022	2023	2024
4985	5207	4050	3033

The number of PTK's being sent out has reduced by -25% from 2023 to 2024. However, the number of people receiving STI testing overall has remained mostly static with just a -3% reduction in the numbers compared to last year. This is due to more patients being seen in clinic to have STI testing and an ongoing internal efficiency exercise to reduce the postal costs associated with this service.

THT Testing

Terence Higgins Trust deliver a Health Inequalities (LGBTI+) service brief focused on health promotion and access to BBV and STI testing. An online HIV and STI testing service run by THT is available to Fife residents. The most recent figures show 656 HIV & STI tests were ordered from April to September 2024. (table 9). HIV tests were provided to 156 GBMSM, 11 Black African people, 68 people with partners with HIV risk factors, 9 born in high prevalence countries and the remaining 8 either involved in injecting

drug use or sex work. 329 individual requests for home STI tests were made, 228 were returned, and 19 of these were reactive for an STI.

Whilst the number of positive HIV and STI tests was low this service does provide essential reassurance to people who want to know their status in a convenient and confidential way.

Table 9

HIV self-tests	April 21 – March 22	April 22-March 23	April 23-Feb 24	April 24 to Sep 24
	287	300	517	327
STI home tests	April 21 – March 22	April 22-March 23	April 23-Feb 24	April 24 to Sep 24
	N/A	281	593	329

3.5 Injecting Equipment Provision (IEP)

Funding of IEP is a shared responsibility between Fife Alcohol and Drug Partnership and Sexual Health Fife. Fife ADP fund the network of IEP community pharmacies and the Specialist Harm Reduction Service “We Are With You”. Sexual Health Fife provides additional funding to We are With You to provide BBV testing and referral services and support the distribution of foil as an alternative to injecting. From April to September 2024 We Are With You tested 123 people who inject drugs with 13 positive test results, HCV positivity rate of 10%. All those who tested positive were successfully engaged in BBV treatment with the Specialist BBV Team in Sexual Health. This represents an increase of 19 in the testing numbers and 3% positivity rates in 2023.

The last Public Health Scotland report into Injecting Equipment Provision was published in September 2023. As reported in last years update Fife had the 3rd Highest number of attendances at IEP during the three years from 2020/21, 2021/22 and 2022/23 ⁽¹²⁾. A Needle and Syringe Surveillance Initiative (NESI) report was published in August 2024. ⁽¹³⁾

The areas of concern for Fife identified in the survey are:

- High Rates of crack cocaine smoking among injectors
- Low rate of foil uptake
- High rate of severe soft tissue infection
- Low rates of HCV and HIV testing

Sexual Health and BBV teams are working with Fife Alcohol and Drug Partnership officers to disseminate the findings and develop a local action plan in response to the data gathered. A workshop is planned for March 2025.

3.6 Gender Based Violence

Patient facing activity undertaken by the Gender Base Violence nursing team within Sexual Health Fife is included in the Fife Violence against Women Partnerships Annual report for 2023/24. ⁽¹⁴⁾ This report details the increasing demand on the team in their key role in Multi Agency Risk Assessment Conferences (MARAC) on behalf of NHS Fife and the activity to support the operation of the Fife Sexual Assault Referral Centre. 130 adults and 23 young people were supported by this team in 2023/24.

The team also contributes to SH & BBV Action Plan Outcome 4 “Sexual relationships are free from coercion and harm” through early intervention, providing support advice to people experiencing gender-based violence and the family friends and professionals supporting them, however for 97% of the referrals the team received they were the primary source of support.

The team delivered training on domestic abuse and sexual violence to 12 separate NHS, 3rd sector and statutory services on 16 separate occasions to over 400 professionals.

4. YOUNG PEOPLE

4.1 Attendance at young people's clinics has seen a further increase for a second year running from 1061 in 2023 to 1491 in 2024 (Jan – Nov). This represents a 26% year on year increase. This increase is in part due to the introduction of a “co designed” drop-in clinic with the aim to provide a more holistic approach to people sexual health, focussing on health promotion and sexual wellbeing as well as STI treatment and contraception.

Table 10 depicts a breakdown of young patient’s post code location compared with our clinic locations.

Table 10

Patient Postcode Location	% Attendees
Kirkcaldy	21%
Dunfermline	21%
Lochgelly	18%
Glenrothes	14%
Kelty/ Cowdenbeath	10%
Leven	9%
Burntisland/ Kinghorn	3%
Cupar	1%
St Andrews	1%
Kinross	1%

Table 10 provides a more detailed breakdown of attendances at the specialist young people's clinics. This highlights a significant proportion of attendees are young women under 18. 30% of all YP clinics appointments were booked online, and the introduction of the young person drop-in service in Kirkcaldy in March we have noted an increase of 148% of young men attending compared with last year.

Table 11

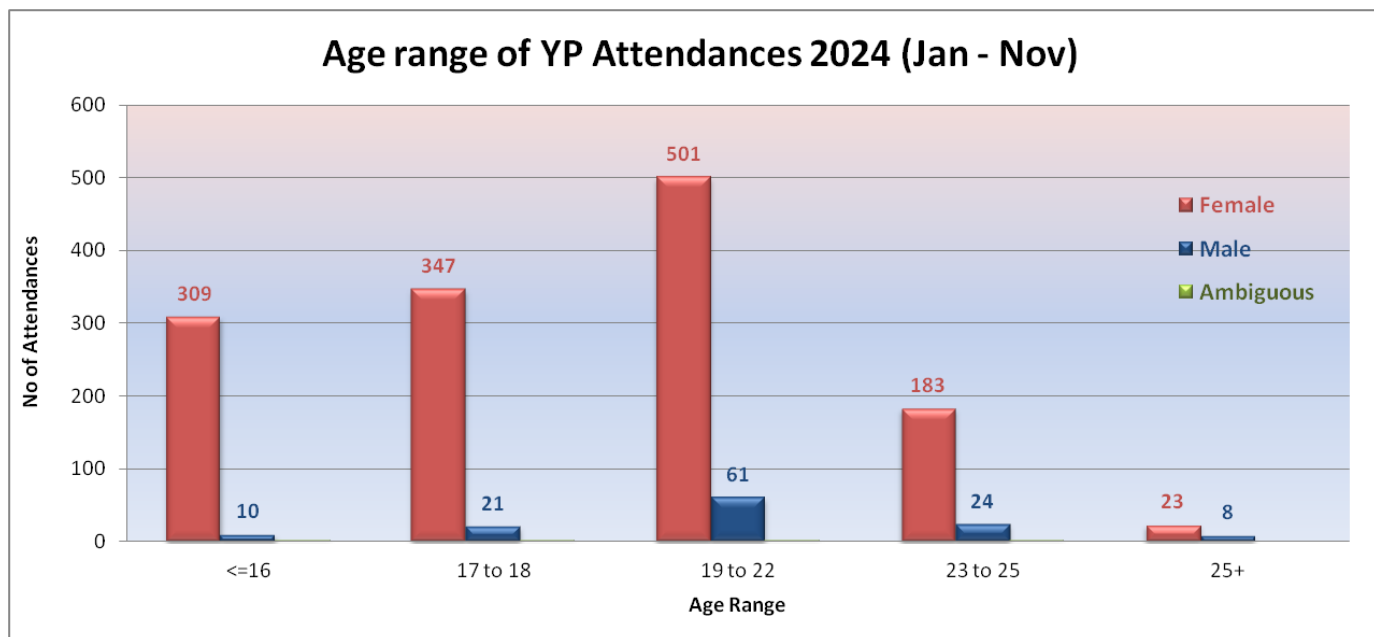


Table 11 details the spread of young people’s attendances across the specialist young people's clinics. The Lochgelly Clinic attracts a significant number of under 25s due to its central location and convenient opening times. Elements of this model have been replicated in the Kirkcaldy drop in and enhanced by additional services and staffing being offered.

Clinic Locations	% Attended
Dovecot	14%
Lochgelly	43%
Queen Margaret	12%
Randolph Wemyss	12%
Whyteman's Brae	19%

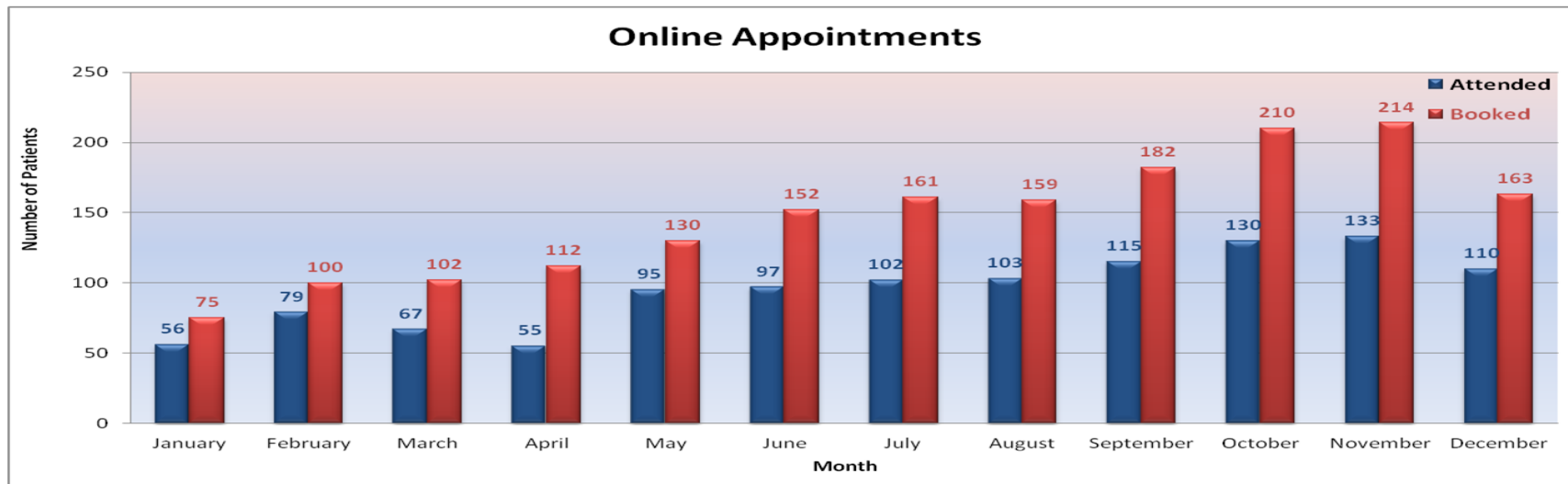
5. Demand and Access- Sexual Health

5.1 Access

Access remains an area of focus for the service in line with Health Improvement Scotland Sexual Health Standard 4 (Accesses to Sexual Health Care) “*All individuals have equitable and consistent access to healthcare*”. (3)

Specialist sexual health and BBV services are available in St Andrews, Cupar, Anstruther, Leven, Kennoway, Buckhaven, Glenrothes, Kirkcaldy, Lochgelly, Cowdenbeath and Dunfermline as well as via outreach, telephone and virtual clinic activity. The rollout of online booking has continued during 2024. (See Table 8). This has proven a popular service in the last 12 months with 1741 appointments being made online. Recent data is indicating a trend of increasing DNAs from appointments booked online. Reasons for this and potential responses are being explored as part of the services continuous improvement approach.

Table 12 Online bookings 2024

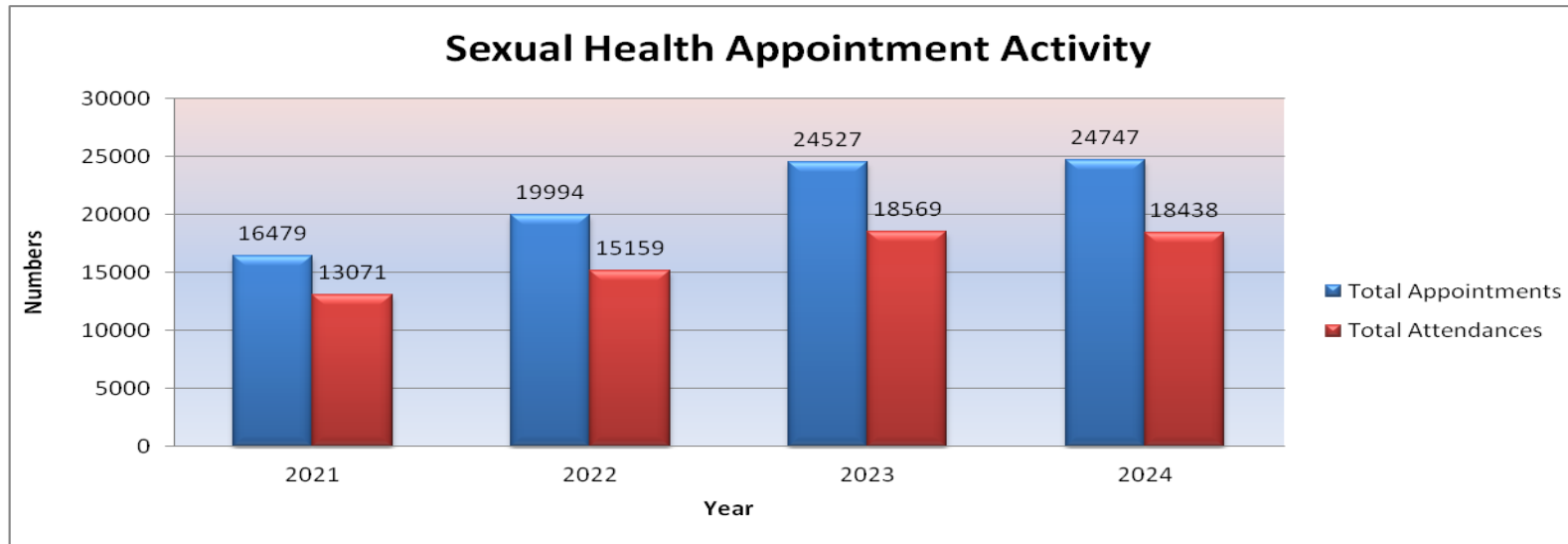


5.2. Overall service activity and Waiting Times

54% of all people seen in relation to sexual health (Genito-urinary medicine and sexual and reproductive health) were seen within 2 weeks. Rapid access to HIV and hepatitis care is built into service models and there is currently no waiting list for access to PrEP. All vasectomy services in Scotland are working through post pandemic back logs for procedures. Fife is meeting the current Scottish Government target for receipt of GP referral to pre-assessment telephone appointment with a nurse.

In-service analysis of NASH data in Tables 8 and 9 show the number of appointments and attendances returned to pre-pandemic levels in 2023 and stabilised in 2024. Table 9 shows in person appointments have increased over the period which may account for the small percentage rise in DNAs over the period, (from 8% in 2021 to 11% in 2024). The mix of virtual/telephone and face to face appointments demonstrates that new ways of working have effectively supported business continuity over recent years. There is ongoing work in the service to understand and reduce DNA rates, for example thought additional text reminders.

Table 13



*Please note the figures for 2024 only contain months January – November. The exact figures for Appointments and Attendances come year end will be higher than those depicted,

Table 14 Method of appointment

Appointment Method	Year			
	2021	2022	2023	2024
Face to Face	46%	58%	66%	69%
Telephone	12%	16%	16%	12%
Virtual	4%	16%	18%	19%
Video	0%	0%	0%	0%
Unknown	37%	10%	0.21%	0%

Table 15 shows the average overall waits (in days) for appointments in NASH. Whilst this shows some increases in waiting times these are within the relevant standards and targets for example the 5-week target for LARC.

Table 15 Overall Waits

Reason for Appointment	Year			
	2021	2022	2023	2024
HIV review	31	29	27	92
HIV Test	27	24	26	27
LARC - Coil Procedures	23	27	33	29
LARC - Implant Procedures	28	28	26	27
PrEP Assessment	12	14	21	25
PrEP Follow up	44	54	54	59
Smear	26	31	32	31
STI Screening - No Symptoms	*	*	7	9
STI Screening - Symptoms	*	7	9	9
STI Treatment	8	6	*	*

6. HIV TREATMENT AND CARE

6.1 Strategy. HIV remains a global and local public health concern. Scotland is signed up to the World Health Organisation Zero Transmissions by 2030 target and published “Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26” in 2024.

The high-level goals in this plan are:

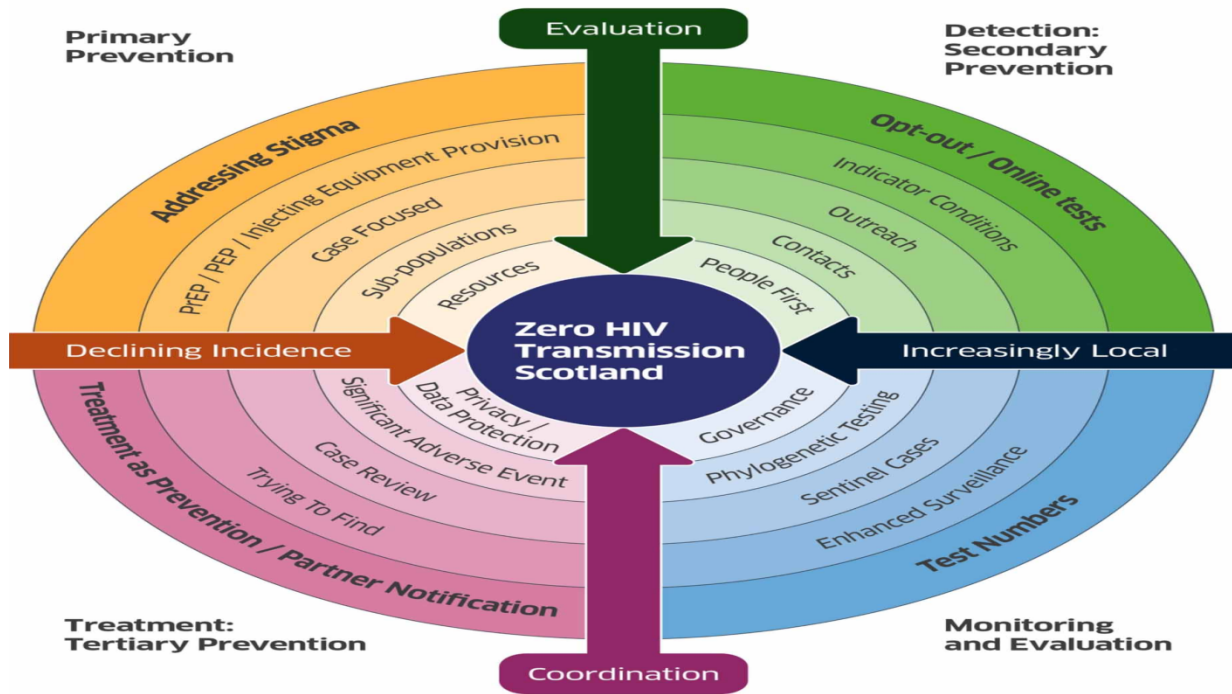
- To prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.

- To find people living with HIV in Scotland (some of whom are undiagnosed) and support entry or re-entry into equitable and accessible HIV care and treatment, thereby improving health and quality of life, as well as preventing onward transmission of HIV.
- To reduce stigma that makes some people less likely to access HIV prevention, testing and treatment services and adversely affects quality of life.

Each board area nominated an HIV transmission elimination lead in 2024 with responsibility for linking with national bodies and coordinating local action to achieve elimination by 2030.

Diagram 1 show the elements in the delivery plan necessary for zero transmission by 2030.

HIV Transmission Elimination Target Scotland



6.2 Treatment and care

Modern HIV medicines can result in an undetectable viral load and therefore make the virus un-transmissible. HIV care in Fife is delivered by a consultant led multi-disciplinary team (MDT) in outpatient clinics in St Andrews, Kirkcaldy and Dunfermline, by outreach and where necessary in reach to acute settings to support in patient care and safe discharge. The MDT consists of medical, nursing, pharmacy, psychology, dietetic staff and third sector psycho-social support provided by Restoration a local third sector organisation established to support people in recovery through community-based connections and programmes.

6.2.1 Ongoing care is currently provided to 228 individuals. The number of people receiving care from the Fife HIV team has increased over the last three years. As illustrated in Table 12 new diagnoses have remained stable. People transferring care into Fife account for a more pronounced rise in the treatment cohort since 2022.

6.2.2 Restoration, from April to December 2024, Restoration supported 29 individuals living with HIV with a range of issues. This included crisis support and signposting particularly in relation to welfare issues. The theme of their work this year has been working with migrant populations and connecting people to communities, activities and networks that address the isolation and loneliness many people living with blood borne viruses experience.

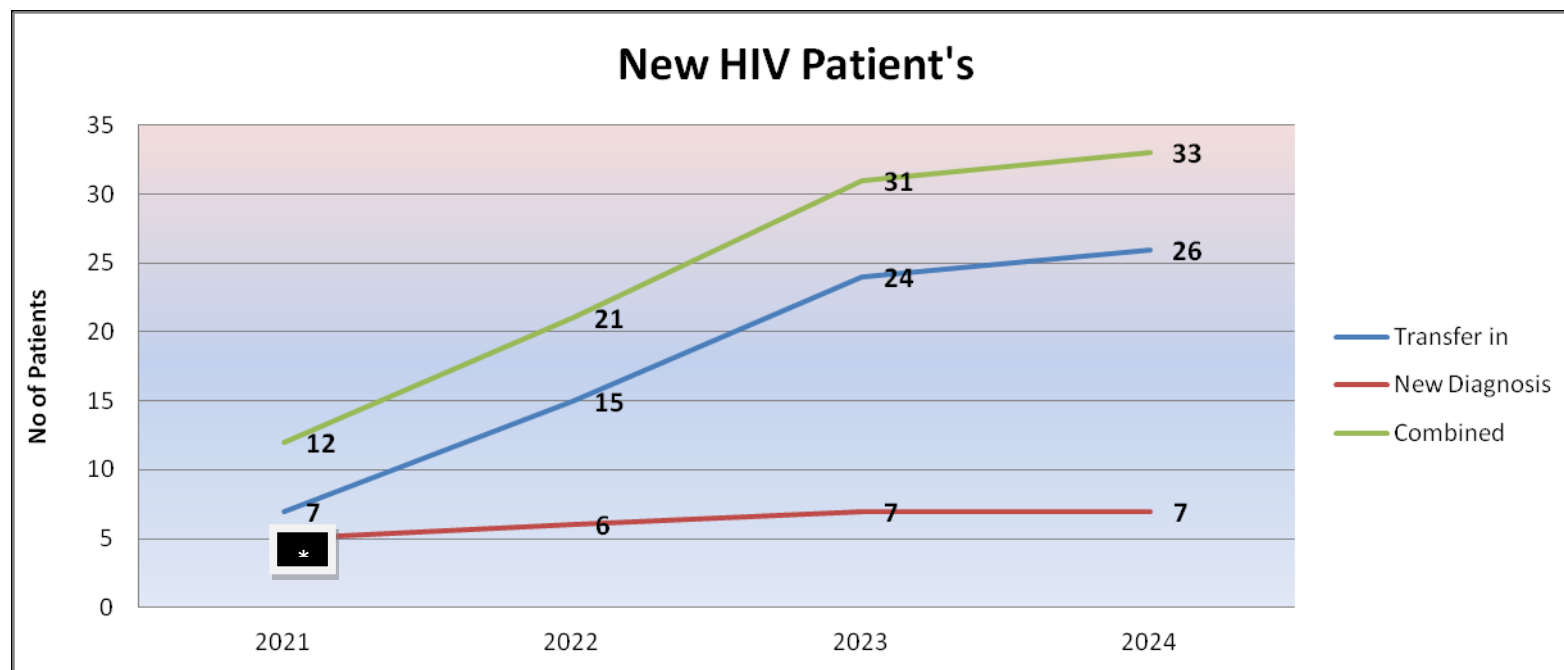
6.2.3 Spotlight on Psychological Support

The BBV service includes 0.6WTE of clinical psychologist support. Between January 1, 2024, and October 31, 2024, the NHS Fife BBV Psychology Service accepted 11 referrals. The Scottish Government's Referral to Treatment Time (RTT) target for psychological therapies specifies that 90% of patients should begin treatment within 18 weeks of referral. For this reporting period,, the average waiting time for patients who progressed to psychological therapy was 9.5 weeks; with patients receiving an initial assessment appointment(s) prior to treatment. BBV Psychology staff in the MDT have focused on improving access, integrating psychological care, and implementing innovative practices to enhance patient outcomes and support the wider multidisciplinary team. These developments align with key recommendations in the BHIVA Standards for Psychological Support and the National Aid Trust "Beyond the Virus" report (15), ensuring equitable, person-centred, and psychologically informed care.

6.3.3 Demand

Table 12 shows the increased workload of the HIV Multi-Disciplinary team since 2021. New diagnoses have remained relatively stable whilst the number of patients transferring care into Fife has more than doubled.

Table 16 New HIV patients



6.3.4 Late Diagnosis of HIV

Late diagnosis is defined as a confirmed diagnosis of HIV in a person with a CD4 count of less than 350. Late diagnosis of HIV means people may present for care with multiple morbidities that can prolong treatment or make treatment ineffective resulting in death. It also means that there have been more opportunities for onward transmission of HIV than if an earlier diagnosis had been made. The clinical effect of late diagnosis can range from no clinical to severe illness and death. The number of late diagnoses in 2022 and 2024 were is below that which can be reported. There were 8 recorded in 2023. The HIV team and HIV Transmission

Elimination champions are testing new processes for the recording and monitoring of cases, late diagnoses and are initiating supportive feedback to clinicians where opportunities for earlier testing may have been missed.

7 HEPATITIS C TESTING, TREATMENT and CARE

7.1 Hepatitis Testing

7.1.1 Hepatitis C PCR Tests in Fife.

Recent analysis of Hepatitis C PCR testing suggests increased numbers of tests and positivity rates in Fife between 2022 to 2023. If this trend continues it would confirm concerted efforts to increase the volume and targeting of tests.

7.1.2 Hepatitis B Surface antigen tests in Fife

Recent analysis of Hepatitis B tests show the number of tests carried out rose between 2022 and 2023 with slight falls in positivity rates.

7.2 Treatment numbers and targets

7.2.1 The Scottish government sets annual targets for Hepatitis C treatment as a driver for the elimination of Hepatitis C by 2024. Pre COVID-NHS Fife met or exceeded its annual treatment targets. Formal treatment targets were paused until the current financial year to take account of the deployment of large number of the national and local BBV workforce to COVID response duties.

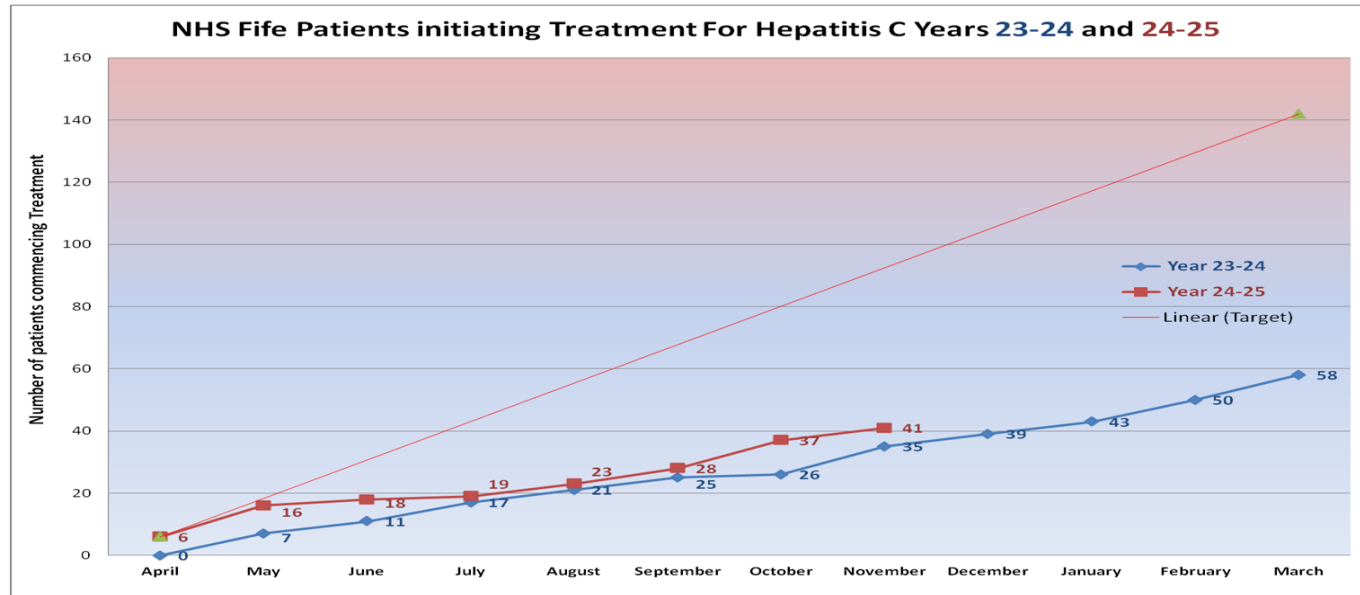
267 people were treated between 2021 and up to November 2024 as illustrated in Table 13. The latest estimate of prevalence of Hepatitis C in Scotland was used to set the 2023/24 financial year targets for boards. Fife is estimated to have a 5.7% share (285 individuals) of the 5000 people in Scotland who have chronic HCV but have not yet been treated.

Table 17

Treatment Numbers	Financial Year				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Apr - Nov)
Achieved	55	51	62	58	41

7.2.2 The 2024/25 treatment initiation target was set at 142. Table 17 shows the trajectory for this financial year compared to 2023/24 This indicates a slightly increased activity compared with last year. This trajectory, if replicated for the rest of the 2024/25 financial year will see Fife miss the Scottish Government Target. Achieving the target of 142 treatment initiations would result in an over spend in the reduced Hepatitis C drug budget for 23/24. Any under spend on the reduced Hepatitis C drug budget of £431,000 for 2023/24 will be used to offset the projected overspend in HIV drugs being experienced because of the volume of people living with HIV transferring their care to Fife as illustrated in Table 16.

Table 18



7.2.3 Activity 1068 attendances relating to Hepatitis were recorded on Trak Care between Jan 2024 and November 2024. These were predominately related to Hepatitis C activity which involves the assessment, treatment and discharge of patients over a 12 week period. DNA rates for clinic-based appointments have historically been high in this patient population. In response to this the BBV team have incorporated assertive outreach into their service model.

7.2.4 Fife is also participating in the Public Health Scotland led RECAST programme, (Re-Engagement with hepatitis C diAgnosed in ScotlAnd project).

This project provided participating boards with a linked patient identifiable data of people who previously tested positive for Hepatitis C who had no record on the national treatment database. There were originally 274 records for potential follow up provided to NHS Fife from Public Health Scotland. Local processes were able to exclude 179 people from the need for follow up

due to prior treatment, moving out with the NHS Fife board area or being deceased. Table 15 shows the number of people to be contacted in each locality in Fife. Data has been suppressed where low numbers may risk unintended breaches of confidentiality. From the first tranche of those followed up most people did not require treatment. If this rate is replicated the project may still identify up to 50 people who will require treatment in addition to the routine testing and case finding activity of the BBV nurse team.

Table 19. RECAST activity April to December 2024

AREA	TOTAL	Contacted	Seen
LEVENMOUTH	17	*	*
COWDENBEATH	15	*	0
KIRKCALDY	29	7	*
DUNFERMLINE	4	*	*
SOUTH EAST FIFE	4	*	*
NORTH EAST FIFE	9	*	*
GLENROTHES	17	*	*
TOTALS	95	14	8

8. SEXUALLY TRANSMITTED INFECTIONS

8.1 A Public Health alert on increasing rates of Gonorrhoea in Scotland was issued in August 2022. A national health promotion campaign was delivered in 2023/24.⁽¹⁶⁾ National data on Gonorrhoea (GC) and Chlamydia ⁽¹⁷⁾ was published in the summer of 2024 by PHS Scotland. National data on Syphilis has not been published since May 2020 and that data only provided board level information for NHS Lothian and NHS Greater Glasgow and Clyde ⁽¹⁸⁾

8.1.1 Rates of gonorrhoea infection peaked in January 2022 and overall incidence reduced during 2023. Fife is lower than the Scottish rate for 140 per 100,000 of the population compared to 170 per 100,000 for Scotland. The Fife rate remains slightly higher than the rates in comparator board areas Ayrshire and Arran and Lanarkshire. Most NHS Boards reported an increase in diagnoses in 2023 except in NHS Dumfries & Galloway, NHS Fife, NHS Greater Glasgow & Clyde, and NHS Tayside where slight decreases recorded compared to 2022.

8.1.2 Incidence of Chlamydia in Scotland has been rising since 2020. However, rates are lower than were seen prior to the COVID-19 pandemic. Seven NHS Boards saw increases in chlamydia diagnosis in 2023. Fife was one of the six boards which saw a decrease in diagnoses in 2023.

8.1.3 Local analysis of the NASH system since 2021 shows year on year increases in testing and stable rates of positivity, with a slight decrease in positivity rates in 2024. This data required further verification and analysis.

Table 20. STI Testing and Positivity Rates

Year	Total Tests	Total% +VE tests
2021	15,479	4%
2022	26,353	5%
2023	33,655	4%
2024	37,774	3.25%

9. VASECTOMY

Sexual Health Fife took on responsibly for vasectomy procedures under local anaesthetic from 2020 with support from colleagues in NHS Fife Urology. This service start was delayed and paused at various stages of the pandemic. The number of appointments and attendances in the last three years is detailed in Table 21. This includes telephone counselling and assessment appointments. The total number of outpatient surgeries under local anaesthetic in Sexual Health conducted since 2020 is over 1000.

Table 21

Year	Appointments	Attendances (%)
2021	575	509 (88%)
2022	1052	892 (85%)
2023	901	789 (88%)

2024	1162	988 (85%)
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Waiting lists for pre surgery counselling and procedures remain challenging although they are line with the situation across all board areas. Local initiatives have been undertaken to reduce waiting times and increase capacity.

10. REFERENCES AND RELATED DOCUMENTS

2024

- (1) [Sexual health and blood borne virus action plan: 2023 to 2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/sexual-health-and-blood-borne-virus-action-plan-2023-to-2026/pages/1-1-introduction.aspx)
- (2) [Pillar interventions - Ending HIV transmission in Scotland by 2030 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/pillar-interventions-ending-hiv-transmission-in-scotland-by-2030/pages/1-1-introduction.aspx)
- (3) [Sexual health standards – Healthcare Improvement Scotland](#)
- (4) [Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26 - gov.scot](https://www.gov.scot/publications/ending-hiv-transmission-in-scotland-by-2030-hiv-transmission-elimination-delivery-plan-2023-26/pages/1-1-introduction.aspx)
- (5) [fife-strategic-plan-2023-to-2026.pdf](#)
- (6) [Living well working well and flourishing in Fife](#)
- (7) [CEIM Experience Improvement Model for Health and Social Care | Healthcare Improvement Scotland - CEIM](#)
- (8) [The Conundrum Project: Executive Summary](#)
- (9) [Teenage pregnancies - Year of conception, ending 31 December 2022 - Teenage pregnancies - Publications - Public Health Scotland](#)
- (10) <https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2023/>
- (11) [HIV in Scotland: update to 31 December 2023 - HIV in Scotland - Publications - Public Health Scotland](#)

- (12) [Injecting equipment provision in Scotland - 2022 to 2023 - Injecting equipment provision in Scotland - Publications - Public Health Scotland](#)
- (13) [Needle Exchange Surveillance Initiative \(NESI\) 13 August 2024 - Needle Exchange Surveillance Initiative \(NESI\) - Publications - Public Health Scotland](#)
- (14) [FVAWP Annual Report 2023-2024](#)
- (15) nat.org.uk/wp-content/uploads/2024/11/Beyond-the-virus-Prioritising-mental-health-for-people-living-with-HIV-in-Scotland.pdf
- (16) [STI Safer Sex Campaign \(prgloo.com\)](#)

- (17) [Gonorrhoea infection in Scotland 25 June 2024 - Gonorrhoea infection in Scotland - Publications - Public Health Scotland](#)
- (18) [Chlamydia trachomatis infection in Scotland 2014 to 2023 - Chlamydia trachomatis infection in Scotland - Publications - Public Health Scotland](#)
- (19) [Syphilis in Scotland, 2019: update - Syphilis in Scotland - Publications - Public Health Scotland](#)

11. GLOSSARY OF TERMS

Blood-Borne Virus (BBV): Viruses that are transmitted through blood, including HIV, Hepatitis B, and Hepatitis C.

Contraception: Methods used to prevent pregnancy.

Chlamydia: A common bacterial sexually transmitted infection (STI) that can affect both men and women.

Cervical Smear (Pap Smear): A screening test for detecting abnormal cells in the cervix, which could lead to cervical cancer.

Condom: A barrier method of contraception that also reduces the transmission of STIs.

Emergency Contraception: Methods used to prevent pregnancy after unprotected sex, often referred to as the "morning-after pill."

Gonorrhoea: A bacterial STI that can affect the reproductive organs, eyes, and throat.

HIV (Human Immunodeficiency Virus): A virus that attacks the immune system, leading to AIDS if not treated.

Hormonal Contraceptives: Methods of contraception that use hormones to prevent pregnancy, such as the pill, patch, or ring.

Hepatitis B: A viral infection that attacks the liver, often spread through sexual contact, blood, or from mother to child.

Hepatitis C: A viral infection that affects the liver, mainly transmitted through blood-to-blood contact.

IUD (Intrauterine Device): A small device inserted into the uterus to prevent pregnancy.

Infectious Disease: Diseases caused by pathogenic microorganisms like bacteria, viruses, or fungi, often spread through sexual contact.

Immunisation: Vaccination to prevent infectious diseases, such as the HPV vaccine.

Liver Disease: A common complication of chronic blood-borne infections, including Hepatitis B and C..

Neisseria Gonorrhoeae: The bacteria that cause gonorrhoea, a common STI.

Oral Contraceptives: Birth control pills that contain hormones to prevent pregnancy.

Prevention: Methods or strategies used to reduce the risk of STIs, BBVs or unintended pregnancies.

PrEP (Pre-Exposure Prophylaxis): Medication taken by HIV-negative individuals to reduce the risk of contracting HIV.

Reproductive Health: A state of complete physical, mental, and social well-being in all matters relating to the reproductive system.

Syphilis: A bacterial STI that causes sores, rashes, and potentially severe long-term health issues if untreated.

STI (Sexually Transmitted Infection): Infections passed from person to person through sexual contact.

Sterilisation: A permanent form of contraception involving surgery to prevent pregnancy

Viral Load: The amount of virus present in the blood, commonly used to monitor the progression of HIV or Hepatitis infections.

Vaccine: A biological preparation used to prevent infections like HPV or Hepatitis B

Meeting: Public Wealth and Wellbeing Committee
Meeting date: 3 March 2025
Title: Violence Against Women Annual Report 2023/24
Responsible Executive: Lisa Cooper Head of Service, Primary and Preventative Care Services
Report Author: Mark Steven, Clinical Services Manager, Sexual Health, Blood Borne Virus and Gender Based Violence Service

Executive Summary:

- The Fife Violence Against Women Partnership (FVAWP) annual report for 2023/24 outlines partnership activity and progress against the National Equally Safe Standards
- This report provides a summary of activity and key developments during the 23-24 financial year as part of the joint Scottish Government and Convention of Scottish Local Authorities (COSLA) strategy to prevent and eradicate violence against women and girls in Scotland. This work is informed by the 2018 Equally Safe Strategy which was refreshed and re-published in 2023.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- Improve Health and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is submitted to the Public Health and Wellbeing for assurance in relation to the work being undertaken within NHS Fife, Fife Health and Social Care Partnership and Fife Violence against Women Partnership (FVAWP) to address violence against women and girls.

2.2 Background

Equally Safe – Scotland’s strategy to prevent and eradicate violence against women and girls defines such violence as including physical, sexual, and psychological abuse within families, communities, and institutions, as well as sexual harassment, exploitation, child sexual abuse, and so-called ‘honour-based’ violence.

In Fife, the Fife Violence Against Women Partnership (FVAWP) brings together statutory, third sector, and voluntary organisations, coordinated by Fife Council, to drive multi-agency efforts aligned with the four key priorities of Equally Safe: promoting equality, ensuring women and girls thrive, providing early and effective interventions, and addressing perpetrator behaviour. The partnership’s strategic work is detailed in its report, with the Gender-Based Violence Nurse Advisory Service (GBVNAS) within Fife HSCP playing a key role through three care pathways—Gender-Based Violence, Forensic Care, and Children and Young People’s Care.

GBVNAS also represents health services at MARAC and leads workforce development on GBV issues, with its work detailed under Priority Three of the report.

2.3 Assessment

The annual report details the significant range of work that is undertaken to meet the needs of people who are victims of gender-based violence, sexual assault and abuse and the prevention activity that contributes to achieving the Scottish Government aim: *“Violence against women and girls, in any form, has no place in our vision for a safe, strong, successful Scotland. It damages health and wellbeing, limits freedom and potential, and is a violation of the most fundamental human rights”* (Scottish Government)

Highlights Include

Priority One: (pages 7-8): All 18 high schools across Fife now have a designated staff lead for the Mentors in Violence Prevention (MVP) programme. 4 high schools signed up to the national Equally Safe at School GBV prevention strategy. St Andrews University became the first UK University to receive the Emily Test Charter Award – the world’s first GBV charter for higher and further education. Over 4000 university students also completed Consent and Bystander education. This year Fife’s Reclaim The Night” was attended by over 200 people and is planned to continue each year.

Priority Two: (page 9) - Fife Council successfully achieved the Bronze level of the national Equally Safe at work accreditation in October. The award is for employment policies and practices that improve women’s safety and equality in the workplace. Key partners attend HSCP locality meetings to build knowledge and awareness of the FVAWP.

Priority Three: (pages 10-13) - Specialist services are delivered by seven key partners: Fife Women’s Aid; Shakti Women’s Aid; CEDAR+; Fife Rape and Sexual Assault Centre (FRASAC); Kingdom Abuse Survivors Project (KASP); Safe Space and the NHS Fife GBVNAS. - Waiting lists continue to be a challenge for many services (page 13). The NHS Fife GBVNAS continues to report no waiting list.

Data on Learning and Development inputs can be found on page 10. Key highlights include delivery of 21 different categories of training to 1332 professionals.

Data on MARAC (page 13) shows a total of 708 referrals this year. 355 cases met criteria for MARAC with a total 622 children and young people across those cases. While men comprised just 1.6% of all referrals, they have previously not had access to the same support and safety structures. A small amount of funding for male advocacy was established within KASP this year to ensure parity.

Priority Four: (page 14) - A Procurator Fiscal Depute is now a member of the priority 4 strategic group, enabling enhanced partnership working with and understanding of the criminal justice system. - Fife Justice Social Work led 2 groups for men who committed sexual offences and 3 groups for men who committed domestic abuse offences. 1:1 and 2:1 case work was also carried out for men unable to participate in group work. - 83 men were on the Caledonian Programme the end of March 2023. The programme aims to encourage men to take responsibility for previous domestic abuse offences and cease future behaviours. The Caledonian Women’s Programme also offered support to 180 female victims of domestic abuse offences.

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

Feedback from service users is included that reflects the positive impact that services have had on their lives.

2.3.2 Workforce

No workforce implications relating to this report.

2.3.3 Financial

There are a variety of funding models in place across these services including statutory and grant funded organisations. Additional roles, responsibilities and increased demand within the GBVNAS have been met within existing budget but this will become challenging should demand continue to rise.

2.3.4 Risk Assessment / Management

Not applicable.

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

The use and promotion of Equality and Human Rights Impact assessments are a key part of the FVAWP action plan as a tool to support participation and involvement of victims and survivors and address the inequalities experienced through local recovery and renewal strategies.

2.3.6 Climate Emergency & Sustainability Impact

Nil

2.3.7 Communication, involvement, engagement and consultation

Each service has its own approach to communication and regularly engages with service users to ensure that their views are listened to in order to improve the services offered.

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.

- SLT Business 17/02/2025
- Executive Directors Group 20th February 2025
- Primary & Preventative Care QMAG 25th February 2025

2.4 Recommendation

- Members are asked to take a “significant” level of assurance from the report.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 – Fife Violence against Women Annual Report 2023/24 – can be found at this link: [FVAWP Annual Report 2023-2024](#)
- Appendix No. 2 - Glossary of terms

Report Contact

Mark Steven

Clinical Services Manager, Sexual Health, Blood Borne Virus and Gender Based Violence Service

mark.steven@nhs.scot

Appendix 2 Glossary of terms used in report

VAWG -	Violence against Women and Girls
MVP-	Mentors in Violence Prevention
FRASAC-	Fife Rape and Sexual Assault Centre
KASP -	Kirkcaldy Abuse Survivors Project
MARAC -	Multi Agency Risk Assessment Conference
CSE -	Commercial Sexual Exploitation
Housing DAI Fund -	Housing Domestic Abuse Initiative
CEDAR –	Children Experiencing Domestic Abuse and Recovery
CPO-	Community Payback Order.

FVAW Annual Report

Appendix 2 Glossary of terms used in report

VAWG -	Violence against Women and Girls
MVP-	Mentors in Violence Prevention
FRASAC-	Fife Rape and Sexual Assault Centre
KASP -	Kirkcaldy Abuse Survivors Project
MARAC -	Multi Agency Risk Assessment Conference
CSE -	Commercial Sexual Exploitation
Housing DAI Fund -	Housing Domestic Abuse Initiative
CEDAR –	Children Experiencing Domestic Abuse and Recovery
CPO-	Community Payback Order

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 18 December 2024)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health

Bankhead Central Office, Glenrothes, KY7 6GH

Unconfirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 18 December 2024 at 2.30pm via Microsoft Teams

Present:

Joy Tomlinson (Chair)	Director of Public Health
Kemi Oyedeji (OO)	Consultant in Public Health Medicine
Sharon Crabb (SCr)	Public Health Service Manager
Susan Cameron (SCa)	Head of Resilience
Esther Curnock (EC) (Item 7.1 onwards)	Consultant in Public Health Medicine
Duncan Fortescue-Webb (DFW) (Item 8.1 onwards)	Consultant in Public Health Medicine
Emma O'Keefe (Item 7.1 to Item 8.3)	Consultant in Dental Public Health

In Attendance:

Lorenzo lafrate (LI) (Representative for Emma O'Keefe)	Specialty Trainee in Dental Public Health
Gabe Docherty (GD) (Item 1 to Item 7.1)	Consultant in Public Health Medicine
Rishma Maini (RM) (Item 6.1 to Item 7.1)	Consultant in Public Health Medicine
Lucy Denvir (LD) (Item 9)	Consultant in Public Health
Jo-Anne Valentine (JAV) (Item 9)	Public Health Manager
Brenda Ward (BW)	Executive Assistant to Director of Public Health

ACTION

1. **Welcome and Apologies**
The Chair welcomed everyone to the meeting and apologies for absence were received from Lynn Barker.
2. **Minute of previous meeting held on 23 October 2024**
The minute of the previous meeting was agreed as an accurate record.
3. **Review of Action Log**
The action log was discussed by the Committee, actions were updated and closed where complete.
4. **Public Health Assurance Committee Annual Workplan 2024 and 2025**
The Chair asked the Committee to review the Public Health Assurance Committee (PHAC) Workplan for 2025 to ensure the timing of the reports for their areas of responsibility was accurate. The Committee agreed a review of Public Health section of IPQRs would be added to the meeting on 14 May 2025.

The Committee **approved** the Workplans.
5. **Emerging Issues**
 - 5.1 **Regional Infectious Diseases Unit (RIDU)**
The Chair advised the East Region Service reported an issue regarding a change in capacity for RIDU since the location change to the Royal Victoria Hospital.

**ALL
CHAIR/SCr**

SCa asked the Resilience Team were kept updated on progress as this may impact internal response planning with Police Scotland for VIPs and protected persons.

The Committee **noted** the verbal report.

6. **New Prospective Risks**

6.1 **Corporate Risk on Drug Related Deaths**

The Chair advised that the Board requested development of a Corporate Risk addressing drug related deaths and the mitigating actions in place. Development of this risk involved Public Health and Fife HSCP leads. Whilst it was recognised that improvement actions relating to life circumstances are out with the direct control of the Board and that the HSCP are responsible for the provision of many of the clinical services, it was considered appropriate that the Board includes a risk on its register in relation to drugs deaths.

Gabe Docherty (GD), Consultant in Public Health has been leading on the development of the proposed Corporate Risk and provided the Committee with an overview of the Deep Dive Review Report which was circulated with the papers. He advised that the proposed risk took cognisance of the need to avoid duplication with the risks on the ADP risk register. He also advised that it was not the place of the individuals involved in the Deep Dive process to assess the status of Clinical Services in relation to the risk and that this would need to be completed by the Clinical Services themselves. The Committee agreed the risk descriptor as detailed on the paper: 'There is a risk that people experiencing problem substance use may have a poor patient experience and increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to all treatment and care due to lack of funding and capacity'

SCa added the proposed risk could benefit from an additional management action. There would be benefit in adding an Emergency Planning action describing input from multi-agency partners. She agreed to send GD a paragraph for inclusion in the SBAR. The Chair asked the Committee to send any final comments to GD.

SCa

The Committee **approved** the Deep Dive report and Corporate Risk.

7. **Corporate Risks**

7.1 **Health Inequalities Report**

RM presented the Health Inequalities update SBAR and asked the Committee whether the risk could be framed as an issue and is the Board providing enough assurance to reduce and mitigate Health Inequalities. A discussion took place and the Committee **agreed** the Health Inequalities Corporate Risk is not at the stage of being stepped down at this point and noted there is not yet an established mechanism to monitor issues although this may be an option in future.

The Committee **noted** the report.

8. **Review of current risks on Public Health Register**

8.1 New proposed risk on Emergency Planning

SCa provided the Committee with a brief overview of the new proposed risk focusing on Emergency Planning and Responding to Civil Contingencies Act. The Committee agreed the proposed risk would be regularly reviewed by the PHAC and added to the Public Health Risk Register at an initial risk level of Moderate 9 (Likelihood 3, Consequence 3) with a target level of Low 6 (Likelihood 3, Consequence 2).

The Committee **agreed** with the new proposed risk.

Update on Risk 518 Resilience

SCa provided the Committee with an update on Risk 518 which is the current Resilience Risk on Public Health Risk Register. The update included a recommendation to close the Risk 518 as a result of the current risk management plans in place and the two separate risks on the Public Health Risk Register which (Business Continuity Planning and Emergency Planning).

The Committee **agreed** to close Risk 518 on the Public Health Risk Register.

8.2 Risk 2331 Local System Surge Capacity

The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will be reviewed at the meeting on 26 February 2025. The Committee agreed after the winter pressures DFW would review the risk descriptor and re-phrase the local pressures and surge capacity risks in a broader way and remove the references to Covid variants and mutations

DFW

8.3 Risk 2388 Vaccine Preventable Disease

The Committee **agreed** the risk update provided by EC, the risk status level would remain at Moderate 12 and the risk will be reviewed at the meeting on 14 May 2025.

The Committee **agreed** a new proposed risk on the uptake of HPV Vaccination would be drafted by EC and reviewed at the meeting on 26 February 2025.

EC

9. Annual Reports to Governance Committees

9.1 Key points from DPH Annual Report

LD and JAV presented the Committee with the key points from the Director of Public Health Annual Report 2024 which focusses on Eating Well and Keeping Physically Active in Fife. The Committee were asked to send any feedback on the report to LD and JAV as the final version will be presented to the PHWC on 13 January 2025.

The Committee **agreed** the key points presented.

9.2 Dental Services & Oral Health Annual Report

LI provided presented the Committee with a high-level overview of the Dental Services & Oral Health Improvement Annual Report which was circulated with the papers. The Committee were asked to send any feedback on the report to LI as the final version will be presented to the PHWC on 13 January 2025.

The Committee **approved** the report.

10. Governance Reporting

10.1 Annual Assurance Report - Abdominal Aortic Aneurysm Screening Report

OO provided the Committee with the key points from the Abdominal Aortic Aneurysm (AAA) Annual Assurance Report. OO raise a query in relation to KPI 3.2 on AAA waiting time for surgical intervention and Boards acknowledging the risk at local level.

The Chair said discussions are underway between NHS Tayside and NHS Fife relating to performance of Vascular Services and the resolution of the risk would need clinical input. The Chair suggested the AAA Steering Group articulate the risk and description for a lead clinician to review and clarify where ownership of the risk sits. The Chair asked the Committee to send any final comments on the report to OO and the Screening Team.

OO

The Committee **noted** the update and **agreed** the final version of the AAA Assurance Report would be brought to the 26 February 2025 meeting for noting.

10.2 Annual Assurance Report - Digital Eye Screening Service

OO provided the Committee with the key points from the Digital Eye Screening Service Annual Assurance Report. OO reported there were no issues to escalate and the service is in the process of gathering data for publication in the public domain. The Chair asked the Committee to send any final comments on the report to OO and the Screening Team.

The Committee **noted** the update and **agreed** the final version of the DES Assurance Report would be brought to the 26 February 2025 meeting for noting.

OO

10.3 Annual Assurance Report - Pandemic Framework Group

DFW provided the Committee with a verbal update on the work undertaken by the Pandemic Framework Group during 2024 which included a Deep Dive Review of the Pandemic Planning Corporate Risk and the review of the risk descriptor. The group are currently refreshing the Pandemic Framework Plan which includes Emerging Infectious Diseases.

The Committee **noted** the verbal update and **agreed** the written Pandemic Framework Group Annual Assurance Report would be brought to the 26 February 2024 meeting for noting.

DFW

11. Feedback on Clinical Governance Strategic Framework

The Chair said the Clinical Governance Strategic Framework would be taken to the Public Health Management Team and the Public Health Strategic Group for review.

12. For Information

12.1 Public Health Annual Delivery Plan Report

SCr provided a brief overview of the Public Health elements of the Annual Delivery Plan (ADP) which was shared with the Committee for information. The Committee **noted** the report.

12.2 PHAC Meetings for 2025

The confirmed schedule of meeting dates for 2025 was shared with the Committee for information.

13. **Any issues to escalate to Public Health & Wellbeing Committee**
No items were put forward.

14. **Date of Next Meeting**
Wednesday 26 February 2025 at 2:30pm via MS Teams

EQUALITIES & HUMAN RIGHTS STEERING GROUP

(Meeting on 4 February 2025)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 04.02.2025. Discussion points within this meeting are: both the NHS Fife Equality Outcomes Final Report 2021-2025 and the new NHS Fife Equality Outcomes Plan 2025-2029, and an update on the Anti-racism strategy progress.

UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 4TH FEBRUARY AT 10 AM VIA TEAMS

CO-CHAIRS:

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and
Isla Bumba, Equality and Human Rights Lead

PRESENT:

Alison McArthur	Employability and International Recruitment Coordinator	AM
Amy Smith	Practice Educator Nurses and Midwives NHS Education	AS
Andrea Fearon	Assistant Support Services Manager	AF
Charmaine Bremner	Lead Nurse - Community Immunisation Services	CB
Debbie McGirr	Speak Up/Whistleblowing Coordinator	DM
Fiona Smit	Pharmacy Technician	FS
Ian Campbell	Head of Spiritual Care and Bereavement Lead	IC
Isla Bumba	Equality and Human Rights Lead	IB
Jackie Millen	Interim Learning and Development Manager	JM
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing (Executive Lead for Equality and Human Rights)	JK
John Smith	Porter Manager	JS
Karen Whatton	Lead Nurse - Care Home Assurance and Support	KW
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Mhairi Gilmour	Research and Development Officer	MG
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing	RW
Ruth Lonie	Communications Manager	RL
Sade Abiola	Senior Clinical Pharmacist	SA
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead	SO
Sinead Braiden	Non-Executive Board Member	SB
Siobhan Mcilory	Head of Patient Experience	SM
Torfinn Thorbjornsen	Head of Information Services	TT
Heather Kirkbride	Senior Administrator Equality and Human Rights Team (Minutes)	

APOLOGIES:

Aileen Lawrie	Associate Director of Midwifery
Alan White	Clinical Services Manager, Medical Learning Disabilities
Gordon Strang	Senior Healthcare Chaplain
Paul Bishop	Head of Estates, Estates Central
Yvonne Batehup	Support Service Manager - Catering

1. EQUALITY OUTCOMES REPORTS

1a. Equality Outcomes Final Report 2021-2025

The Equality Outcomes (EO) Plan 2021-2025 is renewed every 4 years. The final report was circulated to the group for comments and feedback:

- KW suggested adding more graphics and separating the actions for clarity. IB confirmed that the final copy will include more graphics and shared with the group before being publication.
- KW asked if there are next steps for the Newcastle Formulation Model? IB explained that each service writes their own responses, and she believes this action is completed but will contact the relevant service for an update.
- SA asked if outcomes were developed with service leads. IB explained that during development of these reports, an email was sent to members of this group, and communications were made through Stafflink and service directors to ensure every service could contribute. She had limited responses from the widespread requests for feedback but got a better response when she targeted specific services and those services related to the outcomes.
- SA asked how the new EOs were set? IB explained that she couldn't comment on the 2021-2025 plan as she wasn't in post when they were developed. For the new 2025-2029 EO plan, she reached out to all services through service directors, this group, governance committees and Stafflink.
- IC noted good examples of work in the report and suggested highlighting bitesize pieces to the public to show NHS FIFE's value. RL agreed the Communications team could highlight specific pieces of information.
- JK informed the group that the report will go to the PH+WC, then to the NHS Fife Board for final approval before being published on the website at the end of March 2025.
- RW requested that the workforce section of the report should also go through the Staff Governance Committee too.

1b. EQUALITY OUTCOMES PLAN 2025-2029

IB explained that to minimise duplication, the mainstreaming update had been added only to the new Equality Outcomes plan and included general updates on:

- NHS Fife & its leadership
- Equality and Human Rights Team, inclusive of the notable progress with EQIAs.
- The Anti-Racism strategy
- a workforce update including staff networks and training

There are 4 main overarching outcomes:

1. *Racially-Conscious Maternity and Neonatal Care - Ensure that all individuals, regardless of racial or ethnic background, receive equitable maternity and neonatal care services that meet their cultural and health needs.*

This outcome was developed with maternity services to address the need for improvements for black and ethnically diverse mothers and babies. It was identified towards the end of 2023, with work already commencing on this in 2024. The service will be reviewing clinical incidents, patient feedback, clinical data, and training programs.

There were no comments from the group

2. *United Nations Convention of the Rights of the Child – Article 12 - To promote initiatives that facilitate the meaningful participation of all children and young people, including marginalised groups, in matters that affect their lives, fostering an inclusive environment.*

In July 2024, the UNCRC came into force, prompting NHS Fife to prioritise this piece of work as a new EO for NHS Fife and related HSCP services.

Key priorities for this include:

- Child-friendly complaints and exploring Care Opinion Bear
- Child-friendly consent procedures for media use

- Adding a CRIWA (Children's Rights Impact and Wellbeing Assessment) section to the EQIA process which was introduced in July 2024
- Updating the HSCP Children and Young People Participation and Engagement Framework
- Exploring new methods and platforms for NHS Fife to engage with children and young people, i.e. TikTok

There were no comments from the group.

3. Workforce –

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

Pieces of work relating to this EO are:

- Continuing the development of the LGBT Staff Network which has been active for one year
- plans to revive the Diverse Ethnicity Staff Network (DEN) this year, in line with the Anti-Racism plan development.

Outcome 2: To assess and enhance the diversity of NHS Fife's managerial and leadership positions, ensuring that these roles reflect the diversity of our workforce and the communities we serve, by 2029.

This EO will involve analysing data to identify workforce diversity, existing barriers and the progress of ethnically diverse staff members.

RW mentioned that they have consulted with SB and the Staff Governance Committee around the workforce outcomes. RW also reminded the group that NHS Fife has been collaborating with the HSCP regarding a Neurodiversity Network. IB has received correspondence from NHS Fife staff who are eager to establish a Neurodiversity network for employees.

SA enquired about the references to Speak Up and raising concerns, specifically referencing what support and protection NHS Fife provides. She suggested highlighting the bullying policy to emphasise the importance of speaking up and raising concerns. SA also suggested including a clear definition of what equality profiling is in relation to the EO.

DM provided the group with an overview of her role:

It's new position within Corporate Governance, previously under HR. The aim is to centralize all concerns. Staff can send email to fife.speak-up@nhs.scot (the confidential "speak up" inbox), monitored by DM for any minor or major patient or staff safety concerns.

- If staff have concerns, DM's role is to document them, contact the individuals, discuss the concerns, or connect them with one of our 20 confidential contacts.
- The process involves:
 1. Recording the concern and sending it to DM.
 2. The Decision Making group will review it to determine if it qualifies as a whistleblowing case:
 - **Stage 1:** Minor issues resolved within 5-10 days.
 - **Stage 2:** Serious issues requiring a thorough investigation.
- DM is available to talk to staff groups about building confidence in speaking up. She stated it is crucial to act on concerns, ensuring staff feel valued and heard.
- DM meets with RL monthly to improve related communications and is mindful of the cultural implications, recognising that speaking up can be easier for some than others.

SA questioned the effectiveness of existing Turas training modules, noting that while everyone completes these modules, there should be opportunities for meaningful training. IB confirmed work is ongoing with JM to develop a bank of equality modules to replace the requirement to repeat the same singular mandatory module every three years to meet compliance. The goal is to create a variety of modules that staff can choose from, making the training more relevant to their needs and knowledge gaps. Training is also a key part of our Anti-Racism plan.

SA raised the issue of leadership opportunities for part-time mothers, noting that while the mentoring scheme is good, it lacks specifics on available opportunities.

JK expressed disappointment over the halted funding for international nurse recruitment and concerns about future recruitment. She stated that there has been a significant drop in applicants for nursing and AHP roles. The Scottish Executive Nurse Director Group (SEND) has lobbied the First Minister to restart the international recruitment process, focusing on Mental Health and Acute nursing.

4. Trans Inclusion & Sex

This EO impacts both workforce and patient groups and NHS Fife will implement policies for each area. We expect progress on the national policy and clearer guidance regarding relevant legislation by summer 2025, with policies advancing this year.

This EO also links to our LGBT+ Staff Network and the relevant workforce EO.

Sexual Health is also working on Trans inclusion and equitable access to services.

KG raised a question about the integrated approach between NHS Fife and HSCP for the EOs. IB explained that the partnership sets its own EOs and is working to a different timeline, making alignment challenging. NHS Fife has consulted with HSCP on all the proposed EOs and is working jointly on those concerning Women and children specifically.

2. ANTI-RACISM PLAN UPDATE

JK shared this video - [Doll Test - The effects of racism on children \(ENG\)](#).

Last year, NHS Fife received a DL from the Scottish Government which directed every board to develop an Anti-Racism plan.

JK, RW, IB and David Miller (Director of Workforce) have reviewed the request and began the development of the plan. An SBAR outlining the proposed plan was approved by EDG in February 2025. Benjamin Hannan (Director of Planning and Transformation) is arranging Project Management Office (PMO) support to drive the work forward.

Key Focus Areas of the plan:

- Diversity in Leadership
- Equity in service delivery
- Service Delivery (maternity care, mental health, cardiovascular disease, diabetes and endocrinology)
- Governance & Accountability

David Miller and JK will be co-chairing the oversight group for the Anti-Racism plan. A development session with the board is planned March 2025, after which the ToR will be approved and an oversight group developed.

SA asked about group involvement. JK explained that the oversight group will remain at the leadership level, with subgroups including additional members.

MG asked if the Anti-Racism plan had been linked to the HSCP's Mental Health and Wellbeing Strategy which is due to be published. MG also enquired about the intended evaluation of the anti-racism plan and its implementation.

JK confirmed we are linking with Grampian for shared learning and confirmed no links to MH yet, however she will raise this at the next MH oversight Group.

RW commented that the Scottish Government requested NHS Fife's initial feedback on the Anti-Racism plan, which was provided last week.

SA enquired if racial trauma has been considered in the development of the plan. JK stated that they will collaborate with SA and other members of this group to ensure that this is covered. The plan will be shared with this group for comment and will likely feed into this group with some members overlapping.

FS expressed her concern regarding the same voices being present in each group. She asked how NHS Fife will ensure diverse voices take part in the development of the plan. JK agreed and will work with IB and David Miller to address this.

4. UPDATED TOR (TERMS OF REFERENCE)

IB informed the group that there were minimal changes to the group's TOR. She explained that there is an addition to recruit 5 Equality Champions from any part of the workforce who would represent specific Protected Characteristics or aspects of equality. The group agreed with this idea. IB will contact the Communications Team to advertise these roles and progress this.

JK stated 6.3 and 6.4 need tweaking around reporting – to be discussed latterly with IB.

3. MINUTES AND ACTION TRACKER

The minutes were approved. As the Action Tracker is updated and circulated to the group it was agreed not to be discussed and go through the AT during future meetings.

4. ANY OTHER BUSINESS/ITEMS FOR NEXT MEETING

There were no further items discussed at this meeting.

5. DATE OF NEXT MEETING Wednesday 7th May 2025 at 2pm via MS Teams