



Date: 18 June 2024
 Enquiries to: fife.boardadministration@nhs.scot

AGENDA

A meeting of Fife NHS Board will be held on TUESDAY 25 JUNE 2024 at 09.30 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK

Chair

09:30	1.	CHAIRPERSON’S WELCOME	PK	
	2.	DECLARATION OF MEMBERS’ INTERESTS	PK	
	3.	APOLOGIES FOR ABSENCE – A Lawrie	PK	
09:35	4.	BOARD COMMITTEE ANNUAL ASSURANCE STATEMENTS 2023/24 Audit & Risk Committee Clinical Governance Committee Finance, Performance & Resources Committee Public Health & Wellbeing Committee Remuneration Committee Staff Governance Committee	AG AW AM AM AM SB	(enclosed)
09:45	5.	ANNUAL ACCOUNTS PROCESS <i>Under the terms of the Public Finance & Accountability (Scotland) Act 2000, the Board is not permitted to make the Accounts publicly available prior to the Audited Accounts being formally laid before Parliament. These papers (section 5) are therefore not included in this pack.</i>		
	5.1.	Annual Assurance Statement from the Audit & Risk Committee	AG	
	5.2.	Fife NHS Board Annual Accounts for the Year Ended 31 March 2024	CP/MM	
	5.3.	External Annual Audit Report (including ISA 260) 2023/24	Ext Auditor	

	5.4.	Letter of Representation	Ext Auditor	
	5.5.	Patients' Private Funds Accounts 2023/24 Patients' Private Funds – Receipts & Payments Accounts 2023/24	MM/KB	
10:25	6.	ANNUAL DELIVERY PLAN 2024/25	MM	(enclosed)
10:30	7.	ANY OTHER BUSINESS		
	8.	DATE OF NEXT MEETING: Tuesday 30 July 2024 at 10:00 am in the Boardroom, Staff Club, Victoria Hospital		

Meeting: Fife NHS Board

Meeting date: 25 June 2024

Title: Board Committee Annual Assurance Statements for 2023/24

Responsible Officers: Board Committee Chairs

Report Author: Gillian MacIntosh, Head of Corporate Governance & Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the Annual Assurance Statements for each Standing Committee of the Board, for consideration as part of the overall annual accounts and assurance process for 2023/24.

2.2 Background

The Code of Corporate Governance requires all standing committees of the NHS Board to provide an Annual Report (Assurance Statement). As part of this Assurance Statement, each Committee must demonstrate that it is fulfilling its remit, implementing its work plan and ensuring the timely presentation of its minutes to the Board. These reports are designed to provide assurance that there are adequate and effective governance arrangements in place. Each Committee must identify any significant control weaknesses or issues at the year-end which it considers should be disclosed in the Governance Statement and should specifically record and provide assurance that the Committee has carried out the annual self-assessment of its effectiveness.

2.3 Assessment

The Annual Assurance Statements for the Audit & Risk Committee (draft), Clinical Governance Committee, Finance, Performance & Resources Committee, Public Health & Wellbeing Committee, Remuneration Committee and Staff Governance Committee are attached. Apart from the Audit & Risk Committee assurance statement, which is provided in draft until formally approved at their meeting on 20 June, each has been discussed and approved by the respective Committee at their April/May 2024 cycle of meetings.

The Audit & Risk Committee initially reviews and considers the Annual Statements of Assurance of the other Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation. In addition, the Chief Internal Auditor has reviewed these statements as part of their year-end report, and they have also been made available to External Audit.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

N/A.

2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. Each statement outlines how the respective Board Committee has undertaken scrutiny of the corporate risks aligned to its own remit.

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

No direct impact from content of this report.

2.3.7 Communication, involvement, engagement and consultation

Each Board Committee has reviewed and had the opportunity to input into their respective statement, and the versions enclosed for the Board's review takes account of feedback received.

2.3.8 Route to the Meeting

This respective assurance statements have been considered and approved by each Committee at the meetings below:

- Audit & Risk Committee (issued in draft, to be considered finally on 20 June)
- Clinical Governance Committee, 3 May 2024
- Finance, Performance & Resource Committee, 7 May 2024
- Public Health & Wellbeing Committee, 13 May 2024
- Remuneration Committee, 12 April 2024
- Staff Governance Committee, 14 May 2024

The assurance statement of the Audit & Risk Committee has currently been provided in draft, pending the formal sign-off of the statement at their meeting on 20 June.

2.4 Recommendation

The paper is provided for:

- **Assurance**

3 List of appendices

The following appendix is included with this report:

- Appendix No.1 – Standing Committee Annual Statements of Assurance

Report Contact

Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR THE AUDIT & RISK COMMITTEE 2023/24

1. Purpose of Committee

- 1.1 The purpose of the Audit & Risk Committee is to provide the Board with assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained.
- 1.2 The duties of the Audit & Risk Committee are in accordance with the principles and best practice outlined in the Scottish Government [Audit & Assurance Committee Handbook](#), dated April 2018.

2. Membership of Committee

- 2.1 During the financial year to 31 March 2024, membership of the Audit & Risk Committee comprised:

Alastair Grant	Chair / Non-Executive Member
Cllr Graeme Downie	Non-Executive Stakeholder Member, Fife Council (from December 2023)
Cllr David Graham	Non-Executive Stakeholder Member, Fife Council (to August 2023)
Anne Haston	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member, Area Clinical Forum
Kirstie MacDonald	Non-Executive Member (Whistleblowing Champion)

- 2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Chief Executive, Director of Finance & Strategy (who is also the Executive lead for risk), Head of Financial Services & Procurement, Risk Manager, Board Secretary, Chief Internal Auditor and statutory External Auditor are normally in routine attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on five occasions during the year to 31 March 2024, on the undernoted dates:

- 23 June 2023 (approval of Annual Accounts)
- 31 August 2023
- 12 October 2023 (Development Session)
- 13 December 2023
- 14 March 2023

Note, the meeting due to take place on 18 May 2023 was cancelled due to the unavailability of the Chair and the bulk of its business was rolled over to the June meeting.

- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The range of business covered at meetings held throughout the year, as further detailed below, demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, reviewed annually in March 2024, the Committee has considered standing agenda items concerned with the undernoted aspects:

- Internal Control frameworks and arrangements;
- Internal & External Audit planning and reporting;
- Corporate Governance, including the Board's implementation of and compliance with the NHS Scotland *Blueprint for Good Governance*;
- Regular updates to the NHS Fife Code of Corporate Governance, including within the Standing Financial Instructions and Scheme of Delegation;
- Scrutiny of the Board's Annual Statutory Financial Statements, including the meaningfulness of the accompanying Governance Statement;
- Risk Management arrangements and reporting, including progress with revising the risk management framework and review of the effectiveness of the Corporate Risk Register; and
- other relevant matters arising during the year.

4.2 The first meeting of the Audit & Risk Committee's reporting period in 2023/24 was cancelled at short notice due to the unavailability of the Chair. However, papers had been issued and comments thereon were sought from members by circulation. This included the annual Code of Corporate Governance, which went onward to the Board, as the formal approving body, at its May 2023 meeting. The Draft Governance Statement for 2022/23 was reviewed via email, and comments given prior to its final formal consideration as part of the business of the June 2023 annual accounts meeting. An initial draft of the Risk Management Annual Report for 2022/23 was issued to members, with a number of comments made to be reflected in the final iteration, and an update was also provided on the risk management framework and risk register / risk assessment policy. Also issued was an initial draft of the Audit & Risk Committee Annual Assurance Statement for 2022/23. The final timeline for the Board's annual accounts preparation was provided, for members' awareness around key deadlines to be met.

4.3 The meeting in June 2023 went ahead as planned and members scrutinised in full the governance-related year-end documentation, auditor reports and statutory financial statements for 2022/23. This included the Board's annual accounts, internal and external audit annual reports, plus the Patients' Private Funds and Service Auditor Reports on Third Party Services provided on behalf of NHS Fife by NHS National Services Scotland (NSS) and NHS Ayrshire & Arran. Each of the auditor reports gave an unqualified opinion. The Annual Internal Audit Report for 2022/23 concluded that there were adequate and effective internal controls in place and that the 2022/23 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards. In reference to External Audit, the annual audit report from Azets on 2022/23 summarised their audit of the annual financial statements, as well as their comment on financial sustainability, governance and best value. The Committee took significant assurance from these reports as part of the portfolio of evidence provided in support of its evaluation of the internal environment and the approval of the Governance Statement. The Committee was pleased to endorse to the Board the formal signing of the 2022/23 annual accounts and the Board approved the 2022/23 financial statements at their meeting on 27 June 2023.

4.4 Also at their June 2023 meeting, the Internal Audit Annual Plan for the current 2023/24 reporting year was considered, noting its alignment to the Population Health & Wellbeing

Strategy and ongoing risk management developments. At the same meeting, the Committee were advised that there were no significant amendments to the NSS Practitioner Services Partnership Agreement (for the period April 2023 to March 2028), and the Committee were thus able to take assurance from the arrangements in place to register and pay primary care contractors on the Board's behalf.

- 4.5 The Committee warmly endorsed the appointment of Jocelyn Lyall as the Board's new Chief Internal Auditor from 1 August 2023, thanking Tony Gaskin for his long service in the role and wishing him all the best in his retirement from the NHS. In relation generally to internal audit, members have reviewed and discussed in detail at meetings reports from the internal auditors covering a range of service areas and have considered management's progress in completing audit actions raised, through regular follow-up reporting. The interim evaluation of the internal control framework supplied at the mid-year point (December 2023) gave useful reference to any potential issues to be addressed before year-end. The largely positive findings gave a reasonable level of assurance to members. The revised Internal Audit Framework was approved by the Committee in March 2023, following earlier approval by the FTF Partnership Board. This includes the FTF Audit Charter, which is required to be approved on an annual basis, in line with public sector internal audit standards.
- 4.6 In relation to internal audit follow-up work, review dates had been considered for actions that have remained open longer than one year, and extensions were routinely reviewed to consider how likely it is that actions will be implemented by the revised implementation date. To provide greater assurance to the Committee, Internal Audit reports were agreed to be initially considered by the Executive Directors' Group, Chief Executive, Director of Finance and individual audit colleagues to help with oversight over outstanding action points. The Audit Follow up Protocol has been updated, as reported to the Committee in August 2023, to reflect a change to the authorisation required for extensions, to link these more explicitly to the risk assessment of the findings and recommendations of the original report.
- 4.7 In March 2024, the Committee in detail considered the findings of the Business Continuity Arrangements Internal Audit Report, which reported that only limited assurance could be provided from current arrangements in that area. The Executive Lead, the Director of Public Health, attended the meeting to provide further information on the resulting action plan that has been created to improve the position. The report was commissioned in recognition of the recommendations from a previous internal audit report, and through informal discussions at a national level. Further detail was provided on the risk associated to introducing a new Business Continuity Management System, noting that a new risk descriptor is being developed, to be added to the Corporate Risk Register. Members welcomed the further information given, taking assurance that progress in implementing the auditors' recommendations will be tracked via the existing follow-up process.
- 4.8 The Committee has approved the planning memorandum for the 2023/24 statutory accounts cycle, as also for the Patients' Private Funds from the respective External Auditor. Members have noted the approval by the Board of Trustees of the planning memorandum for the audit of Endowment Funds held by Fife Health Charity. Regular updates on the 2023/24 accounts approval timeline have been reported to the Committee, with input from both the internal and external auditor, noting the intention to seek Board approval for the annual accounts in late June 2024, meeting the relevant Scottish Government deadlines.
- 4.9 A summary self-assessment against the various requirements of the NHS Scotland *Blueprint for Good Governance* was carried out by Board members in late 2023, and reflection on the survey results was given at a Board Development Session in February 2024, facilitated by colleagues from NHS Education for Scotland. Subsequently, an action plan was approved by the full NHS Fife Board in March 2024, which shall be monitored to completion by the Committee. A related internal audit review on the Board's compliance

against the standards within the Blueprint has been undertaken in the reporting year and this will be reported as part of the year-end work.

- 4.10 The Committee has also considered national reviews undertaken by Audit Scotland, including the findings of their report 'NHS in Scotland 2023', with consideration of its implications locally. The Committee considers the content of Audit Scotland Technical Bulletins on a regular basis, noting the areas therein of relevance to public sector bodies and health boards specifically.
- 4.11 In year, a review of the Financial Operating Procedures for 2023 has been undertaken, with a number of key sections having had significant amendments. Confirmation was provided to the Committee in December 2023 that key individuals across NHS Fife were consulted during the review to ensure that appropriate expertise was utilised. The Committee was pleased to approve the changes for immediate effect, to support the annual Code of Corporate Governance review and the Standing Financial Instructions therein.
- 4.12 For assurance purposes, the Audit & Risk Committee has considered the annual assurance statements of each of the governance committees of the Board, namely: the Clinical Governance Committee; the Finance, Performance & Resources Committee; the Public Health & Wellbeing Committee; the Remuneration Committee; and the Staff Governance Committee. These detail the activity of each committee during the year, the business they have considered in discharging their respective remits and an outline of what assurance the Board can take on key matters delegated to them. No significant issues were identified from these reports for disclosure in the financial statements, as per the related content of the 2023/24 Governance Statement.
- 4.13 Appropriate assurance has been provided that each Committee has fulfilled their key remit areas on behalf of the Board during the reporting year. The Clinical Governance Committee report has provided due reflection on the assurance that can be taken around matters of clinical quality and safety, information security & governance, digital & information, resilience and Health & Safety. The Finance, Performance & Resources Committee has closely monitored the position in relation to the Board's year-end position, financial targets and delivery progress thereon, and has also considered key performance targets around waiting times and delivery of clinical services. The Public Health & Wellbeing Committee has responsibility for oversight of the Board's immunisation delivery programme and delegated community-based services such as children's mental health services, plus scrutiny of progression of the Board's organisational Population Health & Wellbeing Strategy and related work around health inequalities. The Staff Governance Committee has received regular updates on recruitment to support key programmes and staff development activities, in addition to ongoing detail on staff well-being initiatives and work underway to reduce sickness absence. The Remuneration Committee has completed its usual business of Executive cohort performance appraisal and objective setting. Further detail on all these areas can be found within the individual Committee reports mentioned above. In addition to the Committee reports, the individual Executive Directors' Assurance letters have provided helpful detail on the internal control mechanisms and mitigation of risks within individual portfolios and Directorates.
- 4.14 In reference to the Fife Integration Joint Board, due to its own year-end accounts approval timeline, it is not possible for the NHS Fife Board to receive a final version of an assurance statement from the IJB prior to the Board's approval of its own statutory financial accounts in June 2024. The Committee has, however, taken assurance from a formal letter received from the Chair of the IJB's Audit & Assurance Committee providing assurance on the adequacy of the governance and internal control environment of that body. The Committee will consider the final IJB Internal Audit report at its forthcoming meeting in September 2024.

- 4.15 During the year, members of the Committee engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. In October 2023, members attended a Committee Development Session to review the effectiveness of the new Corporate Risk Management processes and to discuss areas that require further refinement. A training session with the Internal and External Auditors was held in May 2024 outlining the year-end processes each undertake as part of the review of the financial statements, responsibilities of the Audit & Risk Committee in reference to scrutiny of these, and details on the systems of internal control, in preparation for the review and scrutiny of the annual accounts, prior to the Committee's formal consideration of the 2023/24 financial statements. The presentation slides were usefully adapted to be used as a helpful checklist by members, when the accounts are tabled for formal approval in June 2024.
- 4.16 Progress with fraud cases and counter fraud initiatives were discussed by the Committee in private session on a regular basis throughout the year. The Committee received quarterly fraud updates, on relevant cases and investigations; initiatives undertaken to identify and address fraud; and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. These reports also detail the counter fraud training delivered to staff, including the roll-out of a newly updated Fraud Awareness module. This has provided the Committee with the assurance that the risk of fraud is being proactively managed across NHS Fife. The Committee acknowledged that whilst there were no significant findings following the Board's participation in the National Fraud Initiative Assignment 2023, there were a number of minor outcomes, and a summary of these was provided to support the Committee's understanding of the process and provide assurance that this source of intelligence was appropriately actioned. In August 2023, the Committee took reasonable assurance from the Counter Fraud Standards Assessment report for 2022/23, noting the anticipated position that NHS Fife did not assess itself as fully meeting all the Standards by the end of 2022/23 and that the aim is for all the Standards to be met fully by the end of the three-year partnership agreement, which is line with other NHS Boards. The Committee were assured from the Fraud Annual Action Plan, which was developed between all NHS Scotland Health Boards and Counter Fraud Services, and in addition has been tailored locally to support the delivery of the Counter Fraud Standards.
- 4.17 Regular reporting on losses and special payments is factored into the Committee's workplan on a quarterly basis, to help support the annual accounts reconciliation process generally and, in support of Counter Fraud Standards, to increase the Committee's oversight. The Committee is also provided with regular updates on the application of any Procurement Waivers of Competitive Tender to provide assurance that the process is being correctly applied and therefore the risk to the board of non-compliance is effectively managed.
- 4.18 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. The introduction of both the SPRA process in 2020/21 and the Financial Improvement & Sustainability Programme established in 2022/23 build on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more

effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. Appendix 3 provides evidence of where and when the Committee considered the relevant matters during 2023/24.

6. Risk Management

- 6.1 All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.
- 6.2 All of the key areas within the organisation maintain a risk register. All risk registers are held on Datix, the Risk Management digital information system. Training and support for all Datix modules, including risk registers, is provided by the risk management team according to the requirements of individuals, specialities and teams etc.
- 6.3 In line with the Board's agreed risk management arrangements, the Audit & Risk Committee has considered risk through a range of reports and scrutiny, including review of the Corporate Risk Register. During 2023/24, the high-level risks identified as having the potential to impact on the delivery of NHS Fife's strategic priorities, and related operational high-level risks, were reported bi-monthly through the Corporate Risk Register to the governance committees, and subsequently to the Audit & Risk Committee and the Board.
- 6.4 The Corporate Risk Register report was presented to the full NHS Board at the November 2023 meeting for scrutiny, and Board members were provided with the necessary levels of assurance on the effectiveness of mitigating actions. The Committee were informed of a new approach of reviewing corporate risks, with some risks moving to a triannual reporting schedule. Furthermore, the Committee held a Development Session in October 2023 to review the effectiveness of the new Corporate Risk Register process and explored members' understanding of their risk management responsibilities.
- 6.5 Operationally, the Risk & Opportunities Group have continued with the risk management improvement programme work during 2023/24, particularly around the work on the presentation of the Corporate Risk Register. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual risks currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance was required, given the complexity, system volatility and scale of external challenges at this time. The Risk & Opportunities Group have also been acknowledging feedback from the Governance Committees and taking forward considerations and recommendations on the corporate risk register to further support this, particularly around opportunities and risks directly related to the Population Health & Wellbeing Strategy. The Covid-19 risk was removed from the Corporate Risk Register following extensive discussions and due diligence, reflecting its transition to business-as-usual activity, with a related new risk, on future preparedness for any potential future pandemics, being developed as a replacement. A new corporate risk on the preparation for implementing the legislation around the Health & Care Staffing (Scotland) Act was approved in late 2023, and new risks around capital funding restrictions and Pandemic Preparedness / Biological Threats are being developed. Deep dives were carried out across all the Board's committees, allowing greater scrutiny of the root causes of risks, and providing an opportunity for discussion on the effectiveness of management actions in place to reduce risk levels. Enhancements have also been made to the risk guidance for Governance papers and SBAR templates, to strengthen the content of the risk assessment and risk management sections.
- 6.6 The Committee endorsed the updated risk management framework in August 2023, which reaffirms the Board's commitment to embed an effective risk management framework and

culture to support the achievement of the strategic priorities, and the ambitions of the Population Health and Wellbeing Strategy. In December 2023, the Committee approved an expansion to the risk management framework document to capture essential content from the previous standalone risk policy. The framework now contains all new or additional content, which will enable easier engagement and guidance for staff.

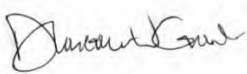
- 6.7 The Board began reassessing its risk appetite at a dedicated Development Session held in April 2024. Further work is required to complete this, which is anticipated to be complete early in the 2024/25 reporting year.

7. Self-Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level.

8. Conclusion

- 8.1 As Chair of the Audit & Risk Committee during financial year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 20 June 2024

Alastair Grant, Chair

On behalf of the Audit & Risk Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

AUDIT & RISK COMMITTEE - ATTENDANCE RECORD
1 April 2023 – 31 March 2024

	23.06.23	31.08.23	13.12.23	14.03.24
Members				
A Grant , Non-Executive Member (Chair)	✓	✓	✓	✓
Clr G Downie , Stakeholder Member, Fife Council			✓	✓
Clr D Graham , Stakeholder Member, Fife Council	✓			
A Haston , Non-Executive Member	✓	✓	✓	✓
A Lawrie , Area Clinical Forum Representative	x	✓	x	✓
K McDonald , Non-Executive Member	✓	✓	✓	x
In attendance				
K Booth , Head of Financial Services	✓	✓	✓	✓
A Brown , Principal Auditor		✓	✓	✓
C Brown , Head of Public Sector Audit (UK), Azets	✓	✓	✓	✓
P Cumming , Risk Manager	x	✓	✓	✓
A Ferguson , Senior Audit Manager, Azets			✓	
T Gaskin , Chief Internal Auditor	✓	✓		
Alistair Graham , Associate Director of Digital & Information	✓		✓	✓ Item 8.2
B Hudson , Regional Audit Manager	✓	x	✓	✓
A Hughes , Senior, Azets			✓	✓
K Jones , Director of Audit & Assurance, Azets	✓	x		
J Lyall , Chief Internal Auditor		x	✓	✓
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓
Sally McCormack , Associate Medical Director for Emergency Care and Planned Care				
M McGurk , Director of Finance & Strategy (Exec Lead)	✓	✓	✓	x
Alan Mitchell , Thomson Cooper				✓ Item 5.1
C Potter , Chief Executive	✓	✓	x	✓ Part
Shirley-Anne Savage , Associate Director of Quality & Clinical Governance	✓			x

	23.06.23	31.08.23	13.12.23	14.03.24
J Tomlinson , Director of Public Health				✓ Item 7.5

BEST VALUE FRAMEWORK**Vision and Leadership**

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.	Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. Assurance Framework contains the overarching strategic risks related to the strategic plan.	COMMITTEES	Bi-monthly	Corporate Risk Register (to CG/FP&R/PH&W/SG Committees)
		AUDIT & RISK COMMITTEE	5 times per year	Corporate Risk Register (to A&R Committee)
		BOARD	2 times per year	Board

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	On going	Meetings publicly accessible NHS website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife has a robust framework of corporate governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.</p>	<p>Explicitly detailed in the Governance Statement.</p>	<p>AUDIT & RISK COMMITTEE</p> <p>BOARD</p>	<p>Annual</p> <p>Annual</p> <p>Ongoing</p>	<p>Code of Corporate Governance review</p> <p>Annual Assurance statements</p> <p>Compliance with NHS Scotland Blueprint for Good Governance</p>

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife maintains an effective system for financial stewardship and reporting in line with the SPFM.	Statutory Annual Accounts process	AUDIT & RISK COMMITTEE	Annual	Statutory Annual Accounts Assurance Statements SFIs
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Delivery Plan targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive.	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.</p>	<p>Corporate Risk Register</p>	<p>AUDIT & RISK COMMITTEE BOARD</p>	<p>Ongoing</p>	<p>Corporate Risk Register Minutes of Committees</p>

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term. The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make. A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.	Sustainability and Environmental report incorporated in the Annual Accounts process.	AUDIT & RISK COMMITTEE BOARD	Annual	Annual Accounts Climate Change Template

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidence of equality considerations in Board’s decision-making structure	BOARD COMMITTEES	Ongoing	EQIA form on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA form on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Population Health & Wellbeing Strategy EQIA forms on reports
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA forms on reports

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2023/24

1. Purpose

- 1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, includes related activities around planning, maintaining and improving quality.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Clinical Governance Committee comprised: -

Arlene Wood	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Simon Fevre	Area Partnership Forum Representative (to September 2023)
Colin Grieve	Non-Executive Member
Anne Haston	Non-Executive Member
Janette Keenan	Director of Nursing
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion
Dr Christopher McKenna	Medical Director
Liam Mackie	Area Partnership Forum Representative (from February 2023)
Lynne Parsons	Area Partnership Forum Representative (from November 2023 to January 2023)
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Finance & Strategy, Director of Health & Social Care, Director of Pharmacy & Medicines, Deputy Medical Director (Acute Services Division), Deputy Medical Director (Fife Health & Social Care Partnership), Associate Director of Digital & Information, Associate Director of Quality & Clinical Governance, Associate Director of Risk & Professional Standards and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on ten occasions during the financial year to 31 March 2024, on the undernoted dates:
- Wednesday 12 April 2023 (Development Session)
 - Friday 5 May 2023
 - Friday 7 July 2023
 - Friday 8 September 2023
 - Wednesday 18 October 2023 (Development Session)
 - Monday 23 October 2023 (Development Session)

- Friday 3 November 2023
- Friday 12 January 2024
- Friday 1 March 2024
- Tuesday 12 March 2024 (Development Session)

3.2 The meeting attendance schedule is attached at Appendix 1.

4. Business

4.1 The Clinical Governance Committee's first meeting of the 2023/24 reporting year took place in April 2023, in the form of a dedicated Development Session for members, with the topics of Addiction Services and Medical Education being covered in depth by the operational teams in attendance. This was the first of a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. Two further Development Sessions were held in October 2023, the first exploring the strategic and educational possibilities from strengthening the relationship between NHS Fife and the University of St Andrews, and the second taking the form of a deep dive into the Optimal Clinical Outcome risk that is monitored by the Committee. In March 2024, the topic for discussion at the Committee's last Development Session of the year was the Care Assurance programme, building upon a presentation given to the Committee's May 2023 meeting on Excellence in Care. Each of these sessions picked up on common themes or areas covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.2 In May 2023, the Committee held its first scheduled meeting of the year, reviewing the annual reports from each of the Clinical Governance Committee sub-groups, to gain assurance that each body had delivered on its delegated business, and approving the Committee's own assurance statement to the Board for 2022/23. The assurance statement for the Clinical Governance Oversight Group was considered at the Committee's July meeting, noting both the range of activities of the group and the intention to bring the timing of this into line with the other annual assurance statements presented in the 2023/24 reporting year. The Clinical Governance Oversight Group, from November 2023, has begun bringing a regular assurance summary to the Committee on the conclusion of each of its meetings, to give confidence that the group is fulfilling its remit, scrutinising in depth proposals and reports prior to their consideration at the Board-level Committee, and dealing with emerging issues as appropriate. In January 2024, it was agreed with members to strengthen this report, to provide detail on improved assurances around actions instigated by the Group, planned improvements therefrom, and timescales for completion. In March 2024, consideration was given to the increase in the number of adverse events within the Emergency Care Directorate, noting this could possibly be attributed to winter pressures and the general busy nature of the service, which was being closely monitored by the local Acute Services Clinical Governance Committee and the Oversight Group. The Committee can, however, take assurance from the scrutiny being undertaken of each incident via the established Adverse Events review process, which will seek to identify any areas of learning.

4.3 During the year, the Committee has received a number of updates concerning the clinical workforce and initiatives underway to enhance recruitment and role development opportunities for staff, thereby ensuring NHS Fife remains able to deliver safe and high quality treatment to the Kingdom's patients whilst minimising unfilled staff vacancies. In May 2023, the development of Advanced Practitioner roles was discussed, with members noting the requirement for protected non-clinical time being set aside for staff to progress their skills and

knowledge and for adequate clinical supervision to be in place. The Four Pillars of Advanced Practice initiative within Pharmacy was warmly commended. At the same meeting, a report on the role of Assistant Practitioners was delivered, noting the positive interest from staff in taking on the training opportunities afforded by this initiative and the benefit for particular clinical areas of the increased skill-set of staff. Members were assured that the clinical-governance related aspects of these two workstreams had been fully addressed, noting that the enhanced training of staff supports the delivery of high-quality, person-centred care alongside registrant staff, whilst in the long term helping with addressing the sustainability of the nursing workforce.

- 4.4 At their meeting held in January 2024, the new Medical Appraisal and Revalidation Framework covering the period 2024 to 2027 was considered by the Committee. The Framework details the plans to deliver high-level appraisal annually to permanently employed staff, helping support the re-validation process for doctors, and the Committee's report outlined the training for appraisers, the number of which remained challenging to increase, particularly in secondary care. Via the implementation of the Framework, the Committee was able to take assurance that processes were in place to ensure doctors remained professionally up-to-date on skills and were fit to practise medicine, supporting the Board's delivery of high quality and safe patient care. The importance of the Board being active in the fields of medical research and innovation was considered at the Committee's January and March 2024 meetings, not least because of the attractiveness this makes Fife as a place to work for medical consultants and staff. Members commended the important work done via the Research, Innovation & Knowledge service, detailed both within their Annual Report and Strategy Progress Update and Review document. Members also warmly welcomed the news of agreement of a formal partnership with the University of St Andrews to help deliver the new ScotCOM medical degree, which cements our existing links and helps support NHS Fife in its own ambitions to become a formal teaching Board. The Medical Education Annual Report, tabled to the March 2024 Committee, detailed the current arrangements in place to support medical students and doctors-in-training, noting the positive feedback received from hosted undergraduate students and a more mixed assessment from those undertaking postgraduate studies, with local action plans in address to address any common system issues from the latter. The establishment of a new Professional Standards Oversight Group will help drive forward in a co-ordinated manner work to improve the student experience within Fife.
- 4.5 In July 2023, the Committee took assurance from contingency plans then in place to manage the planned Junior Doctors' industrial action, scheduled for later that month (this did not subsequently go ahead). In September 2023, members received a briefing on the circumstances behind the simultaneous breakdown of two CT scanners at the Victoria Hospital in Kirkcaldy, which impacted for a short period upon patient care and resulted in mutual aid being sought from neighbouring health boards for the most urgent diagnostics. The Committee took assurance from the measures put in place to address the background cause, to avoid a repeat occurrence, and the business continuity plans within Radiology and Acute Services that were swiftly implemented to allow recovery of services. A further update to members in November 2023 gave further assurance that the supplier of the CT scanners had put in place robust mitigating actions to prevent a repeat of this incident, including improvements around communications, fault diagnosis, and availability of engineers and replacement parts.
- 4.6 In support of the dedicated Cancer Framework launched last year, a review of progress against the Year 2 delivery plan was considered at the November 2023 Committee meeting, for assurance on the effectiveness of actions and milestone targets. Enhancements to subsequent reporting was agreed, to ensure that more detail on the underlying work to achieve the ambitions of the plan was included. At the same November 2023 meeting, the Committee received a briefing on the alignment of NHS Fife's existing Cancer Framework with the National Cancer Strategy for Scotland 2023-33 and the Scottish Cancer Action Plan 2023-26. Members noted that the ambitions and priorities are broadly similar, with no specific gaps when

measured against our existing Framework. It was highlighted that the possibilities of improving care via genomic advancements were adequately covered by the local Framework's ambitions to utilise new and emerging technologies. Further details around workforce numbers and achievement dates, however, was required to address the National Delivery Plan, and this will be taken account of in future updates to the Committee.

- 4.7 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A performance report on the delivery of the various improvement actions was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery. Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. Following formal Board approval of the new Population Health & Wellbeing Strategy in March 2023, the Committee has had a role in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within. The linkages between reporting progress against the Board's organisational strategy and the Annual Delivery Plan was highlighted, to avoid duplication of effort.
- 4.8 As part of the organisational strategy development, a Clinical Governance Strategic Framework and Delivery Plan was approved in January 2023, which is fundamental to the Board's aim to be an organisation that listens, learns and improves on a continuous basis. The Framework outlines the key clinical governance activities linked to the attainment of the Board's strategic ambitions and the enablers put in place to ensure effective delivery. The supporting governance structures underneath the Clinical Governance Committee, to ensure operationally effective scrutiny of performance with meaningful measures in place to assess quality and safety of services, is detailed fully in the new Framework, and the Committee has had input to ensure that routes of escalation to itself as the key governance body are clear and unambiguous. In July 2023, the Delivery Plan for 2023/24 activities in support of implementation of the Framework was reviewed by the Committee, detailing the timings of each strand of work. The Clinical Governance Oversight Group has supported the regular review and scrutiny of these actions, supported by mid- and year-end reporting to the Clinical Governance Committee. In November 2023, the mid-year report detailed the two successful workshops held on the topics of deteriorating patients and realistic medicine, and outlined a number of activities held to address the implementation of the Framework.
- 4.9 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own

specific perspective. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

- 4.10 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints responses and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). A dedicated report on Healthcare Associated Infection (HAIs) is also provided on a quarterly basis, to give assurance around the effectiveness of infection prevention, control and surveillance. Following a Board-wide review of the IPQR, reflecting the establishment of the Public Health & Wellbeing Committee and a stand-alone IPRQ review, a set of performance-related metrics specific to the Committee has been refined, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes.
- 4.11 In addition to the IPQR, a number of stand-alone updates on areas of operational performance have been given to the Committee, to provide further context to the cyclical data given in the regular performance reporting. In May 2023, the Committee reviewed a report on the Unscheduled Care Programme, including details on the enhancement to the Flow & Navigation Centre, Redesign of Urgent Care programme and other initiatives to manage demand at the front door and to meet the four-hour access target. Providing detail on initiatives in place since the launch of the Urgent & Unscheduled Care Collaborative in June 2022, the Committee noted the commitment and coordination across NHS Fife and Fife Health & Social Care Partnership to continue progress and delivery of the programme in line with both local and national strategic objectives. Despite an extremely challenging 2022-23 Winter period, the Committee was able to take a strong level of assurance from the range of actions underway to help manage demand and increase performance, whilst delivering high-quality care.
- 4.12 In September 2023, the Committee undertook a deep dive into performance on pressure ulcers, particularly the quality improvement initiatives underway to prevent and reduce instances, both in the Acute and also the community settings. Members were able to take robust assurance from the performance improvements and the multitude of workstreams underway to help drive forward further reductions in this avoidable harm to patients. A further update was given in January 2024, via the IPQR, it was noted that the position as regards to performance had improved and, in March 2024, further detail on pressure ulcer grading was added to the IPQR data, to improve understanding. A deep dive into In-Patient falls was delivered in November 2023, focused on the local work underway to publicise the Falls Toolkit and share prevention measures and learning across a wide range of clinical areas. In September 2023, members received a detailed update on the Deteriorating Patient Improvement Project, which aims to address an increase since 2020 in the number of patients experiencing cardiac arrest (which is one of the measures used to track deteriorating patients). The project brief detailed the work underway locally to enhance the observation of patients, linkages to realistic medicine and conversations with patients about their end-of-life care, and alignment with the recommendations of the Scottish Patient Safety Programme. Members welcomed this important piece of work and look forward to updates on the project being provided to future meetings.
- 4.13 During the pandemic, and in the recovery period following thereon, strategic decisions were made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision were risk assessed and the Committee has recognised that some patients were affected by these decisions. In particular, a backlog in treatment and delays for patients in accessing diagnostic tests and care continues to be felt by patients within the Board area. In July 2023, the Committee considered the deep dive report on the corporate risk linked to Access to Outpatient, Diagnostic and Treatment Services, which had been considered in depth by the Finance, Performance & Resources Committee in March

2023. Members took assurance from the mitigation actions in place to manage the risk, noting the majority were on track to deliver. Ongoing monitoring was underway through the Planned Care Programme Board. In March 2024, in Private Session, members considered a report detailing known instances of Hospital Acquired Covid Infection during the height of the pandemic, from March 2020 to June 2022. The Committee noted the steep learning curve experienced during that time, across Health Boards in the UK, as services faced challenges never experienced in the lifetime of the NHS. Noting the data for Fife (which was not out-of-step for Scotland as a whole), the Committee reflected on the whole-system learning from that period and the importance of taking that into future pandemic preparedness planning. Both the UK and Scottish Covid Inquiries are likely to make recommendations in this regard in due course, which the Board will aim to implement in full, to ensure both patient and staff safety.

- 4.14 Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting that the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have increased continue to influence recovery performance. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback, including further levels of details to indicate where complaints are in the process and thereby what stages are proving most complex to deliver against timescale. Operational pressures on clinical staff continue to impact heavily on the investigation and sign-off of individual complaint responses. In May 2023, the Committee heard detail on the introduction of a Complaints Escalation Standard Operating Procedure, to support the achievement of agreed national timescales. A complexity scoring matrix for complaints has also been trialled, to triage submissions and ensure that patients are given realistic information on likely response times. An update of the effectiveness of this was given in July and November 2023 and in January 2024, noting that performance had improved to the best level seen for the past two years. The report in September 2023 gave helpful information on learning from complaints and the complaints process experience from patients, including also feedback received via Care Opinion, with members taking helpful assurance from the high number of positive patient experiences detailed via the portal.
- 4.15 The patient voice has been captured in regular presentation to the Committee of patient stories, allowing members to reflect on individual patient experience as part of the Committee's overall schedule of business. In November 2023, members heard the details of an incident in which an inpatient suffered a fall, which impacted greatly on their overall clinical outcome, and the learning from this. At the following meeting, in January 2024, members considered the complexities of the cancer care journey and the impact on individuals receiving treatment, noting also the emotional effects on staff and the support in place to help counter that. In March 2024, the Committee heard about the learning from processes in place to support the recently bereaved. Each of these stories have highlighted examples of good practice or helped identify areas where we need to improve the quality of services and transform patient and carer experience, through listening and learning from the patient voice.
- 4.16 In relation to the Organisational Duty of Candour 2022/23 report, there were similar delays to its publication as had occurred the previous year (related to the pandemic impacting upon timeliness of completion of the adverse events process). This has previously been highlighted by Internal Audit as being an unsatisfactory position. The final report, outlining the Board's compliance with the relevant legislation and detailing the number of cases that had triggered Duty of Candour processes for the period ending March 2023, was tabled to the Committee at its March 2024 meeting, prior to its formal approval by the Board at their meeting on 26 March 2024. There were 33 adverse events detailed within the report, with the most common outcome (for 24 patients) being an increase in their treatment. It has been agreed that Boards should seek to report on Duty of Candour each January, capturing the data from the previous financial year. In addition to the historic data, the Committee heard that currently for 2023/24

there are 8 confirmed adverse events (including 3 falls, 1 case each for paediatrics, patient records, personal accident, surgical complication and tissue viability), with 8 outcomes recorded (4 being an increase in treatment). It has again been agreed that the full report for 2023/24 should be presented to the Committee and Board in January 2025. Noting the intention to bring the report in a timelier manner in the current reporting year, the Committee took assurance from the learning processes in place to reflect on each adverse event and endorsed the intention to create an Organisational Learning Framework to strengthen the governance around this.

- 4.17 The Committee receives detailed reports and action plans arising from any regulatory inspection or external investigation, to ensure that learning takes place. A report on the Board's response to a recent Fatal Accident Inquiry was considered by the Committee in May 2023, relating to the discharge of a patient to a care home, who sadly died thereafter. It was recognised that a response to a complaint from the patient's family and an internal adverse event review had earlier taken place and a number of actions were recommended from that process, with assurance given that these were being completed. The Inquiry itself made no recommendations, and the Committee took assurance that the Board had formally responded to the publication of the Inquiry's findings. In July 2023, a separate report into the circumstances surrounding the rapid deterioration of a patient after surgery, and the missed opportunities to take action to prevent the patient's further decline and subsequent death, was considered by the Committee, particularly with regard to operational learning from this tragic event. Noting that a dedicated action plan to address the Sheriff's findings has been created and is overseen by the Acute Services Clinical Governance Committee, the Committee took assurance that the lessons learned would be disseminated and applied across a wide range of clinical teams.
- 4.18 The [report](#) of an unannounced Healthcare Improvement Scotland (HIS) inspection of Mental Health Services at Queen Margaret and Whyteman's Brae hospitals, focused on infection prevention and control, was considered by the Committee at its July 2023 meeting. Members took assurance from the positive feedback on the good practice identified therein and the robust action plan to address any outstanding requirements, detailing improvement actions necessary. Members were also pleased to note the positive feedback from the Mental Welfare Commission visit to Queen Margaret in September 2023, noting the impact of staff efforts to improve the environment for patients, as detailed within their [report](#).
- 4.19 A Safe Delivery of Care Inspection was undertaken by HIS in the Victoria Hospital between 31 July and 2 August 2023. At their September 2023 meeting, the Committee considered the issues raised by the inspectors in their [report](#), particularly in relation to concerns around adequate estate environment and backlog maintenance in Ward 5, resulting in the decant of services and the priority refurbishment of the ward area. The Committee's consideration of the issue was also informed by a site visit to the ward by a number of the Board's Non-Executive members. The Committee took assurance from the remedial work underway to address the areas of risk highlighted in the inspection, noting, however, some concern that internal controls had not operated to the required levels of efficiency to pick up the various estate-related issues outwith the inspection process. It was noted that the inspection had also highlighted issues about the oversight, communication and escalation processes in relation to the condition of the environment. An update on progress in meeting the action plan created to address the inspector's findings was considered at the Committee's March 2024 meeting, with members taking assurance from the fact that the action plan had been fully accepted by HIS and the remedial refurbishment works to Ward 5 were on track for completion in March.
- 4.20 The Committee considers new and emergent issues at each meeting, seeking assurance around any actions underway to mitigate risks and to ensure patient and staff safety. In January 2024, the Committee received a detailed assurance report highlighting that the risk to

patients, staff and visitors from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation are not in high footfall areas or are generally accessible, and will be subject to ongoing condition monitoring and inspection. Longer term, members noted that repair of these sites would form part of a Scottish Government programme of repair and maintenance. At the same meeting, members received information on the presence of radon (in excess of Health & Safety Executive limits) at Kinghorn Medical Practice, noting the measures put in place to protect staff and to address the concern. Members took assurance from the fact that routine monitoring identified the issue, that staff felt comfortable raising any safety concerns and that the issue was swiftly addressed and alternative spaces made available to staff to work from.

- 4.21 After initial consideration by the Board's Audit & Risk Committee, the Committee considered the findings of the annual Internal Audit report, with particular reference to the section on Clinical Governance matters. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care and management of risk. A recommendation within the report concerning enhanced reporting on the Digital & Information 2019-24 Strategy implementation has been completed during the year's business, with updates provided in July 2023 and November 2023, providing information on progress and also those aspects of the original strategy that will not meet the 2024 delivery deadline. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including Clinical Governance, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. Assurance was provided that all previous internal audit recommendations related to clinical governance have been implemented, and members noted the potential for disclosures around an Information Security event and regulatory inspection recommendation previously disclosed to the Committee.
- 4.22 In relation to national strategies, the Committee has considered, in May 2023, a briefing on the Public Protection, Accountability & Assurance Framework, which aims to ensure greater consistency in what children, adults at risk of harm, and families can expect in terms of support and protection from health services in all parts of Scotland. Public protection requires effective joint working between statutory and non-statutory agencies, as well as with staff with different roles and expertise, and the Committee was able to take a strong level of assurance from the work underway in Fife to assess our current compliance with the best practice guidance and identify and address any gaps. Also in May 2023, the Committee considered a report on Medical Devices, reflecting the national guidance that widened the definition of medical devices to include a broad range of instruments, apparatus, appliances, software, materials and other articles used in the process of delivering healthcare. A clinically-led Medical Devices Group has been established, to support the national changes and to implement the related Scan for Safety programme in Fife, and the Committee were pleased to approve the Terms of Reference for the new group and to take assurance from the process being followed. In September 2023, members took assurance from the local measures and governance groups put in place to implement the Scottish Healthcare Associated Infection Strategy for 2023-25 and the Infection Protection Workforce Strategic Plan, each supporting the reduction of healthcare associated infections and supporting the quality and safety of patient care.
- 4.23 Triangulating the various sources of performance and quality data is a large part of the Committee's business, and a summary of the organisational processes in place for this was given in a letter submitted to the Cabinet Secretary in response to the findings of the Countess of Chester Hospital Inquiry, in November 2023. The Committee noted that the Board was able to provide appropriate assurance that NHS Fife has robust systems in place for the early

detection, investigation and response to patient and staff safety concerns, and that learning from national inquiries is taken forward locally within the Board. Members also heard at the same meeting the outcome of the recent Chief Medical Officer review into Transvaginal Mesh Case Records, noting the significant learning for clinicians and Boards around the recording of treatment in patient records, the offering of options in treatment pathways, and the need for clear processes around informed consent. Members were pleased to note that Medical Leadership teams across both Acute and the Health & Social Care Partnership would be determining what actions were necessary to take forward the various recommendations through the clinical pathways.

- 4.24 An improvement-focused review of Medicines Safety in Fife was considered by the Committee in November 2023. The report highlighted a number of aspects of the medicines safety programme work, in addition to detailing the robust governance around medicines with Fife. The work of the newly formed Medicine Response Group was highlighted, which is disseminating its work and sharing learning through the release of a regular Medicines Bulletin. Linkages between the policy work, incident reporting and existing programmes such as the High-Risk Pain Medicines Programme was also detailed. Members welcomed the comprehensive action plan to be delivered over the following twelve months and were assured by the various workstreams in place to enhance practice in this area.
- 4.25 In March 2024, the Committee discussed the Board's activities in support of the Scottish Government's Value-Based Health & Care Action Plan, which aligns with NHS Fife's existing work around realistic medicine (which was itself the subject of a Board Development Session in December 2023). Members heard details of a recent, well-attended workshop and a dedicated workplan developed to implement the Chief Medical Officer's recommendations, with future work looking at variations and benchmarking between Boards, identifying future opportunities for focus.
- 4.26 Annual reports were received on the subjects of: Adult Support & Protection; Radiation Protection; the work of the Clinical Advisory Panel; the Director of Public Health Annual Report 2023; Fife Child Protection; Allied Health Professionals' Assurance Framework; Occupational Health & Wellbeing Service; High Risk Pain Medicines Patient Safety Programme; Medical Education; Medical Appraisal & Revalidation; Participation & Engagement; Infection Prevention & Control; Management of Controlled Drugs; Volunteering; Hospital Standardised Mortality Ratio; Research & Development Progress Report & Strategy Review; and the Research, Innovation & Knowledge Annual Review.
- 4.27 The Committee has received minutes and assurance reports from its core sub-groups, namely the Clinical Governance Oversight Group, Digital & Information Board, Health & Safety Sub-Committee, the Information Governance & Security Steering Group and Resilience Forum, detailing their business during the reporting year. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2024 meeting. An additional annual assurance statement has also been submitted from the Clinical Governance Oversight Group, outlining the range of activities being taken forward by the group, in support of the clinical effectiveness agenda and building on its regular assurance reports to each of the Committee's bi-monthly meetings.
- 4.28 In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group reports an improved position with regards to attendance at, and engagement with, the local Health & Safety groups within Acute/Corporate and the Partnership. Business considered during the year included the actions taken to address the recent HIS inspection (referenced in clause 4.19), particularly around the processes for ensuring reactive and routine maintenance

is completed. Other aspects of the Sub-Committee's work, such as the review of RAAC within the NHS Fife estate and mitigation actions to address higher than permitted radon levels (see clause 4.20 above), have each been reported on separately to the Clinical Governance Committee via stand-alone briefings. Further detail has also been provided on the Sub-Committee's work around manual handling training and safe use of sharps, as detailed further in their annual report. There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife. Noting the detail of the Health & Safety Sub-Committee's activities, the Clinical Governance Committee can take broad assurance from the work undertaken on its behalf during the reporting year.

- 4.29 The Digital & Information (D&I) Board has continued to develop the governance, process and controls necessary to assure the organisation about the progress of the Digital & Information Strategy 2019-2024, which is now in its last year of delivery. Linkages between this and the Population Health & Wellbeing Strategy and the Health Board's Annual Delivery Plan has also been considered. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities across the year, as considered by the Committee at its May 2024 meeting. During 2023/24, 11 D&I risks improved their rating, three reached their target risk rating and moved to a status of monitoring, and seven risks were closed. In relation to other workstreams considered by the Group, members were updated and took assurance from the progress and penetration testing in relation to the Cyber Security Action Plan associated with the improved outcomes from the Cyber Resilience Framework audit, taking assurance from the compliance score of 87%, an increase of 11% on the previous year. A new baseline had been introduced due to the increased number of controls, with a revised baseline for the Cyber Resilience Compliance of 77%. Any moderate incidents that had an adverse effect on system availability and the potential for impact to patient care, if business continuity plans were unable to sustain services, have been considered by the D&I Board, with linkage in reporting also to the Resilience Forum. The D&I Board has also had a role in scrutinising two key projects, Hospital Electronic Prescribing and Medicines Administration and the rapid development of the Laboratory Information Management System (LIMS), which have both progressed during the year. Work has also been undertaken around assessing the organisation's Digital Maturity, the findings of which have been built into overall programme planning. No significant issues have been escalated for disclosure in the Governance Statement and the Clinical Governance Committee can take broad assurance from the work undertaken by the Digital & Information Board over 2023/24.
- 4.30 Members noted a separate update on the implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA), via a standalone report to the Committee's private September 2023 meeting. Contractual negotiations have been lengthy and required significant input from the Central Legal Office, but have proceeded to a successful conclusion, with the contract being signed in December 2023. The Committee has also received assurance that the positive clinical impact and transformational benefits of the introduction of HEPMA remain undiminished, despite the longer lead-in time to implementation and delivery. An update to members in March 2024 focused on the clinical governance aspects of the workstream and gave assurance that this met best practice, including allowing clinical judgement to be part of the prioritisation process for any issues that might occur. The clinical portal is being worked through and testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described and it was reported that roll-out of the programme will commence, in a staged approach, in 2025.
- 4.31 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2023 and March 2024) detailing the current baseline of performance and controls within the remit of Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is

necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. A new reporting mechanism has been adopted, modelled on the IPQR, which combines reporting from the Information Commissioner's Office Accountability Framework and the Scottish Public Sector Cyber Resilience Framework, and Key Performance Indicators to cover the range of the Group's remit, as aligned to the ten categories detailed with the frameworks, are close to finalisation. As such, at March 2024, a reasonable level of assurance was being reported from the Group. Across the year, the Group have adopted a set of performance measures and a defined workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Key measures reviewed throughout the year included: monthly Subject Access Request data; point-in-time Information Asset Register figures; Information Governance training compliance tracked through the year; monthly Freedom of Information request compliance performance; current policy and procedure review information; Cyber Resilience Framework compliance at the time of audit; monthly event reporting; and summary information on reportable incidents to either the Information Commissioner's Office (ICO) or Competent Authority.

- 4.32 Throughout the year, the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Visualisation of the risk profile, which averaged 28 in number over the year, supported the critique and assurance the Group were able to offer. During the period, the Group noted that 13 risks improved their rating, one risk deteriorated during the period, five equalled their target risk rating and moved to a status of monitoring, and seven risks were closed during the year.
- 4.33 During 2023/24, 12 incidents were reported to the ICO, a reduction of two from the 14 incidents reported the previous year. Of the 12 incidents, ten (83%) of these were reported within the 72-hour requirement. One incident, which occurred in February 2023, was considered to be significant and resulted in NHS Fife receiving a formal reprimand from the ICO. This concerned an unauthorised person gaining access to a ward at St Andrews Community Hospital. Due to a lack of identification checks and formal processes, the non-staff member was handed a document containing the personal information of 14 people and assisted with administering care to one patient. The data was taken off site by the person and has not been recovered. The incident has been subject to a Significant Adverse Event Review that was undertaken between 7 August 2023 and 21 September 2023. The ICO has requested they receive a progress update on the Board's action plan created to address the incident, which is due on 6 June 2024. Given the significance of this incident, and the complexity of issues identified that contributed to the event's occurrence, the Group believe this issue warrants disclosure in NHS Fife Board's Governance Statement, which the Clinical Governance Committee supports.
- 4.34 To support reporting around resilience and emergency planning, the Committee has received a mid-year and annual assurance statement from the Resilience Forum, to provide members with greater detail around the further development of business continuity planning within NHS Fife. Also submitted to the Committee, in November 2023, was a new Incident Management Framework approved by the Executive Directors' Group, which, now it is established, is moving into the testing and training phase. The Resilience Forum's annual statement concludes that a moderate level of assurance can be given to the Committee on the areas under its remit, reflecting the work-in-progress underway to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners. These various workstreams are detailed in the annual report, including further information on the new Incident Management Framework, its supporting guidance and review cycle; the establishment of a Business Continuity Management System, including the launch of a new dashboard utilising information from Datix; data on the Business Continuity Plan Testing, Training and Exercises undertaken over the last year, including those with external agencies; and details of PREVENT training and awareness

raising delivered to staff. Two internal audit reports on business continuity arrangements have recently been undertaken. Completion of the recommendations given in the interim audit report (B23/22) has been achieved within the reporting year. A second internal audit (B13/23) specific to business continuity planning assurance was completed in November 2023. This audit report has been subject to separate reporting to the Audit & Risk Committee, in March 2024, and the action plan resulting therefrom will be monitored via existing Audit Follow Up protocols.

- 4.35 The Clinical Governance Oversight Group has brought its year-end reporting into line with the other sub-groups and its 2023/24 annual statement was considered by the Committee at the May 2024 meeting. The report has provided assurance on the Group's activities, principally its operational oversight of the quality and safety of care provided across the Fife health system and how this impacts on the patient / user experience. The Group has also maintained an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife, and has had a role in identifying key learning points from a range of activities, ensuring these are communicated and embedded where appropriate across primary and secondary care and the H&SCP. The Group maintains rolling supervision of clinical policy update compliance and performance monitoring, particularly with regard to the timely completion of adverse event reviews, Children and Young Persons' Death Review and Duty of Candour processes. The Clinical Governance Committee was able to take robust assurance from the supporting clinical governance activities carried out by the Group over the course of the reporting year.
- 4.36 An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board, detailing how clinical & care governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. Progress has been made in the Committee implementing its full Terms of Reference, as detailed further in the Committee's annual assurance statement, with plans for further development of agendas and workplan to reflect all areas of the Committee's remit in the year ahead.
- 4.37 Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2023/24.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of its aligned risks assigned to it under the Corporate Risk Register. Progress and appropriate actions were noted. In addition, many

of the Committee's requested reports in relation to active and emerging issues have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care and service delivery, particularly during challenging periods of activity.

- 6.2 The replacement of the BAF in 2022 by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to further mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board particularly into 2024. The Board has reassessed its risk appetite as a whole at a session in April 2024, and this will be reflected in ongoing updates to the individual risk metrics throughout the next reporting year.
- 6.3 During the year, in relation to Quality & Safety matters, the Committee has reviewed a dedicated risk around Optimal Clinical Outcomes. This is relatively broad in its coverage and thus members have undertaken a deep dive into the risk, at the Committee's May meeting, to seek to understand the make-up of the risk and the drivers that influence its rating. A subsequent Development Session, held in October 2023, has helped refine this risk further, both to reflect members' queries and to aid understanding. A further review was taken in January 2024, detailing the aspects of the risk mitigation actions that were on track and those that were experiencing challenge, with further review on the fundamentals of this risk to be undertaken via the Risk & Opportunities Group. A deep dive on the Quality & Safety risk was undertaken at the July 2023 meeting, where a reasonable level of assurance was given, noting the work underway to implement the Clinical Governance Strategic Framework and the related actions thereof, which have a significant level of delivery challenge.
- 6.4 In relation to Digital & Information risks, at the Committee's November 2023 meeting, a deep dive was undertaken, reviewing the likelihood of financial sustainability issues impacting upon the ability to transform care through the rapid adoption of digital solutions. Members were able to take a reasonable levels of assurance that the strategic priorities within the Digital Strategy had been reprovisioned to help support the organisational Population Health & Wellbeing Strategy, which helps mitigate against the risk. A further update was received by the Committee in November 2023, detailing a number of additional deliverables that have been achieved during the original Strategy's lifespan, largely in response to the Covid pandemic and the requirements of supporting the Fife National Treatment Centre for Orthopaedics. Of the 49 original deliverables identified, 50% had been or were being implemented, with a further 37% being implemented in part. Assurance was given that the D&I service as a whole continues to operate with an agile model, aligning to emerging priorities as might best benefit patients and staff. A revised Digital Strategy is expected to be approved by July 2024.
- 6.5 A deep dive into the Cyber Resilience risk scrutinised the mitigating measures in place to reduce the risk of a targeted and sustained cyber attack on the Board's systems. This could impact the ability to deliver a full range of health service activities, and the importance of good business continuity plans and disaster recovery options was noted. The deep dive complemented the regular reporting to the Committee from the Information Governance & Security Group.

- 6.6 A replacement Laboratory Information Management System (LIMS) has been the subject of Board-level discussions in-year. A stand-alone paper detailing the mitigation of risks in reference to the LIMS project has also been considered by the Committee at its September 2023 private meeting, noting the then-difficult situation of implementing the software due to difficulties in transitioning to the new supplier. Limited assurance could be given at that date, though NHS Fife was doing all it could to mitigate the various risks detailed in the briefing.
- 6.7 A deep dive was undertaken into the Off-Site Area Sterilisation and Disinfection Unit Service risk at the Committee's September 2023 meeting, detailing some quality-related concerns with the provision of sterile instrument trays from the current supplier, which has the potential to impact on the safe delivery of critical surgical interventions and procedures. Members were clear that all actions currently within the Board's control were being implemented to manage the risk, with the issue having been escalated to the Scottish Government to assist with developing a national approach. In order to sight the Board of the risk, the Committee have escalated the issue directly to them, to raise awareness and to reflect the fact that the Committee could only take limited assurance from the mitigating actions aimed at reducing the impact of the risk, noting that full resolution was presently outwith the direct control of the Board. A further update, reporting back to the Committee the Board's discussions on this matter, was given at the Committee's meeting of November 2023.
- 6.8 In January 2024, the Committee decided to close the standalone Covid-19 risk on the Corporate Risk Register, noting that it had achieved the risk target score and there had been a period of stability on this risk for some months. Other Health Boards were also de-escalating this risk. Going forward, a more generalised pandemic / biological threat preparedness risk would be monitored, with ownership of this transferring to the Public Health & Wellbeing Committee as being the most appropriate governance committee of the Board to undertake ongoing review. The updated risk would however be reviewed before implementation by the Clinical Governance Committee, at its May 2024 meeting.

7. Self-Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level, reflecting the latter's own action planning around the Blueprint for Good Governance self-assessment exercise undertaken in February 2024. The Committee has held a dedicated Development Session in May 2024 to refresh members' knowledge about the Principles of Clinical Governance and ensure there is appropriate coverage of these through the Committee's own local work.

8. Conclusion

- 8.1 As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 8.2 There is one significant control weakness at the year-end which the Committee considers should be disclosed in the Governance Statement, as might have impacted financially or otherwise in the year or thereafter. This is related to the reprimand issued to the Board by the

Information Commissioner's Office in relation to an information-security related issue at St Andrews Community Hospital, which resulted in a data security breach and had the potential to cause reputational damage to NHS Fife. Further details on this incident will be included in the Governance Statement, as per the Committee's recommendation.

- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 3 May 2024

Arlene Wood, Chair

On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS Fife Clinical Governance Committee Attendance Record
1 April 2023 to 31 March 2024**

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
Members						
A Wood , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓
S Braiden , Non-Executive Member	✓	X	✓	X	X	✓
S Fevre , Area Partnership Forum Representative	✓	✓	X			
C Grieve , Non-Executive Member	X	✓	✓	✓	✓	✓
A Haston , Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie , Area Clinical Forum Representative	X	✓	X	X	✓	✓
K MacDonald , Non-Executive Whistleblowing Champion	✓	✓	X	✓	X	✓
L Mackie , Area Partnership Forum Representative						X
L Parsons , Interim Area Partnership Forum Representative				✓	✓	
C McKenna , Medical Director (Exec Lead)	✓	✓	X	✓	✓	✓
J Keenan , Director of Nursing	✓	✓	✓	✓	✓	✓
C Potter , Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson , Director of Public Health	X	✓	X	X	✓	✓
In Attendance						
L Barker , Associate Director of Nursing			✓	✓	X	X
S Cameron , Head of Resilience				✓		
N Connor , Director of H&SC	✓	✓	✓	✓	✓	X
G Couser , Associate Director of Quality & Clinical Governance						✓
S Cowie , Excellence in Care Lead		✓ Item 8.3				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
J Doyle , Head of Nursing						✓ Deputising
P Donaldson , Information Security Manager					✓ Item 6.2	
F Forrest , Deputy Director of Pharmacy					✓ Deputising	

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
S Fraser , Associate Director of Planning & Performance			✓	X	✓	
A Graham , Associate Director of Digital & Information	✓	✓	✓	✓	X	✓
B Hannan , Director of Pharmacy & Medicines	✓	✓	✓	✓	X	✓
H Hellewell , Associate Medical Director, H&SCP	✓	✓	✓	✓	✓	✓
A Kelman , Clinical Director H&SCP				✓		
T Lonergan , Head of Nursing					✓ Deputising	
J Lyall , Chief Internal Auditor					✓ Item 6.1	
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
I MacLeod , Deputy Medical Director	✓	X	✓	✓	X	✓
G Malone , Clinical Nurse Manager		✓ Deputising				
N McCormick , Director of Property & Asset Management			✓			✓
M Michie , Deputy Director of Finance		✓ Deputising				
M McGurk , Director of Finance & Strategy	X	X	X	✓	X	X
J Morrice , Consultant Paediatrician	X	X	✓			
E Muir , Clinical Effectiveness Manager	✓	✓	✓	X	✓	✓
G Ogden , Head of Nursing					✓ Deputising	
S Ponton , Interim Head of Service for Occupational Health Service			✓			
N Robertson , Associate Director of Nursing	✓	✓	✓	✓	✓	✓
S A Savage , Interim Associate Director of Quality & Clinical Governance / Associate Director of Risk & Professional Standards	X	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan Winter Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE CLINICAL GOVERNANCE COMMITTEE BOARD	Annual Bi-monthly Bi-monthly	Annual Delivery Plan NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. <ul style="list-style-type: none"> • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Clinical Governance Oversight Group • Infection Control Committee • H&SCP Quality & Communities Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

Governance and Accountability

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure openness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Out with the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	Ongoing	Strategy updates considered regularly Via the NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports on common template EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Single complaints process across Fife health & social care system. NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report, in addition to stand-alone reports each quarter.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback Individual feedback	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Update on Participation & Engagement processes and groups undertaken during the reporting year. NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints and compliments are monitored through the report.

Use of Resources

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report Digital & Information Board Annual Report Digital & Information Board minutes	CLINICAL GOVERNANCE COMMITTEE	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports. Reporting format and content has been enhanced in current year.
NHS Fife understands and exploits the value of the data and information it holds.	Risk Deep Dives Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting. Particular review of performance in relation to pressure ulcers and falls undertaken in current year.

Performance Management

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	COMMITTEES BOARD	Every meeting	<p>Integrated Performance & Quality Report considered at every meeting</p> <p>Minutes from Linked Committees e.g.</p> <ul style="list-style-type: none"> • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Digital & Information Board • Infection Control Committee • Information Governance & Security Steering Group
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format and content is being undertaken in reporting year.
Reports are honest and balanced and subject to	Committee Minutes show scrutiny and challenge when performance	COMMITTEES	Every meeting	Integrated Performance & Quality Report considered at

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
proportionate and appropriate scrutiny and challenge from the Board and its Committees.	is poor as well as good; with escalation of issues to the Board as required	BOARD		every meetings Minutes of Linked Committees are reported at every meeting, with improved process for escalation of issues.
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report considered at every meeting The Committee commissions further reports on any areas of concern, e.g. as with complaints, adverse events.
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes of Linked Committees <ul style="list-style-type: none"> • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee

Cross-Cutting Theme – Equality

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	Strategy updates regularly considered, along with Planning with People updates in current year All strategies have a completed EQIA
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	Strategy updates regularly considered All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the website

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2023/24

1. Purpose of Committee

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.

2. Membership of Committee

- 2.1 During the financial year to 31 March 2024, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Wilma Brown	Non-Executive Stakeholder Member (to October 2023)
Cllr David Graham	Non-Executive Stakeholder Member (to August 2023)
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member
John Kemp	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines, Deputy Director of Finance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

- Tuesday 9 May 2023
- Tuesday 11 July 2023
- Tuesday 12 September 2023
- Tuesday 14 November 2023
- Tuesday 16 January 2024
- Tuesday 12 March 2024

- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function

is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the significant financial pressures facing the Board, noting the need for £9.7m of brokerage for 2022/23 and ongoing financial challenges for 2023/24. The non-delivery of in-year savings against plan (in 2022/23, the Board achieved only £3m recurring of the £11.7m savings target), and consideration of the enduring financial consequences of the pandemic period, which continued to impact on achieving financial sustainability over the medium term, has been a large focus of discussion. The risk score for delivery of a balanced in-year financial position has remained high throughout the year, with the matter under regular review at an operational level by the Financial Improvement & Sustainability Programme Board.

- 4.2 The Medium-Term Financial Plan approved at the NHS Fife Board meeting on 28 March 2023 set out an underlying deficit of £25.9m, partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. At the end of March 2023, the Scottish Government acknowledged the challenging position outlined in the Plan and advised the Board to undertake the following actions by 30 June 2023:
- provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the Integration Joint Board and regional partners;
 - develop a plan to deliver 3% recurring savings in 2023/24 and develop options to meet any unidentified or high-risk savings balance;
 - development of other measures to be taken to further reduce the financial gap;
 - review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan; and
 - focus on addressing Covid-19 legacy costs, including additional bed capacity.
- 4.3 At their May 2023 meeting, members considered the approach taken to confirm the opening 2023/24 revenue budgets to budget holders, noting also the Grip & Control information provided to managers.
- 4.4 In September 2023 the Director of Finance & Strategy provided a detailed risk assessment and recovery options associated with the financial performance and financial sustainability of the Board based on the year-to-date spend at the end of July 2023. It was noted that the financial plan projected a year-end overspend position of £10.9m, however the paper confirmed that the overspend recorded at the end of July 2023 had already reached £10.9m, which was clearly a matter of some concern. Significant cost pressures, particularly around supplementary staffing, and the main cost areas driving the deteriorating position were outlined. It was noted that the Scottish Government have been updated following the Quarter 1 review and recognised the significant challenges. The level of risk in relation to delivering the planned year-end position was reported as very high, with the Executive Directors' Group in August 2023 exploring a series of actions to deliver potential recovery options. The Director of Finance & Strategy highlighted the current very limited progress with delivery against the Financial Improvement & Sustainability Programme. The main areas of cost reduction planned were significantly behind trajectory for delivery and the reasons why were discussed in some detail. The Chair noted his concern in relation to the deliverability of the planned year-end position given the level of risk described in the paper and the discussion at the meeting. The Committee agreed that assurance could be taken that EDG were continuing to pursue the current identified areas of cost reduction and exploring all options available to deliver additional cost reduction but acknowledged the level of challenge and risk around deliverability.
- 4.5 The main cost areas driving the deteriorating position continued throughout the financial year culminating in the year-end forecast being reported in November 2023 at an increased level of £23m overspend. This reflected continuing financial pressures within the Acute Services

Directorate and external healthcare providers, alongside limited progress across the cost improvement programme. Discussions were then ongoing with Scottish Government in relation to likely brokerage requirements.

- 4.6 In January 2024 the Committee were advised that the forecast outturn of £23m, which was £12.1m above the level of deficit identified in the approved 2023/24 financial plan in March 2023, remained the quantified position. Following the quarter two financial performance review in November 2023 the Committee was also advised that the Scottish Government has advised of their concern about the deteriorating position, particularly after receipt of additional NRAC sustainability and new medicine funding and indicated that a Board-wide effort was required to reduce and manage the deficit. A number of actions were agreed following both the quarter 1 and 2 reviews, which Scottish Government followed up in the quarter 3 review in February 2024. The Director of Finance & Strategy also advised that she had requested support from the national Finance Delivery Unit (FDU) to support us take forward these actions and provide comparable data to enable us to benchmark against other boards. A meeting took place of the Scottish Government National Planning and Performance and Oversight Group on the 15 November 2023 to discuss NHS Board financial positions on the recently published NHS Scotland Support and Intervention Framework. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the framework. The Committee noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.
- 4.7 In January 2024, as part of increased grip and control, the Committee reviewed the detail of four proposed new staff posts, supporting only the recruitment to the clinical positions (Paediatric Middle Grade post, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner), due to their criticality for the safe running of the respective services.
- 4.8 The forecast financial position did improve in February 2024 as a consequence of very late Scottish Government additional funding to all territorial Boards. Members noted the improved forecast outturn position at the March 2024 meeting (the year-end deficit then estimated to be £12.8m, some £2m more than the planned deficit forecast in the original Financial Plan). This improved forecast, however, was based on external developments and reflected receipt of funding following confirmation of additional consequential funding provided by HM Treasury to the Department of Health & Social Care. The additional funding which for NHS Fife was £10.3m, was provided to all territorial health boards on a non-recurring basis. A reduction in the Board's CNORIS contribution was also confirmed, of £2.1m. A total financial benefit for 2023/24 to NHS Fife was noted of £12.4m.
- 4.9 The three-year Medium-Term Financial Plan for 2024/27, and the high level assumptions within, was also scrutinised in March 2024, prior to approval by the Board, with the Committee noting that the financial challenge over the next three years is unprecedented, requiring a focused whole system response to achieve financial sustainability. Some 7% of savings is required to reach a sustainable position of financial balance and the plan, in conjunction with the 'Re-form, Transform, Perform' Framework, sets out initial workstreams to achieve that. The Committee endorsed the Medium-Term Financial Plan for Board approval, noting that further discussion with Scottish Government would continue on the achievability of the targets within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, as financial plans have been considered and then formally approved.
- 4.10 The Financial Improvement & Sustainability Programme Board, which reported during part of 2023/24 into the Committee, is not solely focussed on saving opportunities, but is also working closely with colleagues to increase productivity and capacity, reviewing on a frequent basis the ability to deliver the financial grip and control targets. In July 2023, members considered a detailed update from the Programme Board, outlining the delivery progress of cost

improvement plans and the challenges experienced in these achieving the predicted targets (estimated at the start of the year at being £19.5m savings per annum, for the next five years). Key areas of pressure at that mid-year point included reduction in surge capacity, spend on supplementary staffing and the vacancy factor, further details on which have also been considered in-year by the Staff Governance Committee. Saving opportunities highlighted included further work around medicines optimisation and refinancing one of the Board's major PFI contract. The cost of living crisis affecting the whole economy, plus the removal of Covid-related financial support to health boards, have created additional challenges, particularly in the area of procurement. The situation has generally been reflective of the activity pressures experienced throughout the year and the resultant workload on staff. Further updates on the trajectory of performance were received at the Committee's meeting in November 2023, with the target to reduce spend, particularly on supplementary staffing, showing significant slippage. There were also several funding changes, specifically in relation to the service level agreement for out-of-area treatment at Stracathro Hospital, Planned Care activity and diabetic pumps, which added significantly to the overall challenge. Whilst a recent funding allocation for new medicines has been welcomed, the Acute prescribing costs has been continuing to increase beyond the level of funding available.

- 4.11 In order to address the substantial financial challenges facing the Board and NHS Scotland in general, in January 2024 members discussed the creation and implementation of a 'Re-form, Transform, Perform' (RTP) Framework, detailed in a presentation given by the Chief Executive. It was recognised that the Executive Team and colleagues across NHS Fife have a wide set of skills and expertise to support a multi-professional approach to delivering a response and recovery plan, the core purpose of which is to deliver a sustainable financial position. Ben Hannan has been seconded from his post as Director of Pharmacy & Medicines into the position of Director of Reform & Transformation, to help support the development of the Framework at pace. The importance of retaining the organisation's values and commitment to delivery of quality and safe care as the core of the approach was acknowledged. An update was delivered to members in March 2024, with focus on the first tranche (3%) of savings to be delivered. Members' comments and feedback were given, informing the presentation delivered to the Board later in March 2024.
- 4.12 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A separate financial review process would continue in tandem. A performance report on the delivery of the various improvement actions aligned to the Annual Delivery Plan was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery. Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. An annual report covering the first year of the Strategy's lifespan is to follow in May 2024. The linkages between reporting progress against the Board's organisational strategy and the Annual Delivery Plan was highlighted, to avoid duplication of effort.

- 4.13 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.14 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit (related to financial reporting and waiting times targets). Linkages to the Annual Delivery Plan trajectories have also been included. The enduring impact of the Covid pandemic on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, efforts to tackle the resultant backlog from the pause of services during the height of the pandemic remains a significant focus of the Committee going forward. In year, members have welcomed improvements in the percentage of bed days lost to standard delays, with the introduction of Care Home coordinators supporting the timely transfer of individuals from the hospital setting to the care sector. A new day surgery treatment centre at Queen Margaret Hospital, which formally opened in November 2023, has created additional capacity in the system, releasing a surgical theatre for use.
- 4.15 Demand for unscheduled care services has continued to exceed expectation for much of the year, leading to significant pressures, particularly at the front-door of the Emergency Department. As detailed to members in May 2023, further improvement work to maximise the use of the rapid triage unit in support of Admissions Unit 1 has been undertaken, in addition to the establishment of a single admission pathway designed to support flow and improve the four-hour access target. Complementary work in the Partnership, reducing the percentage of bed days lost to delay, has been welcomed, though this has come under pressure once again during the Winter period, due to illness-related closure of care homes. In January 2024, it was confirmed that the Flow & Navigation Centre has now transitioned to the Acute Services Directorate from the Health & Social Care Partnership, with work ongoing to review methods through which flow and navigation can reduce demand at the front door, ensuring patients are seen at the right place, the right time and by the right person.
- 4.16 In addition to the reporting within the IPQR, a separate Financial Performance & Sustainability Report has been produced, to allow for detailed scrutiny into the monthly financial position throughout the year. In July 2023, discussion focused on the additional £8.3m NRAC funding received (increasing the Board's total allocation to £9.3m) and how this could be best applied to areas that could bring a positive impact for patients or to improve overall performance. In September 2023, members discussed the concerning situation of the predicted £10.9m overspend, noting the main cost area driving the deteriorating position was supplementary staffing. At that point in the year, there had been limited progress in achieving the targets of the Financial Improvement & Sustainability Programme, pushing potential delivery pressures into the latter half of 2023/24. Noting the challenges, the Committee were supportive of a concentrated focus on the saving areas detailed in the Financial Plan, plus the rapid development of pipeline schemes to bring overall resilience to the cost improvement plans.
- 4.17 The Committee has considered a bi-annual update (in May and November 2023) around the status of General Policies & Procedures, noting that considerable work has been undertaken during the reporting year to improve the follow-up processes (including escalation to EDG for

persistently outstanding reviews) and to enhance the guidance available to staff, which is now readily accessible on StaffLink. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review. Members have previously been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, though a decision remains to be made on the best way to take forward procurement of any software solution. However, dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and an improved position is now being reported.

- 4.18 The Committee has considered updates on the Capital Programme for 2023/24, noting also the final Capital Expenditure Outturn for 2022/23 (of £30.709m, expended across a range of capital projects). The Committee has also considered progress in relation to the following capital schemes:
- National Treatment Centre Fife Orthopaedics (delivered in line with budget and formally opened March 2023, as detailed in a final post-project briefing paper discussed with members at the May 2023 meeting);
 - Kincardine & Lochgelly Health Centres (positive feedback received on Outline Business Cases but currently paused due to a lack of central capital funding);
 - Laboratory Information Management System (LIMS) (milestone payments carried forward from 2022/23 into 2023/24).
 - Hospital Electronic Prescribing & Medicines Administration (HEPMA) (contractual progress made in current year); and
 - Statutory Compliance / Backlog Maintenance (c.£5m spend, including therein energy efficiency projects).

A significantly reduced level of capital funding (of £7.764m formula capital only) has been made available for 2023/24, and details of the schemes to be funded was discussed at the May 2023 meeting. As reported to the Committee in September 2023, the total anticipated capital budget for 2023/24 is £11.165m, reflecting a Capital Resource Limit as advised by the Scottish Government plus anticipated allocations for a number of specific capital projects.

- 4.19 At the Committee's May 2023 meeting, members endorsed the proposal to proceed to Board approval for signing the HEPMA contract. A further update was given in September 2023, noting that, following lengthy negotiations and significant engagement from CLO, the HEPMA contract was then in the final stages of drafting and would shortly be presented to National Services Scotland Contract Approval Board for signature on behalf of NHS Fife. Development of design and build solutions for Integrated Discharge Letters and Medicines Reconciliation have been progressing meantime, and the Committee were pleased to take an improved level of assurance from the work then underway to implement the new contract.
- 4.20 Given the challenging financial situation, and reflecting especially the reduction in capital funding available across NHS Scotland, a new corporate risk is in the process of being created through Fife Capital Investment Group and Executive Directors' Group. This will reflect the situation whereby the planned Mental Health Estates project (which planned to consolidate all mental health services onto the one physical site) requires to be paused, following a recent instruction from Scottish Government to Boards to immediately stop any project development work on all Capital Business Cases that have not already been approved. This instruction reflects the extremely constrained capital settlement announced in the Scottish Government financial budget in December 2023. As reported to the Committee at its January 2024 meeting, an interim programme of improvement to service areas, which commenced during the current financial year, will continue in a reduced manner, to take forward enhancements to the existing estate to improve its safety and condition, within existing budgets. The Committee supported

the development of a new risk on the Corporate Risk Register, to ensure that the mitigating actions receive regular scrutiny at Board level.

- 4.21 Regular reports on the work of the Fife Capital Investment Group have been considered at Committee meetings, with the paper reviewed in September 2023 detailing the anticipated allocations in addition to core funding. These largely relate to several Digital & Information Projects, including HEPMA, Laboratory Information Management System replacement and other ongoing projects. Additional monies were also secured, including £0.504m for equipment following successful bids to the National Infrastructure and Equipping Board over the summer period, £0.150m for a Greenspace project, and £0.486m to support decarbonising our commercial fleet (further details on the latter were considered at the Committee's January 2024 meeting). In November 2023, funding awarded from NHS Education for Scotland, to support the ScotCOM medical degree programme in partnership with the University of St Andrews, was welcomed, with the majority to be received in 2024/25. In January 2024, members received assurance that processes were underway to ensure that all capital equipment purchases were in train and would be receipted by the end of the financial year.
- 4.22 The Committee has previously been supportive of a proposal for the senior debt re-financing of the PFI Phase 3 Victoria Hospital project, with members noting in March 2023 the options under consideration by the Board. An update was provided at the September 2023 meeting, where the Board's specialist advisers attended and explained the proposed contractual changes. Noting the potential for savings initially in the range of c.£1m (and £600k recurrently), the Committee endorsed the refinancing proposal for subsequent Board approval. Confirmation of the successful refinancing was received at the Committee's January 2024 meeting. Related to the PFI estate, the annual Public Private Partnership Monitoring Report for 2022/23, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2023, with members also gaining assurance from the positive content detailed therein. Also in reference to Phase 3 of the Victoria, an update on progress in delivering Project Hydra (involving the replacement of Medium Temperature Hot Water pipes at the site) was given to members in March 2024, noting the trajectory of completing the work by March 2025.
- 4.23 Members reviewed a refreshed Whole System Property & Asset Management Strategy (PAMS) for 2023/24 at its September 2023 meeting, to address the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report. Submission of the data allows NHS Scotland Assure to establish a position regarding the NHS estate across Scotland. The data also allows individual Boards to understand the position regarding their own estate, which in turn allows a plan to be developed in the form of a PAMS. The refresh of the document allows for it to be fully aligned and embedded as an integral part of the organisational Population Health & Wellbeing Strategy, describing how the NHS Fife estate will help deliver and support strategic ambitions. The document also provides the strategic context in which to develop the Board's Whole System Initial Agreement for our estates infrastructure, which is likely to be instructed by Scottish Government soon.
- 4.24 Covered within the updated document is reference to work to support the Board's Anchor Institution ambitions and working closer to share office-related accommodation with our partners, particularly Fife Council, to address the challenges of an ageing estate, balanced against a challenging capital funding backdrop. Also included within the Strategy are detailed plans on how the Board expects to meet the challenge to reduce our carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine of the Board's sites have been created, with a further three in progress at the time of writing. In addition, decarbonisation scheme funding has been won to complete £1.8m of investment projects in FY2022/23 and it is planned that we will make further significant applications over the next three years. Members greatly welcomed the detail of the new document, noting its strategic focus across the wider organisation has direct relevance to the work underway in delivering the ambitions of the

organisational strategy. It also provides a context for the review of future infrastructure investment proposals / business cases, to ensure strategic intent in the development of estates-related initiatives. Members were pleased to endorse the Strategy to the Board for formal approval.

- 4.25 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In May 2023, an update report on the conclusions of a tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process had recently concluded, with notes of interest being assessed before the formal decision-making process was undertaken. The Committee was pleased to endorse the award of the contract to the successful bidder, taking assurance from the procurement process undertaken and the scoring of the successful tender bid. In September 2023, members considered the final report from the recent Primary Care Premises Review, which aims to help practically achieve the national ambition for GPs to cease owning their own premises and to transfer the physical asset, or their lease, to the Health Board. Detail on the number of GP sustainability loans applied for was detailed, along with improvement works undertaken at premises thus far. The Committee were supportive of the transfer of third-party leases to the Board and also endorsed the conclusions of the Review report, to be utilised as an enabler for the overall Property & Asset Management Strategy. A paper in Private Session at the September 2023 meeting also provided an update on the planning for long-term solutions to two GP practices transferring to the Board, as a result of recent retirements of GP partner and termination of the respective GMS contracts (a further proposal related to one of these practices was considered in March 2024). The Primary Medical Services Committee and Primary Care team in general continue to consider all options for sustainable service delivery, to ensure continuity of service for the patient lists of relevant practices.
- 4.26 At its May 2023 meeting, the Committee received an update on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. An appeal against the Board's earlier refusal of the application subsequently concluded in favour of the charity body, overruling the Board's previous decision, as described in a briefing to the Committee in May 2023. The formal negotiations for a lease of the requested land has taken place over 2023/24. In September 2023, a briefing updated members on the current position, noting that two leases had been drafted by the Board's legal advisers (one covering the agricultural land and another for the disused mortuary building) and that, following Board approval, these would be issued to the charity body along with the updated Decision Notice in October, following Board approval thereof. Negotiations for concluding these leases have taken place over the last six months and are still continuing at the time of writing, with an update due to the Committee in May 2024.
- 4.27 A briefing on the provision of automated prescription locker boxes within Fife, and the possibility of legal challenge to the Board, was previously given to members at the November 2022 meeting, noting the possibly financial implications of a likely judicial review. The case was concluded in September 2023, with the Court of Session ruling in favour of the Board, as detailed in a report to the Committee's November 2023 meeting. Legal costs were also awarded in favour of the Board, to be borne by the petitioner.
- 4.28 In May 2023, the Committee considered a series of twelve Key Performance Indicators for the Procurement service, agreed as part of the extant Procurement Strategy, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. As of 31 March 2023, the overall validated procurement saving for Health Board

retained spend was £479k, comprising £405k for direct cash-releasing cost savings and £74k for cost avoidance. It was noted that these savings were, however, offset by the significant cost pressures being experienced as a direct result of market changes across the economy, resulting in a net cost pressure of £25k. In-Year monitoring of Procurement performance is undertaken by the Procurement Governance Board, and work is ongoing to review all opportunities to deliver a financial cost reduction in our procurement spend. A further update on Procurement KPI performance was given in November 2023 and March 2024, with members taking a robust level from assurance from the positive performance reported. Members have also taken account of the Annual Procurement Report for 2022/23, considered at the Committee's January 2024 meeting, taking significant assurance from enhanced capability within the team overall, delivering a significantly improved position on procurement activity compared to the previous year.

- 4.29 After initial consideration by the Board's Audit & Risk Committee, at their meeting in July 2023, the Committee considered the findings of the Annual Internal Audit report, with particular reference to the section on Financial Governance matters and the national challenges across NHS Scotland Boards in deliverability of financial and performance targets. Progress and improvements in the Board's internal governance processes were welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care, corporate governance and management of risk. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including coverage of financial sustainability, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. The financial challenges facing NHS Scotland overall were fully highlighted within the report.
- 4.30 In September 2023, the Committee received the annual report on the Laboratories Managed Service Contract, focused on performance, noting the successful transition to a new contract and that increased demand for some laboratory tests was being closely monitored through demand management processes.
- 4.31 The Finance, Performance & Resources Committee is the standing governance committee that has oversight of the Board's performance in delivering any Directions formally issued by the Fife Integration Joint Board (IJB). In March 2024, the Committee received robust assurance that the IJB Direction issued to the Health Board in May 2023, to implement changes for the permanent re-provision of palliative care services in Fife, has been successfully delivered, within the existing service budget. The enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers. Members were pleased to note that there have been no complaints relating to specialist palliative care service over this time period the new model has been running. Patients, families and carers continue to share their very positive feedback on their individual care experience via Care Opinion and other such services, which provides robust and independent assurance to the Committee that the changes have been patient-centred and effective.
- 4.32 In September 2023, members considered a paper providing assurance that there was a recovery plan to support the process of applications for new pharmacy contracts across Fife, to deal with a backlog of applications then in train (25 in number, largely as a result of the pause in the process during Covid). Regulatory reform of the application process has been agreed by Scottish Government, but there is no timescale as yet for this to be acted upon. Members agreed the process to manage the current volume of applications at present, noting the challenges upon the Primary Care team in working through the backlog.

- 4.33 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5 Best Value

- 5.1 The Financial Improvement & Sustainability Programme in operation 2023/24 builds on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2023/24 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 5.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2023/24.

6 Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Corporate Risk Register covering the delegated risks to the Committee in the areas of: Delivery of a Balanced In-Year Financial Position; Delivery of Recurring Financial Balance over the Medium-Term; Prioritisation & Management of Capital Funding; Whole System Capacity; Access to Outpatient, Diagnostic and Treatment Services; and Cancer Waiting Times Progress, and appropriate actions were noted. Some minor changes to the risk descriptors and mitigating actions have been agreed during the year, with the risk on Delivery of a Balanced In-Year Financial Position updated to reflect the increasing level of challenge during the reporting year. The finance-related risks have remained rated as 'high' throughout the year, with no in-year movement. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.2 In addition to the summary presentation of the aligned risks at all meetings during the reporting year, members have received deep-dive information on their assigned risks. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. Deep dives have previously been undertaken on the medium-term financial position (January 2023) and the access to outpatient, diagnostic and treatment services risk (March 2023). A deep dive into Bank & Agency Programme, which is routinely monitored by the Staff Governance Committee, was also considered by members at the May 2023 meeting, given the significance of the spend in this area and overall impact on the financial position, in addition to the potential negative impact on the quality of patient care and patient safety arising from an over reliance on bank and agency staff. A further update was given to the July 2023 meeting (which was also shared with the Staff Governance Committee), detailing the ongoing work of the Programme Board and the likelihood of delivery of savings in this area during FY2023/24. Members have recognised that the move to framework agencies, supported by an overall reduction in agency

staffing, will take some time to impact upon the financial position, and that savings are not likely to be fully realised until FY2024/25.

- 6.3 There has been significant activity by services in responding to the Scottish Government's directions on the use of agency staffing. In parallel with the work to reduce reliance on agency staffing, several initiatives to increase our substantive nursing staff levels have taken place. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker and Assistant Practitioner (Band 2-4) Career Development Framework Group, and a block recruitment event, supporting the unregistered staff pools that have been created within the Planned Care and Emergency Care directorates to support underlying long-term vacancies. In November 2023, a briefing to the Committee noted the work underway to reduce usage, recognising that whilst medical staffing had reduced (for both locum doctors and junior doctor rota compliance), nursing rotas continue to be challenged. Concern was expressed that limited progress in meeting the planned savings target would negatively impact the year-end position.
- 6.4 In September 2023, further detail on the Planned Care Programme Plan sought to give members assurance that there were a range of activities underway to address diagnostic waiting times, given a deterioration in the risk level in-year. Key priorities were explained, including work to address long waits; protecting diagnostic capacity, to support urgent suspicion of cancer referrals; and productive opportunities to transform services, utilising waiting list monies to address activity targets across Outpatients, Inpatient and Day Case procedures and working with the Centre for Sustainable Delivery to maximise the use of local capacity. Nevertheless, the risk of not being able to deliver the full waiting times activity remained high at the time of reporting, and members carefully scrutinised the reasons for that.
- 6.5 A deep-dive on cancer waiting times was undertaken at the Committee's November 2023 meeting, which sought to provide a reasonable level of assurance to the Board via the progress and activities outlined in the management actions. A deterioration in cancer waiting times for 62 day and 31 day performance was discussed, noting an increase in patient referrals and increasing complexity around cancer treatment pathways, as a result of stratified models of care. There are an increasing number of patients living with a cancer diagnosis, with care more akin to long-term disease management, which places a strain on the capacity required for ongoing and follow-up care (outpatient, inpatient and diagnostic capacity). Activity is focused around optimising current capacity (including surgical and theatre capacity) and pathways to tackle the levels of demand, noting the importance of the Board's overall organisational strategy in seeking to improve the overall population health, to address the c.40% of cancer cases that are avoidable through better lifestyle choices.
- 6.6 In January 2024, members undertook a deep dive on Prioritisation and Management of Capital Funding, noting that reasonable assurance could be provided, due to the controls then in place and those under development. Given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whilst delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives.

7 Self-Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level.

8. Conclusion

- 8.1 As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: 

Date: 7 May 2024

Alistair Morris, Chair

On behalf of the Finance, Performance & Resources Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2023/24**

	09.05.23	11.07.23	19.09.23	14.11.23	16.01.24	12.03.24
Members						
A Morris , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓
W Brown , Non-Executive Stakeholder Member	✓	x	✓			
Cllr D Graham , Non-Executive Stakeholder Member	✓	✓				
A Grant , Non-Executive Member	✓	x	x	✓	✓	✓
J Kemp , Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie , Area Clinical Forum Representative	x	✓	x	✓	x	✓
M McGurk , Director of Finance & Strategy (Exec Lead)	✓	x	✓	✓	✓	x
C McKenna , Medical Director	✓	✓	✓	✓	✓	✓
J Keenan , Director of Nursing	✓	✓	x	x	✓	✓
L Parsons , Non-Executive Stakeholder Member				x	✓	✓
C Potter , Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson , Director of Public Health	✓	✓	x	✓	✓	✓
In attendance						
K Booth , Head of Financial Services & Procurement	✓ Item 7.2			✓ Item 5.5		
N Connor , Director of H&SC	✓	✓	x	✓	✓	✓
H Close , Head of Pharmacy			✓ Deputising			
P Cumming , Risk Manager		✓ Item 5.2				
C Dobson , Director of Acute Services	✓	x	✓	✓	✓	x
F Forrest , Deputy Director of Pharmacy				✓ observing		
S Fraser , Associate Director of Planning & Performance					✓	
B Hannan , Director of Pharmacy & Medicines	✓	✓	x	✓	✓	✓
J Lyall , Chief Internal Auditor					✓ Item 6.2	
P Kilpatrick , Board Chair						✓ observing
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
N McCormick , Director of Property & Asset Management	✓	x	✓	✓	✓	✓

	09.05.23	11.07.23	19.09.23	14.11.23	16.01.24	12.03.24
Members						
M Michie , Deputy Director of Finance	✓	✓	✓	✓	✓	✓
D Miller , Director of Workforce	✓ Item 5.2.1			✓ Item 5.1		
K Reith , Deputy Director of Workforce		✓ Item 5.2.1				
H Thomson , Board Committee Support Officer	✓ Item 5.3					
M Watts , Emergency Care General Manager						✓ Item 5.1

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Delivery Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE CLINICAL GOVERNANCE COMMITTEE BOARD	Annual Bi-monthly Bi-monthly	Annual Delivery Plan Minutes of Committees Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Ongoing	Business Cases

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network. Local benchmarking with similar sized organisation undertaken where information available. Participation in National Shared Services Programme Systematic review of activity / performance data through use of Discovery tool	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual Bi-monthly Ongoing	Financial Plan Integrated Performance & Quality Report Financial overview presentations

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Delivery Plan Integrated Performance & Quality Report	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report SPRA Process
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance Financial Operating Procedures	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Reviewed annually	Code of Corporate Governance Financial Operating Procedures Procurement Annual Report
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-annual Ongoing Bi-monthly Monthly	Property and Asset Management Strategy Report on asset disposals Integrated Performance & Quality Report Minutes of NHS Fife Capital Investment Group

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives</p>	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	<p>Every meeting</p>	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife’s performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.</p>	<p>Encompassed within the Integrated Performance & Quality Report</p>	<p>COMMITTEES BOARD</p>	<p>Every meeting</p>	<p>Integrated Performance & Quality Report Minutes of Committees</p>

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are	Sustainability and Environmental report incorporated in the Annual Accounts process.	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual	Annual Accounts

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
unimpaired and remain so for future generations.				Climate Change Template

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Development of new Strategy EQIA section on reports

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA section on reports

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE 2023/24

1. Purpose

- 1.1 To provide the Board with assurance 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.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Public Health & Wellbeing Committee comprised: -

Pat Kilpatrick	Chair (from 1 February 2024)
Alistair Morris	Chair (to 31 January 2024) / Non-Executive Member
Mansoor Mahmood	Non-Executive Member (to 31 December 2023)
Arlene Wood	Non-Executive Member
Wilma Brown	Employee Director (until October 2023)
Lynne Parsons	Employee Director (from November 2023)
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Health & Social Care, Director of Pharmacy & Medicines, Director of Property & Asset Management, Associate Director of Planning & Performance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.
- 2.3 The Committee has consciously encouraged attendance and contribution into agenda items from a number of staff, to widen staff insight into the work of the Committee and also to ensure that the Committee is seen to welcome input from a broad range of contributors.

3. Meetings

- 3.1 The Committee met on nine occasions during the financial year to 31 March 2024, on the undernoted dates:
- Wednesday 19 April 2023 (Development Session)
 - Monday 15 May 2023
 - Monday 3 July 2023
 - Monday 4 September 2023
 - Tuesday 24 October 2023 (Development Session)
 - Monday 6 November 2023
 - Monday 15 January 2024
 - Thursday 22 February 2024 (Development Session)
 - Monday 4 March 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The Public Health & Wellbeing Committee's first meeting of the 2023/24 reporting year took place in April 2023, in the form of a dedicated Development Session for members focused on the topic of service initiatives and performance within Child & Adolescent Mental Health Service & Psychological Therapies. This was the first of a series of dedicated Development Sessions held throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. A further Development Session was held in October 2023, taking the form of a detailed presentation into Integrated Screening, including information on local delivery of national programmes and dedicated work within the team to address health inequalities (members' understanding of the challenges in this area was further enhanced by the consideration at committee in November 2023 of the Public Health Screening Programmes Annual Report). In February 2024, the topic for discussion at the Committee's last Development Session of the year was an update on Immunisation Strategy and Delivery in Fife, building upon the regular performance reporting to the Committee in this area and the consideration in July 2023 of the Immunisation Annual Report 2023 and review of the Immunisation Strategic Framework 2021/24. Each of these sessions picked up on common themes covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.
- 4.2 The Committee is the lead for review of activity linked to the Board's Population Health & Wellbeing Strategy, approved in March 2023. The Committee has had earlier input to plans created to help capture public, staff and partner feedback on strategy content, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services. The importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the delivery of the organisational strategy remains a focus, as members' roles have changed from development of strategic priorities to scrutinising the progress of implementation.
- 4.3 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. For the Committee's own area, linkages between the objectives and improving health inequalities and overall population health within Fife were explicit in the related actions. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.4 Related to the Committee's specific role in supporting the Board's strategy implementation, the Committee has also received updates (in May, September and November 2023) on the Board's progress in developing its Anchor Institution ambitions, linked also to NHS Fife's participation in the national Community Benefit Gateway initiative (an online portal that matches community and voluntary sector organisation 'needs' to NHS suppliers). Ways in which NHS Fife can support its local areas range from procuring products locally to youth employment initiatives for those seeking entry into the workplace. Members have welcomed the launch of the locally tailored digital platform to support the national portal, which is aimed at increasing uptake from local suppliers. New guidance from Scottish Government regarding production of an Anchor Strategic Plan, supported by a revised self-assessment tool produced by Public Health Scotland, were considered by members at their September 2023 meeting, which has influenced the final work around drafting the Board's Anchor Strategy.

The draft Strategy was tabled to the Committee's November 2023 meeting, detailing a number of initiatives around the requested areas of workforce, procurement and environmental sustainability, listing the various priorities across these areas. Members were pleased to endorse the Anchor Strategic Plan to the Board for subsequent approval.

- 4.5 The development and implementation of a Greenspace Strategy aims to support the Anchor Institution work, helping define how NHS Fife can use its varied range of physical assets for the benefit of the wider communities we serve. In May 2023, members endorsed the new Greenspace Strategy for subsequent Board approval. It was recognised that implementing the Strategy could usefully align to some of the innovative ideas around community planning discussed with Fife Council partners as part of the series of 'Our Fife' leadership summits held over 2022/23, the conclusions of which were considered by the Committee at its May 2023 meeting. In November 2023, members were supportive of preparatory work beginning to develop a Green Health Partnership, the first phase of which will focus on the Levenmouth area. These partnerships aim to create 'Our Natural Health Service', with the overall aim of bridging the gap between public health and health and social care with Scotland's green infrastructure and natural environment. The partnership will seek to promote everyday contact with nature, support development of nature-based health promotion initiatives and create initiatives to meet defined health needs and outcomes. The Committee endorsed in principle participation in the workstreams, noting that Steering Group reports would be fed back to members as the programme got underway.
- 4.6 Members have also discussed the Board's role in addressing the global Climate Emergency and ensuring that sustainability is at the forefront of NHS Fife's future activities, particularly those related to our estate and physical assets. This has culminated in the presentation to members of the Annual Climate Emergency & Sustainability Report 2022/23, discussed at the Committee's January 2024 meeting, the priorities of which will be appropriately reflected in the Board's future strategic priorities. Members had input into the suggested content of the report, noting the work underway to reduce greenhouse gas emissions, waste and building energy use, with challenges ahead in meeting compulsory changes in adopting electric vehicles across the fleet.
- 4.7 The Committee has scrutinised the Board's Annual Delivery Plan (ADP) for 2023/24 and the Medium Term Plan 2023/26, which have both been aligned to the strategic priorities within the Board's overall Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the respective Scottish Government guidance. Members were pleased to endorse the plans to the Board at their meeting in July 2023. The feedback from Scottish Government following their approval of the plan was reviewed at the Committee's September 2023 meeting, where it was reported that the ADP trajectories have been added to the regular IPQR reporting to allow for bi-monthly scrutiny. Quarterly reviews with Scottish Government on the Board's financial position have continued in-year.
- 4.8 The Committee have supported the process for the refresh of the Mental Health Strategy, which was launched originally in 2020 but is requiring review to reflect the reality of the post-Covid pandemic landscape and the current pressures from the cost of living crisis. The review also provides an opportunity to fully align mental health priorities with both the Board's Population Health & Wellbeing Strategy and the Fife Health & Social Care Partnership's Strategic Plan. Members have supported the engagement work underway and the proposed indicators / targets to be built into performance reporting. The Committee looks forward to considering the final strategy early in this financial year.
- 4.9 In July 2023, the Committee took assurance from a briefing outlining the local implementation activities of 'The Promise' national strategy. The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland, advising what organisations such as Health Boards need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now - or have been - looked after at some point in their lives. A comprehensive overview of the work being delivered across NHS Fife and the H&SCP was

detailed, giving members a robust level of assurance around Fife's compliance with the nationally-led work. A further update was tabled to the Committee in March 2024, outlining the large amount of cross-boundary work completed thus far. The next year's focus will be on developing an evaluation and monitoring framework, to clearly document progress and demonstrate the positive impact on care-experienced children, young people and families.

- 4.10 In September 2023, members considered the annual Alcohol & Drugs Partnership (ADP) Annual Report, reflecting on delivery of the local ADP Strategy, with discussion on implementing new Medication Assisted Training (MAT) Standards. These have covered areas such as same-day prescribing, medication choice, harm reduction and psychological interventions, and a trauma-informed approach, with improvements seen across these targets. As such, the Committee is able to take assurance on the delivery impact of the strategy, noting that a refresh of this is being carried out. A briefing given to members in November 2023 outlined the engagement work taking place to inform the development of the new strategic priorities and the efforts underway to ensure alignment with both the Board and IJB's organisational strategies. This will be an important area of focus for the Committee in the future, given the link to health inequalities and overall preventative health activity in relation to the Population Health & Wellbeing Strategy.
- 4.11 In September 2023, the report on Tackling Poverty and Preventing Crisis, 2023, was tabled. This report incorporates the legal requirement to report on Child Poverty on an annual basis. It was produced by Fife Partnership and presented all the activities taking place across the H&SCP in relation to reducing poverty in Fife, which remains challenging due to external factors such as the cost of living crisis. In January 2024, members considered a briefing paper on the national public health priority of eating well, having a healthy weight and staying physically active. The importance of active participation and engagement activities being undertaken to identify areas that could make the most impact on population health improvement has been recognised, and members were pleased to note (in January 2024) the annual report of activity and plans to strengthen our guidance around community engagement, to support new guidance from Healthcare Improvement Scotland. In March 2024, the Committee received a presentation on the development of the Prevention & Early Intervention Strategy, which is expected to be published later in 2024. A comprehensive outline of the activities underway across all life stages, from pre-conception / pregnancy to older adults, was discussed with members, in addition to ongoing engagement with communities and stakeholders. Members look forward to seeing the result of this work being included in the new strategy later in 2024.
- 4.12 Some programme workstreams that are encompassed within the Board's Population Health & Wellbeing Strategy are already underway, and the Committee received an update on the End of Year One activities of the High Risk Pain Medicines Patient Safety Programme in September 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. NHS Fife has higher rates of prescribing of these medicines compared to other health boards, as measured by National Therapeutic Indicators (NTI), as well as a higher-than-average involvement of prescribed medicines in drug related deaths. A successful conclusion to the first year of programme activities was reported, noting the initial preparatory work, aimed at fully understanding the problem, has been completed. Year Two priorities were outlined, which the Committee were supportive of. Members considered a second briefing paper at their meeting in March 2024, on delivery of the Year Two activities, noting the roll-out of bespoke training for clinicians and pharmacists and the patient feedback exercise undertaken for review of patient leaflets and paperwork. Revised prescribing guidance has been approved and is in the process of being rolled out. The overall programme aim is to see an improvement in the National Therapeutic Indicators data when comparing Fife with the Scottish average. Early analysis (with latest available data released in December 2023, for end of June 2023 period) shows that whilst Fife remains above the Scottish average in most areas, there has been an improvement for NHS Fife in 7 of the 8 NTI measures compared to Scotland, which has only shown an improvement in 3 of 8 areas. Members

recognised the positive impact of the programme thus far, noting that evaluation of the ongoing activities would be encompassed in future reporting to the Committee.

- 4.13 The Committee has received a number of detailed updates on Child and Adolescent Mental Health Services (CAMHS) performance (particularly focused on addressing a backlog of demand and longest waits, impacted also by various recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered both in the format of regular IPQR reviews and in discussion with the relevant clinicians at a dedicated Development Session. For Psychological Therapies, new roles and different roles in relation to supporting workforce pressures and challenges are being brought forward. The focus is also on access to the service, against a background of high demand, and addressing the backlog of the longest waits. Members discussed what support was in place for those waiting for more intensive treatment, to ensure their condition did not worsen in the meantime. Assurance was also given on the Board's ongoing progress to eradicate the waiting list for CAMHS by March 2024. Support has been received from Scottish Government and a number of new posts are being recruited to, with long-term vacancies still a challenge. Recruitment challenges have a direct impact on meeting waiting list trajectories. Changes to the recruitment of staff, and methods for upskilling the current workforce, will help address the workforce challenges that have impacted upon the timeliness of treatment for some patients. In November 2023, the Committee received a standalone update on the performance of both CAMHS and PT, to complement the routine IPQR data, with clinicians from the relevant services attending the meeting. Challenges remain in eradicating the historic backlog of referrals for both services, but members recognised the impact of a series of improvement actions, which combined have helped address the numbers of patients waiting, despite demand increasing.
- 4.14 Members have previously endorsed plans to establish a new Primary Care Governance & Strategy Oversight Group, to help direct the vision and support for development of a new Primary Care Strategy for Fife. The Oversight Group is now well established (as described in a briefing to members in March 2024) and is the mechanism for providing assurance both to Fife NHS Board and the Integration Joint Board, enhancing the whole-system approach to development of Primary Care Services. The Committee has received regular reports and outputs from this group, with particular focus on sustainability of GP services and enhanced governance arrangements being implemented to develop long-term plans for services and their estate assets. Building on the early focus of the group's work in enhancing sustainability and transformation of services via recent initiatives such as ScotGEM to support primary care resilience in the future, members were pleased to receive for comment the proposed Primary Care Strategy 2023/26 at their July 2023 meeting. Alignment with the Board and Partnership's organisational strategies was clear, in addition to the overall direction of travel for premises. Members gave useful comment around supporting individuals who have been excluded from certain services, due to capacity issues, and how better accessibility could be communicated and achieved. The Committee was pleased to recommend the strategy to the Board and Integration Joint Board for formal approval.
- 4.15 A tender process for three of the five 2C Board-managed General Practices within Fife was begun in late 2022, and the Committee has considered the actions being undertaken to ensure sustainability of services via the tendering process. In May 2023, the Committee were pleased to endorse to the Board the successful outcome of the bidding process and the preferred bidder, noting also the input thereto of the Finance, Performance & Resources Committee and the Staff Governance Committee. In March 2023, the Committee agreed to the timescales for the Corporate Risk Register for the Primary Care Services risk being revised to a delivery date in spring 2024, to more realistically reflect the risk and the extent to which it can be mitigated locally in the challenging climate being experienced currently.
- 4.16 A comprehensive briefing on Dental Services and Oral Health Improvement work was given to members at the January 2024 meeting. The creation of the Committee has allowed for greater Board scrutiny of topics such as this, and members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the

pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally. The report covered the introduction of the new Dental contract in November 2023 and the challenges resulting from reduced activity levels within independent dental practices, impacting on the workload of the public dental service. A number of issues were highlighted, particularly in primary care dental services, but the briefing provided assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

- 4.17 A set of performance-related metrics specific to the Committee are published in the monthly Integrated Performance & Quality Report (IPQR), to allow for appropriate, regular scrutiny of these at each meeting. Enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes, to improve linkages between risk and performance. Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) sit within the Committee's remit. Since the Committee's establishment, work has been ongoing in identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the IPQR. There has been opportunity to identify areas which have not previously been reviewed in depth by Board-level committees and include them in the IPQR, such as immunisation (including child vaccination), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting. There have been some challenges in the reporting of some metrics (such as smoking cessation), which have been impacted by a lag in the publication of national data. A lack of up-to-date information has been countered by standalone reporting, such as a new annual report on Smoking Cessation and Prevention, considered at the July 2023 meeting.
- 4.18 In addition to the regularity of IPQR performance reporting, the Committee has considered detailed updates on Measles (at their May 2023 meeting and a separate briefing on actions taken to respond to a single measles cases identified in St Andrews in March 2024). A stand-alone report outlining overall preparedness for an uptick in Measles cases was considered in March 2024, following a series of outbreaks of the disease in England and Europe. This provided the Committee with assurance that appropriate processes are in place to address and manage any local outbreak of measles within Fife.
- 4.19 In May 2023, members reviewed the learning from a national investigation into the incorrect exclusion of some women from routine cervical screening in Scotland, with assurance taken from Fife's local response to the issues raised by this incident and the audit work undertaken thus far, noting the fact that no harm to patients had thus been identified. Assurance was also taken from the next steps to be taken for the wider audit work to be undertaken for the second wave of patients. Also, a briefing to the Committee in July 2023, focusing on lessons learned, was delivered in relation to a recent national adverse event affecting image quality within the breast screening programme, with members gaining assurance that processes have reviewed all images, including those of patients who had been asked to re-attend for repeat images. No instances of missed cancer were identified. A proposal to improve access to breast screening through the possibility of a static satellite screening site within Fife was supported in principle by the Committee, noting the importance of this service in the early identification of cancer. This proposal will require more detailed scoping and Committee agreed to receive an update once necessary discussions have taken place.
- 4.20 As Covid activity has generally transitioned into business-as-usual activities for the Board, performance tracking for immunisation continues to be reviewed via the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Members, however, did receive an update paper in May 2023 on the Spring Booster campaign, noting the information provided on plans to actively focus on health inequalities to address any barriers for individuals that might negatively affect uptake. General 'Winter' performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan targets, with the Committee taking assurance from that separate stream of performance reporting. In September 2023, members considered a briefing on the support

being offered within the Board area to individuals suffering from Long Covid symptoms, particularly around recovery and rehabilitation. Limited funding has been made available to increase the capacity of existing services supporting people living with Long Covid, to develop these into more clearly defined local pathways and to provide a more co-ordinated experience for those accessing support. Assurance was taken from Fife's approach in this area, and members were supportive of the ambition to build this service into existing support workstreams, to allow for continuance when the initial tranche of funding comes to an end.

- 4.21 In January 2024, a briefing was received on Post Diagnostic Support for individuals diagnosed with dementia, outlining the 12-months of ongoing specialist provision made available to patients and their families. The impact of suspending the service during the Covid pandemic has meant that waiting lists for the service have grown whilst the service remobilises to full capacity. There has also been learning that delivery of support via telephone or virtual means (such as Teams) is not suitable for all individuals. Noting the importance of support being offered to those affected by a dementia diagnosis, the Committee will receive an update later this reporting year, to provide assurance that the challenges in addressing the waiting list have been mitigated against.
- 4.22 In March 2024, the Committee received robust assurance that the IJB Direction issued to the Health Board in May 2023, to implement changes for the permanent re-provision of palliative care services in Fife, has been successfully delivered, within the existing service budget. The enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers. Members were pleased to note that there have been no complaints relating to specialist palliative care service over this time period the new model has been running. Patients, families and carers continue to share their very positive feedback on their individual care experience via Care Opinion and other such services, which provides robust and independent assurance to the Committee that the changes have been patient-centred and effective.
- 4.23 The Committee has received updates on both the ongoing Scottish and UK Covid Inquiries and the Crown investigation, which is reviewing Covid-related deaths in care homes. The ask of Health Boards has been explained and assurance has been taken from the NHS Scotland approach and the support available to Boards from the Central Legal Office, whilst the preliminary inquiries have been underway. Assurance has been given that processes are in place internally to manage a potential uptake in individual patient requests, ensuring that pressures on key staff are managed appropriately. The opportunity for learning from each of the Inquiries' conclusions has been welcomed by the Committee, particularly in enhancing future pandemic planning.
- 4.24 After initial consideration by the Board's Audit & Risk Committee, in July 2023 the Committee considered the findings of the annual Internal Audit report, with particular reference to the sections considering strategy development and implementation. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around corporate governance and management of risk. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including planning and risk, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. The importance of further scrutiny activity around the Annual Delivery Plan and Financial Plan deliverables were emphasised, in order to enable a shared understanding of the challenges ahead.
- 4.25 During the year, the Committee has also received subject-specific reports on i) the Commonwealth Partnership for Antimicrobial Stewardship; ii) Adult Support & Protection Biennial Report; iii) the Director of Public Health's Annual Report 2023 (which was focused on the single topic of child health); iv) Fife Child Protection Annual Report 2022/23; v) the Health Promotion Service Annual Report 2022/23; vi) Immunisation Annual Report 2023 and

review of Immunisation Strategic Framework 2021/14; vii) Alcohol & Drugs Partnership Annual Report 2022/23; viii) Tackling Poverty & Preventing Crisis Annual Report 2022/23; ix) Health Promoting Health Service Annual Report 2022/23; x) Pharmaceutical Care Services Report 2022/23 (which summarises provision and gaps across Fife); xi) Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022/23; and xii) Sexual Health and Blood Borne Virus Update 2023. Members have welcomed the comprehensive detail provided in each and the various assurances provided therein.

4.26 At the Committee's meeting in May 2024, annual assurance statements from the Committee's sub-groups, the Public Health Assurance Committee and the Equality & Human Rights Steering Group, were considered by members, detailing the work undertaken by both bodies over the 2023-24 reporting period. Summaries of the risk-focused business of the Public Health Assurance Committee, related to resilience arrangements, pandemic planning, immunisation delivery, screening programmes and lessons learned from any incidents during the year, were outlined within the report, which gave assurance that the Committee had delivered on its remit during the year. In relation to the Equality & Human Rights Steering Group, its statement likewise gave assurance that NHS Fife has complied with its legal and ethical obligations in regard to the promotion of equality and human rights throughout all aspects of healthcare service delivery. The Group's work in mainstreaming equality-related work, promoting workplace diversity and tackling discrimination, policy updates, and innovative work around improving interpreting and translation services, was detailed within the report, which also detailed highlights from the year. Members welcomed the introduction of the yearly assurance reports from the Committee's sub-groups, noting that these will be strengthened further with reflection on levels of assurance in the year ahead.

4.27 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2024/25 was approved at the Committee's March 2024 meeting.

5. Best Value

5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

6. Risk Management

6.1 At each Committee meeting, members consider in detail the four individual risks aligned to the Public Health & Wellbeing Committee, as presented in the Corporate Risk Register format. The four risks regularly scrutinised by the Committee relate to: the likelihood of the new organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to create sustainable, quality services. In addition to the summary presentation of the aligned risks at all meetings since May 2023, members have received deep-dive information on Primary Care sustainability (May 2023), implementation of the Board's Population Health & Wellbeing Strategy (July 2023), policy obligations in relation to environmental management and climate change (September 2023) and health inequalities (January 2024). Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of

management actions in place to reduce risk levels. This area of the new risk management approach has been reviewed by the Audit & Risk Committee in the reporting year, noting the importance of members exercising robust scrutiny around the proposed levels of assurance on the effectiveness of mitigating actions.

- 6.2 In relation to Primary Care, members have discussed the broad issues that impact across all of Primary Care services including General Practice, Community Pharmacy, Dentistry and Optometry, relating to increased levels of demand and unmet need from the pandemic period, workforce and finance availability, and contractual issues specific to each speciality. Root causes that have increased the core risk are also related to broader issues such as overall health of the population and health inequalities depending on locality placement. The Committee has been able to take assurance from the Primary Care Strategy, approved during the reporting year (update paper considered in May 2023 and final document in July 2023), and the related Delivery Plan, which receive operational scrutiny from the Primary Care Governance & Oversight Board. Progress against delivery of performance against risk targets also receive regular monitoring via that governance route. It was recognised that transformation of services is required to fully address current challenges, and that these activities are captured in the Primary Care Improvement Plan. Stand-alone updates on a national chain's disinvestment from local pharmacy provision (May 2023 meeting) have also been given, to provide assurance on mitigation of any emerging risks.
- 6.3 During the year, the Committee has undertaken a deep-dive review into the risks aligned to delivery of the Board's Population Health & Wellbeing Strategy, noting in July 2023 that, following Board approval in March 2023, further work was required to develop the enabling strategies that will underpin delivery of the broad strategic aims, including gap analysis to ensure that relating workplans aligned to the broad ambitions of the document. A further update was given to members in September 2023, where it was reported that the risk level for the strategy was not expected to change over the short or medium term, due to the timescales for delivery over the lifespan of the strategy. In relation to reporting, a mid-year and annual reporting structure have been established, to provide the Board with regular assessment on delivery against key priorities, linking also to other planning processes such as the annual operational plan, financial planning and corporate objectives. The initial draft of the mid-year review was considered at the Committee's November 2023 meeting, with members' feedback highlighting the accessibility of the report to a non-specialist audience. It was, however, noted that realistic and achievable objectives were required to be created, to give assurance that the early actions around the delivery of the strategy are having impact, recognising, however, that further progress information is given in the Annual Delivery Plan reporting (the Quarter 2 Performance report also being considered at the November 2023 meeting). As such, members could take at the current time a reasonable level of assurance around mitigating actions. The final draft of the mid-year report was considered at the Committee's January 2024 meeting, and it has been agreed that supporting impact indicators will be added to the forthcoming Annual Report, to evidence the effectiveness of delivery actions thus far.
- 6.4 The Committee has oversight of risks impacting upon the Board's obligations in relation to environmental management and tackling the climate emergency challenge. Members reviewed a deep dive briefing in September 2023, taking assurance from the fact that the Board was already meeting some of its 2025 targets in relation to carbon emissions. It was recognised that the next tranche of 2030 targets would likely prove challenging to meet, which are the interim measure in reaching net zero, noting that significant investment would be required to achieve the necessary trajectories, which appears difficult given the limited capital funding available. Substantial capital investment is required, for instance, on the decarbonisation of heat projects to replace fossil fuel sources (gas and oil) with non-fossil fuel systems (electric heat pumps etc). As such, only limited assurance can be given at this stage, and the Committee will require to keep this risk under close review, given the current financial position.

6.5 In January 2024, members discussed a deep-dive review into health and inequalities. Members were able to take a robust level of assurance of the management of this risk, noting the establishment of the Committee as part of this work and publication of the Board's Population Health & Wellbeing Strategy, Anchor Strategic Plan and related progress updates. Members have, however, agreed to endorse a change to the target risk rating for health & inequalities, due to the cost-of-living crisis on the wider population and the impact on health inequalities, which recommendation will initially be reviewed by the Public Health Assurance Committee. Further work is also required around the creation of a detailed evaluation framework for the Population Health & Wellbeing Strategy, including plans to use metrics to monitor progress and outcomes focussing on how the strategy is addressing health inequalities. It was recognised that the development of indicators are still to be completed, due to awaiting the final version of health & social care and wellbeing analytics from Scottish Government, as well as relevant underpinning framework documents and other strategies which are not yet all in place.

7. Self-Assessment

7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level in the year ahead.

8. Conclusion

7.1 As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

7.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 13 May 2024

Alistair Morris, Acting Chair

On behalf of the Public Health & Wellbeing Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

**NHS Fife Public Health & Wellbeing Committee Attendance Record
1 April 2023 to 31 March 2024**

	15.05.23	03.07.23	04.09.23	06.11.23	15.01.24	04.03.24
Members						
P Kilpatrick , Chair (from Mar '24)						✓
A Morris , Non-Executive Member (Chair to Feb '24)	✓	✓	✓	✓	✓	✓
M Mahmood , Non-Executive Member	x	✓	✓	✓		
A Wood , Non-Executive Member	✓	✓	✓	✓	✓	✓
W Brown , Employee Director	✓	x	x			
M McGurk , Director of Finance & Strategy	✓	x	✓	✓	✓	x
C McKenna , Medical Director	✓	✓	x	x	✓	✓
J Keenan , Director of Nursing	✓	✓	x	✓	✓	✓
L Parsons , Employee Director				✓	✓	✓
C Potter , Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson , Director of Public Health (Exec Lead)	✓	✓	x	✓	✓	✓
In Attendance						
H Close , Head of Pharmacy			✓ Observing			
N Connor , Director of H&SC	✓	✓	✓	✓	✓	✓
S Crabb , Public Health Services Manager				✓ Item 6.3		
C Conroy , Programme Director		✓ Item 8.4				
L Cooper , Head of Primary & Preventative Care Services		✓ Items 6.3 & 6.4				
L Cowie , Interim Senior Manager for Mental Health				✓ Item 7.2		
E Curnock , Consultant in Public Health Medicine		✓ Item 8.4				
L Denvir , Consultant in Public Health				✓ Observing		
S Fraser , Associate Director of Planning & Performance	x	x	✓	✓	✓	✓
B Hannan , Director of Pharmacy & Medicines	✓	✓	✓	✓	x	✓
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓

APPENDIX 1

	15.05.23	03.07.23	04.09.23	06.11.23	15.01.24	04.03.24
T McCarthy , Portfolio Manager		✓ Observing Item 5.2				
N McCormick , Director of Property & Asset Management	✓		✓	✓	✓	✓
M Michie , Deputy Director of Finance		✓ Deputising				
F Richmond , Executive Officer to the Chief Executive & Board Chair	✓	✓	✓	✓	✓	✓
A Summers , Interim Head of Psychology				✓ Item 7.3		
L Watson , Consultant in Public Health Medicine		✓ Item 8.1	✓ Deputising	✓ Deputising		

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board agrees a strategic plan which incorporates the organisation’s vision and values and reflects stated priorities.	Approval of Population Health & Wellbeing Strategy and relating supporting annual processes	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Annual	Population Health & Wellbeing Strategy Annual Delivery Plan Corporate Objectives
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Approval of Annual Delivery Plan by SG	BOARD ALL BOARD COMMITTEES	Annual	Annual Delivery Plan Corporate Objectives

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.</p>	<p>Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. The Corporate Risk Register contains the overarching strategic risks related to the strategic plan.</p>	<p>ALL BOARD COMMITTEES BOARD</p>	<p>Bi-monthly Twice per year</p>	<p>Corporate Risk Register</p>

Effective Partnerships

The “Effective Partnerships” theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board develop relationships and works in partnership wherever this leads to better service delivery. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners.	NHS Fife involvement in strategic planning and engagement with Fife H&SCP NHS Fife key partner in Fife Partnership Board	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Ongoing	Population Health & Wellbeing Strategy Reporting of Minutes

Governance and Accountability

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD ALL BOARD COMMITTEES	Ongoing	Standing Orders / Code of Corporate Governance NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD ALL BOARD COMMITTEES	Ongoing	SBAR reports EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Strategic plans and appropriate business cases are developed and scrutinised appropriately.	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Ongoing	Business Cases for capital projects Strategy Development

Performance Management

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Delivery Plan targets / measures, and committee-specific metrics. The Board delegates to Committees the detailed scrutiny of performance. The Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from the Committees.	ALL BOARD COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Code of Corporate Governance Minutes of Committees

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	ALL BOARD COMMITTEES BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Every meeting Monthly Annual	Integrated Performance & Quality Report Outcome of IPQR review process
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required.	ALL BOARD COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	ALL BOARD COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts process, including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES ALL BOARD COMMITTEES	Every meeting	Integrated Performance & Quality Report Minutes of Committees

Cross-Cutting Theme – Sustainability

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources	Climate Sustainability reporting incorporated in Committee’s workplan and one of the Committee’s relevant risks assigned to it for review.	PUBLIC HEALTH & WELLBEING COMMITTEE	Annual Bi-monthly	Annual Climate Emergency & Sustainability Report Specific risk indicator in Corporate Risk Register

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
needed for life are unimpaired and remain so for future generations.	Greenspace Strategy development over current year			

Cross-Cutting Theme – Equality

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidenced via formal reporting to the Board on compliance.	BOARD ALL BOARD COMMITTEES	Ongoing	EQIA section on all reports Annual Report on Equality Outcomes & Mainstreaming Plan Annual Statement of Assurance from Equality & Human Rights Steering Group

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD ALL BOARD COMMITTEES	Ongoing	EQIA section on all reports Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines)
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD ALL BOARD COMMITTEES	Ongoing	Population Health & Wellbeing Strategy and related EQIA Focus of Committee on health inequalities more generally
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments collect this information to inform future decisions.	BOARD ALL BOARD COMMITTEES	Ongoing	Annual progress reporting on equality issues Evaluation of programme outcomes against EQIA priorities

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE REMUNERATION COMMITTEE FOR 2023/24

1. Purpose

- 1.1 The purpose of the Remuneration Committee is to consider and agree performance objectives and performance appraisals for staff in the Executive Cohort and to oversee performance arrangements for designated senior managers.
- 1.2 To direct the appointment process for the Chief Executive and Executive Members of the Board.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Remuneration Committee comprised:

Pat Kilpatrick	Chair (from 1 February 2024)
Alistair Morris	Chair / Acting Chair of the Fife NHS Board (until 31 January 2024)
Wilma Brown	Employee Director (until 30 September 2023)
Lynne Parsons	Employee Director (from 1 October 2023)
Alastair Grant	Non-Executive Director
John Kemp	Non-Executive Director

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items. The Chief Executive and Director of Workforce will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting. The Executive Assistant to the Director of Workforce/Corporate Governance Support Officer will normally take the minute of the meeting.

3. Meetings

- 3.1 The Committee met on four occasions during the financial year to 31 March 2024, on the undernoted dates:
- 16 May 2023
 - 27 June 2023
 - 26 July 2023
 - 19 December 2023
- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The Committee met throughout 2023/24 utilising videoconferencing technology. The Committee's workplan has ensured that items are covered appropriately and that the required assurances can be provided to the Board.

- 4.2 The Remuneration Committee's first meeting of the 2023/24 reporting year was in May 2023, where the Annual Statement of Assurance for 2022/23 was approved. The Committee also considered the draft Corporate Objectives 2023/24 and Chief Executive Objective Setting 2023/24. Annual Performance Appraisals outcomes for the Executive Cohort and Senior Managers (ESM) for 2022/23 were discussed and it was agreed to hold an Extraordinary Meeting in June 2023 to conclude appraisals for the Executive Cohort and for the Committee to carry out due diligence to ensure provisional performance ratings for the Executive Cohort were supported by sufficient evidence. The Committee also considered the the application of the performance management arrangements and the provisional ratings for the Senior Manager Cohort for 2022/23 and noted that provisional ratings would be submitted to the National Performance Management Committee (NPMC) by the 31 July 2023 deadline. A paper in relation to Executive Pay Differentials was presented by the Director of Workforce and the recommendations approved.
- 4.3 At the meeting in June 2023 the Committee considered and approved performance management outcomes for the Executive Cohort for 2022/23, including the provisional performance ratings for submission to the NPMC by the 31 July 2023 deadline. The Committee noted the revised job description and change in grade of the post of NHS Fife Director of Finance & Strategy and approved the contractual revision to apply a salary increase to this post.
- 4.4 At the July meeting, the Committee noted the mapping of corporate objectives to individual Director roles and considered and agreed the objectives for the ESM Director cohort for 2023/24 subject to the amendments discussed. It was agreed to homologate this decision at the next meeting once these amendments had been incorporated. It was also agreed that a training session would be conducted by the Director of Workforce before the end of the year, with the agenda discussed with the Chair and Chief Executive.
- 4.5 In December 2023, the Director of Workforce conducted a training session on Executive and Senior Manager Appraisal. The session focused on the role and remit of the Remuneration Committee in ESM Appraisal, the need for meaningful and robust Appraisal, the Performance Review Cycle, the features of good objectives and how these should be set and aligned, the responsibilities of the Remuneration Committee in reviewing appraisal evidence and ratings, the ESM Performance Appraisal Cycle and the role of the NPMC.
- 4.6 At the December 2023 meeting, the Committee agreed to homologate the decision taken in July 2023 to agree the objectives for the ESM Cohort for 2023/24. The Director of Workforce updated that the NPMC Letter of Assurance in respect of ESM Performance Management for 2022/23 had not as yet been issued and in light of this it was agreed for the letter to be circulated virtually once received, to secure the Committee's approval for the processing of any applicable pay adjustments in relation to ESM Performance Management Outcomes for 2022/23. The Committee also took assurance from and noted the update provided by the Chief Executive in respect of the Executive Cohort Mid-year Appraisal Reviews for 2023/24. In addition, the Committee approved the recommendations of the Discretionary Points Committee in the matter of awarding Discretionary Points Awards to Consultants for the period 1 April 2022 – 31 March 2023.
- 4.7 The NPMC Letter of Assurance confirming Performance Management outcomes for 2022/23 was received and circulated for the Committee's approval in February 2024, with applicable pay adjustments being processed in February salaries.
- 4.8 Throughout the year the Remuneration Committee has considered and where appropriate approved the decisions relating to the Executive and Senior Management performance management arrangements.

4.9 At each meeting appropriate circulars and letters were presented and noted by the Committee.

5. Self Assessment

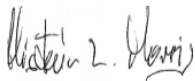
5.1 The Committee completed a self assessment of its own performance and effectiveness, utilising the questionnaire approved by the Board Secretary. Attendees were also invited to participate in the self assessment, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its meeting in March 2024, and action points are being taken forward.

6. Conclusion

6.1 As Acting Chair of the Remuneration Committee during the financial year 2023/24, I am satisfied that the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.

6.2 I continue to pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee, during what has been a very challenging year.

Signed:



Date: 12 April 2024

Alistair Morris, Acting Committee Chair for 2023-24

On behalf of the Remuneration Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE REMUNERATION COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2023 – 31 MARCH 2024**

	16.05.23	27.06.23	26.07.23	19.12.23
Members				
Alistair Morris, Acting Chair	✓	✓	✓	✓
Wilma Brown, Employee Director	✓	✓	x	
Lynne Parsons, Employee Director				✓
Alastair Grant, Non-Executive Director	✓	✓	✓	✓
John Kemp, Non-Executive Director	✓	✓	x	✓
In Attendance				
David Miller, Director of Workforce	✓	✓	✓	✓
Carol Potter, Chief Executive	✓	✓	✓	✓

Best Value

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There are mechanisms within the organisation to develop and monitor relevant leadership and strategic skills in Board members and senior management.	This is achieved through the development of Personal Development Plans and Annual Appraisals.	CHAIR / CHIEF EXECUTIVE REMUNERATION COMMITTEE	Annual	Annual Appraisal process for Executive and Senior Management (ESM) posts

EFFECTIVE PARTNERSHIPS

The “Effective Partnerships” theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

OVERVIEW

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is no responsibility in this area under the remit of the Remuneration Committee				

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available.	BOARD COMMITTEES	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan . Integrated Performance & Quality Report.	BOARD COMMITTEES	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	Executive and Senior Manager (ESM) performance reporting.	REMUNERATION COMMITTEE	Annual and as required	Minutes of Remuneration Committee
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	Executive and Senior Manager Objectives Setting and Review.	REMUNERATION COMMITTEE	Annually	Minutes of Remuneration Committee

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required.	COMMITTEES BOARD	Every meeting	Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

OVERVIEW

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term. The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance
- living within environmental limits
- achieving a sustainable economy
- ensuring a stronger healthier society, and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is no responsibility in this area under the remit of the Remuneration Committee				

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA form on all appropriate reports

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2023/24**

1. Purpose

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.
- 1.2 To assure the NHS Fife Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.
- 1.4 To oversee and evaluate staff governance activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the staff governance and related risk management aspects of transformative change programmes and new and innovative ways of working.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director (until October 2023) / Interim Co-Chair, Health & Social Care Partnership Local Partnership Forum (from November 2023)
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum (until October 2023)
Colin Grieve	Non-Executive Member
Janette Keenan	Director of Nursing
Kirstie Macdonald	Non-Executive Member & Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (until December 2023)
Lynne Parsons	Employee Director (from October 2023)
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Health & Social Care, Heads of Service for the Workforce Directorate, and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2024, on the undernoted dates:

- Thursday 11 May 2023
- Thursday 13 July 2023
- Thursday 14 September 2023
- Friday 6 October 2023 (Development Session)
- Thursday 9 November 2023
- Thursday 11 January 2024
- Wednesday 6 March 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The Staff Governance Committee's first meeting of the 2023/24 reporting year took place in May 2023. To address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'), the Committee considered the biennial report on the Equal Pay Audit, which addresses the legislative requirement to publish data on the Board's pay gap, highlighting the percentage difference in the average basic hourly earnings between male and female employees. The report also contains the pay gap information for disabled employees and employees from a Diverse Ethnic background. The Committee took assurance from the data within the report, which highlighted an improved position for the gender and race pay gap, and noted the explanation regarding an increase in the disabled employees' pay gap (this largely due to the number of employees registering their protected characteristic and some in-band amendments to reduce the number of scale points within the Agenda for Change pay scale). In July 2023, supporting further information being made available to the Committee on this strand of the Standard, members received an update on the range of work underway to support Equality, Diversity and Human Rights. In early 2024, NHS Fife introduced its first full-time British Sign Language (BSL) Interpreter, who can support Deaf BSL users across all aspects of NHS Fife services, including primary and community care. This post has enabled NHS Fife to have a significant increase in the number of appointments with BSL interpretation support compared to previous years, and it also enables fewer delays in care and improved communication by continued support to individual patients from the same interpreter.

4.2 As part of the equality workstreams, the development of a Trans Policy is progressing and plans to reinvigorate the Diverse Ethnicity Network were discussed by members in July 2023, noting that learning from other Boards in relation to their successful operation of groups to support minorities in the workplace should be undertaken, to ensure that staff on the ground feel supported and have the opportunity to influence the organisation's policies and values in these areas. In January 2024, the results of a survey that aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination was considered by the Committee, including if (and how) staff record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network. Members considered the feedback within the survey, discussing what further work is required to support staff, particularly around communication to patients and their families around standards of expected behaviour with staff. A recognition that another tool than DATIX for recording of racist and discriminatory incidents would be beneficial was supported by the Committee, to make reporting unwanted behaviours as easy as possible. Members commended the plans to take forward the action points from the survey via the Equality & Human Rights Strategy Group and supported the planned activity with newly appointed international recruits to support their leadership development and assistance with adapting to the culture of their new country.

4.3 At its September 2023 meeting, members reviewed the updates on NHS Fife's Three-Year Workforce Plan 2022-25 and Fife Health & Social Care Partnership's Workforce Strategy

and Plan covering the same period. Both documents have been written with due acknowledgement of the current service pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plans. It was reported that updates to Scottish Government on the delivery of these plans were now being captured in the Board's Annual Delivery Plan submission. The Committee noted that the Board's Annual Internal Audit report for 2022/23, and also the Internal Control Evaluation report considered by members in January 2024, had both highlighted that it is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level, which itself appears optimistic in the current circumstances. Given the challenges faced across the Health & Social Care Sector, it was highlighted that further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled. The Committee therefore discussed proposals to strengthen the planning process locally, in addition to risk identification and mitigation, assisted by Scottish Government feedback on the original plan submission. Members noted the need for regular updates to the Committee on the delivery of the action plan, to address both the governmental feedback and the recommendations from Internal Audit. The potential benefits of a new workforce modelling tool were recognised at the Committee's March 2024 meeting. This combines current employment data with data from academic establishments, highlighting areas where the future supply of employees may be insufficient to meet predicted levels of demand. Trialling of the tool across a number of specific services thus far indicates it will be an extremely useful addition to the planning process, helping to prioritise recruitment and training activity to best effect. A Committee Development Session will be held in the new reporting year to support the fuller understanding of members of this initiative.

- 4.4 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. The Plan includes specific sections on workforce, including exploring sustainable actions aimed at addressing workforce shortages, with a separate section on the Board's workforce plan. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A performance report on the delivery of the various improvement actions was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery, noting that for Staff Governance's area of remit, these related to challenges with staff bank reconciliation, promoting employability priorities linked to the workforce ambitions within the Anchor strategy, and creating and nurturing a culture of person-centred care through the development and implementation of a leadership framework. The Committee noted that slower-than-anticipated progress in terms of Employability was impacted by staff shortages in this team and the Associate Director of Culture, Development & Wellbeing vacancy, which were due to be resolved in the near future.
- 4.5 Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. An Annual Report, to be produced in May 2024, will include a refreshed set of deliverables, reflecting organisational priorities and the commitments made within the Annual Delivery Plan. Since formal Board approval of the new Population Health & Wellbeing Strategy in March 2023, the Committee has had a role

in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within, and, going forward, will have a particular focus on Staff Governance related aspects of the delivery actions. The Committee commented favourably on the assurances provided by the mid-year report, offering commentary on the areas that could be strengthened in follow-up reporting, by the inclusion of additional metrics and contextual information.

- 4.6 A comprehensive Action Plan created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in January 2024. The Action Plan aligns to the commitments set out in the Board's three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey. Detail was given within on the services available to help support staff during this time of continuing high levels of activity on all services (including Mindfulness training, peer support and Values Based Reflective Practice[®] to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term. Members also welcomed the information given on the various offers of support available to staff and the positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.
- 4.7 In January 2024, the Committee received a detailed assurance report highlighting that the risk to staff and building users from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation are not in high footfall areas or are generally accessible, and will be subject to ongoing condition monitoring and inspection. Longer term, members noted that repair of these sites would form part of a Scottish Government programme of repair and maintenance. The Committee was able to take a robust level of assurance from the mitigating actions put in place to ensure any risks to staff working within the relevant buildings had been fully addressed.
- 4.8 An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2023 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation by April 2024. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the commitments outlined in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and enhanced systems, governance and risk management processes put in place before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board undertakes Guidance Chapter testing and Workload Tool runs. Further updates have been given to the Executive Directors' Group and the Fife NHS Board, to provide assurance that NHS Fife is undertaking all the appropriate readiness actions needed to support the roll-out of compliance activities.
- 4.9 The Board has implemented the National Whistleblowing Standards, which apply across all NHS Scotland Boards. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. Each NHS Board has a dedicated Whistleblowing Champion as a Board member, who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent

National Whistleblowing Officer. The Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Staff Governance Committee. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases. Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards.

- 4.10 Further enhancement to the format of quarterly Whistleblowing reports has taken place, in particular to detail lessons learned from cases, to evidence an open and learning culture. An action plan has been created to address a number of Internal Audit recommendations outlined in the Whistleblowing Internal Audit Report B18/23 (tabled to the Committee's July 2023 meeting), which indicated that there was a reasonable level of assurance able to be reported to the Board from work in this area. Delivery of the supporting action plan has been successfully completed in the reporting year, to help address the auditors' recommendations.
- 4.11 Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing firm assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. In September 2023, members were pleased to note the positive staff feedback in the iMatter survey, which indicated that around 80% of respondents felt able to raise any concerns internally. In November 2023, details on expanding the group of Confidential Contacts, plus enhancing the support available for them, was considered. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced, details on the uptake of which are contained in the reports to the Committee.
- 4.12 It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its November 2023 meeting, which included an assurance statement from the Whistleblowing Champion. One Whistleblowing concern was raised during 2022-23, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year via a refreshed approach that will seek to introduce separation of Whistleblowing governance and oversight from the Workforce directorate. Further details on this were provided in a briefing to the Committee at their March 2024 meeting.
- 4.13 The Board's Non-Executive Whistleblowing Champion, Kirstie Macdonald, has provided the following statement in support of the information above:

The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups, and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.

I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.

Looking to the year 2024/25, important developments will include:

- Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- Increased support for Confidential Contacts; and*
- Launch of a new Whistleblowing Oversight Group.*

4.14 The Board held a dedicated discussion at its April 2023 Development Session on behaviours and values, which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the nationally-led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them. This campaign will be run again in this reporting year and learning from previous work will be incorporated to make the outreach to staff more robust.

4.15 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director, which are further discussed via the Remuneration Committee. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. For the Staff Governance Committee's areas of remit, particular objectives related to supporting the implementation of safe staffing legislation, developing a sustainability plan for the nursing and midwifery workforce, and creating a leadership programme to increase team performance. Each of the objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference

the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.

- 4.16 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered both the planning for and the results of the most recent iMatter staff survey in the reporting year. In September 2023, members welcomed the improved position evident from the survey part of the process (the action planning stage then ongoing at that point in the year). The Committee recognised that the NHS Fife response rate (of 66%) continues to be higher than the NHSScotland average of 59%. The employee engagement index for 2023 was 77, an increase of 2 points compared to 2022. The overall experience of working for NHS Fife was 7.0, up 0.2 from 2022. A report delivered to members in January 2024 reviewed the survey's findings in more detail. Members warmly welcomed the news that Fife's response rate and action plan engagement rate (67%) was the highest achieved across all of the 14 territorial Boards in Scotland, reflecting the large amount of preparatory work and ongoing engagement activity by the Workforce Development team. Further improvement actions are planned to support the transfer of team results into meaningful action plans, particularly around the administration of these, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented to the Committee in future.
- 4.17 In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process had recently been concluded, with notes of interest currently being assessed before the formal decision-making process was undertaken. The proposal was assessed by the Committee at its May 2023 meeting, noting the recommendation made regarding a preferred bidder. Members of the Committee, including staff-side colleagues, took assurance from the detailed engagement and communication with staff affected by the changes to the practices, particularly in relation to the Transfer of Undertakings Protection of Employment Regulations (TUPE).
- 4.18 In July 2023, the Committee considered the new Primary Care Strategy covering the period 2023 to 2026, noting its alignment to the Fife Health & Social Care Partnership's Strategic Plan and NHS Fife's Population Health & Wellbeing Strategy, particularly around addressing health inequalities and equitable access to services. Supported by a three-year delivery plan outlining actions to support recovery of and improve quality and sustainability of primary care services, members endorsed the plan for formal approval through the Fife Integration Joint Board.
- 4.19 In November 2023, the Committee was able to take assurance from their review of the Primary Care Improvement Plan update for 2023/24, which underpins the Board's delivery of the General Medical Services contract and is closely aligned to the ambitions of the Population Health & Wellbeing and Anchor strategies. Discussion focused on the planned commitment to progress new service delivery through the continued development of the Primary Care workforce as robust multidisciplinary teams and in support of GP Practice sustainability. Noting the general workforce challenges across Scotland, members were supportive of a focus on growth and development of staff, agreeing that opportunities for career progression will support with recruitment and retention of the Primary Care workforce and translate into sustainable delivery in the long-term.
- 4.20 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2023 meeting. The approval and introduction of the national

Supporting Work / Life Balance suite of policies was outlined. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement. The group also considers any new policies required and has commissioned some work to develop new local guidance on Grief in the Workplace, Agile Working and Exit Interviews.

- 4.21 At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory (this remaining above the national 4% standard throughout the year, ranging across the period from c.6.95% to 7.85%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage.
- 4.22 In May and July 2023, the Committee discussed an Attendance Management Update, outlining the various activities underway to help support staff stay healthy. Noting that supporting resources are limited, both the Director of Workforce and EDG have been considering how best to take forward plans and actions to address performance, recognising linkages to the Bank and Agency programme of work, the establishment gap and the number of vacancies, particularly within certain areas and specialities. In March 2024, plans aimed at improving absence trends for 2024/25 were scrutinised by members. These included the reestablishment of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice and promoting the Staff Health and Wellbeing offers. It was acknowledged that addressing performance in this area was a complex challenge that required all stakeholders to work together cohesively. Members look forward to having input to this work in the year ahead.
- 4.23 The Committee has been assigned additional performance metrics, following an overall review of the IPQR content in the last reporting year. Noting that not all workforce metrics lend themselves to routine performance reporting, it was agreed that three additional measures are to be monitored by the Committee. These are Personal Development Planning & Performance Review (PDPR), core training compliance and data on the Workforce Establishment Gap. In November 2023, the number of vacancies was added to the report as an additional metric to track and this received initial scrutiny at the Committee's January 2024 meeting (members welcoming the reduction in vacancies across medicine job families). Further performance-related measures continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information Overview report (such as reasons for and destination of leavers from NHS Fife, to help support retention-related work).
- 4.24 In relation to PDPR performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Stubbornly reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In July 2023, a detailed update on training compliance for the period as at May 2023 was reviewed by members. After noting a reduction in mandatory training completion levels over 2021/22, the

organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2024. The June 2023 position was 60%, with the prioritisation of resuscitation, manual handling, and fire safety training being undertaken as part of the improvement activity.

- 4.25 As reported to the Committee in November 2023, the end of October position saw a small improvement to 63%. As reported in March 2024, the January position had reduced to 56%, indicating that further significant work was required to meet the target. PDPR performance continues to similarly fluctuate across the year and is also some way off target (41% against the required 80%, at January 2024). Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst very high system pressures continue. The Committee will continue to keep these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area.
- 4.26 The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In July 2023, it was reported that further improvements to the format of the report were to be undertaken, to present the information in a more meaningful way. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.
- 4.27 Members considered the annual Staff Governance Monitoring Return draft submission for 2022/23 at the Committee's meetings in September and November 2023, the national template for which is constructed around the five Staff Governance Standard strands and seeks to gather information on staff experience and culture. Members were assured that close engagement has been undertaken with a variety of stakeholder groups and staff-side colleagues to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in December 2023. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 4 December 2023.
- 4.28 As part of its work in addressing across its agenda items, the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided with an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management for these items. In May 2023, members heard details of two pilot projects (within an inpatient ward area and a community team each within the wider Learning Disability Service) of the Health & Safety Executive's 'Talking Toolkit', which aims to alleviate workplace-related stress. Feedback indicated that the participants found this a helpful initiative and, as such, there were plans to make this available to other teams through an organisational roll-out. The Committee took assurance from the pilot work, noting the importance of creating dedicated space and time for staff to engage with programmes such as this, especially in pressured areas.
- 4.29 Updates such as this to the Committee have detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The

Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

- 4.30 The Committee has held one dedicated Development Session over the course of the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2023, the Committee received a presentation on the Health & Safety Executive's Talking Toolkit, outlining the pilot of a tool to help improve Mental Health and Stress in the workplace (as described further in paragraph 4.23). A second presentation was delivered at the same session on staff experience across NHS Fife and the Fife Health & Social Care Partnership, utilising the data from the recent iMatter survey. This has helped support the regular reporting on this workstream to members over the course of the year. Regrettably, the Committee Development Session scheduled for February 2024 was cancelled due to service pressures, but a schedule for 2024/24 are to be arranged to ensure these opportunities for members continue.
- 4.31 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing the breadth of activity undertaken by the service in support of staff health and wellbeing); (ii) Volunteering (outlining the work done within the team to support c.80 volunteers within clinical areas and settings); (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2022/23 and the priority actions underway by both staff-side groups. The Committee has also received a presentation on work underway supporting staff who also serve in the Armed Forces, offering members insight into the Board's efforts in administering the Armed Forces Covenant, in line with statutory obligations.
- 4.32 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2023, the Committee received the Annual Internal Audit report for 2022/23, with members noting the auditors' low-risk recommendations related to Staff Governance, these being including a statement from the Whistleblowing Champion in the Committee's year-end report and evidencing adequate coverage of the Staff Governance Standard throughout the Committee's yearly workplan. In relation to the latter, improvements have been made to the categorisation of agenda papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan, which is considered at each meeting. This signposting gives members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the respective strands of the Standard.
- 4.33 Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas of the NHS Scotland Staff Governance Standard gives assurance to the Board that the Committee's agendas are delivering on all aspects of its remit. A stand-alone paper evidencing the Committee's full coverage of addressing the Standard was considered by the Committee at year-end, in March 2024. This detailed the number of agenda items considered by members across the 2023/24 year that addressed each of the five strands of the Staff Governance Standard. Additionally, the regular review of delivery of business against the Committee's workplan ensures that the annual agenda is suitably robust in its coverage and items are promptly rescheduled should any slippage arise. The delivery of Committee Development Sessions is a further way to capture members' input into the

business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

- 4.34 Minutes of Staff Governance Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2023/24.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the areas of the Corporate Risk Register aligned to it for regular monitoring. These Corporate risks relate to Workforce Planning & Delivery and Staff Health & Wellbeing, and both of these have remained rated as 'High' over the course of the year, with each aiming for a target rating of 'Moderate'. Progress with appropriate mitigating actions were duly noted at each meeting. For Workforce Planning, the risk remains beyond appetite, reflecting the generally pressured situation across all NHS Boards, particularly in relation to high vacancy levels, recruitment challenges for registrants and within certain specialities, and an overreliance on Bank & Agency staffing. Local initiatives aimed at addressing these included a Rapid Recruitment event, further International Recruitment activity, preparation for the April 2024 implementation of the Health & Care Safe Staffing Act, and specific workforce actions aimed at the Nursing and Midwifery job families. In relation to Staff Health & Wellbeing, a focus on Promoting Attendance and working in close partnership with staff-side colleagues to further develop wellbeing opportunities, to support recruitment, development and retention of staff, are some of the mitigation actions underway. The Committee has requested further detail around the effectiveness and timescales for completion of these, noting that the risk profile for the Committee remains stubbornly outwith appetite and target.
- 6.2 In November 2023, the Committee agreed to proposals to include with the Corporate Risk Register a dedicated risk concerning the risk of non-compliance with the Health & Care Staffing Act, coming into force in April 2024, and reflecting the preparatory work required to meet the terms of the legislation. This was subsequently approved by the Board and added to the Committee's risk monitoring activity from the January 2024 meeting. In March 2024, amendments to the Workforce Planning and Delivery risk were proposed, to explicitly reflect the emergent potential impact of the non-pay elements of the Agenda for Change reform (i.e. reduction of the standard working week, protected learning time for staff and re-grading opportunities for Band 5 nursing staff).
- 6.3 In addition to the summary presentation of the aligned risks, members have received deep-dive information on individual aspects of the overall risk. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is

expected to continue to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. In May 2023, the Committee undertook a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. The Director of Workforce delivered a presentation, outlining the establishment of a Bank & Agency Programme Board, to work with services to deliver an improved model of operation and reduce spend in this area. The Programme Board also aims to deliver the Scottish Government's Supplementary Staffing Agency Controls directive, which removes the use of off-framework agencies from 1 June 2023. The complexity of the issue is recognised by the Committee, reflecting the need to ensure safe staffing levels remain in place, whilst vacancy challenges are also addressed.

A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The use of off-framework agencies has reduced significantly, though spend with framework agencies has increased to compensate. On a positive note, the bank has not increased in line with the reduction in off-framework agency use, which provides some indication of less reliance on supplementary staffing. The Committee discussed the need for rigour around requests for bank and agency staff, complemented by realistic plans for appropriate staffing to allow delivery of services. The reduction on locum doctors was welcomed, noting the conversion of some of the Junior doctor locums into Gateway doctor posts, which has resulted in significant savings in that area. The Committee recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. This was the conclusion of the report tabled to the Committee's March 2024 meeting, with members noting that the initiatives that were continuing at pace in this area offered a degree of confidence in the work realising its planned impact, as the programme transitioned into 2024/2025

- 6.4 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved without use of supplementary staff, which is a position similar to many other territorial boards across Scotland. The deep-dive exercises undertaken by the Committee is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. As a result of these pressures, the Committee is only in a position to provide a reasonable level of assurance to the Board that that all actions within the control of the organisation are being taken to mitigate the risks highlighted to Committee members throughout the year, as far as it is possible to do so.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2023/24 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see periods of exceptional demand. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff to deliver the best quality of care despite ongoing pressures.



Signed:

Date: 14 May 2024

Sinead Braiden, Staff Governance Chair for 2023-24

On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2023 – 31 MARCH 2024**

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
S Braiden , Non-Executive Member (Chair)	✓	✓	✓	✓	x	✓
W Brown , Employee Director	✓	✓	x			
W Brown , Interim Co-Chair, H&SCP Local Partnership Forum				✓	✓	x
S Fevre , Co-Chair, H&SCP Local Partnership Forum	✓	✓	x			
C Grieve , Non-Executive Member	✓	✓	✓	✓	✓	✓
K Macdonald , Non-Executive Member	✓	✓	✓	✓	✓	x
M Mahmood , Non-Executive Member	x	x	x	✓		
J Kennan , Director of Nursing	✓	✓	x	x	✓	✓
L Parsons , Employee Director				✓	✓	✓
C Potter , Chief Executive	✓	x	✓	✓	✓	✓
A Verrecchia , Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	✓	x	✓	✓
In attendance						
L Barker , Associate Director of Nursing				✓		
I Bumba , Equality & Human Rights Lead					✓ Item 5.4	
N Connor , Director of Health & Social Care	x	x	✓	x	✓	✓
L Cooper , Head of Primary & Preventative Care Services	✓ Deputising	✓ Deputising				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
S Fraser , Associate Director of Planning & Performance		✓ Item 6.1	✓	✓	✓ Item 6.1	
L Garvey , Head of Community Care Services				✓ Deputising		
J Jones , Associate Director of Culture, Development & Wellbeing						✓
R Lawrence , Principal Lead for Organisational Development & Culture, Health & Social Care Partnership			✓ Item 6.2			
J Lyall , Chief Internal Auditor					✓ Item 9.2	
P Kilpatrick , Board Chair						✓ Observing
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
N McCormick , Director of Property & Asset Management	✓	✓			✓ Item 7.1	

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
M McGurk , Director of Finance & Strategy and Deputy Chief Executive	✓	✓	x	✓	x	x
B McKenna , Workforce Planning, Workforce Systems and Data Intelligence Lead	✓ Item 7.2					✓ Item 5.7
C McKenna , Medical Director					✓	
M McKinley , Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion						✓ Item 5.9
M Michie , Deputy Director of Finance						✓ Deputising
J Millen , Workforce Development Officer		✓ Item 7.4	✓ Item 7.2		✓ Item 10.2	
D Miller , Director of Workforce (Exec. Lead)	✓	✓	✓	✓	✓	✓
L Parsons , Health & Social Care Local Partnership Forum (LPF) Representative			✓ Deputising			
S Raynor , Head of Workforce Resourcing and Relations	x	✓	✓	✓	✓	✓
K Reith , Deputy Director of Workforce	✓	x	✓			
R Waugh , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistleblowing Standards Code of Corporate Governance	BOARD STAFF GOVERNANCE COMMITTEE	Annual	Whistleblowing Champion appointed as a Board member and a member of this Committee Regular quarterly and annual reporting on Whistleblowing activity and actions underway on how this reporting can be enhanced and expanded Model Code of Conduct included in annually reviewed Code of Corporate Governance

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Delivery Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available.	BOARD COMMITTEES	Ongoing	Board section on NHS website, containing papers and instructions for those wishing to join meetings as public observers
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.</p>	Annual feedback	<p>CLINICAL GOVERNANCE COMMITTEE</p>	Annual	Annual Review with Ministers
	Individual feedback		Ongoing	Care Opinion
		<p>STAFF GOVERNANCE COMMITTEE</p>	Quarterly	Regular meetings with MPs/MSPs
			Bi-monthly	Integrated Performance & Quality Report
			Annual	iMatter survey (local and national) Reports
			Ongoing	Adverse Event reporting (Datix) and review.
			Quarterly and Annually	Whistleblowing Reporting
			Ongoing	Workforce Information Overview

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.</p>	<p>AfC appraisal process and Executive and Senior Manager Performance reporting.</p> <p>Medical performance appraisal (also reported to Clinical Governance Committee).</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	<p>Annual and as required</p> <p>Bi-monthly</p>	<p>Appraisal, Personal Development and Reviews & iMatter reports</p> <p>Integrated Performance & Quality Report</p>
<p>NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.</p>	<p>Core Training compliance reported</p> <p>Medical revalidation report and monitoring</p> <p>Nursing revalidation.</p>	<p>STAFF GOVERNANCE COMMITTEE</p>	<p>Ongoing</p>	<p>Minutes of Staff Governance Committee</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	<p>Service Improvement and Quality are core dimensions of AfC appraisal process.</p> <p>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	Ongoing	Minutes of Staff Governance Committee & Remuneration Committee

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance.</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive.	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	STAFF GOVERNANCE COMMITTEE BOARD	Ongoing	Healthy Working Lives Gold Award Equality Outcomes reporting

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Equality Reporting	BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife’s Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		CLINICAL GOVERNANCE COMMITTEE	Ongoing	Minutes

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife ensures that all members of staff are aware of its equality objectives.</p>	<p>Induction</p> <p>Equality and Diversity is core dimension in KSF (Knowledge and Skills Framework) that underpins the appraisal process for AfC staff</p> <p>Equality and Diversity Learn Pro Module</p>	<p>STAFF GOVERNANCE</p>	<p>Ongoing</p>	<p>iMatter reports</p> <p>Minutes</p>
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>Strategy Development process</p> <p>EQIA section on reports</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>EQIA section on reports</p>

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

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

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

2.2 Background

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

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

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

- Health Inequalities driver has been expanded to cover a wider range of population health planning
- Digital Services and Technology and Innovation Adoption have now been merged into a combined "Digital Services Innovation Adoption" driver.
- Women and Children's Health driver has been added

2.3 Assessment

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.

2.3.1 Quality/ Patient 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 Diversity, including 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 presented to the following groups:

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)

2.4 Recommendation

The Board is asked to:

- **Approve** the content of the Annual Delivery Plan 2024/25

3 List of appendices

Annual Delivery Plan NHS Fife 2024/25

NHS Fife Delivery Plan 2024-25 Approval Letter

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: Susan.fraser3@nhs.scot

Annual Delivery Plan 2024/25

© NHS Fife 2023
Published March 2024

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.nhsfife.org

Contents

Planning Context.....	2
Population Health and Wellbeing Strategy	3
Medium term Financial Plan 2024-27	3
Re-form, Transform and Perform Framework.....	4
Regional planning.....	5
Risk Management	5
Recovery Drivers	6
1 Primary and Community Care	6
2 Urgent & Unscheduled Care	10
3 Mental Health	18
4 Planned Care	22
5 Cancer Care.....	27
6 Health Inequalities and Population Health.....	31
7 Women and Children’s Health.....	38
8 Workforce.....	42
9 Digital Services Innovation Adoption	46
10 Climate.....	50

Planning Context

This Annual Delivery Plan 2024/25 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, “*Living Well, Working Well, and Flourishing in Fife*”, aligned to Scottish Government Recovery Drivers for 2024/25.

We recognise that our plans over the coming year and beyond, will remain subject to change as we adapt to the significant financial context, as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 19 December 2023: “*the financial pressures across health and social care, are, by far, the most challenging since devolution*”.

At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations from desired performance metrics in certain areas temporarily and the Board may need to make informed decisions to prioritise certain aspects of care, which might lead to short-term variances in performance metrics. These decisions are essential for achieving longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

Throughout this Delivery Plan, we have sought to highlight the connection to our overarching Reform, Transform, Perform Framework and assumptions set out in our Medium Term Financial Plan. Collectively, these documents describe the Board’s Tactical Plan for 2024/25, to deliver our Population Health and Wellbeing Strategy, and seek to maintain a balance across all pillars of governance.

Population Health and Wellbeing Strategy

NHS Fife published its Population and Wellbeing Strategy in March 2023, which outlines the ways in which healthcare services in Fife will evolve to meet the developing needs of the local population over the course of the next five years.

PRIORITY 1
Improve health and wellbeing
 We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

Ambitions*
 A Fife where we:
 1 live in flourishing, healthy and safe places and communities.
 2 thrive in our early years.
 3 have good mental wellbeing.
 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
 5 have a sustainable, inclusive economy with equality of outcomes for all.
 6 eat well, have a healthy weight and are physically active.

*Based on Scotland's 6 public health priorities.

PRIORITY 2
Improve the quality of health and care services
 We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.

Ambitions
 For all healthcare services provided by NHS Fife, we will:
 1 Provide high quality person-centred care.
 2 Deliver services as close to home as possible.
 3 Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
 4 Ensure timely access to services based on clinical need.
 5 Prevent and identify disease earlier.
 6 Support the delivery of seamless, integrated care and services across health and social care.

PRIORITY 3
Improve staff experience and wellbeing
 We value and look after our staff.

Ambitions
 Our workforce:
 1 is inclusive and diverse, reflecting Fife's communities.
 2 is supported to develop new skills that help improve care for patients.
 3 is heard and at the heart of transforming services.
 4 works in partnership across health and social care, recognising interdependencies.
 5 experiences compassionate leadership in a culture that supports wellbeing.

PRIORITY 4
Deliver value and sustainability
 We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Ambitions
 1 Provide the right services in the right places with the right facilities.
 2 Ensure the best use of our buildings and land.
 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

This strategy outlines the vision and ambitions to focus on health inequalities and support improvement in the health and wellbeing of Fife citizens and is based around the 4 strategic priorities. Achieving the vision will require to be supported by several enabling strategies which bring together different strands of the journey into a deliverable and cohesive approach. It remains the foundation for all of our plans and decision-making across NHS Fife, with the key difference for 2024/25 being the significant and unprecedented financial challenges facing the system.

Medium term Financial Plan 2024-27

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of the Population Health and Wellbeing Strategy ambitions. There is no doubt that there are challenges not seen since devolution in the NHS in Scotland and the plan acknowledges the compounding pressures that the financial climate will bring. There are likely to be important choices ahead, ensuring that there is a focus on the

areas of service and support which drive the most health benefit to the people of Fife. Delivery of ADP actions are all dependent on the availability of funding and will be prioritised locally by NHS Fife Board.

Re-form, Transform and Perform Framework

The Re-form, Transform and Perform (RTP) Framework has been developed at pace since January 2024, to bring a renewed and strategic approach to empower change, to drive improvement in clinical and corporate services, and to deliver greater efficiency, value and sustainability. Financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RTP).



The first phase of our RTP framework, Re-form, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position. Our Re-form phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery.

The RTP framework was supported by NHS Fife Board in January with further development of options and detailed plans in progress and due to be commenced by April 2024. The Annual Delivery Plan will align to the RTP Framework and will be monitored and reported throughout the year.

Regional planning

The three NHS Boards in the East Region are committed to collaborative regional planning and regional delivery of services where this will maintain or improve quality, reduce cost, and deliver excellent outcomes across the region but not at the expense of one Board over another.

In the context of individual NHS Board governance and responsibilities to both financially plan to break even and deliver the highest quality care to those in greatest need, we will develop a joint process for 2024/25 to assist in the identification and assessment of service areas and functions that may be delivered regionally to support greater efficiency and service sustainability. In developing this process, we will also link to the emerging national policy and approaches which aim to develop single national plans for identified fragile services. Through our East Region Programme Board, we will support the development of business cases for service redesign and change in areas of mutual benefit.


Risk Management

The Corporate Risk Register contains the key risks for NHS Fife that have the potential to affect the whole organisation, or operational risks which have been escalated. The Board considered the level of risk it is prepared to tolerate under each of the four strategic priorities and agreed the risk appetite to aid strategic and operational decision-making. Recognising the current climate, the Board intends to review all aspects of risk appetite in early April. A deep dive of each risk takes place annually to consider the appropriateness of the mitigation and controls for each risk.

Recovery Drivers

1 Primary and Community Care

Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Recovery Driver	Indicator	National Standard		Latest		2025/26
Primary & Community Care 	GP Access	GPs to provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	Positive responses for 48 hour access to an appropriate healthcare professional	2021/22	89%	Increase in positive response
			Positive response for booking an appointment with a GP >48 hours in advance	2021/22	48%	Increase in positive response

1.1 Delivery of core primary care services

Fife Health and Social Care Partnership (HSCP) have recently launched their Primary Care Strategy 2023 – 2026, which provides the strategic framework for improving delivery of and access to Primary Care Services with the key strategic priorities of the strategy being recovery, quality, and sustainability. This is one of 9 key enabling strategies which underpin delivery of Fife HSCP’s strategic plan through to 2026 and the Population Health and Wellbeing Strategy.

Focused work has been undertaken to improve the sustainability of General Practice, which includes taking forward proposals to transition the 4 Board Managed 2C practices to independent 17j status and to continue targeted and proportionate support to GP Practices, which includes the continuation of our Multi-disciplinary Resilience Team who support practices under the greatest sustainability pressures.

1.2 Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services

In line with MOU2 (Memorandum of Understanding) as a key directive for delivery of the Primary Care Improvement Plan, there is a focused piece of work being carried out to develop our CTAC services to both create a level of consistency and continuity in service provision across all GP Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop a joint Ear Care Strategy.
- Delivery of leg ulcer specialist clinics
- Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team
- 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

Key focuses for 2024/25 are to continue the development of an integrated Primary Care nursing team, setting the foundations for the ongoing roll-out of CTAC hubs across Fife, to create increased resilience to service provision to support General Practice, whilst create the conditions for CTAC hubs which provide services which spans the whole of Health and Social Care. The focus remains to release capacity for GPs to work within the role of expert medical generalist, ensuring quality and continuity in care delivery of CTAC services and ensuring improved and equitable access to services both within CTAC and General Practice.

1.3 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

Urgent Care Services Fife (UCSF) has a whole systems approach to support effective care delivery, in close collaboration with partners such as NHS24, Scottish Ambulance Service and across health and care services in Fife to ensure comprehensive and integrated care.

For 2024/25, the focus will be on the continued development of the MDT and a focus on dual nursing posts to develop and deliver a 24-hour approach to Urgent Care, which includes further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. This will help pave the way for testing an Urgent Care Hub within Fife functioning over a 24-hour period to accept a high referral rate of urgent care referrals, with the aim of reducing same day urgent illness presentation within primary and emergency care.

Opportunities are being explored for further redesign across urgent care services, at pace, to drive efficiency whilst maintaining a focus on safety and quality. We are committed to further releasing capacity within General Practice and supporting access to care in line with the ambition of the Primary Care Strategy.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.

Fife HSCP will implement a Prevention and Early Intervention Strategy during 2024. The strategic priorities are to prevent, reduce and improve to enable people to live longer healthier lives. The strategic vision of the plan as a key enabling strategy of the HSCP Strategic Plan 2023 – 2026. Conditions and culture across Fife for Prevention and Early Intervention will be created so that people can remain well or limit the impact of health and social care problems.

Through the 7 locality plans testing approaches will continue to develop and contribute to increase opportunities for local communities to participate in activities to improve health and wellbeing and which support prevention and early intervention ensuring these are targeted to the needs of the localities and communities. This will prevent, reduce, and improve long term conditions and promote healthy lifestyles.

Within Primary and Preventative Care Services, a programme of work will be completed in 2024/25 to ensure a sustainable model of care which is outcomes focused and measurable for Type 2 diabetes prevention and reduction. which is delivered by the Nutrition and Dietetics Service.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to

Currently, there are no Dental Practices across Fife taking on new registrations for NHS patients, however, this situation does fluctuate.

Locally, in line with the priorities and deliverables of Fife's Primary Care Strategy 2023 – 2026, options are being explored to increase, improve, and sustain access to dental services despite the expected continued pressures on workforce going forward. Continued challenges in access to General Dental Practices for NHS patients has created sustained additional demand on HSCP-managed Public Dental Service and the Fife Dental Advice line hosted within the service for both registered and unregistered patients. Despite these challenges the Public Dental Service are ensuring that patients who are unregistered can still receive urgent dental care when they are experiencing dental pain.

Exception reporting arrangements are currently in place, particularly in relation to Dental Bodies Corporates (DBC's) with a focus on key areas regarding provision of NHS Dental Care including progress with National initiatives and alignment to the key deliverables of the Primary Care Strategy.

1.6 Increasing delivery of hospital-based eyecare into a primary care setting where appropriate

The Glaucoma Shared Care scheme is well established in Fife, with approximately 950 patients across Fife under Shared Care arrangements, which sees Optometry supporting secondary care eye care. The national service will result in a more streamlined and seamless model of care to reduce pressure on the hospital eye service through the implementation of digital solution, OpenEyes, facilitating this model.

The service continues to operate effectively reducing the pressure of emergency eye patients needing to be seen within a hospital setting. In 2024/25, work will be ongoing to refine eye conditions and triage process to align better with the prospective national emergency eyecare service with a proposal to improve reporting/ clinical governance and auditing of the service.

An improvement plan is being progressed from the Primary Care Strategy aims at maintaining care within the community and prevention of attendance at secondary care supporting care in the right place at the right time.


1.7 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area

A strategic 'health & transport' plan is being scoped out in Fife describing with potential next steps at a strategic and operational level. Health Promotion Service has worked with NHS Facilities to continue the promotion of NHS Fife Travel reimbursement entitlement across the public and third sector and to identify and promote the range of community patient transport opportunities available.

A concessionary bus fare scheme for North East Fife residents following identification of the cost of transport acting as a key barrier to accessing services is in place in its third year. The number of healthcare services holding vouchers has been expanded and will be monitored.

2 Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes		Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%		Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer		Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less		Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals		Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49	39
AWI Delays			13		19	

Ensuring patients receive the right care at the right place is a priority target for NHS Fife. Programmes of work are in place to ensure whole system planning, which is overseen by the Unscheduled Care Programme Board and had identified the following priorities:

- Consolidate and stabilise the ED medical and nursing workforce dependent on the availability financial resources.
- Continuation the integration of Flow Navigation Centre (FNC) into Emergency Care.
- Further develop and enhance the Care Home advice line
- Develop the Rapid Triage Unit (RTU) using existing resources
- Develop robust ambulatory pathways and models of care

2.1 Improve urgent care pathways in the community and links across primary and secondary care.

There is an ambition to test an urgent care hub during in-hours, from 8 am to 6 pm, Mondays to Friday to create a community-based hub to support Primary and Secondary Care with access and care navigation to a multi-disciplinary team. These hubs would augment already established Urgent Care infrastructure, whilst providing a mixture of remote and face to face support to patients with an Urgent Care need.

The Urgent Care Services Fife (USCF) and Care Home Assurance Teams have initiated a test of change that allows Fife care homes direct access to UCSF through a single point of access. During 2024/25, UCSF will continue to onboard as many care homes as possible, with the goal of achieving 100% coverage by summer 2024 in collaboration with our care home partners.

2.2 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.

This continues to be a priority target for NHS Fife and the whole system programme of work is overseen by the Unscheduled Care Programme Board.

2.2.1 Optimising Flow Navigation Centre

The Flow Navigation Centre transitioned to Acute Services from the Health and Social Care Partnership in December 2023. In 2024/25, the integration of Flow Navigation Centre (FNC) into Emergency Care will continue.

The projected impact will be to support an increased redirection from 5% to 10%, to enable a joint review and development of new pathways to alternative teams including mental health & addictions, discharge HUB / community hospital & social care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

2.2.2 Signposting and scheduling of appointments to A&E

In 2024/25, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 75%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

2.2.3 Increasing the routes for professional-to-professional advice

Plans are in place to further develop and enhance the Care Home advice line with ED/Geriatrician of Day (GOD) optimising redirection to H@H and Care Home ANPs to reduce admission rates for care home residents especially those within their last 100 days, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

2.2.4 Focus on frailty pathways and care home support

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

2.2.5 Develop further ambulatory pathways

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.

2.3.1 Hospital at Home (Older People)

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

2.3.3 Respiratory

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

2.3.4 Paediatrics

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

2.3.5 Heart Failure

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

2.3.6 Long Term Conditions and Complex Care

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas will improve pathways.

2.3.7 Improving access to 'same day' services

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

2.3.8 The use of early and effective triage

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

2.3.9 Rapid decision-making

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

2.4.1 Increasing 1–3-day admissions

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

Fife Rehabilitation Model – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

Right Care for You Model – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

Adults with Incapacity - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

2.4.4 Promoting early and effective discharge planning

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

2.4.5 Robust and responsive operational management

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

2.5.1 Reduce unscheduled admissions

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

2.5.2 Accelerate rapid assessment

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

2.5.3 Evolve to implement Frailty Units

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.


Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

2.5.4 Frailty Skill Mix

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

3 Mental Health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
 Mental Health	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral	Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19
AWI Delays			8		12

Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is a risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is a risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

3.1.2 Psychological Therapies

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

Demand for psychological therapy remains high, and DCAQ (Demand Capacity Activity Queue) analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed specialty by specialty. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. Currently there is no identified funding source for this.

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest		By Mar-25	
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approached) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services'* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

There are plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patienttrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy 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 which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.

We provide accessible communication 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**

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

-  facebook.com/nhsfife
-  twitter.com/nhsfife
-  instagram.com/nhsfife
-  linkedin.com/company/nhsfife

NHSScotland Deputy Chief Operating Officer

Paula Speirs

T: 0131-244 2480

E: dcoohealthplanning@gov.scot



Scottish Government
Riaghaltas na h-Alba
gov.scot

28 May 2024

Dear Carol

NHS FIFE DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.



To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of 'Priority Areas' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of "Development and Improvement Areas" which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely



PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

Annex A – Scottish Government Feedback

Recovery Driver	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>It is welcome that the Board’s plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.</p> <p>The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on “quick wins” and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.</p> <p>It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.</p> <p>The plan briefly references the Board’s own locally funded and managed ‘Glaucoma Shared Care Scheme’ and then references “the national service” - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife’s eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.</p> <p>As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.</p> <p>It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).</p>	

Recovery Driver	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
Priority Areas	
<ul style="list-style-type: none"> None specific to the plan itself; however the Board should continue to work closely with the Scottish Government <i>Unscheduled Care Policy and Performance Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.</p> <p>The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centers. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.</p>	

Recovery Driver	Improve the delivery of mental health support and services
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Mental Health Team</i> to drive improved performance. 	
Development and Improvement Feedback	
<p>The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.</p> <p>The following areas in particular will be the focus on ongoing engagement:</p> <p>CAMHS - The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.</p> <p>There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.</p> <p>There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.</p> <p>Psychological Therapies - Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.</p> <p>Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.</p> <p>Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.</p>	

Recovery Driver	Recovering and improving the delivery of planned care
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Planned Care Policy and Performance Team</i> on actions needed on their associated Planned Care Plan. 	
Development and Improvement Feedback	
<p>Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.</p>	

Recovery Driver	Delivering the National Cancer Action Plan (Spring 2023-2026)
Priority Areas	
	<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government <i>Cancer Access Team</i> to drive improved performance.
Development and Improvement Feedback	
	<p>It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.</p> <p>A Rapid Cancer Diagnostic Service pilot has been operational since June 2021 but is only funded until September 2024. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after September 2024. The plan states that the service is at risk if no additional funding is secured.</p> <p>The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.</p> <p>SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.</p>

Recovery Driver	Enhance planning and delivery of the approach to health inequalities and improved population health
Priority Areas	
	<ul style="list-style-type: none"> • None
Development and Improvement Feedback	
	<p>On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.</p>

Recovery Driver	Take forward the actions in the Women's Health Plan and support good child and maternal health , so that all children in Scotland can have the best possible start in life.
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.</p> <p>High level assurance is provided in relation to the delivery of child health reviews.</p> <p>It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.</p> <p>On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.</p>	

Recovery Driver	Implementation of the Workforce Strategy
Priority Areas	
<ul style="list-style-type: none"> • None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning. 	
Development and Improvement Feedback	
<p>Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place.</p> <p>NHS Fife's Delivery Plan provides sufficient high level assurance of activity in relation to the implementation of the Workforce Strategy.</p>	

Recovery Driver	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of upmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.</p> <p>It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.</p> <p>It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365 and LIMS. The plan highlights a funding risk for e-rostering after November 2024. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.</p> <p>Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by March 2026 as mandated in the Scottish Government’s Directors Letter (2024) 3</p>	



Recovery Driver	Climate Emergency and Environment
Priority Areas	
<ul style="list-style-type: none"> • None 	
Development and Improvement Feedback	
<p>Overall, the plan is effective at meeting the climate emergency and environment planning priorities.</p> <p>Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided and it would be useful to include information on this.</p> <p>The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.</p> <p>The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include; total land area, greenspace area and indicate greenspace types. The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.</p> <p>The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.</p> <p>The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board’s fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.</p> <p>NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board’s longer term portfolio. Using the Jacobs Net Zero Routemaps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.</p> <p>The Board will need to ensure that they have a plan for Entonox mitigation. . A clear program needs to be articulated including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.</p>	



Supporting Theme	Finance & sustainability
Priority Areas	
<ul style="list-style-type: none"> None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government <i>Health Finance Team</i> on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan. 	
Development and Improvement Feedback	
None.	

Supporting Theme Value Based Health & Care
Priority Areas
<ul style="list-style-type: none"> • None
Development and Improvement Feedback
<p>While the Delivery Plan mentions Realistic Medicine, there is no mention of how the Board intends to support delivery of the Value Based Health and Care Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.</p>