



Chairperson - Pat Kilpatrick

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

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

10:10 - 10:10 **3. APOLOGIES FOR ABSENCE - A Lawrie**
0 min
PK

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETING HELD ON 30 JULY 2024**
0 min
(enc) PK
 Item 4 - Minutes 20240730 Final.pdf (12 pages)

10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**
0 min
(enclosed) PK
 Item 5 - Action List.pdf (1 pages)

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

6.1. Chairperson's Update

(verbal) PK

6.2. Board Development Session - 27 August 2024

(enclosed) PK

 Item 6.2 - Board Development Session Note 20240827.pdf (1 pages)

10:20 - 10:40 **7. CHIEF EXECUTIVE'S REPORT**
20 min

7.1. Chief Executive Up-date

(verbal) CP

7.2. Patient / Staff Story

(Presentation) CP

10:40 - 11:15 8. PERFORMANCE

35 min

8.1. Integrated Performance & Quality Report - July 2024 Position

(enclosed) CP

- 📄 Item 8.1 - SBAR IPQR Board September 2024 v1.0.pdf (11 pages)
- 📄 Item 8.1 - IPQR Position at July 2024 v1.0.pdf (34 pages)

8.2. Financial Performance Report at July 2024

(enclosed) MM

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

8.3. Workforce Planning Update

(enclosed) DM

- 📄 Item 8.3 - SBAR NHS Fife Board Workforce Planning Report - 25.9.24.pdf (8 pages)
-

11:15 - 11:30 9. PLANNING

15 min

9.1. Annual Delivery Plan 2024/25

(enclosed) MM

- 📄 Item 9.1 - SBAR Board ADP 202425 SG Feedback Response + Q1 update v1.0.pdf (6 pages)
- 📄 Item 9.1 - Appendix 1 NHS Fife ADP 202425 - SG Feedback - Fife Response.pdf (11 pages)
- 📄 Item 9.1 - Appendix 2 Annual Delivery Plan 2425 Update Guidance Q1.pdf (1 pages)

9.2. Whole System Infrastructure Planning

(enclosed) MM

- 📄 Item 9.2 - SBAR Whole System Planning.pdf (5 pages)
 - 📄 Item 9.2 - Appendix 1 - Whole System Planning - DL(2024)02.pdf (23 pages)
-

11:30 - 11:45 10. STRATEGY

15 min

10.1. Primary Care Strategy Year 1 Report 2023/24

(enclosed) FM

- 📄 Item 10.1 SBAR Primary Care Strategy 2023-2026 – Year One Report.pdf (7 pages)
- 📄 Item 10.1 - Appendix.1 Primary Care Strategy - Year One Report 2023-2024 final cc update v.2.pdf (38 pages)

10.2. NHS Fife Procurement Strategy 2024/29

(enclosed) MM

- 📄 Item 10.2 - SBAR NHS Fife Procurement Strategy 2024-29.pdf (4 pages)
 - 📄 Item 10.2 - Appendix 1 NHS Fife Procurement Strategy 2024-29.pdf (19 pages)
-

11:45 - 12:00
15 min

11. STANDING COMMITTEE REPORTS

11.1. Governance Committee Chairs' Assurance Reports:

PK

11.1.1. Audit & Risk Committee Report and Minute dated 12 September 2024 (unconfirmed)

(enclosed) *AGrant*

- Item 11.1.1 - A&R Chair's Assurance Report 20240912.pdf (2 pages)
- Item 11.1.1 - Audit & Risk Committee Minutes (unconfirmed) 20240912.pdf (7 pages)

11.1.2. Clinical Governance Committee Report and Minute dated 6 September 2024 (unconfirmed)

(enclosed) *AW*

- Item 11.1.2 - CGC Chair's Assurance Report 20240906.pdf (5 pages)
- Item 11.1.2 - Clinical Governance Committee Minutes (unconfirmed) 20240906.pdf (14 pages)

11.1.3. Finance, Performance & Resources Committee Report and Minute dated 10 September 2024 (unconfirmed)

(enclosed) *AM*

- Item 11.1.3 - FP&R Chair's Assurance Report 20240910.pdf (2 pages)
- Item 11.1.3 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20240910.pdf (9 pages)

11.1.4. Public Health & Wellbeing Committee Report and Minute dated 9 September 2024 (unconfirmed)

(enclosed) *JKemp*

- Item 11.1.4 - PH&WC Chair's Assurance Report 20240909jk.pdf (3 pages)
- Item 11.1.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240909.pdf (11 pages)

11.1.5. Staff Governance Committee Report and Minute dated 3 September 2024 (unconfirmed)

(enclosed) *CG*

- Item 11.1.5 - SGC Chair's Assurance Report (from meeting on 3.9.24).pdf (2 pages)
- Item 11.1.5 - Staff Governance Committee Minutes (Unconfirmed) 03.09.24.pdf (14 pages)

12:00 - 13:30
90 min

12. GOVERNANCE

12.1. NHS Scotland Blueprint for Good Governance Improvement Plan Update

(enclosed) *GM*

- Item 12.1 - SBAR Blueprint Action Plan.pdf (4 pages)
- Item 12.1 - Appendix 1 NHS Fife -Improvement plan update.pdf (1 pages)

12.2. Organisational Learning

(enclosed) *CM*

- Item 12.2 - Organisational Learning.pdf (14 pages)

12.3. Neonatal Mortality Review Health Improvement Scotland Report

(enclosed) *CM*

- Item 12.3 - SBAR Neonatal Mortality Review HIS Report + appendix_NHSF Board.pdf (4 pages)

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

(enclosed) DM

Item 12.4 - SBAR Fife NHS Board Health and Care (Staffing) (Scotland) Act 2019 Quarter 1 Report 2024-2025 25.9.24.pdf (8 pages)

12.5. Whistleblowing Quarter 1 2024/25 Report

(enclosed) GM

Item 12.5 - Whistleblowing Quarter 1 Report 24-25 Board.pdf (11 pages)

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

(enclosed) MM

Item 12.6 - Board SBAR Strategic and Operational Plan v1.pdf (5 pages)

Item 12.6 - Appendix 1 Internal Audit Annual Plan 2024-25.pdf (2 pages)

Item 12.6 - Appendix 2 Internal Audit 3-year Strategic Plan.pdf (2 pages)

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

(enclosed) GM

Item 12.7 - SBAR Board Calendar Board 20240925.pdf (3 pages)

Item 12.7 - Appendix 1 Board and Committee Dates 2025-26.pdf (1 pages)

Item 12.7 - Appendix 2 Board and Committee Dates Extract 2024-25.pdf (1 pages)

12.8. 12:55 - 13:30 BREAK

13:30 - 13:45 13. RISK

15 min

13.1. Corporate Risk Register Update

(enclosed) MM

Item 13.1 - SBAR Corporate Risk Register Board 24 September 2024 MM.pdf (7 pages)

Item 13.1 - Appendix 1 NHS Fife Corporate Risk Register as at 20 August 2024.pdf (23 pages)

Item 13.1 - Appendix 2 Assurance Principles.pdf (1 pages)

Item 13.1 - Appendix 3 Risk Matrix.pdf (2 pages)

13.2. Final Annual Risk Management Report 2023/24

(enclosed) MM

Item 13.2 - SBAR Annual Risk Management Report 2023-24 MM.pdf (4 pages)

Item 13.2 - Appendix 1 Annual Risk Management Report 2023-24 Final.pdf (13 pages)

13:45 - 14:00 14. ANNUAL REPORTS

15 min

14.1. Annual Return of Health Promoting Health Service

(enclosed) JT

Item 14.1 - SBAR Health Promoting Health Service.pdf (8 pages)

Item 14.1 - Appendix 1 HPHS outcomes and indicators.pdf (2 pages)

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

(enclosed) JK

- Item 14.2 - SBAR Patient Experience and Feedback Annual Report.pdf (4 pages)
- Item 14.2 - Appendix 1 PEaF - Annual Report 2023-2024.pdf (23 pages)
- Item 14.2 - Appendix 2 NHS Compliments Data Template 2023-2024.pdf (4 pages)

14.3. Annual Procurement Report 2023/24

(enclosed) MM

- Item 14.3 - SBAR Annual Procurement Report 2023-24.pdf (4 pages)
- Item 14.3 - Appendix 1 Annual Procurement Report 2023-24.pdf (13 pages)

14:00 - 14:05
5 min

15. MINUTES - OTHER / APPROVED MINUTES

15.1. Communities & Wellbeing Partnership dated after 5 June 2024 (unconfirmed)

(enclosed)

- Item 15.1 - CWP Minute Cover Paper Sept 2024.pdf (1 pages)
- Item 15.1 - 24 09 09 CWP note_draft.pdf (3 pages)

15.2. Fife Health & Social Care Integration Joint Board dated 31 May 2024

(enclosed)

- Item 15.2 - IJB Minute Cover Paper 310524.pdf (1 pages)
- Item 15.2 - IJB 310524 Minute Confirmed.pdf (8 pages)

15.3. Fife Partnership Board dated 6 August 2024 (unconfirmed)

(enclosed)

- Item 15.3 - FPB Minute Cover Paper.pdf (1 pages)
- Item 15.3 - FPB Minute 2024-08-06.pdf (3 pages)

15.4. Audit & Risk Committee dated 20 June 2024

(enclosed)

- Item 15.4 - Audit & Risk Committee Minutes (confirmed) 20240620.pdf (6 pages)

15.5. Clinical Governance Committee dated 12 July 2024

(enclosed)

- Item 15.5 - Clinical Governance Committee Minutes (confirmed) 20240712.pdf (13 pages)

15.6. Finance, Performance & Resources Committee dated 16 July 2024

(enclosed)

- Item 15.6 - Finance, Performance & Resources Committee Minutes (confirmed) 20240716.pdf (6 pages)

15.7. Public Health & Wellbeing Committee dated 1 July 2024

(enclosed)

- Item 15.7 - Public Health Wellbeing Committee Minutes (confirmed) 20240701.pdf (11 pages)

15.8. Staff Governance Committee dated 9 July 2024

(enclosed)

- Item 15.8 - Staff Governance Committee Minutes (Confirmed) 09.07.2024.pdf (11 pages)

14:05 - 14:05 **16. ANY OTHER BUSINESS**

0 min

14:05 - 14:05 **17. DATE OF NEXT MEETING: Tuesday 26 November 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy**

0 min

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 30 JULY 2024 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL

PAT KILPATRICK

Chairperson

Present:

P Kilpatrick (**Chairperson**)

C Potter, Chief Executive

J Bennett, Non-Executive Director

S Braiden, Non-Executive Director

A Grant, Non-Executive Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Kemp, Non-Executive Director

A Lawrie, Non-Executive Director

K Macdonald, Non-Executive Director (part)

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director

L Parsons, Non-Executive Director

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services

F Forrest, Acting Director of Pharmacy & Medicines

A Graham, Director of Digital & Information

B Hannan, Director of Reform & Transformation

K MacGregor, Director of Communication & Engagement

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

F McKay, Interim Director of Health & Social Care

N Stevenson, Communications Manager (Press & Media)

R Waugh, Head of Workforce Planning & Staff Wellbeing

P King, Corporate Governance Support Officer (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular J Bennett, Non-Executive Director, who joined the Board on 1 July 2024, F Forrest, Acting Director of Pharmacy & Medicines, F McKay, Interim Director of Health & Social Care (who has taken up post following the departure of N Connor to her new role as Chief Executive, NHS Tayside) and R Waugh, Head of Workforce Planning & Staff Wellbeing, who is attending today's meeting due to the Director of Workforce being on annual leave. A

welcome was also extended to a colleague from the media who joined today's public session.

The Chair advised that Cllr Downie has now left the Board, following his election as an MP for Dunfermline & Dollar in the recent UK General Election and she thanked Cllr Downie for his service to the Board. A new Local Authority representative will be advised in due course, after the vacancy has been considered by Fife Council in September.

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

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

- Sammy Mair and Dawn Soutar, who have become the first two midwives to complete our shortened conversion programme into the midwifery profession.
- Members of the NHS Fife Physiotherapy Team in Primary and Preventative Care, namely Gillian Bell and Heather Morrison (Children and Young People's Team), Morag Watson (Musculoskeletal team) and Amanda Leech (Professional Head of Service) who all attended the Royal Garden Party at Holyrood Palace in Edinburgh on 2 July 2024. Guests are nominated to attend the Royal Garden Party for their incredible impact and contributions to their communities.
- Partnership staff in the West Fife Older Adults Community Mental Health Team, who have been named as the first community mental health team in Scotland to be officially 'Playlist for Life' certified. Playlist for Life is a music and dementia charity seeking to improve the lives of those living with dementia via the power of music.
- NHS Fife's Department of Spiritual Care on achieving the Bereavement Charter Mark for Employers, which has been awarded to the team for their work in supporting bereaved staff.

2. DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest made by members.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from J Keenan, Director of Nursing.

4. MINUTE OF PREVIOUS MEETINGS HELD ON 28 MAY AND 25 JUNE 2024

Approval of the minute of 28 May 2024 was **proposed** by A Morris, Non-Executive Director, and **seconded** by A Wood, Non-Executive Director.

Approval of the previous meeting's minute of 25 June 2024 was **proposed** by M McGurk, Director of Finance & Strategy, and **seconded** by S Braiden, Non-Executive Director.

With reference to section 5.2 of the above minute, in response to a question from the Chair, the Director of Public Health advised that indicators had been built into the Population Health & Wellbeing Strategy Annual Report 2023/24 and would continue to be included in future Annual and Mid-Year Reports. She further advised that the Public Health & Wellbeing Committee also received regular updates on the risks around implementation of the organisational Strategy.

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

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

Regarding action point 4, the Director of Public Health confirmed that the matter of drug-related deaths is included in the adverse event process, which is reported through the Clinical Governance Committee.

Regarding action point 7, the Chief Executive confirmed that she is in correspondence with the Interim Director of Health & Social Care. A report has been produced which is with her for review and initial discussion will take place at a tripartite meeting arranged for 8 August 2024.

The Chair re-ordered the agenda to take the Chairperson's Report first, followed by the Chief Executive's Report.

6. CHAIRPERSON'S REPORT

6.1. Chairperson's Update

The Chair provided an update on recent meetings she had participated in, including an update on discussion from a national meeting about the Reform Programme and meetings held to discuss the recent audit report of Integration Joint Boards (IJBs) and the relationship between NHS Boards and IJBs, including current financial arrangements.

The Chair and Chief Executive both met with the Cabinet Secretary for Health & Social Care during his recent visit to Cameron Hospital. The visit showcased the positive work of our multidisciplinary teams across health and social care to support timely discharge of patients following a stay in hospital. Thanks were given to L Garvey, Head of Community Care Services, and all staff involved in the visit.

The Chair, Chief Executive and Medical Director recently visited the University of St Andrews to take a tour of the Medical School, accompanied by Professor David Crossman, Dean of Medicine. The visit was followed by a meeting with Professor Dame Sally Mapstone FRSE, Principal of the University of St Andrews, to discuss

advancing partnership arrangements to support the delivery of the recent Memorandum of Understanding between both institutions.

It was noted that the Chair's visit to Kincardine Health Centre would be arranged in the Spring to speak with the GPs to discuss anything that can be done short term and longer term to support them in their facility, noting that re-provision of both Kincardine and Lochgelly health centres remains at the top of the priority list when capital monies become available from Scottish Government

The Board **noted** the update.

6.2. Board Development Sessions – 25 June 2024

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

7. CHIEF EXECUTIVE'S REPORT

7.1. Chief Executive's Update

The Chief Executive began her report by offering congratulations to F McKay on her appointment as Interim Director of Health & Social Care, noting the post is currently out for recruitment.

As noted above, the Chair, Chief Executive and Medical Director visited St Andrews University to view some of the teaching facilities within the Medical School. Discussion took place with the Principal of the University about how to take forward a partnership governance Board and the Board Secretary is working with colleagues at the University to put the necessary arrangements in place. It was noted that four different groups will be established to drive forward activities, centred around People; Research & Innovation; Education; and Social Responsibility / Sustainability.

The Chief Executive provided a summary from recent meetings with Scottish Government colleagues and other Board Chief Executives and advised that discussions had largely focussed on NHS Reform, finance and performance and the imminent guidance due to be issued about national and regional planning.

The Chief Executive was pleased to advise that the nomination process has now started for the NHS Fife Staff Awards, which are returning this year at an in-person awards night at the Glen Pavilion in Dunfermline on 4 October 2024. The Staff Awards are a chance for us to come together and celebrate some remarkable and amazing achievements from our inspiring staff and teams across NHS Fife.

It was noted that NHS Fife recently hosted its first ever memorial service to remember those who have given the generous gift of organ and tissue donation. The 'A Light of Love' memorial service was held at The Old Kirk in Kirkcaldy. The memorial service was held in partnership with NHS Blood and Transplant and was attended by family members and healthcare staff from across Fife. The Director of Nursing attended to speak at the event, which was a warm and positive way to celebrate tragic

circumstances and reflect on the legacy of those who have given the gift of life to others.

Visits that have taken place during June/July included:

- The Cabinet Secretary for Health & Social Care's visit to Cameron Hospital on 25 July 2024; and
- The Chair and Chief Executive met with Dame Laura Lee and the team from the Maggie's Centre earlier this month to hear about the collaborative work they do alongside colleagues across NHS Fife in terms of supporting patients and their families who have received a cancer diagnosis.

Finally, the Chief Executive thanked members of the Executive Team and colleagues and staff across NHS Fife for everything they continue to do on a daily basis for the people of Fife.

7.2. Patient Story

The Acting Director of Pharmacy & Medicines introduced the patient story, highlighting that the latest Scottish Health Survey reported that as many as 38% of the adult population live with long-term chronic pain. In April 2022, NHS Fife launched a medicines safety programme to improve care for people living with long-term pain and ensuring the appropriate use of pain medicines. She advised that patient engagement was invaluable in helping to co-produce resources that now seek to help people to manage pain in a different way, not just by using medicines. The Acting Director of Pharmacy & Medicines referred to a new 'Pain Talking' website, developed by the NHS Fife Communications team, which launched in May 2024 and she recommended that Board members take the time to look at the website to appreciate the range of support given.

The video recording told the story of two patients, both part of the lived experience group, which was established following patient engagement. Both individuals were living with long-term chronic pain, highlighting the different ways they have learned to manage their pain with a range of therapies to support the use of pain medicines. By sharing their story, they hoped to help other patients to similarly take different approaches to managing pain.

Members were pleased to hear the impact that the different tools and resources were making to patients, which also helped to raise awareness of this long-term condition and support people with resources they can easily access. They were also encouraged to hear about the establishment of a lived experience group where patients can share their own experiences of living with chronic pain.

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

8. PERFORMANCE

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

The Chief Executive presented the first full version of the new format IPQR, which has been scrutinised in detail through the governance committees and will continue to be refined and adapted over the coming months. The Chief Executive highlighted key points from the covering SBAR, noting in particular that a separate report on Annual Delivery Plan (ADP) progress will be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan. Further metrics will be also included around public health indicators, such as the climate emergency and primary care. Attention was drawn to the table on p.4 of the document, which shows whether there is a national standard or defined target, an agreed ADP trajectory or a local trajectory for each indicator.

K Macdonald joined the meeting.

Members discussed the issue of local and national targets and the need to be explicit when reporting progress about whether this is tracking against the local or national target, so this is not misleading. The importance of changing local targets as they progress, to help stretch performance, was also emphasised. Members commended the work done on the IPQR, which successfully incorporated all feedback received from Board members. The Associate Director of Planning & Performance and her team were thanked for their work in addressing Board members' feedback.

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

Clinical Governance

The Medical Director provided an update on the key issues from a clinical governance perspective, which were related to Healthcare Acquired Infections (HAI) (including the staphylococcus aureus bacteraemia (SAB), c.difficile and e-coli bacteraemia rate), noting Fife was the best performing Board around SAB and c.difficile infections, Falls, Pressure Ulcers, HSMR, Major and Extreme Events and Complaints performance. He added that mental health quality indicators had also been included in the report and would continue to be developed. The Chair was pleased to see the mental health metrics incorporated within the report and she stated the importance of the Board being able to understand performance around mental health provision and supporting IJB colleagues to deliver appropriate services for the people of Fife.

The Chair of the Clinical Governance Committee confirmed there were no specific performance issues to escalate to the Board.

Finance, Performance & Resources

The Director of Acute Services provided an update on performance in relation to the 4-hour Emergency Access target, the Patient Treatment Time Guarantee (TTG) and New Outpatient performance. Both the TTG and New Outpatient performance continued to see a demand and capacity mismatch and, as a result, long waiting times for routine patients continued to increase in several specialities, with the waiting list size increasing. Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance, and a report has been submitted to the Finance, Performance & Resources Committee detailing plans

against some of those resources and in particular how we intend to improve the long wait position.

It was advised that monthly performance for Diagnostics in both imaging and scoping improved. It was noted that NHS Fife was in receipt of additional monies from Scottish Government to support diagnostics and the position is looking more favourable, with an anticipated 95% of patients seen within six weeks for a diagnostic test by March 2025. Further work on local trajectories will be required to reflect that position. Performance in relation to the Cancer 31-day target increased from 95.2% in March to 96.0%, above both national standard and local trajectory, and an improvement was noted around the Cancer 62-day performance from 69.1% to 72.9%, although prostate remained the most challenged pathway.

The Director of Acute Services responded to questions around the 31-day cancer performance, noting that although Fife is in the lower quartile for Scotland, there has been some sustained delivery of the target. Challenges in the prostate pathway are the most common reason for breaches across Scotland, but it was advised that good conversations are held with men who are facing prostate cancer about their treatment option, with most men in Fife opting for the surgical option, which is dependent on robotic surgery capacity. The Director of Acute Services confirmed that the trajectory for Diagnostics performance would be changed to meet the target of 95% of patients seen within 6 weeks, as submitted in the paper to the Finance, Performance & Resources Committee and noted above.

Action: C Dobson

The Interim Director of Health & Social Care provided an update on Delayed Discharges, performance in which was positive, and she gave an overview of a number of tests of change that are underway particularly around modernising rehabilitation services in the community. Detail was provided on a project working with the Red Cross to enable people, following a stay in hospital, to be supported and assessed in their own home. This seeks to determine the type and frequency of any care and support they might need to stay at home, for individuals to live as independently as possible.

The Chair of the Finance, Performance & Resources Committee highlighted the escalation from the committee around local targets, but he was satisfied with the outcome of the discussion earlier in the agenda item. He also referred to the minute of the Finance, Performance & Resources Committee dated 16 July 2024, noting that the pace of change on the financial position had been highlighted for escalation to the Board, but that has also been superseded by the papers produced under the Re-form, Transform, Perform (RTP) item to be discussed in the private session of the Board later in the day.

Staff Governance

The Head of Workforce Planning & Staff Wellbeing provided an update on sickness absence, noting an increase to 7.35% in the April position, despite all the efforts ongoing in this area. Work is being progressed through the Absence Management Group to drill down into reasons for absence, in particular staff ill health, and a slight reduction was noted in May 2024. The data on Personal Development Plan and Review (PDPR) compliance and vacancies was also highlighted.

Questions were asked about the high staff absence rate, if the position was worse in Fife than in other Health Board area and the trend for vacancies decreasing, and they were responded to by the Head of Workforce Planning & Staff Wellbeing, noting that she would look to get some cross-Board feedback on the absence position. An explanation of the work within the Acute Services was provided, given the high workforce numbers in that area. The Head of Workforce Planning & Staff Wellbeing also advised that NHS Fife offers a range of wellbeing support to staff, and the organisation has been commended nationally for this. The Employee Director confirmed that a concentrated review is underway about how to apply the policies for managing staff absence and the Absence Management Group, in partnership with Staff Side, is actively working towards identifying areas for further improvement.

The Chair of the Staff Governance Committee confirmed there were no specific performance issues to escalate to the Board. He reported that the Committee routinely discussed the indicators related to the Staff Governance Committee, particularly in relation to sickness absence and the non-pay elements of Agenda for Change reform.

Public Health & Wellbeing

The Director of Public Health provided an overview of performance related to childhood immunisation around the 6-in-1 and MMR2, noting that the latest published data was for the quarter ending March 2024. An in-depth review of uptake across all the immunisation indicators was provided to the Public Health & Wellbeing Committee in July.

The Interim Director of Health & Social Care provided an update on performance around Smoking Cessation, which remained challenging, but work was ongoing to try and improve performance. She advised that the target is based on quits at 12 weeks post quit in the 40% most deprived areas within Fife, so where there may be quits in other areas, these did not count towards the target. This issue has been raised by many of the Health & Social Care Partnerships in Scotland, as it does not reflect the overall picture. Performance in relation to Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies was outlined, noting that the new Head of Service would be looking at issues around staffing, particularly for Psychological Therapies. National targets in relation to Mental Health Readmissions will be incorporated into the IJB Performance Report and it was proposed that these also be included in the IPQR for continuity purposes.

The Chair of the Public Health & Wellbeing Committee confirmed there were no specific performance issues to escalate to the Board. The Committee had received an interesting paper about the immunisation rates, with good discussion held about how these could be improved upon.

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

8.2. Financial Performance Report at 31 May 2024

The Director of Finance & Strategy introduced the first finance report of the new financial year and provided an in-depth review of the current financial position, noting that, at the end of May 2024, NHS Fife is reporting an overspend against revenue

budget of £10.767m. The key points from the report were highlighted, particularly in relation to the specific cost pressure areas identified within the Board's Financial Plan. It was noted that some cost pressures are higher than anticipated, notably in relation to energy costs, which is being experienced across all Health Board areas. Attention was drawn to the overspend positions in Acute Services, external healthcare providers and in the Health & Social Care Partnership, the latter being of major concern given the financial plan does not make any assumptions at this stage in relation to cost pressures associated with the IJB. Discussions are underway with colleagues in the IJB to manage that position including the preparation and agreement on appropriate financial recovery options.

It was noted that the capital programme is progressing in line with the agreed plan.

In response to questions, the Director of Finance & Strategy confirmed that cost pressures, as detailed in the report, continue to drive the overspend for Health Board retained services of £7.07m. The Q1 financial position report has now been finalised and provides a level of confidence that £17.5m of the £25m target efficiency savings will be delivered through the range of cost improvement schemes and efficiency initiatives that have been developed as part of the RTP framework, and work was underway to look at contingency plans for the further £7.5m. The remaining £30m financial gap will require to be addressed through further service change initiatives, supported through the transformation aspect of our RTP framework. The Director of Finance & Strategy emphasised the clear expectation from Scottish Government that the Board is required to deliver a break-even position. It was advised that the overspend position had reduced, from a £2m overspend in excess of where the Board anticipated the position to be at month two, to £1.5m at month three.

The Director of Finance & Strategy explained the process being worked through with partners in relation to the increasing level of risk associated with the overspend in the IJB, and the consequent potential for a risk-share situation in-year. The Interim Director of Health & Social Care confirmed that no external support had been sought at this point in relation to financial recovery, but with support from NHS and Council colleagues, considerable efforts are being made to reduce the overspend position. An update on work being undertaken to try to mitigate costs in some of the service areas was provided.

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

9. PLANNING

9.1. Reforming Services and Reforming the Way we Work

The Chief Executive referred to the letter from the Director General Health & Social Care, Chief Executive of NHS Scotland, dated 5 June 2024, which had been discussed at each the Governance Committees in July 2024. An executive summary was attached to the covering SBAR, drawing attention to the key points from the letter and highlighting how the work being taken forward locally is aligned to the direction of travel nationally. It provided opportunities for Fife as a 'centre of excellence' participating on a national and regional basis, and to think differently about service delivery across the

health and care system. The Director of Reform & Transformation took members through the paper in detail.

In response to questions, it was noted that initial discussion at various Chair, Chief Executive and Director levels across Scotland has been undertaken in relation to reforming the way we work, and that a programme of national engagement will be outlined in due course. The Director of Reform & Transformation clarified there will be no new national clinical strategy, however, target operating models and a framework of how services could be delivered in the future - nationally, regionally and locally - is currently being developed and will be discussed later in the day at the private session of the Board. The Chair agreed that a clinical strategy / framework for Fife referencing the reform work should be developed as soon as possible, and she encouraged the production of this over the next few months.

The Chair highlighted the need for NHS Fife to have planning at the front and centre of all discussions and decisions. She highlighted the importance of being able to model what will happen to local population demographics, its potential impact on future performance, and the need to consider what services may or may not be able to be provided going forward. The need to be pro-active was emphasised.

The Chief Executive referred to the Population Health & Wellbeing Strategy, noting that NHS Fife was the only Board in Scotland to have an all-encompassing strategy that gave a solid foundation to take forward reform. She emphasised the will and ambition of the team to be on the front foot to reform services, both in an acute setting and working with partners about primary and community services. The Medical Director explained one of the drivers for reforming acute services in Scotland, which related to an escalation specifically around oncology and vascular services, to ensure these were sustainable for Scotland going forward. However, it was noted that this would require significant infrastructure and system change. The Medical Director reminded members that over 90% of healthcare interaction takes place outwith a hospital setting and it was therefore essential for Scotland to focus on returning GP and primary care services to a sustainable model of care going forward.

The Board **discussed** the paper, examining and considering the implications on pending reform programmes to NHS Fife, **encouraged** the clinical framework to progress quickly, **highlighted** the need for further discussion around planning and **agreed** that this be a standing item on the Board agenda going forward.

10. STANDING COMMITTEE REPORTS

10.1. Board Committee Membership

The Chair presented the paper, which outlined the recent Board Committee Membership appointment changes, presented for formal Board approval. Due to the departure of Cllr Downie from the Board, it was noted that a vacancy remained on the Audit & Risk Committee, and this would be addressed as a priority when the new Local Authority member is appointed.

The Board **formally approved** the new Committee membership arrangements effective from 1 August 2024.

10.2. Governance Committee Chairs' Reports

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

A Grant, Chair of the Audit & Risk Committee, confirmed that a verbal report on the Audit & Risk Committee dated 20 June 2024 was provided at the Fife NHS Board (Annual Accounts) meeting held on 25 June 2024.

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 12 July 2024. She highlighted the work done and actions to be taken around the corporate risks aligned to the Clinical Governance Committee and that the committee noted a limited level of assurance related to the Patient Experience and Feedback Report due to the ongoing challenges in responding to both Stage 1 and 2 complaints, although there was an acknowledgement of the considerable work underway to improve processes.

A Morris, Chair of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 16 July 2024 and he had nothing to add to the written report provided.

The Chair, as Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board from the meeting held on 1 July 2024 and she had nothing to add to the written report provided.

C Grieve, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 9 July 2024. He confirmed that the committee discussed the challenges around the workforce and that the committee noted a limited level of assurance on the update provided on Core Skills / Mandatory Training and Protected Learning Time. The Chair asked if there was an improvement Plan for the PDPR target and was advised that an in-year plan is in place to be reported through the Staff Governance Committee.

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

11. GOVERNANCE

11.1. NHS Fife Corporate Objectives 2024/25

The Chief Executive was pleased to present the paper setting out the proposed Corporate Objectives for 2024/25, which had been discussed at each of the Governance Committees and the Remuneration Committee in July 2024. It was noted that each corporate objective was assigned to at least one Director, and a Corporate Objectives Review Group had been established to report on progress against delivery of the corporate objectives. Updates will be provided through the various committees in due course.

The Board took **significant assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health & Wellbeing Strategy and the RTP Framework, and **approved** the Corporate Objectives for 2024/25.

12. STATUTORY AND OTHER COMMITTEE MINUTES

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

- 12.1. Audit & Risk Committee dated 20 June 2024 (unconfirmed)
- 12.2. Communities & Wellbeing Partnership dated 5 June 2024 (unconfirmed)
- 12.3. Fife Health & Social Care Integration Joint Board dated 28 March 2024
- 12.4. Fife Partnership Board dated 21 May 2024 (unconfirmed)

Approved Minutes:

- 12.5. Audit & Risk Committee dated 16 May 2024
- 12.6. Clinical Governance Committee dated 3 May 2024
- 12.7. Finance, Performance & Resources Committee dated 7 May 2024
- 12.8. Public Health & Wellbeing Committee dated 13 May 2024
- 12.9. Staff Governance Committee dated 14 May 2024

13. ANY OTHER BUSINESS

None.

14. DATE OF NEXT SCHEDULED MEETINGS

Wednesday 25 September 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital.

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

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Wednesday 25 September 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	26/09/23	Organisational Learning	Bring paper to future round of governance committees, setting out proposed approach in the interests of providing assurance and enhancing our governance	CP	New approach being worked up through organisational development and quality/clinical governance, with anticipated report to governance committees and Board. Also subject of a presentation at the August Board Development Session. Paper submitted to Clinical Governance Committee / Board in September.	September 2024 Closed
2.	28/05/24	Corporate Risk Register – proposed new risk	Consider the issue of drug-related deaths and whether these should be recorded as a stand-alone risk on the Corporate Risk Register	JT/FM	Public Health has reached out to other Boards to ascertain their position with regards to this potential risk. A meeting has been held with Director of Public Health, Consultant in Public Health, Interim Director of HSCP and Associate Director for Risk & Professional Standards. It has been agreed a 'deep dive' will be carried out to explore clarity of responsibilities and what is both in and out of scope.	January 2025
3.	25/06/24	External ISA 260 Audit Report 2023/24 / Annual Accounts	Request an independent review via the IJB Chief Officer about the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend	CP	Letter sent to Chief Officer and Tripartite meeting arranged for August. We are awaiting feedback from the Chief Officer and Chief Finance Officer on the outcome of the audit review.	November 2024
4.	30/07/24	IPQR	Trajectory for Diagnostics performance to be changed to meet the target of 95% of patients seen within 6 weeks	CD		September 2024
5.	30/07/24	Reforming Services and Reforming the Way we Work	Add as standing item on the Board agenda going forward	GM/CP	Noted on the Board's workplan and will be added as a standing item from November. Awaiting receipt of DL from SGHSCD.	November 2024



Report to the Board on 25 September 2024

BOARD DEVELOPMENT SESSION – 27 August 2024

Background

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

August Development Session

4. The most recent Board Development Session took place in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 27 August 2024. There were two main topics for discussion: Re-form, Transform, Perform Update and Insights into work in progress: Leadership Framework and Organisational Learning.

Recommendation

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

PAT KILPATRICK

Board Chairperson

28 August 2024

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

Executive Summary

There are 54 metrics reported via the IPQR, of which, 12 (relating to Adverse Events; HSMR; Mental Health Incidents; Vacancies; Mental Health Readmissions; Infant Feeding; and Child Development) have no defined trajectory/target.

Quality & Care

- For all 12 metrics that have SPC methodology applied, current position is “within control limits”.

Operational Performance

- Emergency Access performance is not being achieved across all sites nor at Emergency Department, current trajectory not being met for Emergency Department.
- Not achieving trajectory/target for Standard Delays in Acute and Community settings but both achieved within Mental Health
- Trajectory/target met for Cancer 31-days, but both not achieved for Cancer 62-days
- Trajectory achieved for Patient TTG metrics but not target.
- Trajectory achieved for New Outpatients % within 12 weeks and within 5% of trajectory for waits >52weeks. Targets not achieved for both.
- Trajectory achieved for Diagnostics % within 6 weeks and not achieved for waits >26weeks. Targets not achieved for both.

Workforce

- Sickness Absence is currently achieving trajectory but not meeting target.
- PDPR compliance is currently not achieving trajectory/target.

Public Health & Wellbeing

- Smoking Cessation did not achieve target for 2023/24.
- Alcohol Brief Interventions achieved target for 2023/24.

- CAMHS and Psychological Therapies are currently below trajectory for 2023/24, therefore not achieving national target.
- Targets met for Bowel and AAA screening but not for Breast.
- Childhood Immunisations target achieved for 6-in-1 at 12 months but not achieved for MMR2 at 5 years.

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

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The period covered by the performance data is generally up to the end of June 2024. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in [Appendix 1 – Table of Metrics and Data Lag](#)

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each

Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

Commentary from Services will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

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

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

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

A separate report on ADP progress will be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan.

2.3 Assessment

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

New measures included this month and onwards are related to Public Health Screening and Child Health with work to continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics:

Public Health & Wellbeing

- Breast Screening
- Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Infant Feeding
- Child Developmental Concerns

Highlights of July 2024 IPQR

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

Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

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

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Clinical Governance metrics				
Adverse Events	38	Jun-24	-	-
Actions Closed (LAER/SAER)	37.8%	Mar-24	-	50%
HSMR	0.96	Dec-24	-	-
Falls	7.38	Jun-24	-	6.95
Falls with Harm	1.63	Jun-24	-	1.44
Pressure Ulcers	1.24	Jun-24	-	0.89
Ligature Incidents (MH)	0.71	Jun-24	-	-
Incidents of Restraint (MH)	10.70	Jun-24	-	-
Incidents of Physical Violence (MH)	13.55	Jun-24	-	-
Incidents of Self Harm (MH)	0.89	Jun-24	-	-
SAB (HAI/HCAI)	28.0	Jun-24	-	18.8
C Diff (HAI/HCAI)	7.0	Jun-24	-	6.5
ECB (HAI/HCAI)	59.6	Jun-24	-	33.0
Complaints (S1)	59.5%	Jul-24	-	80%
Complaints (S2)	20.5%	Jul-24	50%	60%
Operational Performance metrics				
4-Hour Emergency Access (A&E)	75.3%	Jul-24	-	95%
4-Hour Emergency Access (ED)	68.2%	Jul-24	72%	75%
Delayed Discharges (Acute/Comm)	46	Jul-24	43	39
Delayed Discharges (MH/LD)	7	Jul-24	10	10
Antenatal Access	92.9%	Jun-24	-	80%
Cancer 31-Day DTT	95.0%	Jun-24	94%	95%
Cancer 62-Day RTT	71.1%	Jun-24	82%	95%
Patient TTG % <= 12 weeks	45.4%	Jun-24	44%	100%
Patient TTG waits > 52 weeks	642	Jun-24	656	0
New Outpatients % <= 12 weeks	41.6%	Jun-24	35%	95%
New Outpatients waits > 52 weeks	4970	Jun-24	4877	0
Diagnostics % <= 6 weeks	62.8%	Jun-24	30%	100%
Diagnostics > 26 weeks	50	Jun-24	24	0
FOI Requests	90.1%	Jul-24	-	85%
Staff Governance metrics				
Sickness Absence	7.17%	Jun-24	8.00%	6.50%
PDPR	44.5%	Jul-24	47.5%	60.0%
Vacancies (Medical & Dental)	19.5	Mar-24	-	-
Vacancies (Nursing & Midwifery)	165.1	Mar-24	-	-
Vacancies (AHPs)	27.4	Mar-24	-	-

Public Health & Wellbeing metrics				
Smoking Cessation	285	Mar-24	473	473
Alcohol Brief Interventions	120%	Mar-24	-	80%
Mental Health Readmissions <28 days	3.6%	Mar-24	-	-
CAMHS WT	70.8%	Jun-24	75.0%	90%
Psychological Therapies WT	67.8%	Jun-24	73.0%	90%
Drugs & Alcohol WT	93.1%	Mar-24	-	90%
Breast Screening	73.4%	Mar-23	-	80%
Bowel Screening	66.2%	Apr-23	-	60%
AAA Screening	87.3%	Mar-23	-	85%
Immunisation: 6-in-1 (at 12 months)	95.1%	Mar-24	-	95%
Immunisation: MMR2 (at 5 years)	85.7%	Mar-24	-	92%
Infant Feeding	31.6%	Mar-24	-	-
Child Developmental Concerns	18.4%	Mar-24	-	-

This report provides the following Level of Assurance:

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

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

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

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

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 15 August 2024
- **Staff Governance Committee**, 03 September 2024
- **Clinical Governance Committee**, 06 September 2024
- **Public Health and Wellbeing Committee**, 09 September 2024
- **Finance, Performance and Resource Committee**, 10 September 2024

2.3.9 Issues for Escalation to the NHS Fife Board

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

The Staff Governance Committee raised a point on the level of assurance for Workforce aspects of the IPQR: indicating that this should be limited rather than moderate, given the position on Absence and PDPR.

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

Appendix 1 – Table of Metrics and Data Lag

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

Appendix 2 – Trajectories to end of 2024/25

Metric	To achieve by YE Mar-25	
Adverse Events	50%	Percentage of LAER/SAER actions from Major and Extreme Adverse Events to be closed on time
Inpatient Falls	6.95	Rate to reduce by 15% to compared to baseline (YE Sep-21) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]
Inpatient Falls with Harm	1.44	Rate to reduce by 10% compared to baseline (YE Sep-21) [rate: number of Inpatient Falls with Harm per 1,000 Occupied Bed Days]
Pressure Ulcers	0.89	Rate to reduce by 20% compared to baseline rate (FY 2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]
Ligature Incidents (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Restraint (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Physical Violence (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Incidents of Self Harm (Mental Health)	TBC	Rate to reduce [rate: number of incidents per 1,000 Occupied Bed Days]
Healthcare associated infection – SAB	6.5	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – C Diff	33.0	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – ECB	18.8	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
S2 Complaints Closed in Month on Time	60%	Percentage of Stage 2 complaints to be completed within 20 working days
4-Hour Emergency Access (ED)	75%	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer
Delayed Discharges (Standard) Acute/Comm	39	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce
Delayed Discharges (Standard) MH/LD	10	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce
Cancer 31-Day DTT	95%	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment
Cancer 62-Day RTT	85.4%	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)

Patient TTG % <= 12 Weeks	44%	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat
Patient TTG waits > 52 weeks	186	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
New Outpatients % <= 12 Weeks	35%	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
New Outpatients waits > 52 Weeks	5110	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
Diagnostics % <= 6 Weeks	30%	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test
Diagnostics > 26 Weeks	1116	Number of patients waiting 26 weeks or more for diagnostic appointment is to reduce
Freedom of Information Requests	85%	Percentage of requests to be closed on time
Sickness Absence	6.5%	Percentage of staff sickness hours
Personal Development Plan & Review (PDPR)	60%	Percentage of PDPRs completed
Vacancies (Medical & Dental)	N/A	Number of vacancies to be reduced
Vacancies (Nursing & Midwifery)	N/A	Number of vacancies to be reduced
Vacancies (AHPs)	N/A	Number of vacancies to be reduced
Smoking Cessation Total (2024/25)	500	Number of successful smoking quits at 12 weeks post quit across Fife
Smoking Cessation 40% SIMD (2024/25)	325	Number of successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas
Alcohol Brief Interventions	80%	Deliver 80% of Alcohol Brief Interventions in Priority Settings (Primary Care, A&E and Antenatal)
Mental Health Readmissions within 28 days	TBC	Readmission rate for Mental Health Specialties within 28 days of discharge to reduce
CAMHS Waiting Times	90%	Percentage of young people to commence treatment for specialist CAMH services within 18 weeks of referral
Psychological Therapies	73%	Percentage of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard 90%)
Drugs & Alcohol Waiting Times	90%	Percentage of clients to wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
Breast Screening	80%	Percentage of uptake of females between age of 50-70
Bowel Screening	60%	Percentage of all people between age of 50-74 (invited to participate) to have a final outright test result

AAA Screening	85%	Percentage of men screened before reaching age 66
Immunisation: 6-in-1 at Age 12 Months	95%	Percentage of children to receive 6-in-1 vaccinations by 12 months of age
Immunisation: MMR2 at 5 Years	92%	Percentage of children to receive MMR2 vaccination by the age of 5
Infant Feeding	TBC	Proportion of infants exclusively breastfed at 6-8 weeks
Developmental Concerns	TBC	Percentage of children with one or more developmental concerns recorded at the 27-30 month review



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at July 2024
Produced in August 2024

Introduction

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

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

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

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. Performance RAG is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target. All charts with SPC applied will be formatted consistently based on the following;



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

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
13 August 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		

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

Movement Key	
▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment.

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

B. Indicator Summary

Quality & Care			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	LAER/SAER	% Actions Closed on Time	37.8%	52.2%	▼		Inpatient Falls	7.38	7.44	◆		Pressure Ulcers	1.24	1.52	▲		
	Ligature Incidents (Mental Health)	0.71	0.33	▼		Incidents of Restraint (Mental Health)	10.7	12.0	▲		Incidents of Physical Violence (Mental Health)	13.55	10.22	▼			
	Incidents of Self Harm (Mental Health)	0.89	0.82	▼		SAB HAI	28.0	16.7	▼		C Diff HAI	7.0	6.7	◆			
	ECB HAI	59.6	46.7	▼		S1 Complaints Closed in Month on Time	59.5%	68.9%	▼		S2 Complaints Closed in Month on Time	20.5%	21.4%	▼			
Operational Performance			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Emergency Access	A&E	75.3%	74.4%	▲		Delayed Discharges (Standard)	Acute/Comm	46	55	▲		Cancer	31-day DTT	95.0%	96.1%	▼
		ED	68.2%	66.4%	▲			MH/LD	7	9	▲			62-Day RTT	71.1%	73.6%	▼
	Patient TTG	% <=12weeks	45.4%	47.1%	▼		New Outpatients	% <=12weeks	41.6%	40.9%	▲		Diagnostics	% <=6weeks	62.8%	59.9%	▲
		>52 weeks	642	642	◆			>52 weeks	4970	4845	◆			>26 weeks	50	44	▼
Finance			Current	Change				Current	Change								
£	Revenue Resource Limit Performance	(£17.207m)	£	Capital Resource Limit Performance	£1.274m												
Workforce			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Sickness Absence	7.17%	7.11%	◆		Personal Development Plan & Review	44.5%	43.5%	▲		Vacancies	Medical & Dental	6.2%	7.5%	▲		
		Nursing & Midwifery	3.8%	4.6%			▲										
		AHPs	3.7%	4.7%			▲										
Public Health & Wellbeing			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Smoking Cessation	40% Most Deprived	285	255	▲		Alcohol Brief Interventions	120%	120%	◆		Mental Health Readmissions within 28 days	3.6%	2.4%	▼		
	CAMHS	70.8%	86.0%	▼		Psychological Therapies	67.8%	70.9%	▼		Drugs & Alcohol	93.1%	83.8%	▲			
	Breast Screening	73.4%	—	—		Bowel Screening	66.2%	—	—		AAA Screening	87.3%	86.8%	▲			
	Childhood Immunisation	6-in-1 @ 12 months	95.1%	94.9%	▲		Childhood Immunisation	MMR2 @ 5 years	85.7%	89.6%	▼						
	Infant Feeding	31.6%	30.5%	▲		Child Development	18.4%	15.1%	▲								

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

C1. Quality & Care

To improve the quality of health and care services

6 **4** 2 - -

◀ ▶ **Moderate**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Major/Extreme Adverse Events	38	Month	Jun-24		○	▲	▲		●
LAER/SAER - % Actions Closed on Time	37.8%	Month	Mar-24	50%	●	▼	▼		●
HSMR	0.96	Year to	Dec-23		●	—	—		●
Inpatient Falls	7.38	Month	Jun-24	6.95	○	◆	▼		●
Inpatient Falls with Harm	1.63	Month	Jun-24	1.44	○	▼	▼		●
Pressure Ulcers	1.24	Month	Jun-24	0.89	○	▲	▼		●
Ligature Incidents (Mental Health)	0.71	Month	Jun-24		○	▼	▼		●
Incidents of Restraint (Mental Health)	10.70	Month	Jun-24		○	▲	▼		●
Incidents of Physical Violence (Mental Health)	13.55	Month	Jun-24		○	▼	▼		●
Incidents of Self Harm (Mental Health)	0.89	Month	Jun-24		○	▼	▼		●
SAB - Healthcare associated infection	28.0	Month	Jun-24	18.8	○	▼	▼		● YE Dec-23
C Diff - Healthcare associated infection	7.0	Month	Jun-24	6.5	○	▼	▲		● YE Dec-23
ECB - Healthcare associated infection	59.6	Month	Jun-24	33.0	○	▼	▼		● YE Dec-23
S1 Complaints Closed in Month on Time	59.5%	Month	Jul-24	80%	●	▼	▼		● 2022/23
S2 Complaints Closed in Month on Time	20.5%	Month	Jul-24	50% 60%	○	▼	▲		● 2022/23

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile



LAER/SAER Actions Closed on Time

50% of LAER/SAER actions from Major and Extreme
Adverse Events to be closed on time

37.8%

5 ↑

actions to be
closed on time
to achieve target

Data Analysis

Actions Closed (Reported to Mar-24)

There were 14 actions relating to LAER/SAER closed on time in Mar-24, from a total of 37, which equates to a performance of 37.8%: a decrease on the 52.2% the previous month (Feb-24) and less than the 48.8% seen the previous year (Mar-23).

There were 389 actions open at the end of Mar-24, with 82 (21.1%) being within time. On average, 56 actions have been closed per month in year to Mar-24 compared to 32 per month in the 12 months prior.

Adverse Events (Reported to Jun-24)

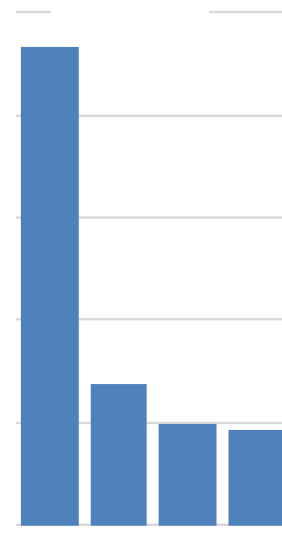
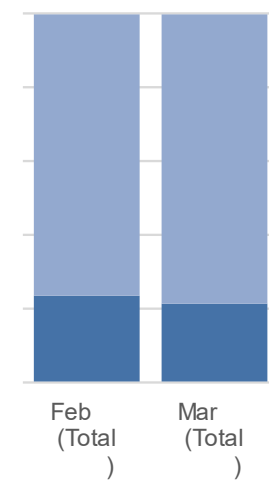
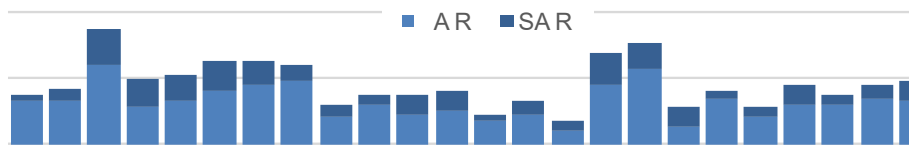
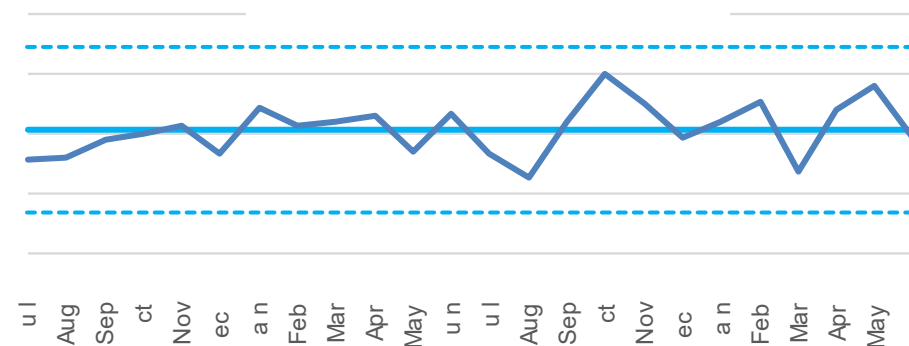
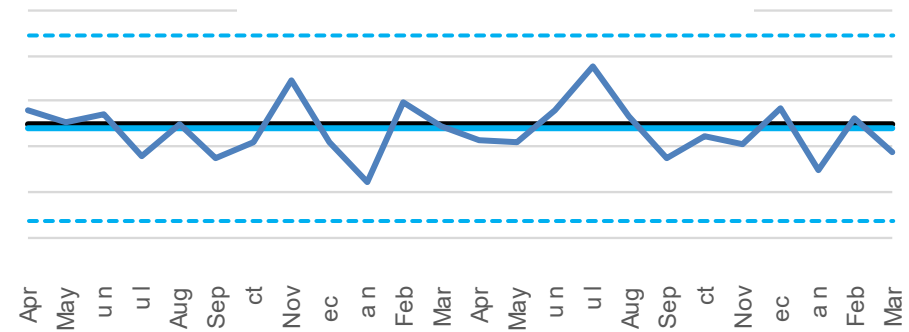
There were 38 Major/Extreme adverse events reported in Jun-24 out of a total of 1,466 incidents.

72% of all incidents were reported as 'no harm'. Over the past 12 months, 'Pressure Ulcer developing on ward' has been the most reported Major/Extreme incident (233) followed by 'Cardiac Arrest' (69 incidents), and then 'Other Clinical Events' (49 incidents).

Achievements & Challenges

In June, Clinical Governance Oversight Group (CGOG) approved a refreshed approach to the Adverse Event trigger list which aligns with the HIS Framework. Managing the volume of SAERs is an ongoing challenge for clinical teams. It is anticipated that once embedded, the redefined trigger list will

- reduce the volume of SAERs
- initiate the development of systems, processes and governance to enable thematic learning and improvement planning in key areas, specifically falls and tissue viability
- ensure that there is a consistent approach to reporting levels of harm and commissioning the most appropriate type and level of review to enable learning. Work continues to improve the compliance with the closure of actions on time. As part of this work, it has been agreed at CGOG that the improvement plans for all SAERs which have a review conclusion outcome 4 (preventable events) will be returned to the SAER Exec Panel for agreement and oversight.



C1. Quality & Care



Inpatient Falls

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

7.38

12 ↓

falls to achieve target

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

1.63

6 ↓

falls to achieve target

Data Analysis

The number of inpatient falls in total was 203 in Jun-24, 12 less than month prior but similar to March & April. This equates to a rate of 7.38 falls per 1,000 Occupied Bed Days (OBD). Performance therefore exceeds the target of < 6.95 but remains within control limits and is on par with the 24-month average.

Average rate was 7.35 for YE Jun-24 compared to 7.68 for YE Jun-23.

The number of inpatient Falls 'with Harm' was 45 in Jun-24, 6 more than the month prior. This equates to a rate of 1.63 falls per 1,000 OBD: thus, performance exceeds the target of < 1.44 but remains within control limits and is on par with the 24-month average.

Average total rate was 1.62 for YE Jun-24 which was the same for YE Jun-23.

In Jun-24, Acute Services saw a decrease in All Falls rate (21 fewer falls, rate of 6.92); whereas HSCP saw an increase in All Falls rate (9 more falls, rate of 7.79).

In the last 3 months - looking only at Falls with Harm - Falls classified as 'Minor Harm' accounted for 82%; 'Moderate Harm' accounted for 11%; and 'Major Harm' accounted for 7% (same figures as reported QE Apr-24).

Achievements & Challenges

At the recent Safer Mobility & Falls Reduction Oversight Group meeting, it was noted that the Acute Falls group will be focussing on:

- Risk identification
- Preventative Intervention
- Staff Competency
- Interdisciplinary Collaboration
- Continuous Monitoring
- Patient Engagement

Work is ongoing to develop Link Practitioners.

HSCP update highlighted areas for improvement and have engaged with Clinical & Care Governance Team to support the improvement work required.

Discussion is underway regarding adopting the national framework for Adverse Events including definitions for major and moderate harms.



Data Analysis

The total number of pressure ulcers in Jun-24 was 34, which was 10 less than the month previous. This equates to a rate of 1.24 per 1,000 Occupied Bed Days (OBD). Performance therefore remains outwith the target of <0.89 per OBD and above the 24-month average though remains within control limits.

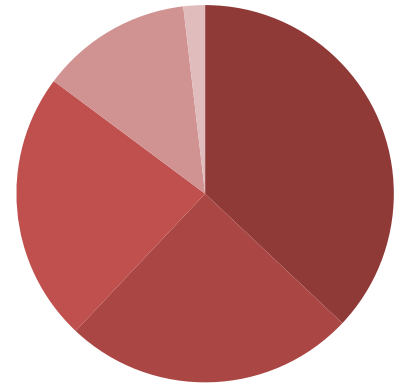
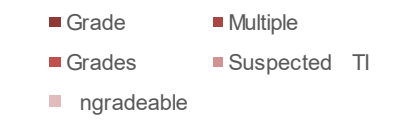
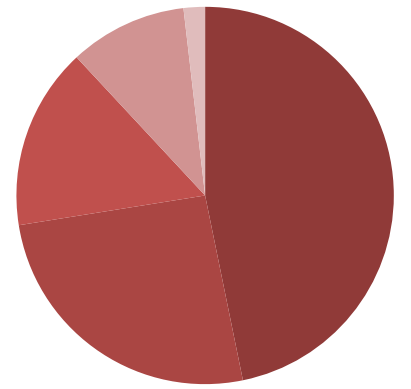
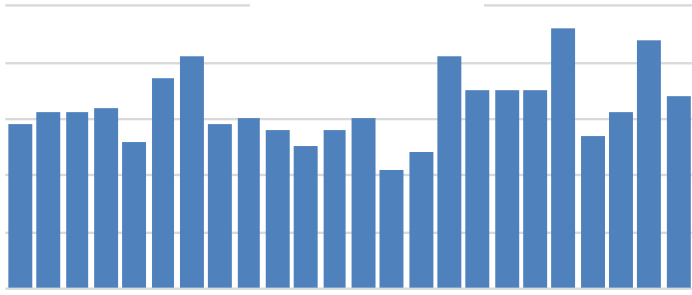
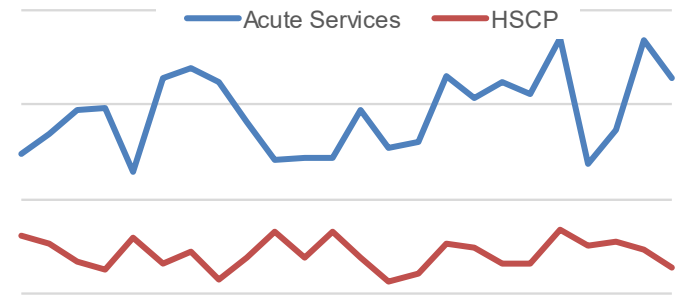
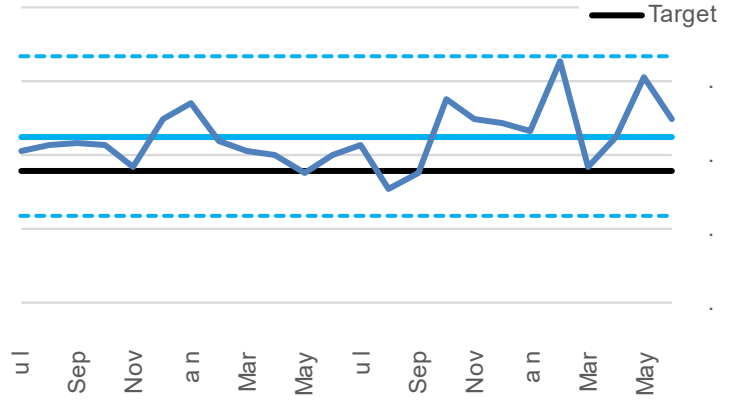
The number of pressure ulcers in Acute Services in Jun-24 was 30, 7 less than in May-24 (rate decreased from 2.69 to 2.28). For YE Jun-24, the average number of pressure ulcers was 28 (rate 2.06); whilst the average number in YE Jun-23 was 24 (rate 1.79).

In HSCP, the average number of pressure ulcers for YE Jun-24 was 6 (rate 0.40); whilst the average number in YE Jun-23 was 7 (rate 0.44).

Most pressure ulcers continue to be in Acute Services with 90 recorded in QE Jun-24 compared with 19 in HSCP. Of all Pressure Ulcers recorded in QE Jun-24, Grade 2 accounted for 37% of the total; with Grades 3 & 4 accounting for 25%.

Achievements & Challenges

Acute Services face significant challenges in addressing on ward pressure damage, despite ongoing improvements. In June 2024, total number of pressure ulcers reduced to 34, with Acute Services reporting 30 cases: a decrease from May 2024. High severity levels persist, with Grade 2 ulcers accounting for 37% and Grades 3 & 4 making up 25% in QE June 2024. Efforts to address these issues include the joint Acute and HSCP Tissue Viability Improvement Group, which fosters collaborative strategies. Monthly meetings for link practitioners and 'Ward of the Week' initiative promote adherence to best practices and accountability. Ongoing education ensures staff are equipped with the latest prevention techniques. Regular service reviews help identify and implement necessary changes. Organisational learning will be trialled as part of a cluster review across Acute: incorporating input from the Tissue Viability Nurse (TVN) service, Heads of Nursing, and Quality & Risk teams. This collaborative approach aims to enhance prevention strategies and improve overall care quality. Within HSCP, the TVN team are providing targeted support to wards/clinical areas with higher incidence of pressure damage: the team are developing an education schedule which includes delivery to our care home colleagues. Our re-focused TV Improvement group has expanded representation to ensure acute colleagues are represented for collaborative learning and information sharing: the group is focused on the 7 standards from the SPSP Change package. We have also adopted a 'cluster review' approach to any TV related LAERs to ensure system-wide learning.





Mental Health Quality Indicators

Reduce Ligature Incidents (rate per 1,000 Occupied Bed Days)	0.71
Reduce incidents of Self Harm (rate per 1,000 Occupied Bed Days)	0.89
Reduce Incidents of Restraint (rate per 1,000 Occupied Bed Days)	10.70
Reduce Incidents of Physical Violence (rate per 1,000 Occupied Bed Days)	13.55

Data Analysis

There was 274 incidents reported in relation to Mental Health wards in Jun-24, a slight increase from 264 previous month but remains above 24-month average of 230 per month. There were four Ligature incidents reported in Jun-24, last 4 months below average after previous 7 months were above, with Feb-24 outwith control limits. The number of incidents of self-harm was 5 in Jun-24, same as month prior, fourth month in row below 24-month average.

Rate of Restraint has reduced from 24-month high of 15.6 per 1,000 Occupied Bed Days in Feb-24 to 10.7 in Jun-24, a reduction in incidents from 92 to 60. 76 incidents of Physical Violence were reported in Jun-24, an increase from 62 month prior, equating to a rate of 13.6 per 1,000 Occupied Bed Days, which is highest since 16.0 was reported in Sep-23.

Achievements & Challenges

Ongoing programme of work to the environment including the preparation of W3 QMH and the decant of 4 wards in rotation to upgrade the environment in each of them. Work within W3 QMH, has commenced but is not yet ready for accommodating patients. This work had been temporarily paused to allow for further consideration on clinical service design, which has been recommenced. Completion date for the whole project is expected to be at least 2 years.

The Ligature in patient mental health operational group is a working partnership between NHS Fife Health and Safety, Mental Health Management Team and NHS Fife Estates. The group exists to ensure that all H&S Environmental Ligature risk assessments are up to date with associated action plans to mitigate identified risk, as far as is reasonably practicable, and for the delivery of these action plans to be monitored and, where necessary escalated. There has been a Ligature Policy developed for NHS Fife and Fife HSCP with the final draft policy being shared widely for consultation. This policy and EQIA was discussed at the Fife Policy and Procedure Coordination and Authorisation Group and needs some minor changes before approval.

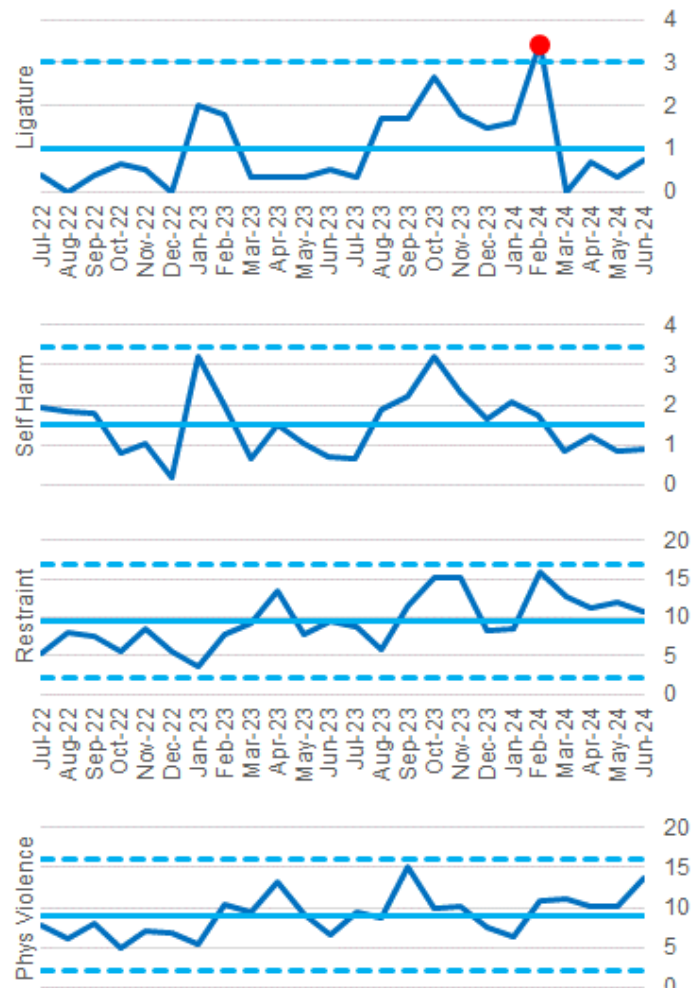
Within the in-patient ward areas, staff continue to be vigilant for any ligature concerns and manage patients individually according to their risk assessments and changes in their behaviours, management of patient risks would be through their care plans, and updated risk assessments to ensure safety plans are in place.

The number of self-harm except for tying ligatures is low, and there is currently no concentrated work on reducing self-harm. The ward staff continue to be vigilant for self-harm, awareness of patient's histories and behaviours with risks managed through their own individual care plans.

Work continues to reduce restrictive practice with monthly meetings of the Reducing Restrictive Practice Group (RRPG) to review progress. The initial stage of this work has concentrated on best practice for restraint, training and IM medication. The next stage, the group are moving on to is to implement Scottish Patient Safety Programme (SPSP) work including the creation of a driver diagram and consideration for small PDSA's and improvement work. This will involve work on Leadership and Culture, Safe Clinical Care, Safe Communications and Person-Centred care.

Work with HIS Improving Observation Practice has not continued and therefore there is a need to re-establish this workstream and align improvements to the policies. This has been acknowledged by the service, but work is yet to begin in this area.

Rate per 1000 Occupied Bed Days





Healthcare Associated Infections

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

7.0



1 infections to achieve target

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

59.6



8 infections to achieve target

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

28.0



3 infections to achieve target

The **CDI HAI/HCAI** rate increased to 7.0 in Jun-24. The cumulative total of HCAI infections for past 12 months (n=18) is significantly lower than the same period previous year (n=44), The number of recurring infections has also decreased.

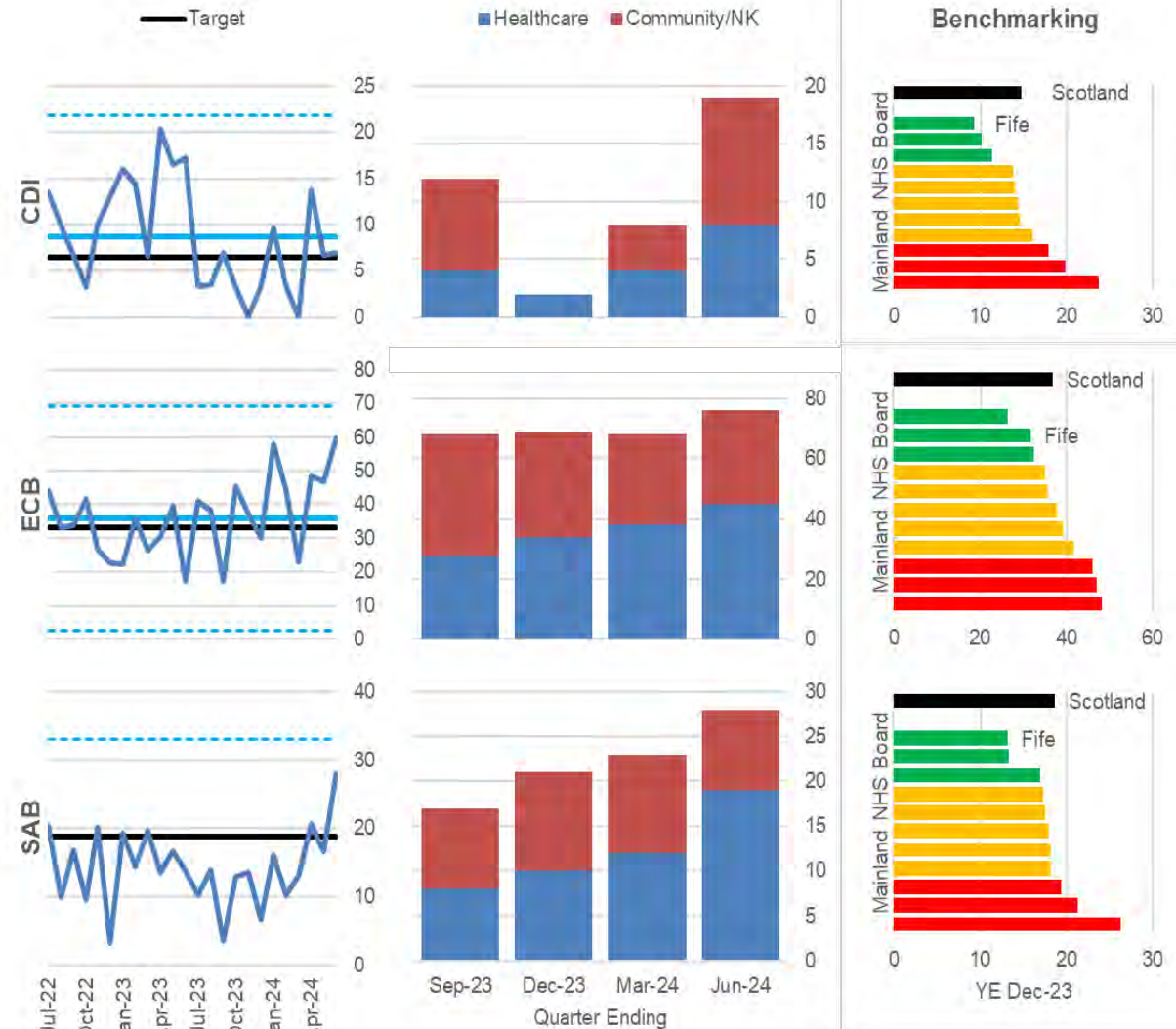
All CDI cases are assessed for risk factors leading up to the CDI infection. Previous antibiotic usage (in the 12 weeks leading up to the infection) and PPIs (Protein Pump Inhibitors) remain the most commonly seen risk factors amongst cases. A new hospital onset CDI root cause analysis form has recently been developed to assist IPCT Nurses to review each CDI patient with a more holistic approach.

The **ECB HAI/HCAI** rate increased to 59.6 in Jun-24 with number of healthcare infections increasing from 14 in May-24 to 17 in Jun-24. The cumulative number of HCAI infections over last 12 months (n=145) is higher than the same period previous year (n=112) and this increase is also seen in the number of CAUTI related ECBs. Urinary Catheter related infections have been responsible for 33 of the 145 infections in the last year (22.8%) the 'Not Known' category accounts for 22.8% of reported HCAI infections.

Regular Urinary Catheter Improvement Group (UCIG) meetings continue to take place. The aim of the group is to establish CAUTI reduction improvement work. A Urinary Catheter insertion/maintenance electronic tool continues to be developed for Patientrak, with the hope of near future rollout. Each CAUTI related ECB is reported on Datix and undergoes a CCR to ascertain any learning. Monthly meetings continue to take place to explore and discuss recent cases.

The **SAB HAI/HCAI** rate was 28.0 in Jun-24, with the rate rising to its highest level in the last 24 months. Of the 48 HCAI cases reported in the last 12 months, 14 have been categorised as 'Vascular Access Devices (VA)' with 11 'ther' or 'Not Known' and 4 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=49) was lower than during the same timeframe the previous year (n=53).

VADs remain a challenge for hospital acquired SABs and ongoing work continues. All dialysis line related SABs will undergo a Complex Care Review (CCR) to ascertain learning. SABs have been removed from the Risk Register due to NHS Fife achieving the LDP target set for 2023/24.





Complaints

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

59.5%

8



closed on time to achieve target

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

20.5%

13



closed on time to achieve trajectory

Data Analysis

There were 36 Stage 1 complaints received in July-24, with 37 closed. Of those closed 22 (59.5%) were within timescales. 61% of 41 complaints that were due in the month, were closed on time.

There were 25 Stage 2 complaints received in July-24, all acknowledged within timescales, with 44 closed. 18.2% of 33 complaints that were due in the month, were closed on time.

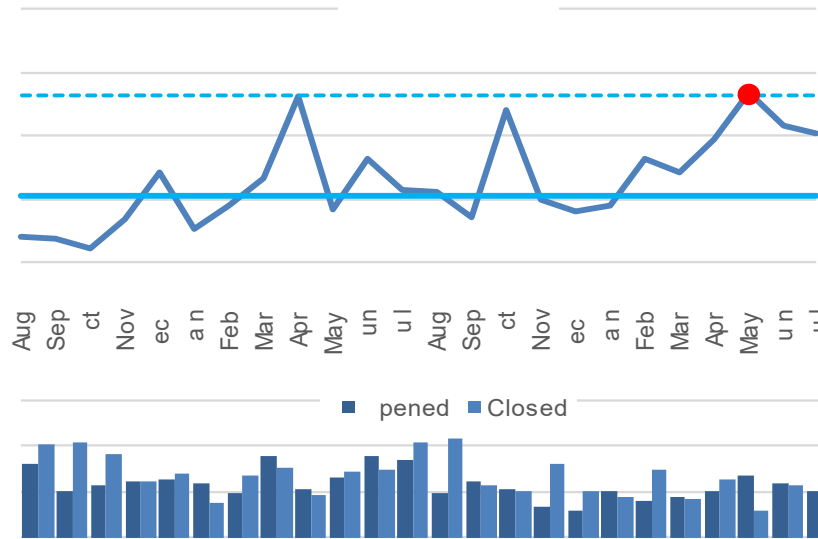
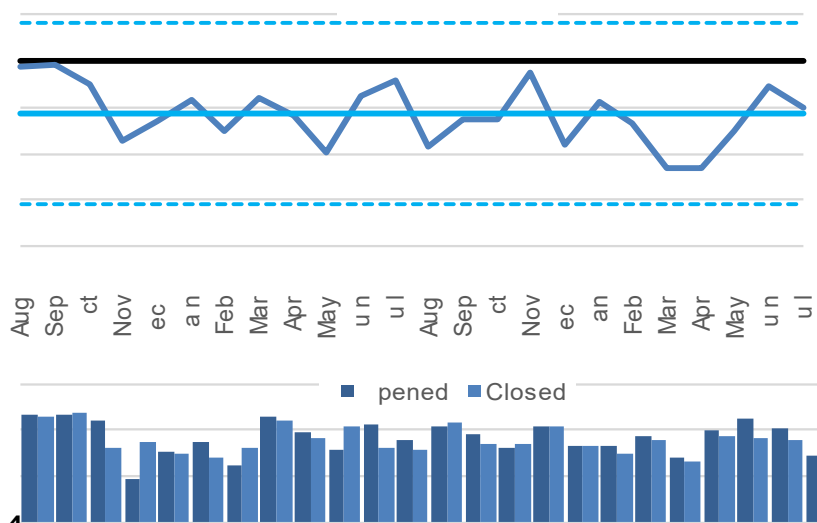
At the beginning of Aug-24, there were 2 stage 1 complaints over 70 days, 7 stage 2 complaints over 81 days, with 1 more than 161. There are now only 3 complaints over 100 days with 1 over 200 days. This shows significant progress in reducing delayed complaints.

Achievements & Challenges

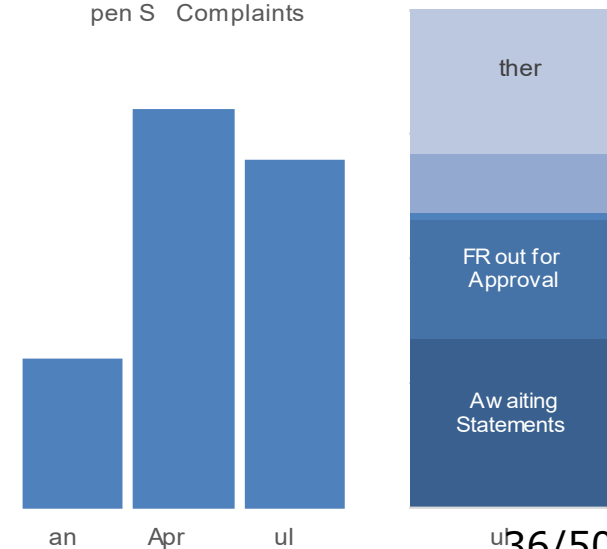
There are ongoing staffing challenges within the Patient Experience Team (PET), the team's dedication remains unwavering. The addition of absences has caused delays, impacting our ability to respond to concerns, enquiries, and complaints within timeframes. The main focus and priority complaints and weekly meetings continue to support the progression of cases, with any barriers or delays being promptly escalated to the Head of PET as required and internal escalation within the Services. Challenges with the compliance of the Stage 1 Concerns and Enquiries process across Acute and the H&SCP continue. Work is being done with services to remind them of the benefits of early resolution and encourage contact with the complainant by telephone or face-to-face in the first instance. Some services are opting to provide written responses for Stage 1 concerns, enquiries, and concerns, which causes delays within the process.

Significant efforts have been made to reduce the number of complaints over 100 days, with only 3 complaints over 100 days and o1 over 200 days. Of the 3 over 100 days. The other 2 are complex and involve a Significant Adverse Event Review (SAER), but progress is being made. The one over 200 days is complex and involves a SAER with additional questions from the complainant following feedback from the SAER meeting with the family.

The new Stage 2 Investigation Template has been tested in the Medical Directorate, with positive feedback received. It has now been shared with all services for their comments. The aim is to reduce the burden of providing a complaint response with a more streamlined form and to enhance the quality of the response with a checklist of what makes a good statement. Following a review of any returned comments, the aim is for the template to go live across all services by the end of August 2024. The PET has continued complaints training within services, with further training sessions scheduled for Aug and Sep 2024.



pen S Complaints



C2. Operational Performance

To improve the quality of health and care services

6 4 2 - -

Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	75.3%	Month Jul-24		95%	○	▲	▼		● Jun-24
4-Hour Emergency Access (ED)	68.2%	Month Jul-24	72%	75%	●	▲	▼		● Jun-24
Delayed Discharges (Standard) Acute/Comm	46	Month Jul-24	43	39	○	▲	▲		● Jun-24
Delayed Discharges (Standard) MH/LD	7	Month Jul-24	10	10	●	▲	▼		● Jun-24
Antenatal Access	92.9%	Quarter Jun-24		80%	●	▲	▲		● CY 2022
Cancer 31-Day DTT	95.0%	Month Jun-24	94%	95%	○	▼	▼		● QE Mar-23
Cancer 62-Day RTT	71.1%	Month Jun-24	82%	95%	○	▼	▼		● QE Mar-23
Patient TTG % <= 12 Weeks	45.4%	Month Jun-24	44%	100%	●	▼	▼		● Mar-24
Patient TTG waits > 52 weeks	642	Month Jun-24	656	0	●	◆	▼		●
New Outpatients % <= 12 Weeks	41.6%	Month Jun-24	35%	95%	●	▲	▼		● Mar-24
New Outpatients waits > 52 Weeks	4970	Month Jun-24	4877	0	●	◆	▼		●
Diagnostics % <= 6 Weeks	62.8%	Month Jun-24	30%	100%	●	▲	▲		● Mar-24
Diagnostics > 26 Weeks	50	Month Jun-24	24	0	●	▼	▲		●
Freedom of Information Requests	90.1%	Month Jul-24		85%	●	▲	▼		●

Finance

To deliver value and sustainability

7 5 2 - -

Moderate

Revenue Resource Limit Performance	(£17.207m)	Month Jul-24			●	—	—		●
Capital Resource Limit Performance	£1.274m	Month Jul-24			●	—	—		●

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

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

Local Target: 75% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

75.3%

1,527



within 4 hours to achieve Standard

68.2%

230



within 4 hours to achieve trajectory

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Jul-24 was 75.3%, below National Standard, but a slight increase from month prior though a decrease on year previous (76.0%). Emergency Department performance increased to 68.2% but is below the local ME trajectory which increased in Jul-24 from 70% to 72%.

There were 7,765 unplanned attendances in Jul-24, equivalent to 250 per day: this is a decrease on the 272 per day in month prior; 10% less than in May-24; and 4% more than year prior. There were also 426 planned attendances, with 56% of these occurring at MIUs.

There were 365 8-hour breaches recorded in Jul-24 (similar to month prior) and 94 with a wait longer than 12 hours (an increase of 147% on month prior).

Breach reasons 'Wait for Bed' and 'Wait for 1st Assessment' accounted for 68% of all breaches.

The most recent publication from Public Health Scotland, for month of Jun-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average for both A&E (+5.4%) and Emergency Departments (+1.1%).

Achievements & Challenges

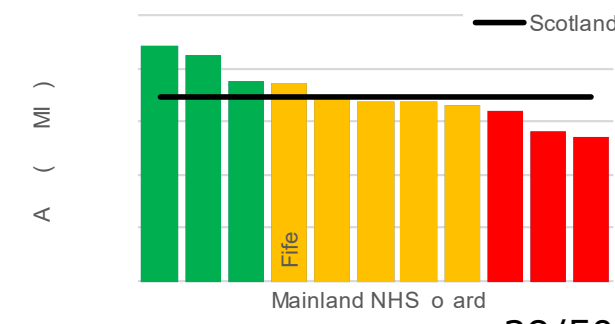
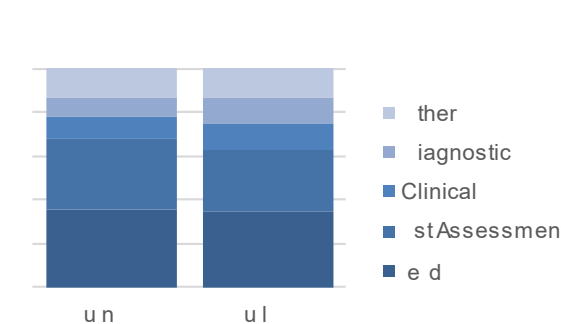
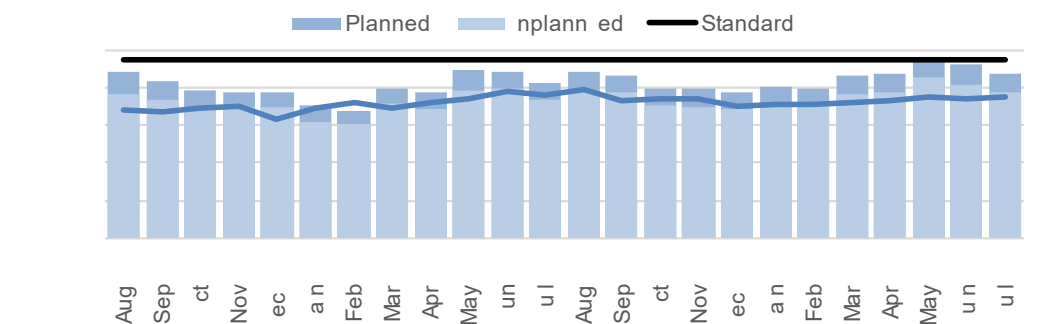
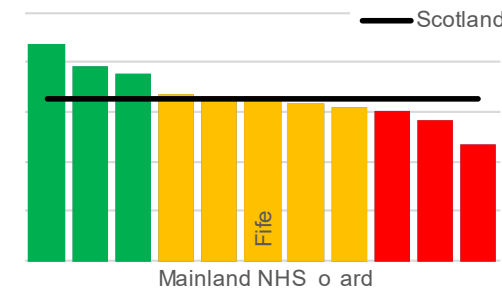
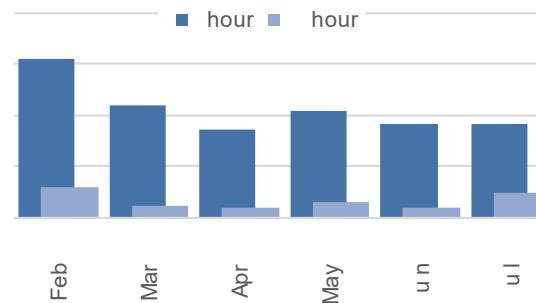
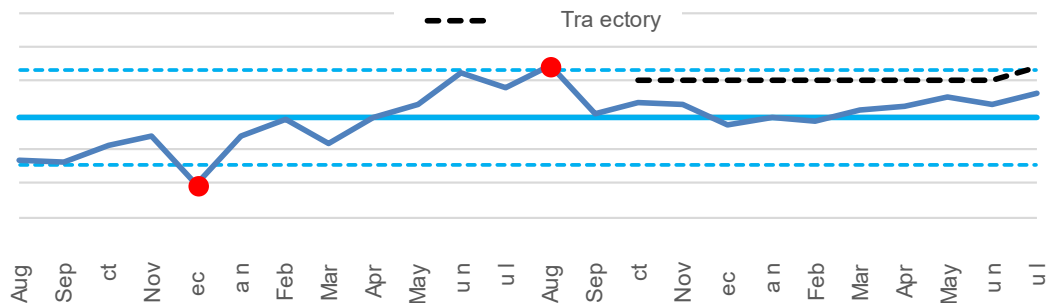
Attendance has remained high at 8155 in June and 7765 in July, although a decrease from the peak in May of 8592 attendances (highest attendance rate recorded) but remains higher than last year. 8-hour breaches have reduced since May.

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

Continued focus on 'Right Care, Right Place'.

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

C2. Operational Performance

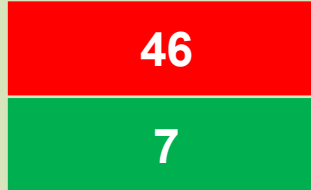




Delayed Discharges

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

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



3 beds occupied to achieve trajectory

Trajectory achieved as of Jul-24

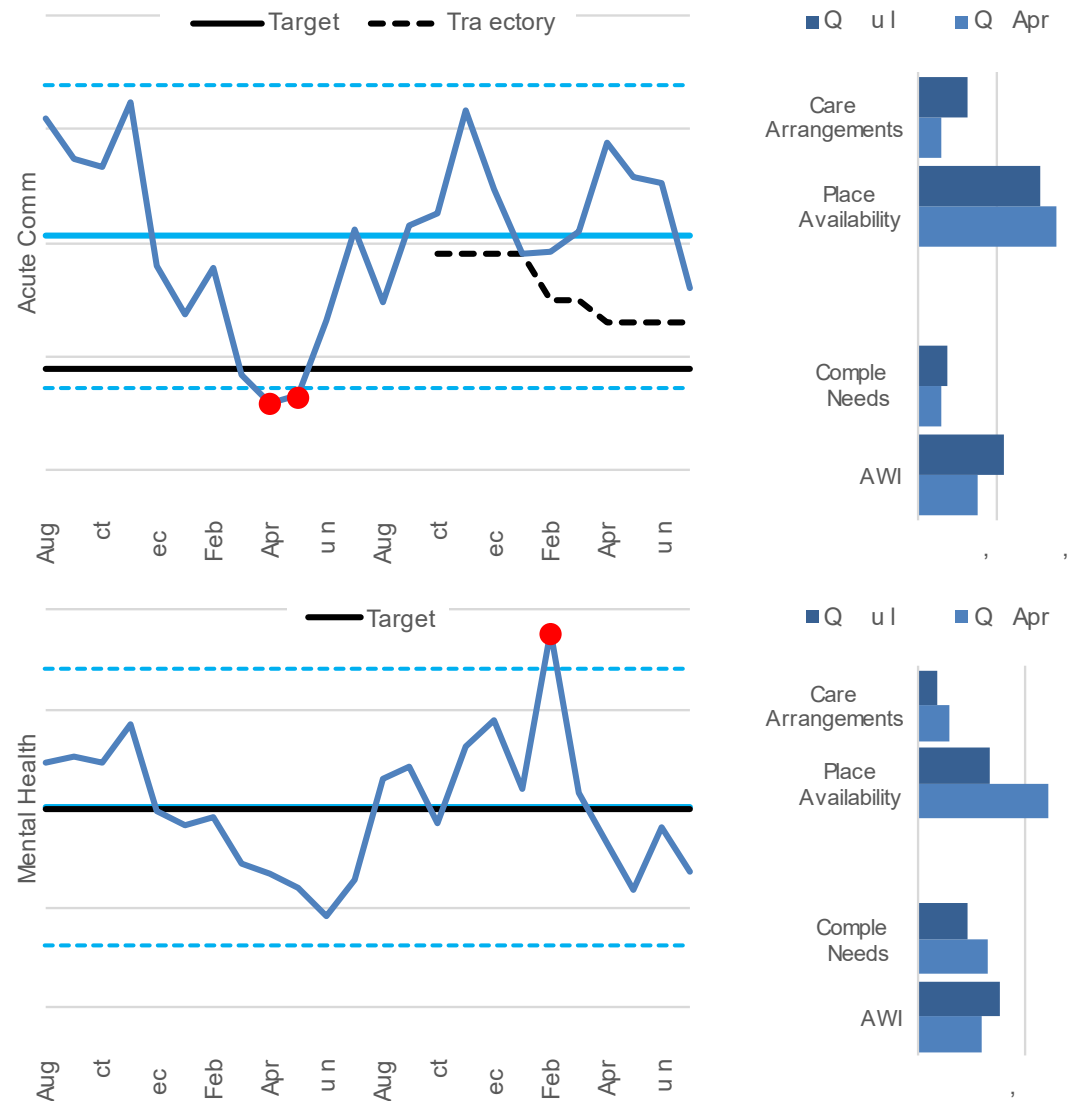
Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number decreased to 46 in Jul-24 (from 55 in Jun-24) with 93% of these delays being attributable to Community. This is above the monthly target of 43 though remains within control limits. In MH/LD services, the average daily number decreased to 7 in Jul-24 (from 9 in Jun-24). This is below the monthly target of 10 and performance target has been achieved for the 4th month in a row.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number increased to 38 (from 26 in Jun-24): this is the highest daily average since Jan-23 and equates to 5.5% of Total Occupied Bed Days. At Jul-24 Census, there were 81 patients in delay (39 Standard delays; 42 Code 9 delays), a slight decrease from 83 the previous month. For MH/LD services, the average daily number increased from 12 in Jun-24 to 13 in Jul-24. The most recent monthly publication from Public Health Scotland, for data up to end of Jun-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 24 delays for Fife against a Scottish average of 32.

Achievements & Challenges

Daily engagement continues between the MH/LD Discharge Coordinator (DC) and senior ward staff to identify individual barriers to discharge and plan accordingly to meet needs. Monthly review groups are in place to consider Complex Delays and DSR alongside weekly multidisciplinary, solution focused, verification/ flow meetings, including the oversight of the Guardianship process. This allows discharges to be expedited, barriers to be identified and escalation to senior managers for resolution where necessary. Individual Social Workers from the hospital discharge team are identified as link social workers to attend MDT meetings across all sites for both Adult and Older Adult wards. Allowing guidance around social barriers to discharge to be discussed at the earliest opportunity. Challenges: the complexity of individual need can create delay despite early discharge planning with an increasing need for social supports including housing and complex care packages, including 24-hr support. There are a limited number of social workers allocated as link social worker with limited capacity and resources. The combination of person-centred discharge planning and timely assessments for all people requiring support on discharge remains a priority. Our Enhanced Intermediate Care Test Of Change that enables us to plan for the modernisation of our rehabilitation services in the community continues with the second PDSA cycle scheduled to commence on Monday the 9th of September. Where possible, the team will provide support and rehabilitation in the persons' own home instead of having to remain in hospital. The Red Cross Test Of Change continues and has now been in place for twelve weeks. This is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions. Both Initiatives will continue to support both complexed patient and system level factors contributing to the challenging picture in standard delays and keep the demands on the services to a sustainable level.



C2. Operational Performance



Cancer Waiting Times

National Standard: 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

National Standard: 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

95.0%

71.1%

Standard achieved as of Jun-24

9 Treated to meet trajectory

Monthly performance against **31-day Standard** decreased from 96.1% in May-24 to 95.0% in Jun-24, remaining above trajectory of 94%. Eligible referrals fell from 154 to 121. There were 6 breaches all within Urology (1 Bladder, 5 Prostate).

Benchmarking data for QE Mar-24 shows that Fife was in the mid-range of all NHS Boards, 95.8% compared to 94.1% for Scotland.

All 5 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue; however, additional theatre sessions are scheduled and the impact of these can be assessed. Range for breaches 6-26 days with an average of 16, a significant decrease from 54 days in May.

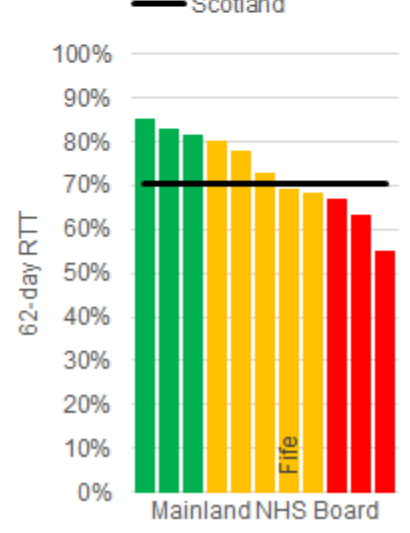
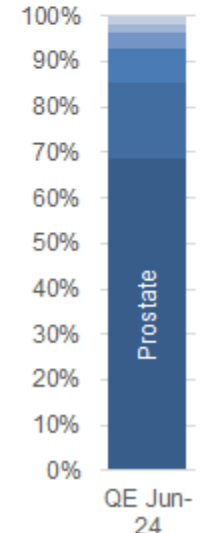
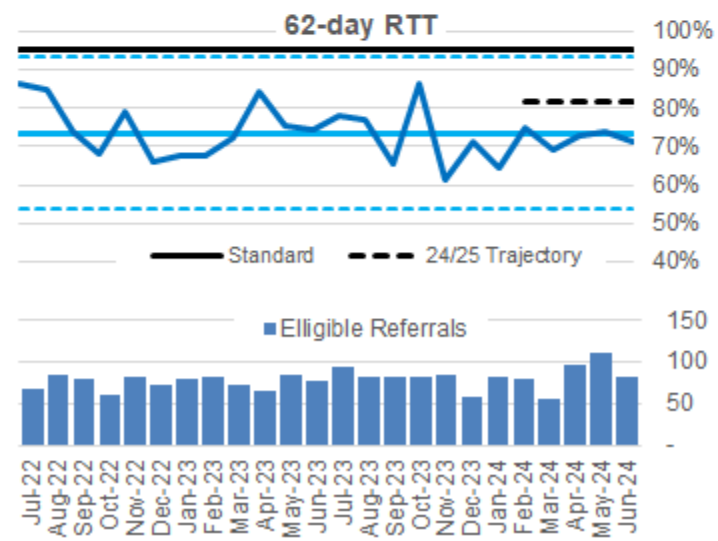
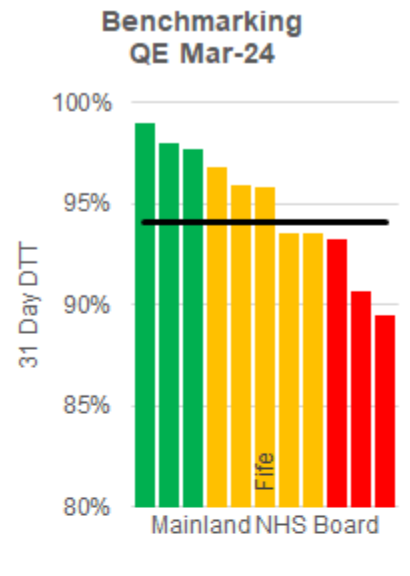
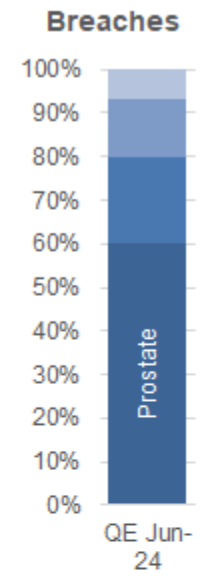
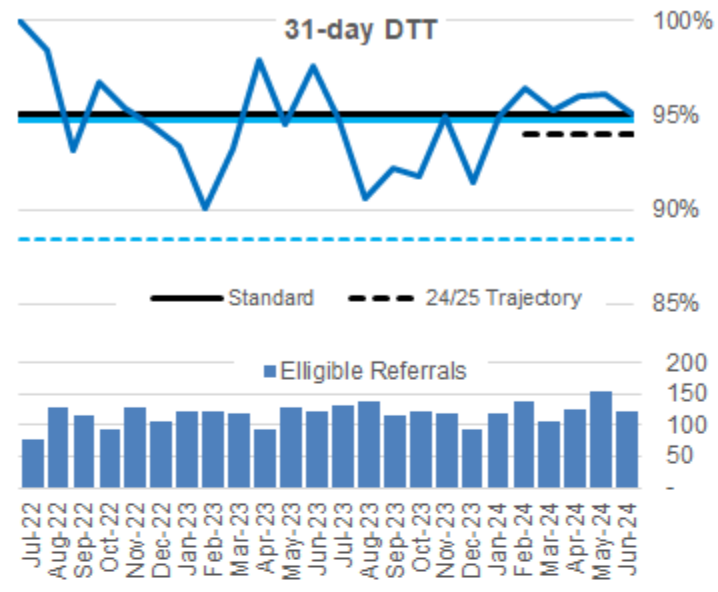
Monthly performance against **62-day Standard** decreased from 73.6% in May-24 to 71.1% in Jun-24 this remains below local trajectory of 81.9%. Eligible referrals decreased from 110 to 83. There were 23 breaches 17 of which were within Urology (16 Prostate, 1 other) the other breaches were 5 Lung, 1 Colorectal and 1 Cervical.

Urgent suspected cancer referrals remain high, particularly in Breast, Colorectal, Lung and Urology. Urology remains our biggest performance challenge with 17 breaches (16 Prostate). Lack of capacity for transperineal biopsy and post MDT appointments are causing significant delays throughout the pathway. Additional post MDT appointments are scheduled and the impact will be assessed. Prostate breach range: 9-131 days, average 33 days (decrease from 45 days in May).

Benchmarking data for QE Mar-24 shows that Fife was in the mid-range of all NHS Boards, 69.5% compared to 70.4% for Scotland.

Further breaches were seen; 1 Colorectal, 4 Lung and 1 Cervical. All Lung breaches were affected by PET/Guided Biopsy capacity issues, the Cervical breach was affected by a long wait from referral to biopsy, but the Colorectal patient was due to staging and investigations with no significant delays. Range for all breaches: 5-131 days, average 28 days (a further reduction from 35 days in May and from 115 days in December)

There is an identified risk on the Cancer Services Risk Register relating to deterioration in Cancer Waiting Times performance. To help reduce this risk: A Lung Nurse Led clinic is being trialled for patients who are for Best Supportive Care. This will release consultant resource.





Treatment Time Guarantee

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

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

45.4%

642

Trajectory achieved as of Jun-24

66 ↓

Waits to meet trajectory

Data Analysis

Monthly performance decreased from 47.1% in May-24 to 45.4% in Jun-24, with 41.6% of ongoing waits within 12 weeks. This is the highest figure since Aug-23.

Waiting list numbers for waits of 'over 12 week' decreased to 4730 in Jun-24. Waits 'over 26 weeks' decreased to 2793, waits 'over 52 weeks' remained at 642. The majority of over 52 weeks lie within Orthopaedic (318) and Urology (218).

Waits 'over 104 weeks' decreased to 38 below projected figures, most are within Urology (17).

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

Achievements & Challenges

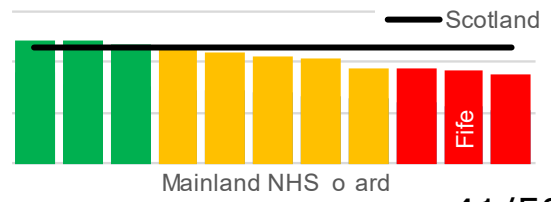
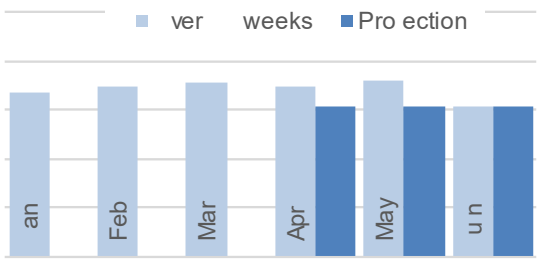
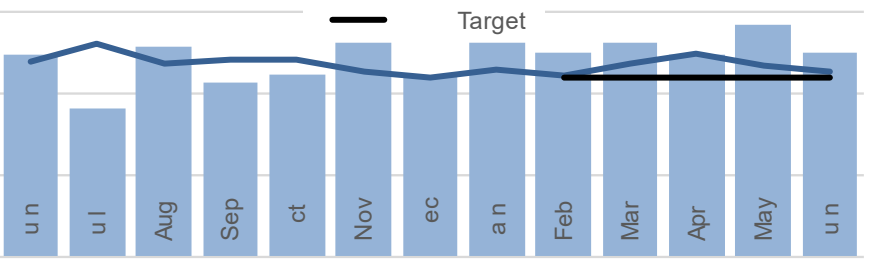
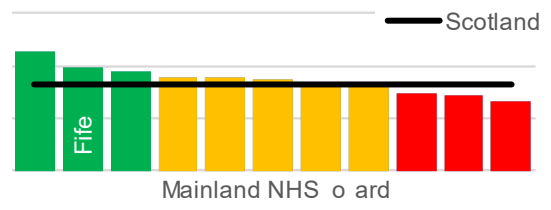
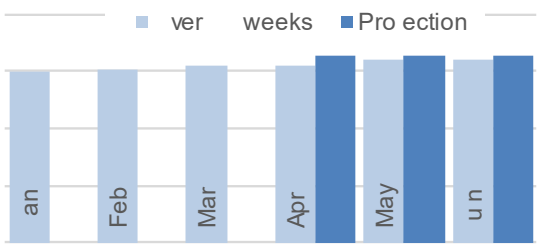
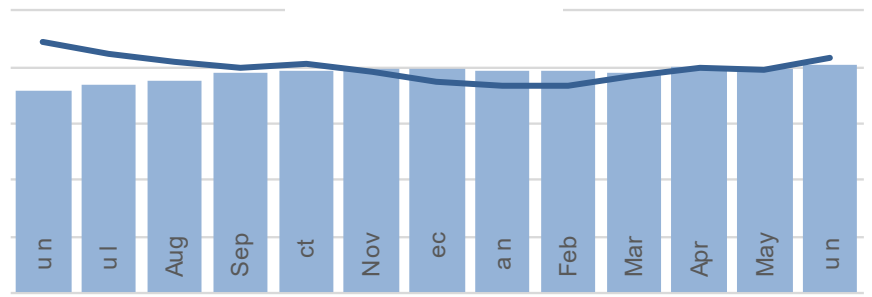
Against projections for 2024/25, in Quarter 1 we delivered 105% of projected capacity, however there continues to be a gap between capacity and demand of approximately 330 procedures per month. The waiting list size as a result continues to rise with the biggest gaps being in Cardiology, General Surgery, Gynaecology, Ophthalmology and Orthopaedics. The demand for June was greater than projected. Although there continues to be an overall deterioration in waiting times, numbers waiting over 26, 52 and 78 weeks have slightly improved since March 2024.

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

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity has been agreed with revised trajectories in place. A sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital has been evidenced and efforts continue to identify productive opportunities to maximise throughput in theatres particularly in Orthopaedics and Ophthalmology and the continuation of waiting list validation.

Progress is being made in relation to identifying a local solution between Urology and Gynaecology for specialist urogynaecological procedures.

C2. Operational Performance





New Outpatients

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

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

41.6%

4,970

Trajectory achieved as of Jun-24

93 ↓

Waits to meet trajectory

Data Analysis

Monthly performance increased to 41.6% in Jun-24. Waits for over 12 weeks decreased to 19,176. Waits for 26 and 78 weeks decreased whilst waits for 52 and 104 weeks increased. Over 78 weeks decreased by 24% to 698, this is below the projected figures. Waits over 104 weeks increased from 52 to 64.

Urology over 52 weeks saw the largest increase of 29.8% from 426 to 553. The largest number of over 78 weeks waits are in Vascular (109) & Neurology (242).

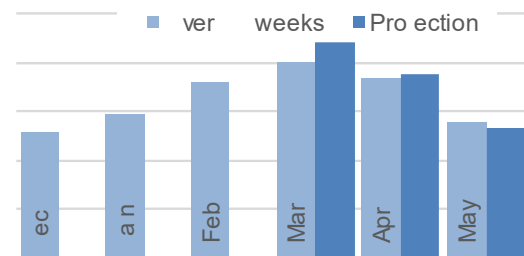
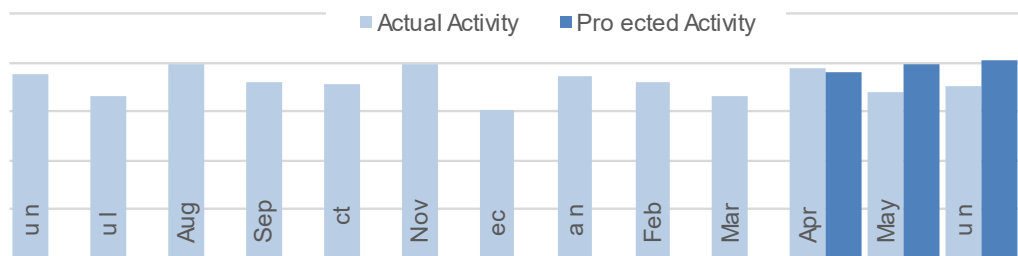
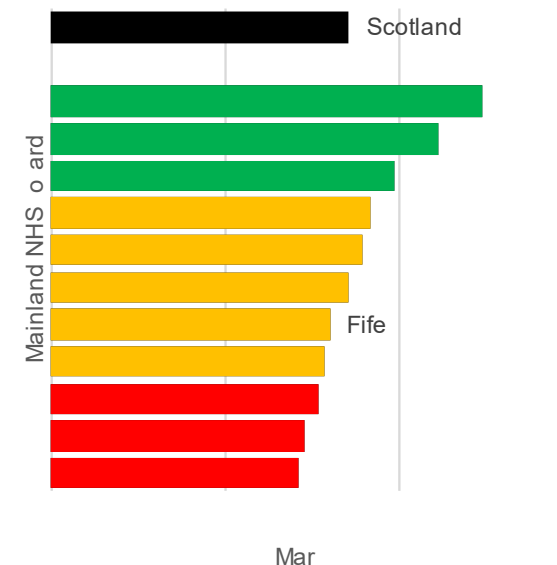
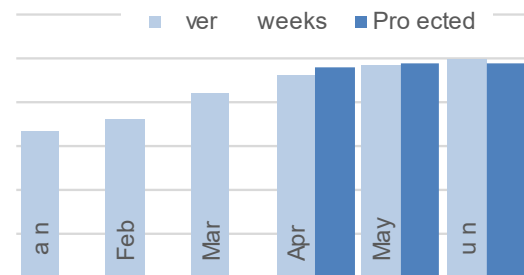
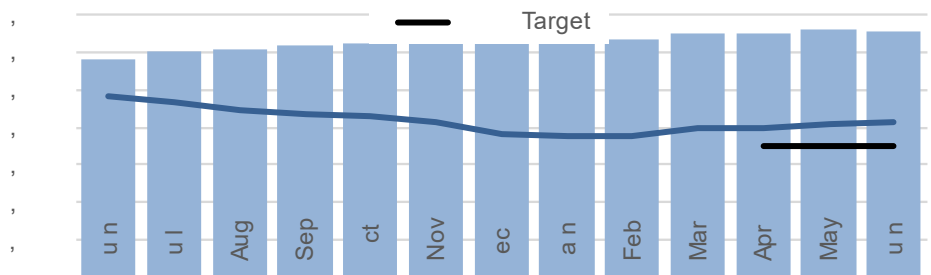
The overall waiting list increased to 32,847 patients in Jun-24. Benchmarking for the QE Mar-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 40.0%, below the Scotland average of 42.8%.

Achievements & Challenges

Against the projections for 2024/25, in Quarter 1 we delivered 98.9% of projected capacity. Demand was as expected, however there remains a gap between capacity and demand as projected with a gap of approximately 460 appointments for June. The biggest gaps continue to be in ENT, Ophthalmology, Urology and Vascular due to a combination of vacancies, increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals. As a result, long waiting times for routine patients continue to increase in several specialities and the waiting list size is increasing, although these are in line with projections. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, Dermatology, Endocrinology, ENT, Gastroenterology, General Surgery, Gynaecology, Neurology, Urology and Vascular. The focus continues to be on urgent suspicion of cancer and urgent patients as well as our long waiting routine patients and delivery additional activity.

Scottish Government funding has been made available to reduce waiting times and maintain and improve planned care performance. The revised plan to deliver additional activity has been agreed with revised trajectories in place. We will continue to focus on reducing long waits and embedding productive opportunities and efficiencies into business-as-usual practice as part of the core allocation such as maximising capacity by continuing to increase the use of ACRT and PIR and continual validation of waiting lists.

C2. Operational Performance





Diagnostics

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

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

62.8%

50

Trajectory achieved as of Jun-24

26 ↓

Waits to meet trajectory

Data Analysis

Monthly performance increased from 59.9% in May-24 to 62.8% in Jun-24, remaining above local trajectory of 30%. Scope performance decreased from 64.8% in May-24 to 59.3% in Jun-24 with Imaging increasing from 59.3% to 63.1%.

In terms of waiting list numbers, this decreased to below 7,000 for first time since Jan-23 with most of the decrease attributed to Ultrasound (4794 to 4280). Scope list decreased from 645 to 632.

The number waiting over 6 weeks decreased to 2561, below projection of 5853, there was increase in waits over 26 weeks (44 - 50). Of which, 6 patients are over 52 weeks.

Benchmarking for the QE Mar-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 51.2%, below the Scotland average of 52.7%.

Achievements & Challenges

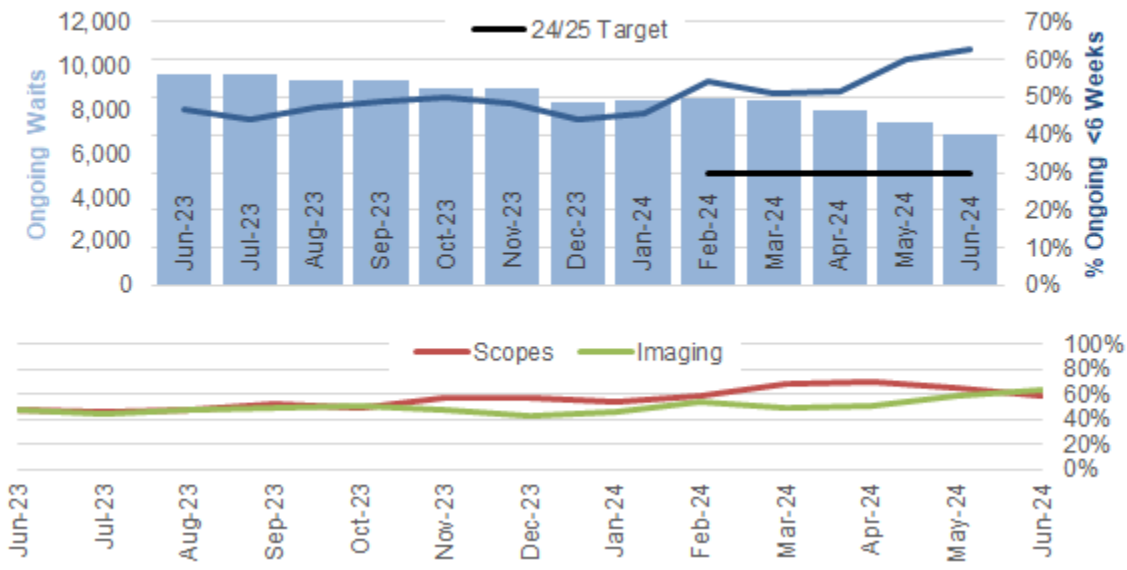
The focus for imaging on urgent referrals remains in place, and all 3 modalities continue to turnaround within target, despite the high proportion of urgent referrals. First quarter SG waiting times funding has achieved additional activity projections, with a corresponding reduction in waiting times and numbers waiting over 6 weeks. Currently there are no patients waiting over 26 weeks, longest radiology wait is currently 17 weeks for ultrasound.

Ultrasound still make up the largest proportion of the waiting list, but the routine waiting time has fallen to 17 weeks (from 26 weeks in April) and the number waiting has fallen by 25%. Locum activity, increased scanner footprint and improvements in the booking process have all contributed. CT In house additional activity supplemented by quarterly mobile scanner visits have kept waiting times on target, despite a loss of activity at the beginning of the quarter due to equipment failure. MRI continue to be supported by SG funded mobile scanner. Funding for implementing "deep resolve" software improvements is being sought from SG, which should reduce dependence on costly mobile scanners.

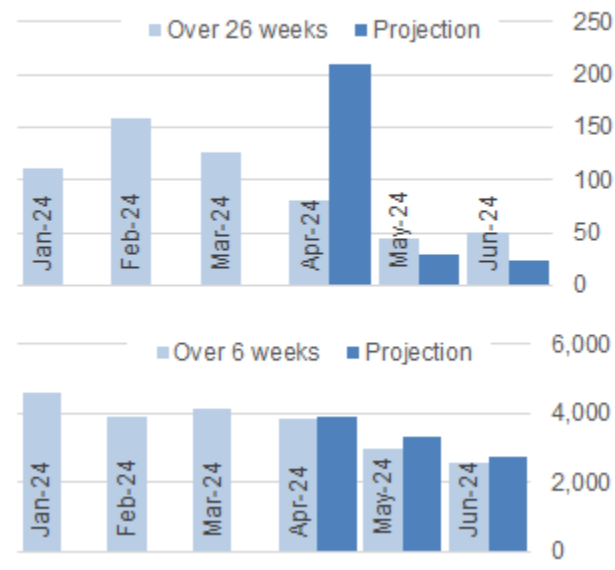
Scopes, the capacity figure includes all capacity which is used for all sources of referral and focus continues to be on urgent, urgent suspicion of cancer and long waits. Decrease in performance is due to more emphasis on surveillance patients. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Pre assessment has been introduced to the Colonoscopy/Sigmoidoscopy group, which is hoped will help reduce DNA/CNA rate, whilst Surveillance/Repeat waiting list for patients beyond their planned recall date continues to reduce month on month.

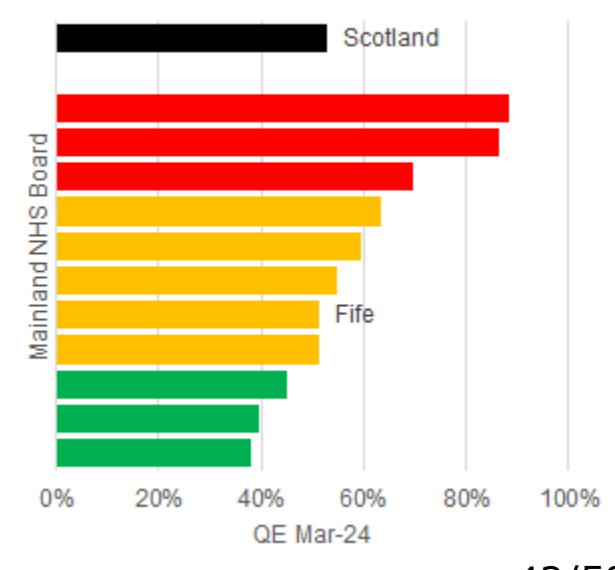
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking



C2. Operational Performance



Expenditure

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

£17.207m

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

£1.274m

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	286,732	99,747	106,494	-6,747
IJB Non-Delegated	10,003	3,334	3,136	198
Non-Fife & Other Healthcare Providers	98,906	33,012	35,318	-2,306
Non Clinical Services				
Estates & Facilities	95,815	31,393	31,504	-111
Board Admin & Other Services	88,826	30,131	30,553	-422
Other				
Financial Flexibility	33,535			0
Income	-34,531	-11,926	-12,179	253
TOTAL HEALTH BOARD RETAINED SERVICES	579,286	185,691	194,826	-9,135
Health & Social Care Partnership				
Fife H & SCP	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072
TOTAL	1,006,820	325,829	343,036	-17,207
Capital Budget 2024/25	CRL New Funding	Total Expenditure to Date	Projected Expenditure 2024/25	
	£'000	£'000	£'000	
Statutory Compliance	2,500	499	2,500	
RTP/Clinical Prioritisation Contingency	750	89	750	
Capital Equipment	1,074	55	1,074	
Digital & Information	1,898	232	1,898	
Mental Health Estate	1,000		1,000	
Capital Staffing Costs	342	112	342	
Capital Repayment	200		200	
Anticipated Funding - HEPMA	723		723	
Anticipated Funding - Medical Education	944	287	944	
Total confirmed CRL	9,431	1,274	9,431	

Review of Financial Performance & Reporting

Revenue Budget

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £55m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate the £25m of this funding gap, the remaining £30m will require to be addressed through further service change initiatives all of which will be delivered by our Re-form, Transform and Perform framework. Early in July Scottish Government advised an additional non recurring £50m for NMF would be allocated to boards. NHS Fife's share of the new funding is £3.4m and reduces the financial gap for 2024/25 to £51.3m

At the end of July, we are reporting an overspend against revenue budget £17.7207m as detailed in table to left. This position includes an overspend for Health Board retained services of £9,135m and £8.072m for the Health and Social Care Partnership (HSCP). The overspend for Health board retained is tracking beyond the financial plan trajectory for the period and further action is required to reduce the board's spending levels and deliver on the specific actions required by the Scottish Government..

The reported overspend on the HSCP of £8.072m is also of concern given our financial plan does not make any assumptions at this stage in relation to cost pressures associated with Fife Integration Joint Board. This matter is being discussed with the HSCP but it poses significant risk to our financial outturn.

Our forecast outturn at March 2025 is £38.3m and reflects a risk share of £16.7m with the IJB and £5m of additional cost for SLAs as a result of a potential increases from other Scottish Health Boards.

Capital Budget

Capital expenditure is limited for the period due to phasing of schemes with costs to date of £1.274m reflecting in the table. The Capital Resource Limit (CRL) is £7.764m as adjusted for 2 anticipated allocations (HEPMA and Medical Education) of £1.667m resulting in a total budget of £9.431m.

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

C3. Workforce

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

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	7.17%	Month Jun-24	8.0%	6.5%	○	◆	▼		● YE May-24
Personal Development Plan & Review (PDPR)	44.5%	Month Jul-24	47.5%	60%	●	▼	▲		●
Vacancies (Medical & Dental)	6.2%	Quarter Mar-24			●	▲	▲		●
Vacancies (Nursing & Midwifery)	3.8%	Quarter Mar-24			●	▲	▲		●
Vacancies (AHPs)	3.7%	Quarter Mar-24			●	▲	▲		●

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

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



Sickness Absence

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

7.17%

Trajectory achieved as of Jun-24

Data Analysis

Sickness absence increased from 7.11% in May-24 to 7.17% in Jun-24.

Short-term absence increased from 3.20% in May-24 to 3.44% in Jun-24, with a decrease in long term absence from 3.91% to 3.72%.

Most sickness absence episodes and hours lost related to mental health related reasons for absence (amounting to 27.5% of all absences).

HSCP has an absence rate above 7%, with Community Care above 9% and Complex & Critical Care above 8%, as is the Medical Directorate.

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

Achievements:

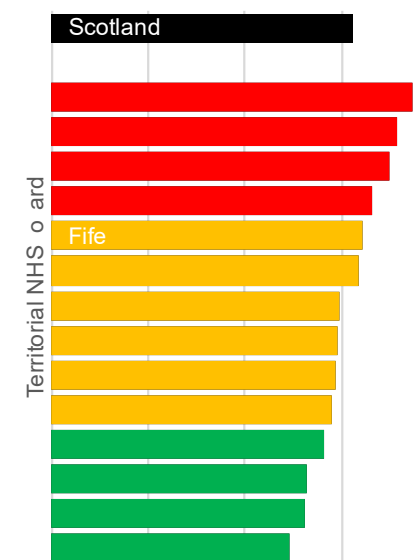
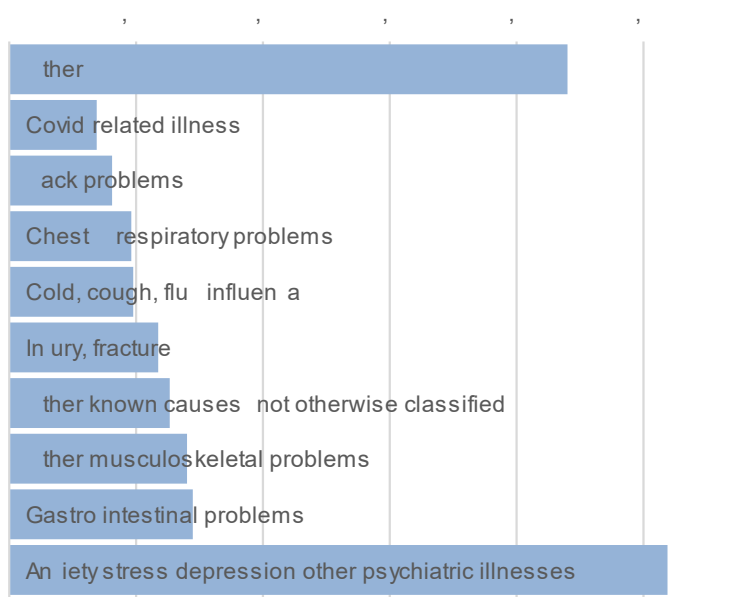
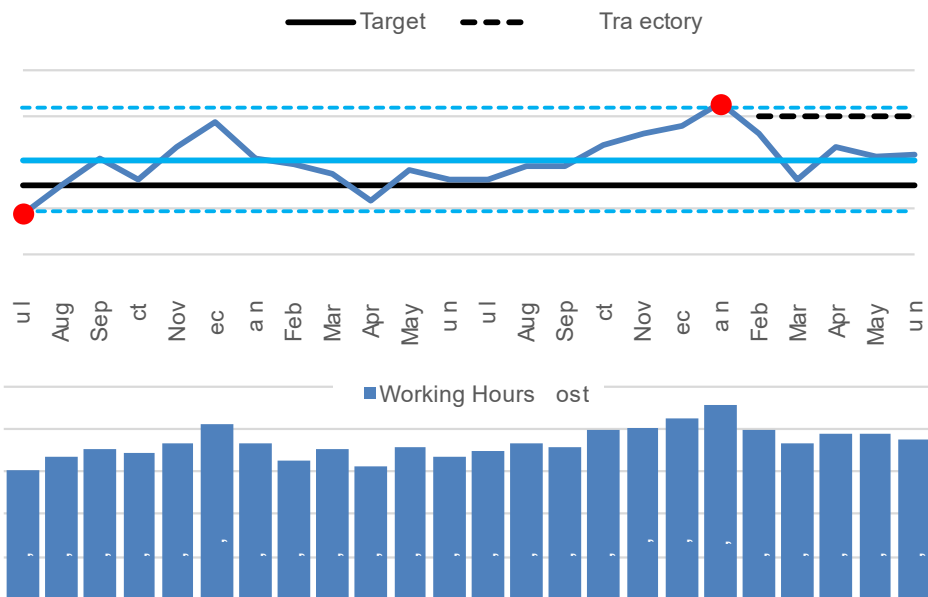
- The newly formed Attendance Management Group have now met, agreed on group membership, have developed their Terms of Reference, as well as an action plan with short-, medium- and long-term activity.
- Promotion of the Attendance Management Training to the appropriate audience.
- Implementation of a Neurodiversity Passport to support managers and neuro diverse staff.

Future/On-going:

- H&SCP colleagues have completed a multifactorial review with recommendations. This requires further analysis to explore the benefits to share approach across the system for all services to use as appropriate.
- Benchmarking with other Boards on their approaches to establish any learning.
- Reviewing the purpose of the Attendance Management Panels, considering their focus and purpose.

Challenges:

- Reviewing 'catch all' absence coding descriptors on SSTs.
- Consideration of the Ageing workforce and working longer, with complex health needs.
- Workforce pressures associated with RiWW.





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

44.5%

9



To achieve trajectory as of Jul-24

Data Analysis

Compliance was 44.5% in Jul-24, an increase of 1.0% from the previous month and an increase of 4.1% on the same month in 2023.

To meet the locally agreed trajectory of 47.5% for July, 282 additional reviews would have been required to be completed, 60% is to be achieved by Mar-25.

The number of reviews held in Jul-24 increased by 8% to 295 from 273, so far in 2024/25 there have been 1434 reviews held compared to 1287 in same period in 2023/24.

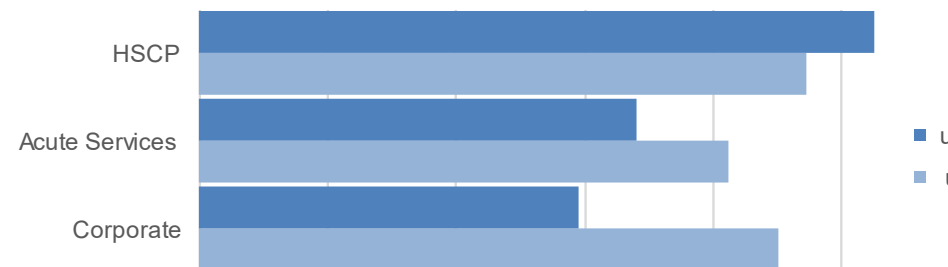
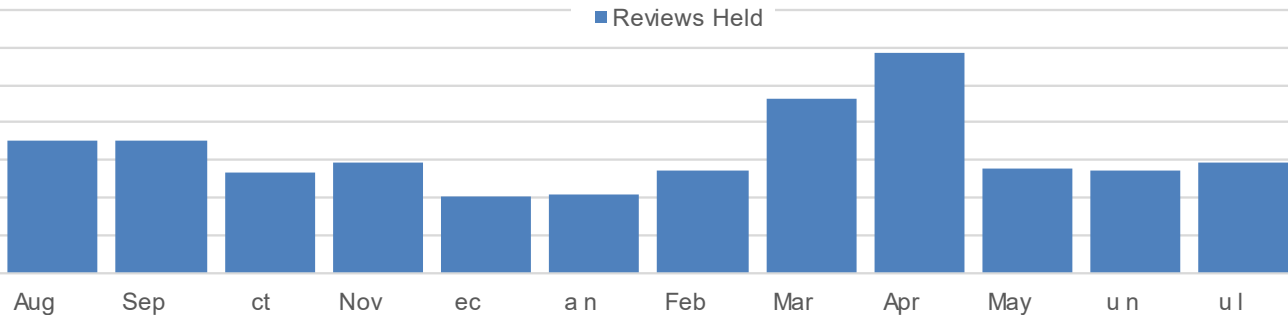
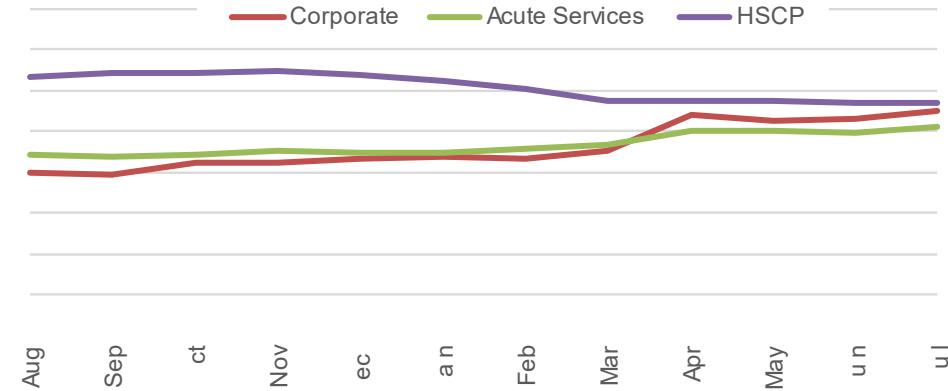
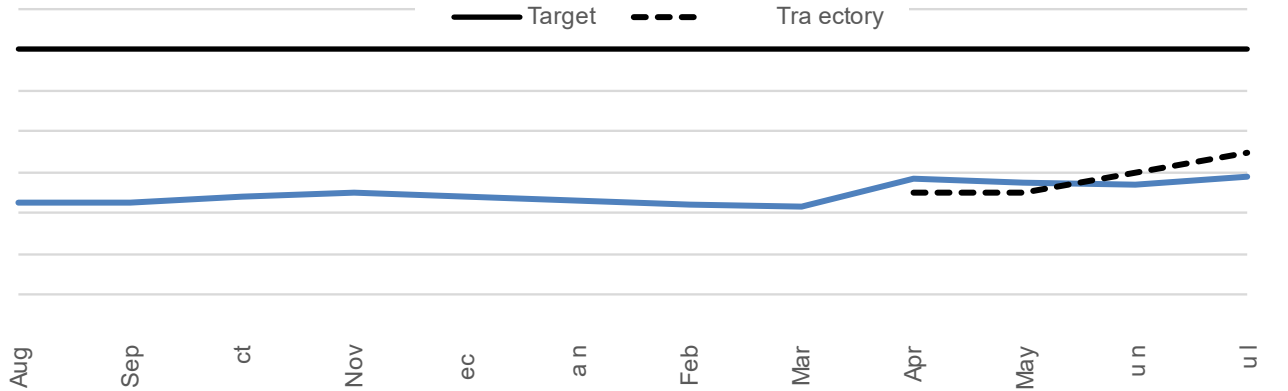
Compliance was highest in HSCP at 47.2%, Primary & Preventative Care has highest compliance within the Partnership with 53.8% with Complex & Critical Care lowest at 40.2%. Corporate Services compliance is 45.0%, an increase of 1.8% from month prior and 15.5% higher than year previous, with Acute Services 41.1%. Surgical Directorate have now achieved over 51% compliance with Medical Directorate at 26.0%.

Achievements & Challenges

The Interim Learning and Development Manager now attends APF, SGC and the Acute Services Division & Corporate Directorates LPF to support adoption of good practice and encourage managers across all directorates to drive up the attainment of PDPR across the year ahead.

Engaging with managers and teams at a local level will support development of individualised team improvement plans and support achievement of the 60% compliance level by end March 2025.

C3. Workforce





Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	6.2%
Nursing & Midwifery (N&M)	3.8%
Allied Health Professionals (AHPs)	3.7%

Medical & Dental WTE vacancies saw a decrease from the Dec-23 figure to 19.5 in Mar-24. The largest number of vacancies falls within a single area of General Psychiatry at 8.

There is a national challenge to recruit permanent staff into Psychiatry. A Short Life Working Group, led by the Clinical Director, Complex & Critical Care has been set up to consider how permanent medical staff can be attracted to work in NHS Fife, with a comprehensive multi-faceted action plan

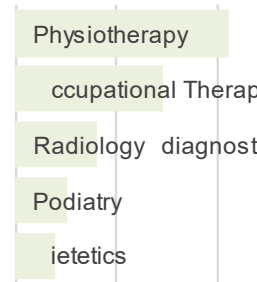
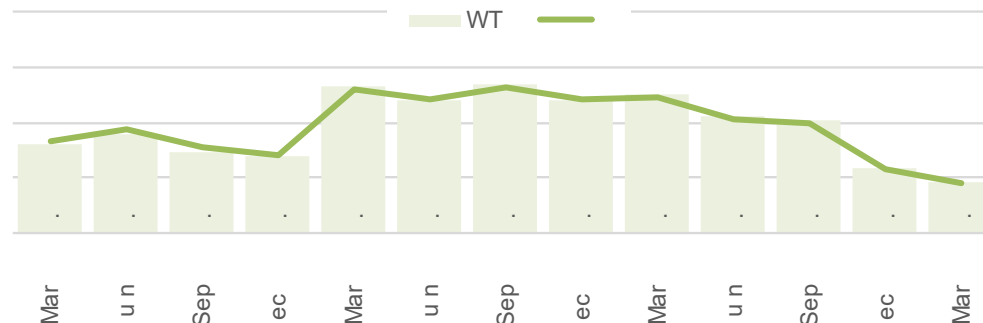
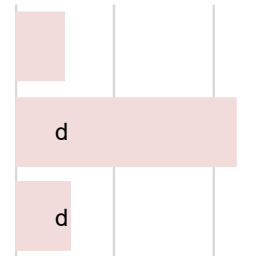
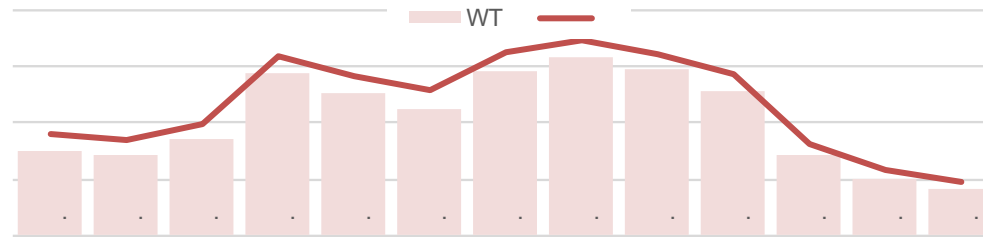
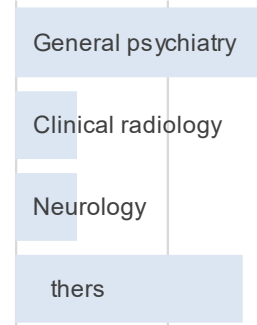
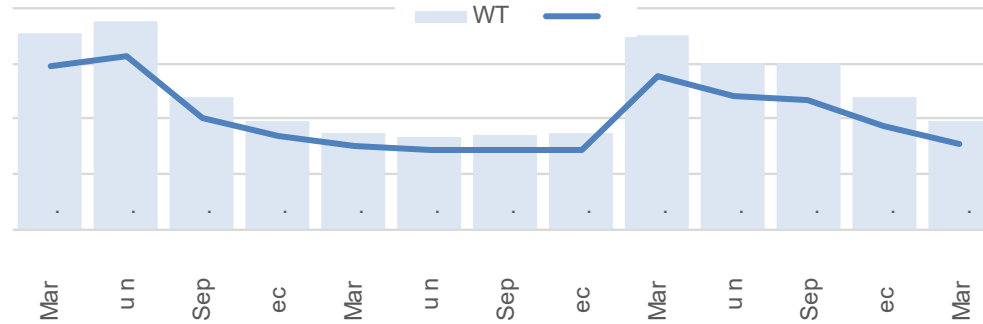
Nursing & Midwifery WTE vacancies have seen a decrease for this reporting quarter dropping from 201.2 WTE to 165.1 WTE. 82.7% of vacancies are for qualified staff Bands 5 to Band 7+.

Recruitment to Band 5 registered nursing posts continues to be challenging. Efforts to recruit newly qualified Band 5 nursing staff continue and NHS Fife has recruited 202 Student Nurses (159.84 wte) across all service areas and these new staff will take up post in September 2024.

To address the shortfall in nursing staff, NHS Fife has augmented our nursing workforce by introducing Band 4 Assistant Practitioners and realigning the skill mix.

AHP WTE vacancies have reduced to their lowest level since Mar-22 (27.4 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

There is a national shortage in most AHP professions with recruitment to Physiotherapy and Occupational Therapists roles being particularly challenging. To address this, Physiotherapy and Podiatry have opted into the Funded Places Scheme and have permanently recruited those that qualified and have current trainees they hope to recruit to permanent positions. In addition, work on education and learning frameworks to attract new talent is progressing.



Mar

C4. Public Health & Wellbeing

To improve health and wellbeing 4 2 2 - - High

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2023/24)	285	YTD Mar-24	473	473	●	▲	—		● QE Dec-23
Alcohol Brief Interventions (2023/24)	120%	YTD Mar-24		80%	●	◆	—		●
Mental Health Readmissions within 28 days	3.6%	Quarter Mar-24			●	▼	▲		● YE Dec-23
CAMHS Waiting Times	70.8%	Month Jun-24	75.0%	90%	○	▼	▼		● QE Mar-24
Psychological Therapies Waiting Times	67.8%	Month Jun-24	73.0%	90%	○	▼	▲		● QE Mar-24
Drugs & Alcohol Waiting Times	93.1%	Quarter Mar-24		90%	●	▲	▼		● QE Mar-24
Breast Screening	73.4%	3-YTD Mar-23		80%	○	—	—		● 2021-23
Bowel Screening	66.2%	2-YTD Apr-23		60%	●	—	—		● 2022-23
AAA Screening	87.3%	YTD Mar-23		85%	○	▲	—		● 2022/23
Immunisation: 6-in-1 at Age 12 Months	95.1%	Quarter Mar-24		95%	○	▲	▲		● QE Mar-23
Immunisation: MMR2 at 5 Years	85.7%	Quarter Mar-24		92%	○	▼	▼		● QE Mar-23
Infant Feeding	31.6%	Month Mar-24			●	▲	▼		● QE Mar-24
Child Developmental Concerns	18.4%	Quarter Mar-24			●	▲	▲		● QE Mar-24

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

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



Smoking Cessation

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

285 quits
60.3%

188 successful quits were required to achieve 23/24 trajectory

Data Analysis

There were 30 successful quits in Mar-24, which is 10 short of the monthly target and 4 less than that achieved in Mar-23. Achievement against trajectory is 60.3% (Mar-23 was 63.6%). For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: although 'other' services saw their success rate increase from 23% in Feb-24 to 43% in Mar-24.

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

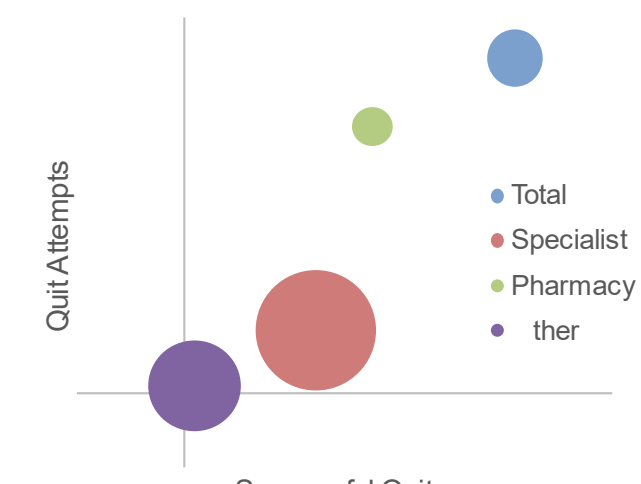
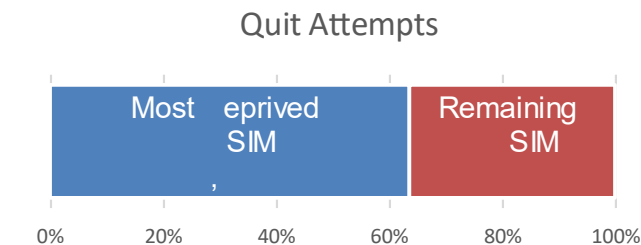
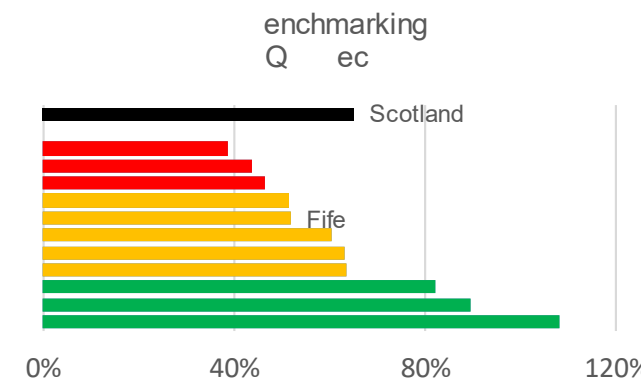
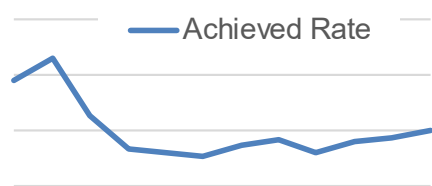
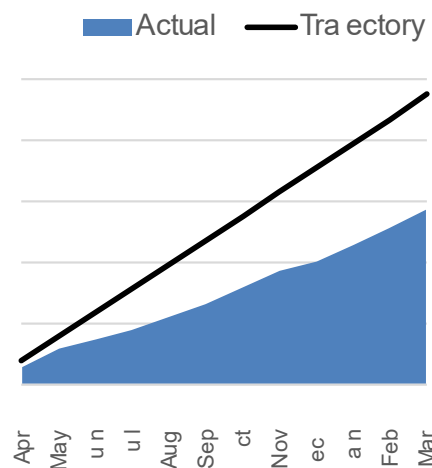
Achievements & Challenges

Fife Stop Smoking Services are working to meet the Scottish Government Tobacco & Vaping action plan, targeting the identified 4 priority groups: people living in our lowest SIMD areas; pregnant smokers; people with enduring mental health problems; and people with smoking related health issues. Successful quits for 40% (MDQ) is 227 to end of March 2024; Increased referrals from people experiencing deprivation who live outside of the 40% (MDQ) is a challenge, as they do not contribute to the LDP standard (target). They are part of the cumulative total of 465 quits for Fife services. All Scottish boards LDP standards (target) are being reviewed. In addition, local boards are now required to offer vaping cessation support this work does not contribute to LDP target.

Health Promotion Specialist service: Current face to face support provision has increased by 33% from July 2023 to 40 clinics per week. Increased provision has been progressed in our most deprived communities. Referrals and footfall have been fewer in number than pre-Covid levels, in response to this and listening to client feedback received, the service provides an additional 4 dedicated telephone support clinics per week to meet the needs of people who are housebound or unable to attend face-to-face appointments. Retention of clients in the specialist service remains a challenge for a variety of reasons, we are hopeful that the blended approach of telephone and face to face support will have a positive impact.

Data to March 2024 shows successful quit rate of 56% for quit attempts accessing the specialist service and 19% for Community Pharmacy service and 43% for other services.

Maternity Service: Referrals, engagement, and retention for pregnant smokers is continuing to progress. 56 pregnant smokers are actively receiving specialist stop smoking support up by 16 in the last month.





Mental Health Readmissions

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

3.6%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Mar-24 was 3.6%, decreasing from 5.0% in QE Dec-23. The average number of readmissions each month in 2023/24 was 3. Average length of stay has been increasing from Nov-23 and was 120 days in Mar-24. (There was 4 patients with substantial LoS, 2 over 6 years and 2 over 2 years discharged in Mar-24).

On average, to year ending (YE) Sep-23, there was 11.1 readmissions per month within 133 days. Rate for QE Dec-22 was 11.2% with 28 readmissions.

On average, to year ending (YE) Mar-23, there was 20.1 readmissions per month within 365 days. Rate for QE Dec-22 was 23.9% with 50 readmissions.

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

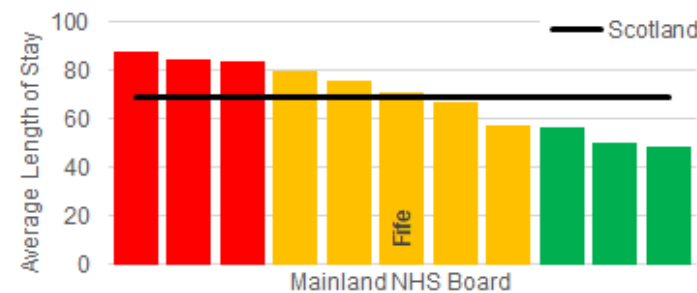
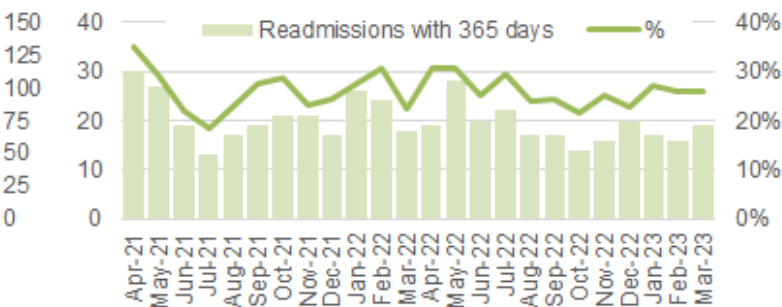
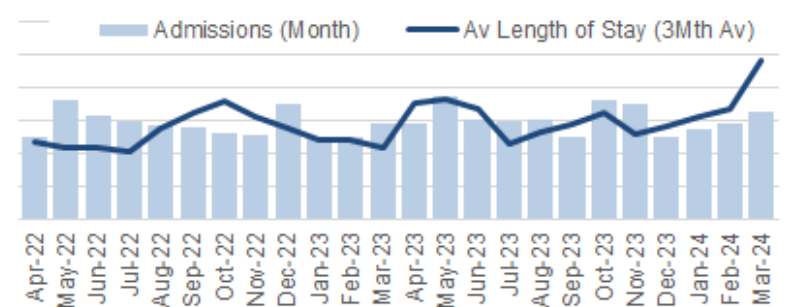
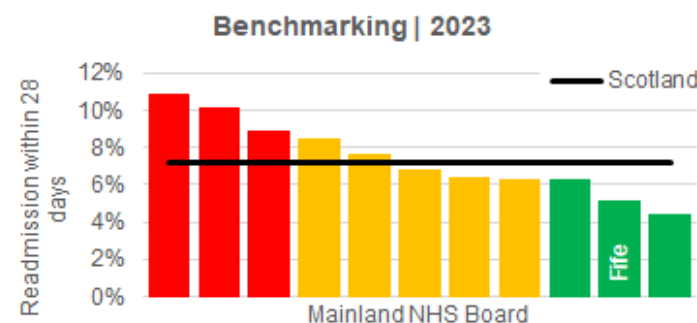
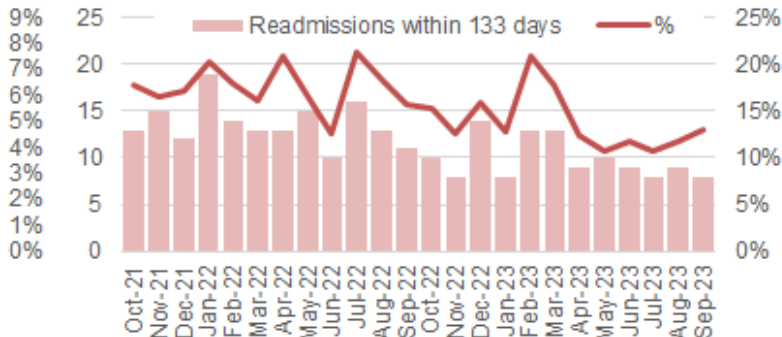
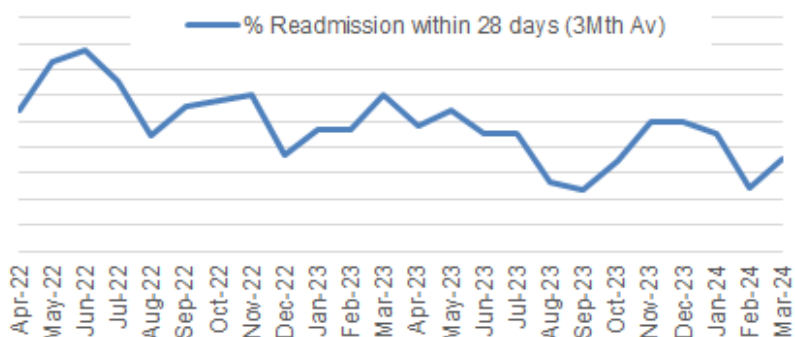
'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to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

Achievements & Challenges

A Complex Delays Discharge planning group is in place to ensure that individualised packages of care are planned and commissioned prior to discharge. This is to ensure that appropriate care and support is in place to minimise readmissions. There are daily ward based, Multi-disciplinary team reviews to promote care that is least restrictive, identify and resolve barriers to discharge and identify supports to minimise future readmission.

Community teams promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible.

A review and redesign of urgent care provision for individuals in mental health crisis will be considered at the upcoming MH Programme Board in Aug 2024 with recommendations for future service development.





Data Analysis

Monthly performance decreased from 86.0% in May-24 to 70.8% in Jun-24 which is below local trajectory.

In Jun-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 15 in Jun-24 from 28 month prior.

The percentage of those waiting less than 18 weeks increased in Jun-24 to 91.26%. The number of referrals received in Jun-24 was 202, an increase from May-24 but lower than same month in 2023 .

The overall waiting list decreased to 170.

Benchmarking for the quarter ending Mar-24 shows NHS Fife lie in the lower-range of all mainland boards, 70.4% against Scotland average of 86%.

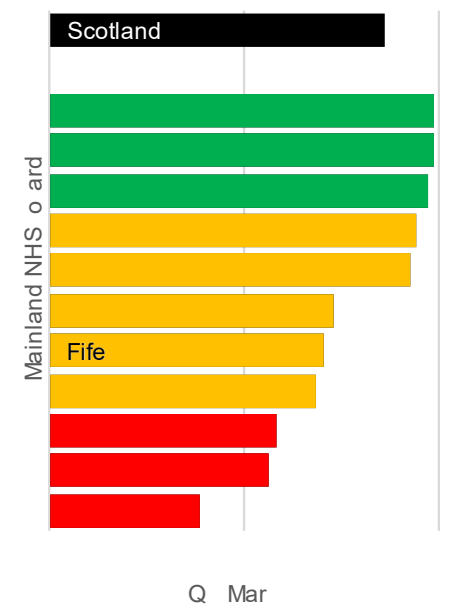
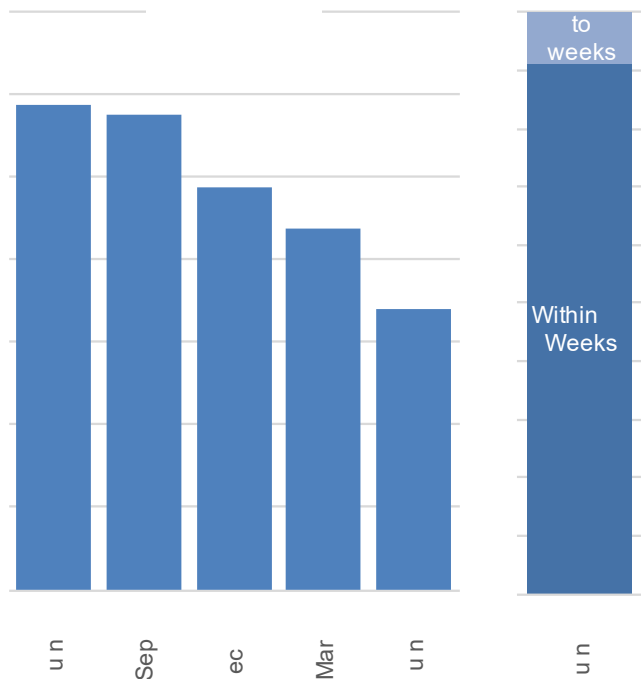
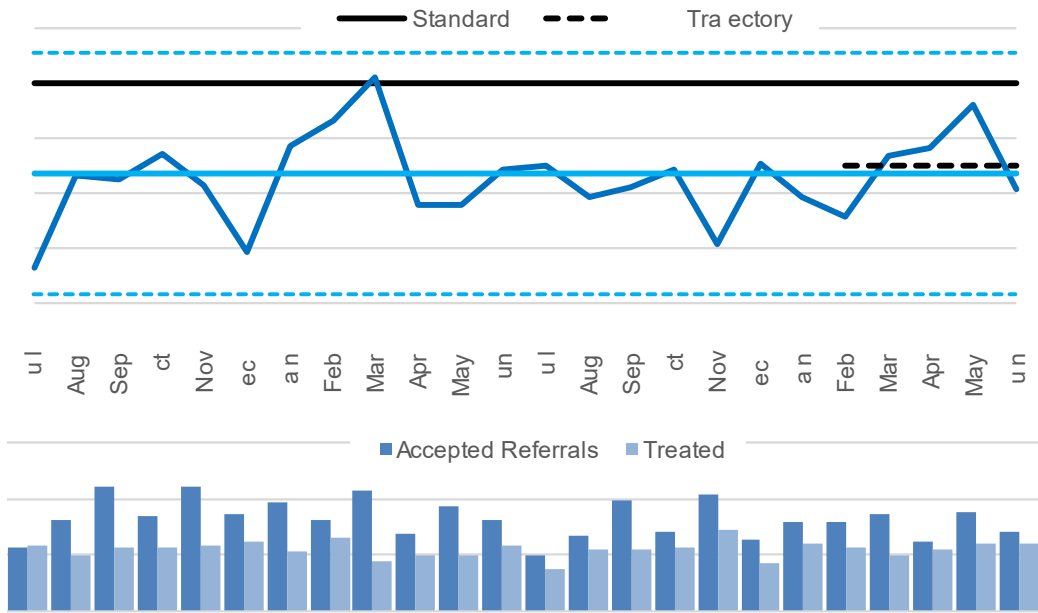
Achievements & Challenges

Appointments booked for all children and young people recorded as waiting over 18 weeks. Significant focus on reducing the size of the waiting list and the number waiting over 18 weeks. At the end of June 2024 number waiting over 18 weeks was 15, and overall waiting totalling 170 children which is the lowest figure recorded since CAMHS data has been reported, dating back to 2013.(Highest being 911 waiting in June 2018)

Activity continues to be divided between urgent/priority (29%) and longest waits (71%), with overall activity being maintained as at May 2024.

The ability to achieve and sustain the 18-week RTT is dependent on the ability to effectively recruit and retain staff – this is essential to ensure capacity to meet demand. Workforce challenges are evident nationally and we continue to compete with other Boards and HSCPs in attracting staff

C4. Public Health & Wellbeing





Psychological Therapies

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

67.8%

30 ↑

within 18 weeks to achieve trajectory

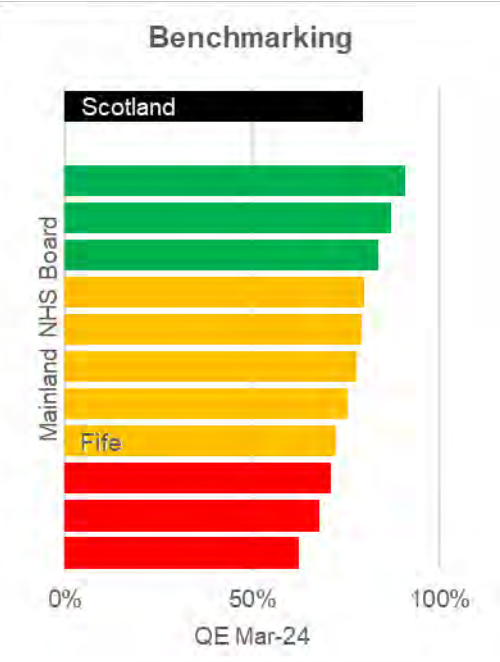
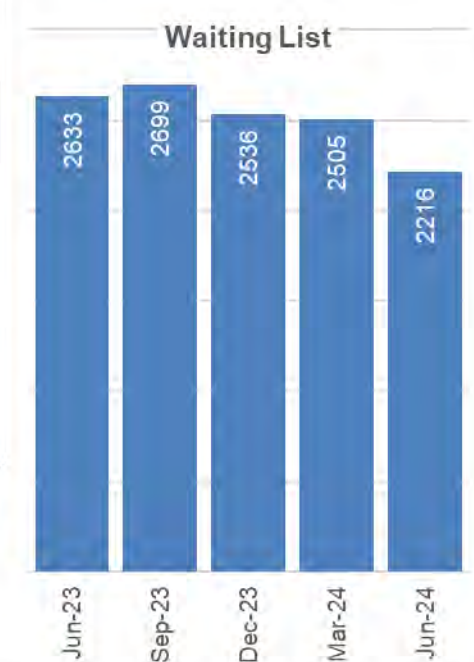
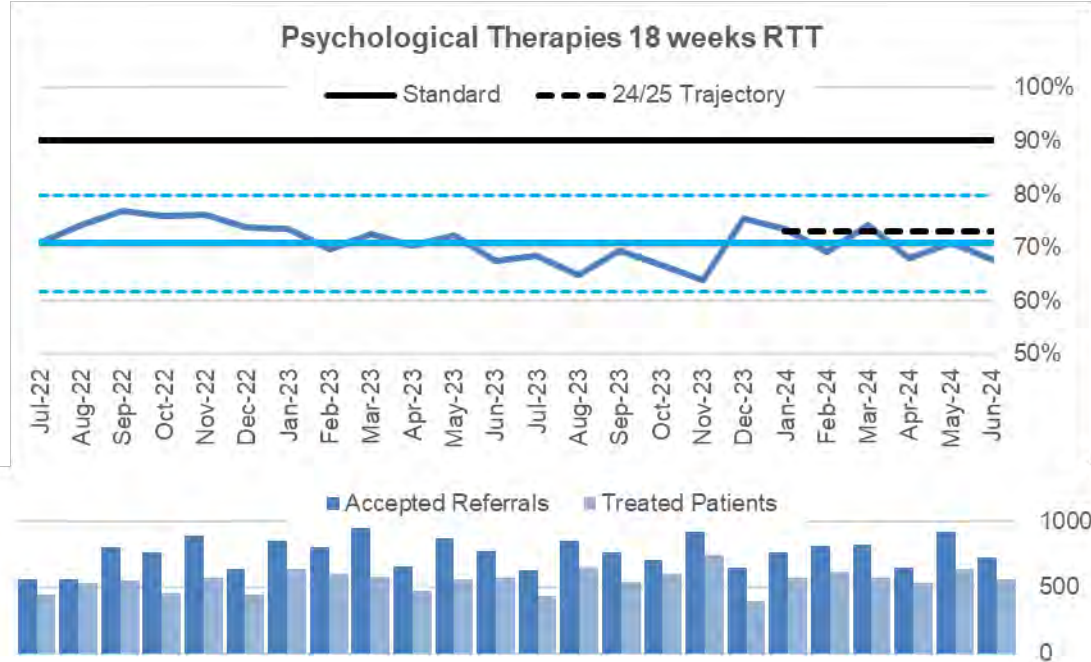
Data Analysis

The number of new patients starting treatment can fluctuate due to nature of clinician's caseloads. In Jun-24 559 patients started therapy, this was less than the 639 in May-24 but more than the 533 April-24. There was a reduction in the number of patients treated within 18 weeks, leading to a decrease in performance to 67.8%, which is below local target for 2024/25 of 73.0%. This was in part due to fewer people starting online therapy but also due to the focus of activity, within CAMHS and Psychology, on the longest waits.

The overall waiting list was 2216, with the number waiting over 18 weeks decreasing to 841 and the number over 52 weeks decreasing to 183. Referrals for all ages reduced by 112 from month prior and is less than the number received in Jun-23. The % of referrals that were rejected in Jun-24 was 11.7%. NHS Fife was in the mid-range of NHS Boards as of the last quarterly PHS publication in June (for the QE Mar-24) and was below the Scottish average (72.3% compared to 79.3%).

Achievements & Challenges

This month again saw a reduction in the number of people waiting over 18 weeks for a PT. Of note is that the numbers of longest waits (over 53 weeks) fell below 200 for the first time since August 2018. Service development is one aspect of improving performance - a major focus currently within the AMH Psychology service (which has the largest number of referrals) is the newly established PT enhanced engagement team. This team will support appropriate engagement with PTs which are low intensity in terms of clinician time. As well as improving access to PTs in a sustainable fashion, this development aims to increase the number of people seen within 18 weeks. The main challenge to monthly performance remains the same - namely, the appropriate focus on provision of PTs for people who have waited over 18 weeks. Although longest waits are reducing overall, there are areas of service where the demand for PTs is significantly greater than service capacity and where neither redesign nor skill mix can mitigate the capacity gap. The current delays associated with recruitment continue to impact service delivery and this has a marked impact on PT performance in clinical services where the establishment was already small.





Breast Screening

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

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

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

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

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

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

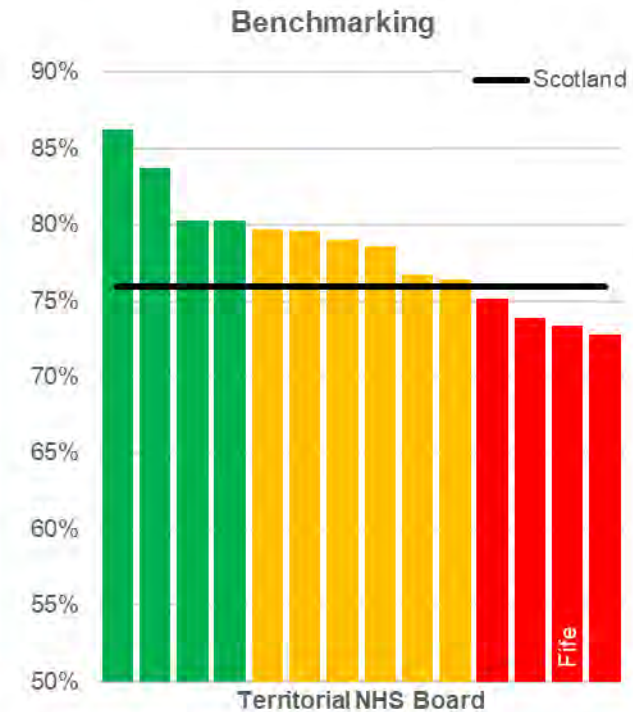
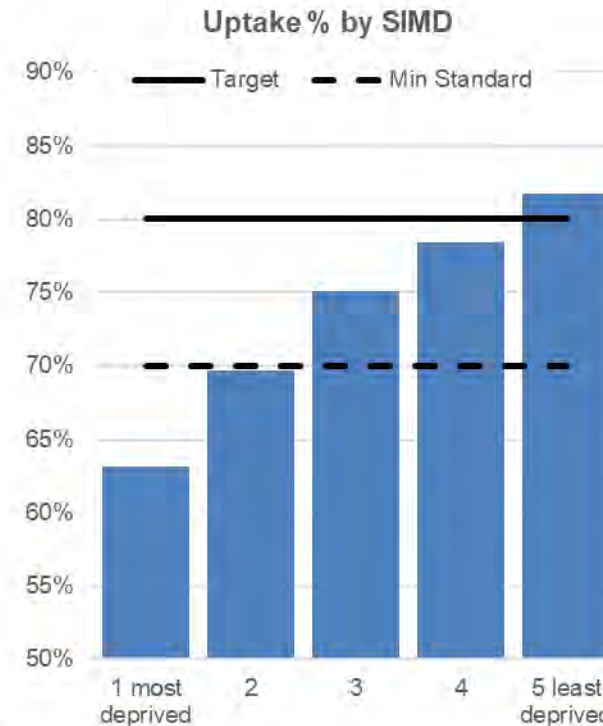
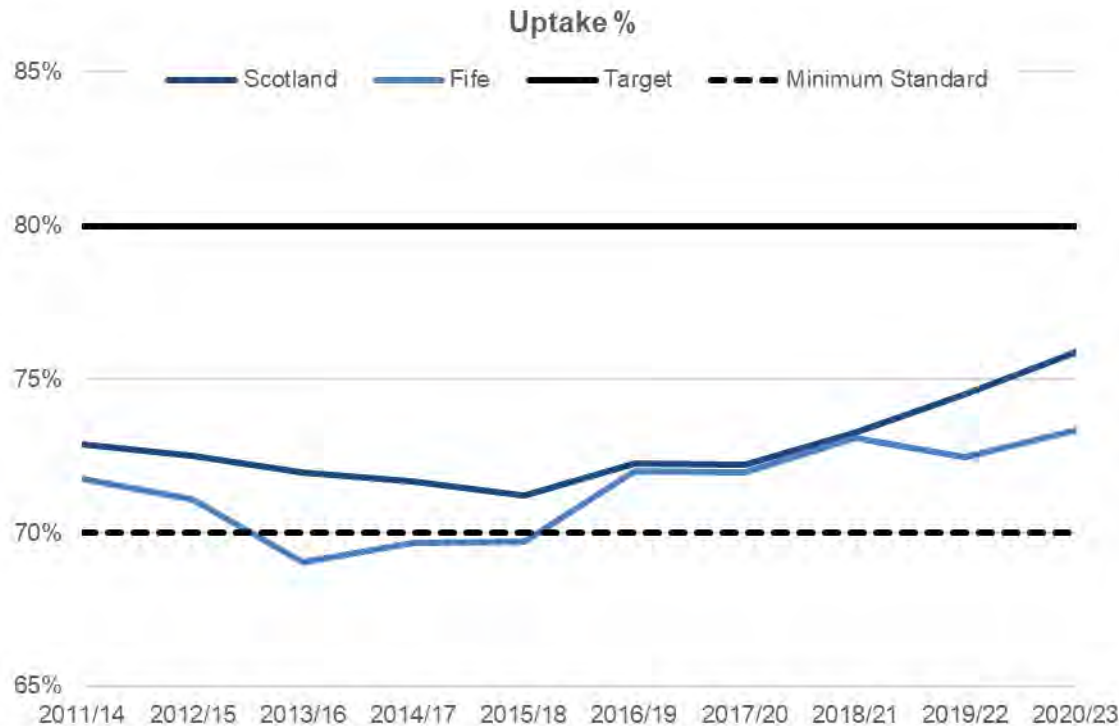
Achievements & Challenges

Achievements:

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

Challenges:

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





Bowel Screening

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

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

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

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

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

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

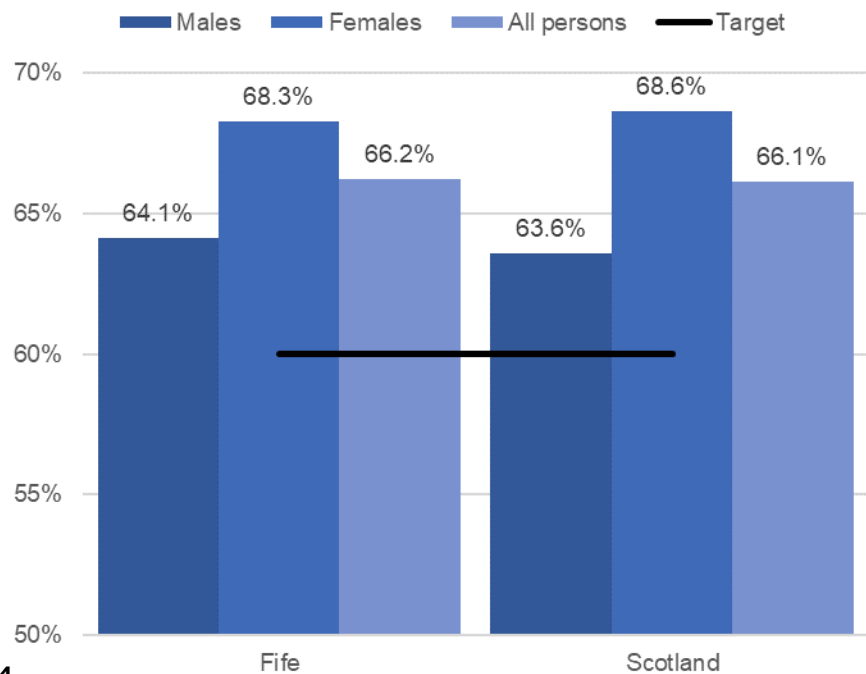
Benchmarking (all persons) shows Fife to be in the lower quartile at 66.2% uptake, marginally above the Scotland average of 66.1% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 70.1%.

Achievements & Challenges

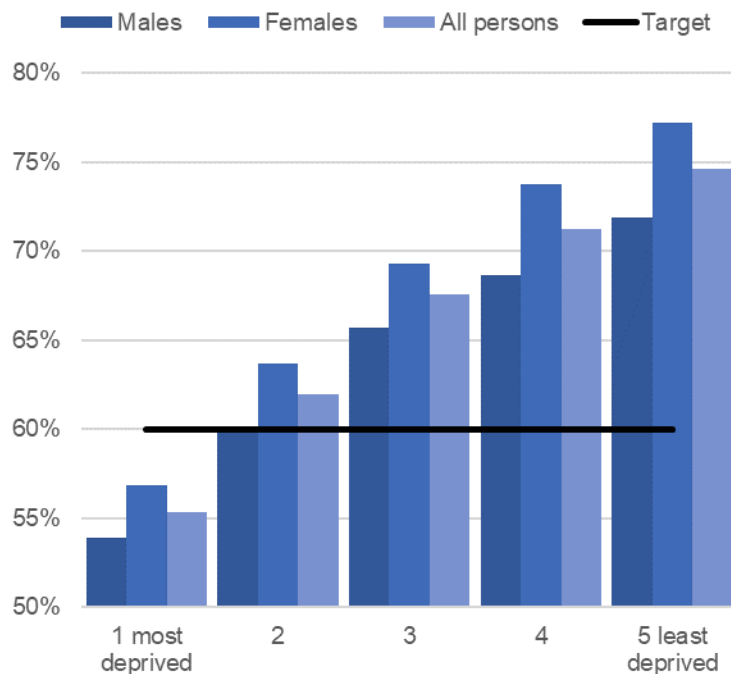
Achievements: The key achievement would be that Fife met the 60% uptake target in four out of five deprivation quintiles (SIMD quintiles 2-5). The NHS Fife Screening Inequalities Action Plan has been developed and will guide our inequalities work over the next five years. NHS Fife continues to perform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

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

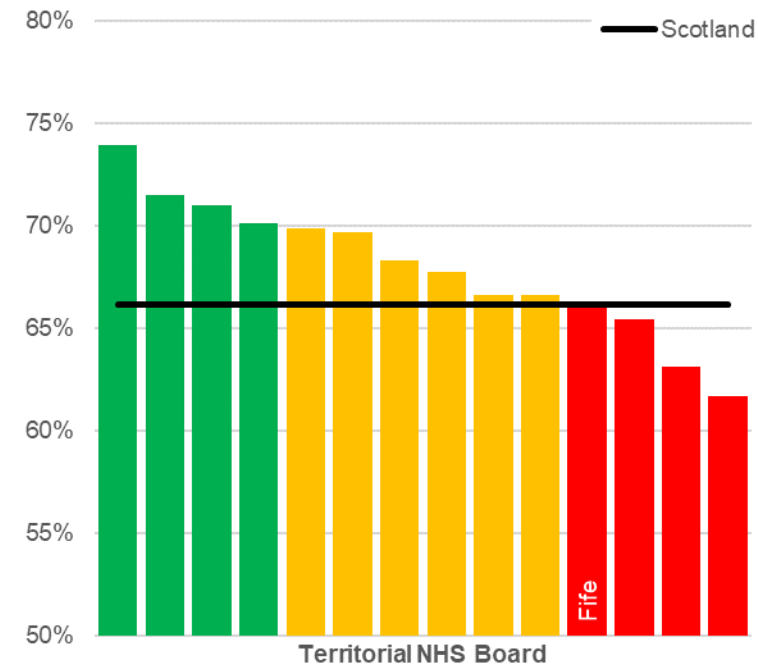
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

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

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

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

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

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

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

Achievements & Challenges

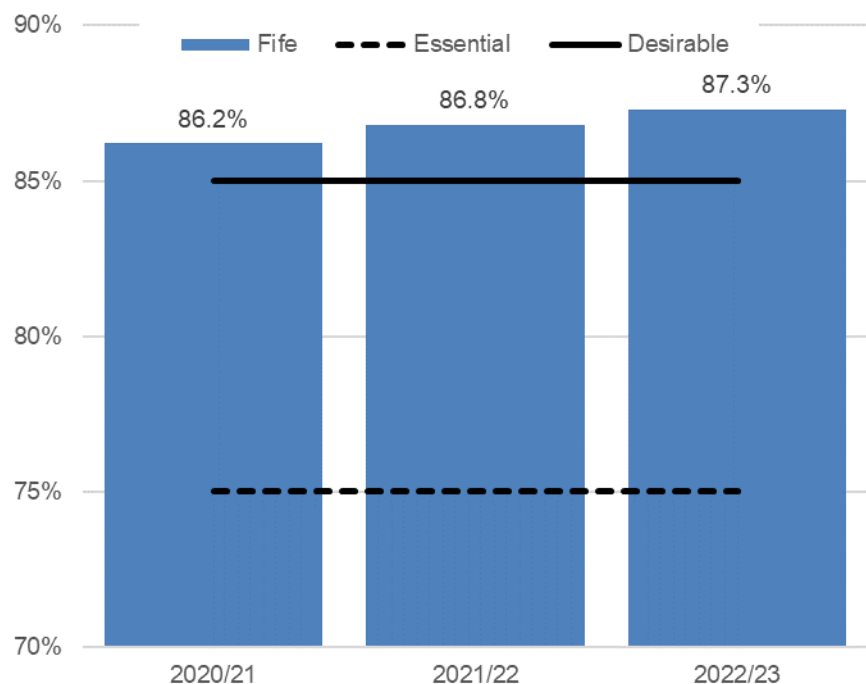
Achievements:

NHS Fife continues to achieve uptake above the Desirable Threshold year-on-year. Text message reminders for participants' appointments are now being issued where mobile numbers are available and since July 2023, two text messages are now being sent at 10 days and 3 days before screening appointment date.

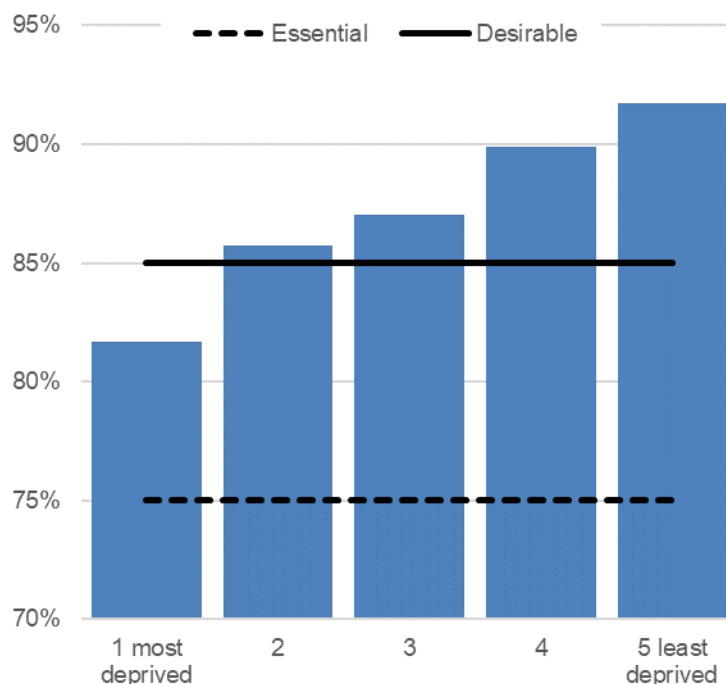
Challenges:

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

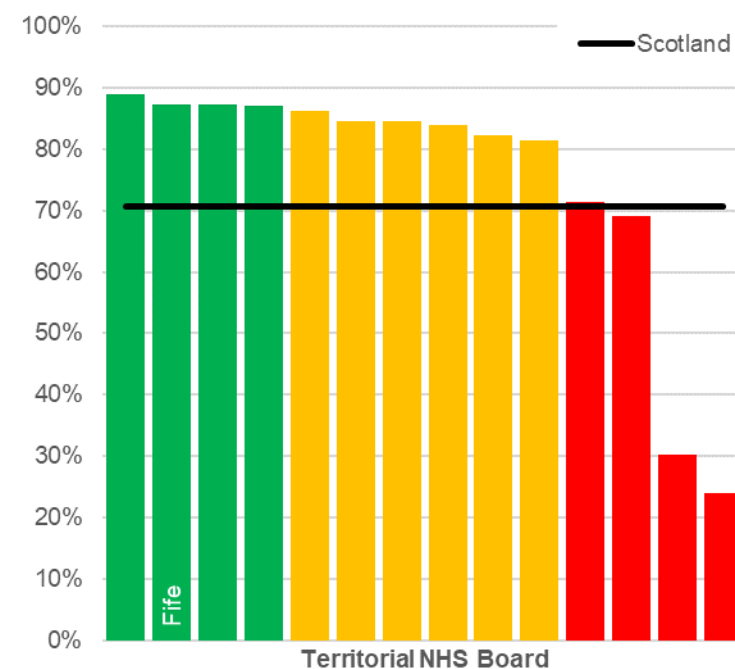
Uptake %



Uptake % by SIMD



Benchmarking





Childhood Immunisations

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

95.1%

Achieved

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

85.7%

53 ↑ to achieve target

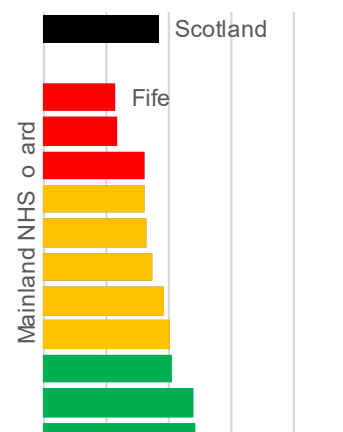
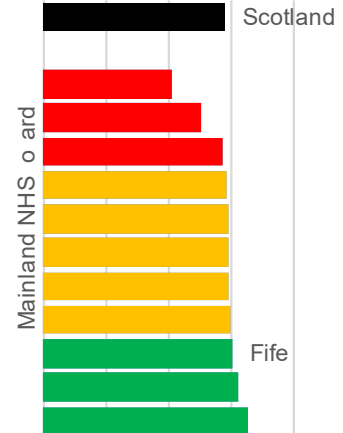
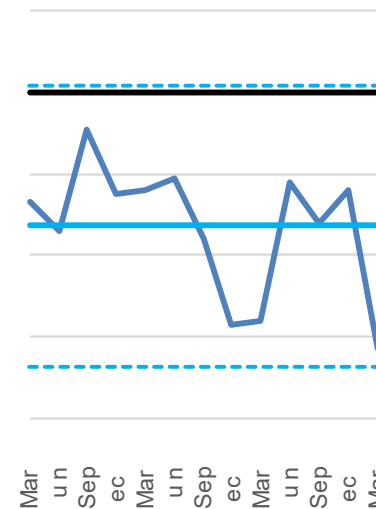
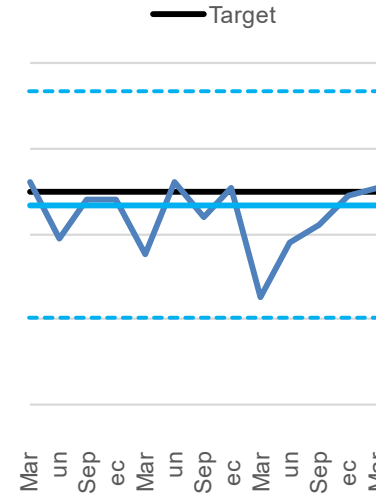
Data Analysis

6-in-1 at 12 months of age: The latest published data (for QE Mar-24) shows that NHS Fife uptake increased very slightly from 94.9% in the last quarter to 95.1% in the most recent quarter, which is above target and above the average of 94.7% (based on last 18 quarters). Rotavirus & MenB saw increases on previous quarter; PCV saw a 0.6% decrease in uptake. NHS Fife was in the upper-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.3%.

MMR at 5 years of age: NHS Fife uptake decreased from 89.6% in the previous quarter to 85.7% in QE Mar-24, which is below target, below the average of 88.7% and below the uptake seen in QE Mar-23 (86.4%). Hib/MenC & MMR1 saw decreases on previous quarter; 4-in-1 saw a 5% increase in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.1%.

Service Narrative

An increase in 6-in-1 uptake at 12 months over the last two quarters is encouraging: we are now in a position of being above the Scotland average. The infant vaccination clinics take place year-round. MMR2 QI work has included: improvements in 'was not brought' pathways; use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book; doubling of slots offered at some venues to allow those waiting to be appointed; regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71); drop-in sessions planned throughout the year with occasional evening clinics; scoping the use of a text reminder system. Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics will be offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake. Early uptake data evaluated at 3 years 5 months shows that when this cohort first became eligible for dose 2 MMR in summer 22, initial uptake was low (22%). This cohort still have lower than expected uptake when evaluated when they now have turned 5 years in the period Jan to March 24, despite further offers of vaccination in the intervening period. Early uptake data for more recent cohorts evaluated 3 years 5 months shows higher early uptake than this cohort (61%) which is encouraging and puts them in a better position to reach the 92% local target by the time they reach 5 years.





Infant Feeding

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

31.6%

Below Scottish Average

Data Analysis

The % of infants exclusively breastfed at 6-8 weeks in Mar-24 was 31.6%, an increase of 1.1% from month prior. The % that had ever breastfed increased to 66.3%

Exclusively breastfed at First Visit increased from 37.7% in Feb-24 to 38.2% in Mar-24 with a slight reduction in % ever breastfed to 67.7% from 68.0% month prior.

There has been an improvement at both, first visit and 6-8 week, reviews in all infant feeding categories from Year Ending (YE) Mar-23 to YE Mar-24. However, there was increase in the gap between exclusively breastfed from first visit to 6-8 weeks to 9.2% from 7.8% year before.

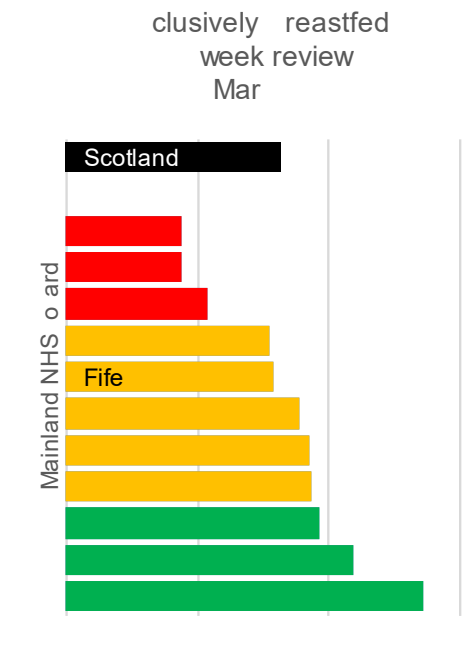
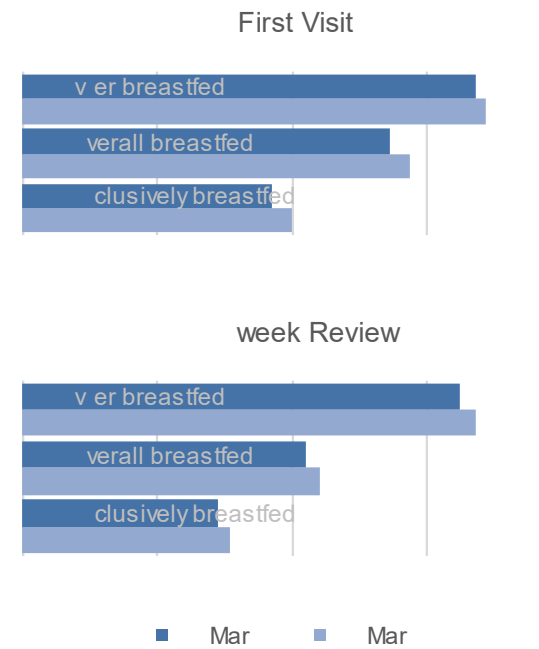
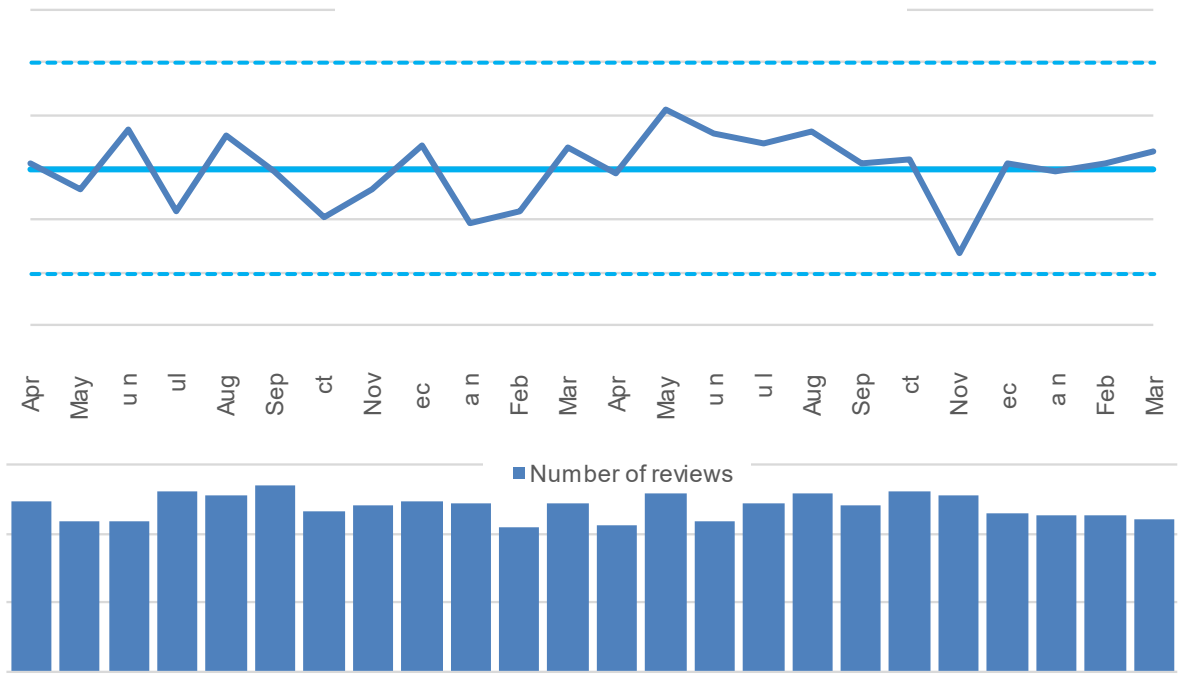
NHS Fife was mid-range compared to other mainland NHS Boards for % exclusively breastfed at first visit and 6-8 weeks in Mar-24, 5.9% and 7.1% respectively from upper quartile values.

Achievements & Challenges

The Health Visitors and NHS Fife Breastfeeding Support Team are collaboratively striving to enhance quality indicators and improve infant and child outcomes across all key contacts within the Universal Health Visiting Pathway (UHVP).

Post-pandemic, significant efforts have been made to gather and review data across all UHVP contacts maintain focus on and inform quality improvement initiatives.

C4. Public Health & Wellbeing



Developmental Concerns

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

18.4%

Above Scottish Average

Data Analysis

For quarter ending (QE) Mar-24, the % of children with one or more development concerns has increased to 18.4%. This is over 3% more than QE Dec-23 and highest % since Mar-23 (18.3%). There was 821 reviews in QE Mar-24, highest number since QE Mar-23, which was last time over 800 reviews occurred. NHS Fife is in mid-range of all Mainland NHS Boards, with an increase in 1.1% to achieve upper quartile performance.

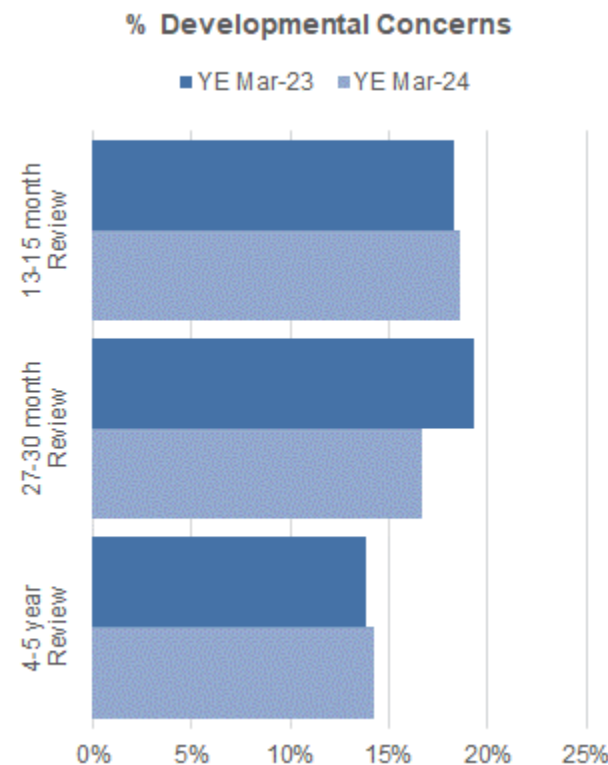
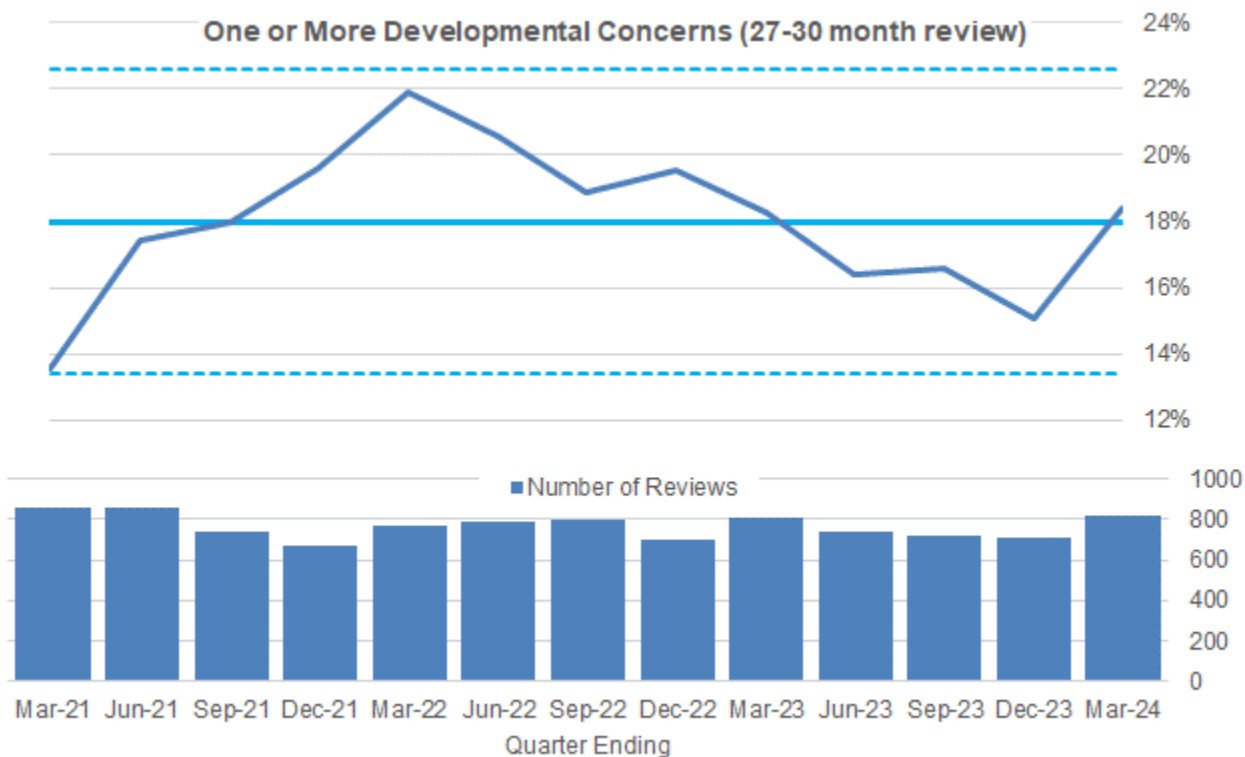
From 716 reviews carried out at 13-15 months, 18.2% of children had one or more developmental concerns. This has gradually decreased since QE Mar-23.

From 831 reviews carried out at 4-5 years, 18.4% of children had one or more developmental concerns. This is highest percentage since QE Mar-22 but both number of reviews and % of meaningful reviews were high.

Achievements & Challenges

The quality of Universal Health Visiting Pathway (UHVP) contacts will be assessed, supported by timely education and training to improve quality outcomes for infants and children at crucial early stages. Additionally, there will be a key focus on reviewing breastfeeding service provision across Fife to identify areas for improvement and work collaboratively with key partners to enhance breastfeeding outcomes.

C4. Public Health & Wellbeing



Meeting: Fife NHS Board
Meeting date: 25 September 2024
Title: Financial Performance Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Maxine Michie, Deputy Director of Finance

Executive Summary

- The financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.
- The overall financial gap has reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
- There is a reasonable level of confidence we will achieve £23.3m of the 3% efficiency target and a further push is now on to bridge the £1.7m gap in projected delivery by the end of Quarter 2.
- At the end of July 2024, the level of overspend on health board retained budgets is £1.6m more than anticipated, after taking account of the cost reduction achieved in the first 4 months in relation to RTP workstreams. The run rate overspend is slowing and now flat-lining but this must be further improved and sustained throughout the financial year.
- The IJB health delegated position has deteriorated significantly and is a major cause of concern. We are discussing this significant risk and variation from plan with the IJB and Fife Council.
- Work is ongoing in relation to the “Choices” RTP schemes to determine the level of cost reduction potential during the remainder of this financial year and planned for 2025/26.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

At the end of July, we are reporting an overspend against revenue budget of £17.207m. This position comprises an overspend for Health Board retained services of £9.135m and £8.072m for the Health and Social Care Partnership (HSCP).

The overspend for Health board retained continues to track beyond the financial plan trajectory for the period and further action is required to reduce spending levels and deliver on the specific actions required by the Scottish Government for the remainder of the financial year. The overspend for the health board retained budget to the end of July 2024 is £9.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of July 2024, this position reflects a cumulative overspend of £1.6m more than anticipated, after taking account of the cost reduction achieved in the first 4 months in relation to RTP workstreams.

The reported overspend on the HSCP of £8.072m is also of significant concern given the financial plan did not make any assumptions in relation to cost pressures associated with Fife Integration Joint Board. This was in line with the IJB financial plan which was projecting break-even after savings at that time. We are discussing this significant risk and variation from plan with the IJB and Fife Council.

Taking all the issues noted in the report, the level of assurance at this stage remains “limited” with all efforts continuing to support an improvement in the position which will include decisions required by the NHS Fife Board following the quarter 1 financial position report which will be presented to the Board in September.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper was presented to EDG on 21 August 2024 and FP&R on 11 September 2024

2.4 Recommendation

This paper is presented to members for

- **Assurance** - This report provides a limited Level of Assurance.

3 List of appendices

Appendix 1 – Finance Report for July 2024

Report Contact

Maxine Michie

Deputy Director of Finance

Maxine.michie@nhs.scot

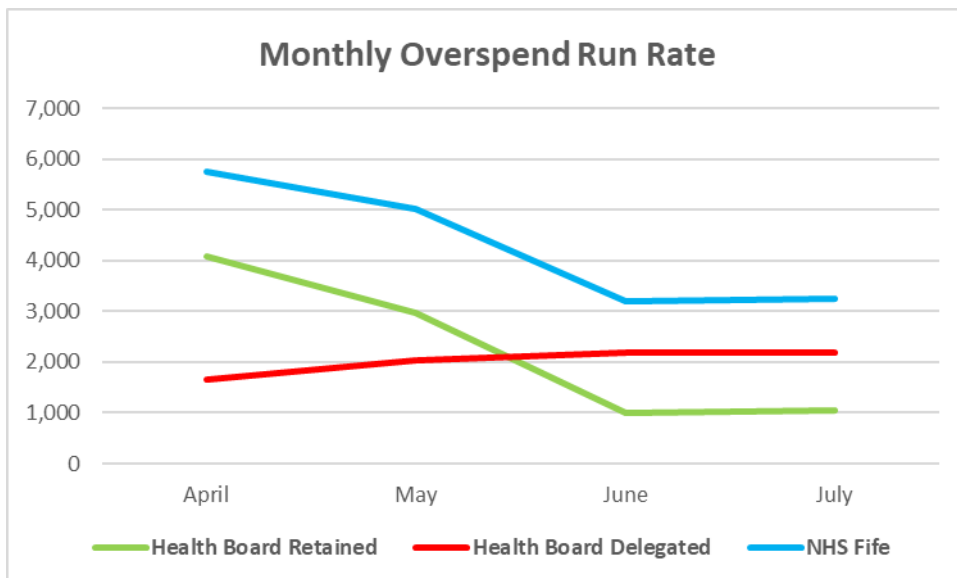
Appendix 1

1. Financial Position July 2024

- 1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 confirming an initial funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives have been developed to mitigate £25m of this funding gap, the remaining gap will require to be addressed through further service change initiatives all of which will be delivered by the Re-form, Transform and Perform framework. The Re-form phase of our framework is designed to deliver the 3% minimum savings target set out by Scottish Government with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap. Early in July, we were advised by Scottish Government further non recurring New Medicines Funding totalling £50m would be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduces the financial gap in year from £54.750m to £51.350m.
- 1.2 The Scottish Government has acknowledged the financial plan for 2024/25 however it remains unapproved by them at this stage and dialogue is ongoing. Early in August we met with Scottish Government Colleagues to discuss the Q1 financial position and forecast outturn. Key risks and potential further actions, including progress with the 15 box Grid and the Choices exercise, which could be taken to improve the financial position were also discussed. We provided details of the forecast outturn for the NHS Board which is tracking beyond the forecast outturn included in our financial plan highlighting the most significant risk to our financial outturn at this point in time, is the forecast deficit for Fife IJB.
- 1.3 The governance and performance management arrangements to monitor delivery of the savings plans is facilitated through the RTP Executive Group with regular and timely reporting to the Executive Director's Group, Governance Committees, and the full NHS Fife Board.
- 1.4 At the end of July we are reporting an overspend against the revenue budget of £17.207m as detailed in table 1 below. This position includes an overspend for health board retained services of £9.135m and £8.072m for the Health and Social Care Partnership (HSCP). The reported overspends for both health board retained, and health board delegated are tracking beyond their respective financial plan trajectories for the first four months of the financial year and urgent action is required to reduce spending levels and deliver on the specific actions requested by the Scottish Government.

TABLE 1	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	286,732	99,747	106,494	-6,747
IJB Non-Delegated	10,003	3,334	3,136	198
Non-Fife & Other Healthcare Providers	98,906	33,012	35,318	-2,306
<u>Non Clinical Services</u>				
Estates & Facilities	95,815	31,393	31,504	-111
Board Admin & Other Services	88,826	30,131	30,553	-422
<u>Other</u>				
Financial Flexibility	33,535			0
Income	-34,531	-11,926	-12,179	253
TOTAL HEALTH BOARD RETAINED SERVICES	579,286	185,691	194,826	-9,135
<u>Health & Social Care Partnership</u>				
Fife H & SCP	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072
TOTAL	1,006,820	325,829	343,036	-17,207

- 1.5 The reported overspend on the HSCP health delegated budget of £8.072m is of significant concern given our financial plan did not make any assumptions in relation to cost pressures associated with Fife IJB as a balanced budget was presented and approved by the IJB in March 2024. A recovery plan is being developed by the Chief Finance Officer for the IJB and will be presented for approval by the IJB in September.
- 1.6 Urgent action is required now to restore financial balance as far as possible if we are to maintain or improve our position on the NHS Scotland Support and Intervention Framework. We are currently at stage 2 on the framework in relation to financial performance. The chart below tracks our financial performance since the beginning of the financial year.



The chart indicates for health board retained that the run rate peaked in April then began to reduce during May and June due mainly to additional allocations presenting in the first 2 months of the year (e.g., Planned Care). In June the run rate significantly reduced through a combination of additional funding and also the RTP 3% savings beginning to be realised. In July the in-month position flat-lined with that of June which is positive. However, our current forecast outturn assumes a minimum of 3% savings will be delivered and therefore it is essential that we increase the pace of savings delivery and do not fall behind in planned trajectories.

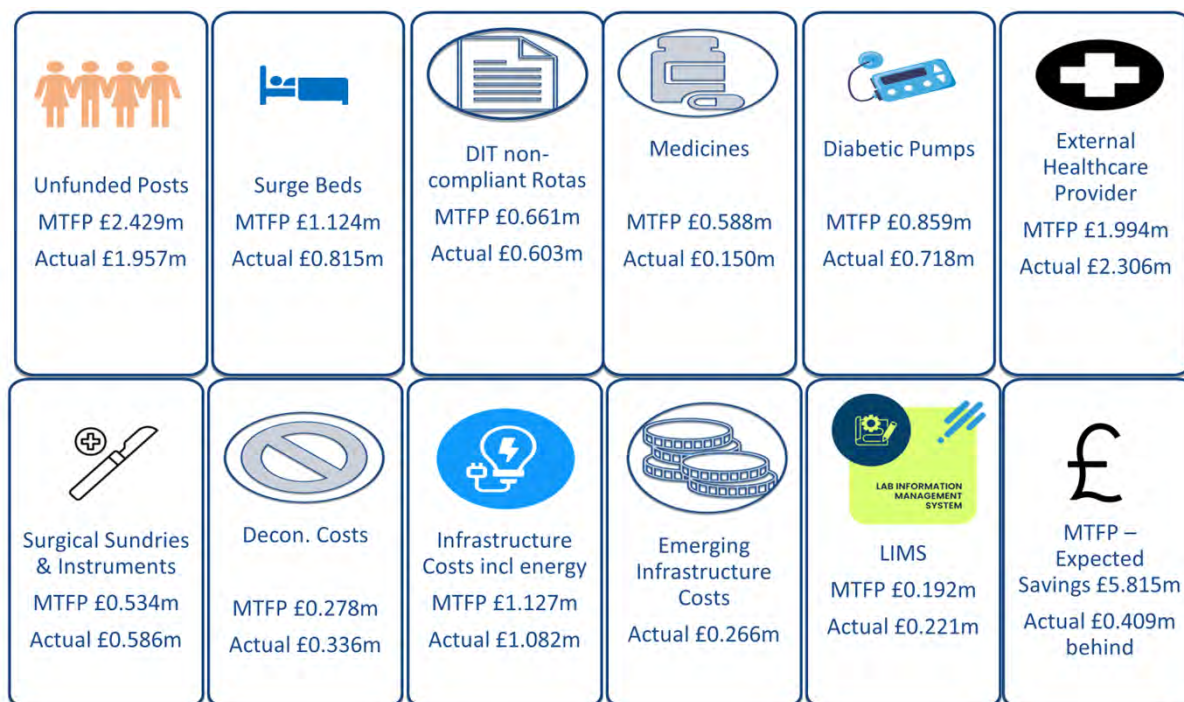
For the HSCP there is a steady trend upwards in the position which has also flat-lined in July however there is a significant level of risk associated with this position which requires to be addressed through both the delivery of planned savings in place and also the emerging recovery plan as referenced earlier in this paper.

- 1.7 In December 2023 NHS Fife was set a brokerage cap for 2024/25 of £5m. This changed following an additional allocation of £6.9m funding for new medicines notified on 12 February when we were advised by Scottish Government (SG) that the cap would be reduced to zero as this allocation exceeded the brokerage cap previously communicated. A further letter issued to Boards on 17 May stated *“Boards at level 2 or 3 of the NHS Scotland Support and Intervention Framework have been given a brokerage cap which cannot be exceeded, or an overspend will show in the financial statements. This does not change the statutory responsibility to break even.”* Additionally, the letter received from SG on 12 February also stated, *“As set out in the Director General letter of 29 November, the Board does not have the authority to commit expenditure beyond the level of this cap and formal approval requires to be sought from Scottish Government before committing expenditure that does not have a budget”.*

2 Health Board Retained Services

- 2.1 In order to determine how the financial position is tracking in relation to the key assumptions within the plan where the total revised savings challenge is £51.350m; we can assume a pro-rata share of the remaining £26.35m saving target after delivery of the initial 3%, £25m, would form the basis of the outturn position for the period. That financial plan trajectory indicates an overspend to the end of July of c£7.5m. should be expected. However, it is also important to note that the £25m saving and aspects of the financial plan cost pressures are not linear with some forecast for the second part of the financial year.

2.2 The overspend to the end of July 2024 is £9.135m and includes a continuation of the underlying and new cost pressures described in the financial plan. The following graphic identifies that these specific cost pressures are driving all of the overall overspend £9.135m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions. A significant financial improvement in the month was seen in relation to drugs costs following notification of the additional new medicines funding. At the end of July 2024, Health Board retained budgets are approximately £1.6m overspent more than anticipated.



2.3 In arriving at the reported financial position, assumptions have been made in relation to allocations still to be allocated by Scottish Government. Until all anticipated allocations are confirmed there is a level of risk associated with this assumption.

2.4 Negotiations have not yet concluded in relation to the 2024/25 pay awards but the assumption is that any agreed pay award will be fully funded. Other allocations have been assumed based on confirmation letters and prior year commitments.

2.5 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The NHS Fife share of this funding is £13.7m and costs must be contained within this available funding. An initial high level indicative cost associated with the implementation of the reforms has been calculated but will require continuous updating throughout the financial year as information becomes available. To date not all associated costs incurred since April have been reflected in the financial position due to timing of implementation across services.

2.6 The Acute Services Division is reporting an overspend at the end of July of £6.747m. This is mainly driven by the cost pressures noted in the graphic at para 2.2. The position reported at the end of July confirms a reduced rate of overspend against budget in month because of funding allocations issued. The average monthly overspend for the first quarter of the financial year was £1.868m which decreased to £1.146m in July.

2.7 The £6.747m overspend in Acute Services is across both pay budgets at £3.487m and non-pay budgets at £3.260m. The total pay overspend of £3.487m includes the costs on unfunded posts, surge and junior doctor rota compliance which totals £2.985m partially offset by the reduction in supplementary staffing, most notably in nursing. The overspend level on unregistered nursing staff was £1.418m with an underspend in registered staff of £0.369m giving a total overspend on nursing of £1.048m. Senior medical staffing was overspent by £0.350m and junior medical staffing was also overspent at £1.765m. This position is under review to determine any further remedial action possible beyond the current savings plans in place, this will be through both the Re-form and Transform aspects of RTP.

Table 2 below identifies the reported Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan. The rate of overspend at the end of July for the division was lower than in previous month largely due to the issue of New Medicines funding.

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division				
Surgical Directorate	98,586	33,462	35,506	-2,044
Medical Directorate	110,996	40,228	44,510	-4,282
Women, Children & Clinical Services	74,994	25,352	25,721	-369
Acute Nursing	1,017	339	281	58
Other	1,139	366	476	-110
Total	286,732	99,747	106,494	-6747

2.8 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of July, set aside services reported an overspend of £3.205m which accounts for 47.5% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, unfunded medical staffing, junior medical bandings for non-compliant rotas, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the HSCP as the services are managed by NHS Fife.

2.9 Service Level Agreements and contracts with external healthcare providers are £2.306m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at July is tracking beyond the financial plan with increases in costs for the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	111	37	36	1
Borders	51	17	24	-7
Dumfries & Galloway	29	10	21	-11
Forth Valley	3,091	1,030	1,242	-212
Grampian	405	135	103	32
Greater Glasgow & Clyde	1,880	627	625	2
Highland	156	52	76	-24
Lanarkshire	134	45	81	-36
Lothian	32,415	10,805	12,020	-1,215
Scottish Ambulance Service	114	38	39	-1
Tayside	44,133	14,711	16,511	-1,800
	82,519	27,507	30,778	-3,271
UNPACS				
Health Boards	15,042	5,013	4,000	1,013
Private Sector			28	-28
	15,042	5,013	4,028	985
OATS	1,280	427	443	-16
Grants	65	65	69	-4
Total	98,906	33,012	35,318	-2,306

2.10 Corporate Directorates are overspent by £0.422m in total, a slight improvement on the position reported in June. The overspends in the Workforce and Digital Directorates reflect cost pressures identified in the financial plan, including unfunded posts, cost of disclosure checks, telecoms, and annual charges for digital systems.

Table 4	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
Chief Executive	236	82	82	0
Communications	516	172	203	-31
Finance Director	7,679	2,585	2,481	104
Medical Director	9,138	2,659	2,607	52
Nurse Director	4,401	1,497	1,505	-8
Public Health	3,397	1,159	1,114	45
Workforce Directorate	3,775	1,256	1,423	-167
Pharmacy Services	15,486	5,082	5,081	1
Digital + Information	15,370	5,201	5,759	-558
Other Board Functions	28,829	10,438	10,298	140
Total	88,827	30,131	30,553	-422

2.11 Estates and Facilities Directorate costs have improved significantly in month as a result of a deep dive review of PFI costs and energy costs. This included a balance sheet review of PFI related expenditure and budget realignments. The financial position improved significantly in month also due to a reduction in pay cost overspends. Energy costs remain high due in part to an issue within the energy centre at the VHK which has now been resolved and continuing high energy prices.

Table 5	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Estates & Facilities	£'000	£'000	£'000	£'000
Energy	10,200	3,121	3,440	-319
PPP	29,732	9,652	9,240	412
Equipment Maintenance	2,996	999	1,402	-403
Pays	35,542	11,735	11,897	-162
Other Non Pays	17,345	5,886	5,525	361
Total	95,815	31,393	31,504	-111

3 Financial Flexibility

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

- Allocation to cover the non-pay implications of the AfC 2023-24 pay award £13.7m.
- Balance remaining on the additional funding for NRAC 2024/25 £7.2m.
- Additional recurring waiting times allocation £2.3m.
- Employers Superannuation costs £3.35m.
- New Medicine Funding £7m.

At this stage, the only allocation where there could be flexibility relates to the NRAC funding of £7.2m. It is anticipated this is held at least until the Quarter 2 financial position has been reported, following which we will have greater certainty on the delivery against the RTP savings workstreams and the overall impact on the financial position. Whilst there has been some positive cost reduction particularly in relation to supplementary staffing, we are yet to see that reducing overall pay costs in line with the financial planning assumptions.

4 Income

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

HB retained income	£'000
SLA	8,584
ACT	3,837
Healthcare to LA	2,509
Dining room income	1,037
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	11,487
RTA	686
Other	3,844
Total HB retained income budget	34,531

5 Health & Social Care Partnership

- 5.1 Health services in scope for the Health and Social Care Partnership report an overspend of £8.072m. The overspend predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement is due to launch in NHS Fife in early August, for Locums and AHP's within Acute & HSCP which will generate a VAT efficiency saving and consequently reduce costs.

There has also been the full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to Mental Health services for which there is a year to date overspend of £0.889m. GP prescribing spend deteriorated in month 4 reporting an £1.081m overspend against the adjusted directions budget.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	427,534	140,138	148,210	-8,072
TOTAL HEALTH DELEGATED SERVICES	427,534	140,138	148,210	-8,072

Whilst the IJB directions reflect a budget transfer of £4.1m from health delegated to social care, the month 4 position indicates a level of overspend which is challenging this transfer. Concerns around this issue have been raised by the Director of Finance & Strategy with the

Chief Finance Officer and the Director of Finance, Fife Council. This position is under review, close monitoring is underway, and we hope to mutually resolve this as soon as possible.

Moreover, the IJB Chief Finance Officer has shared the projected overspend for the IJB at March 2025 (based on M3 results) as £27m a deterioration of £3m on the projected outturn based on M2 results. This is a result of a projected £15m overspend on health delegated services and a £12m overspend on social care services (the latter is after assuming the £4.1m budget transfer from health). NHS Fife's share of the full HSCP overspend at this level would be £16.74m. A recovery plan is anticipated to be received from the Chief Finance Officer in September as this level of overspend cannot be absorbed by NHS Fife. Given the extremely high level of risk this has been reflected in the forecast outturn to ensure transparency however every effort must be made to ensure the recovery plan mitigates this risk.

6 Financial Improvement & Sustainability

- 6.1 Delivering Value and Sustainability is one of our 4 strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of July is described below.
- 6.2 The planned level of savings reflects the timing of scheme implementation and when they are expected to begin delivering cost reduction. At the end of July, a £5.815m saving was anticipated across the 13 schemes with £5.406m confirmed as delivered, a shortfall on plan of £0.409m. Based on financial data to the end of July and all known information, the total forecast savings delivery is £17.8m. Several schemes are delivering but are behind target at this time and will require further focus to deliver on target. At this point in the financial year both the SLA and Business Transformation schemes continue to present as high-risk areas in terms of non-delivery savings in line with target. Further work and discussion are also required to support the Surge beds scheme. The £25m target is non-negotiable in relation to both NHS Fife Board and SG expectations and work must continue at pace to develop contingency plans to ensure this target is delivered as a minimum. The implementation of Direct Engagement in August, increased grip and control across all schemes along with robust vacancy management processes should enable the levels of savings delivered across the schemes to be increased in future months. During August EDG agreed a proposal to stretch and improve delivery on a number of the agreed 3% targets which will increase forecast delivery to £23.3m. Work will continue to push for full delivery as we progress throughout the year.

Scheme	Target Saving	July 2024 Planned YTD	June 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £24,450,000 Planned Saving (YTD): £5,815,242 Linear target (YTD): £8,183,333 (for 3% schemes only) YTD Saving: £5,406,282
1. Medicines Optimisation	£2,000,000	£434,364	£602,309	£2,000,000	
2. Unscheduled Care Bundle	£700,000	£233,333	£267,359	£700,000	
3. PFI Contract	£400,000	£400,000	£400,000	£600,000	
4. Estates Rationalisation	£2,000,000	£241,000	£372,500	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£0	£58,000	£1,000,000	
6. Legacy Covid Costs	£1,000,000	£333,333	£212,356	£637,068	
7. Supplementary Staffing	£5,000,000	£1,666,667	£1,094,071	£3,532,212	
8. Procurement	£500,000	£166,667	£134,516	£363,399	
9. Corporate Directorates	£1,500,000	£500,000	£500,000	£1,500,000	
10. Business Transformation	£2,400,000	£266,667	£56,009	£402,869	
11. Surge Reduction	£1,850,000	£504,545	£309,163	£850,000	
12. Planned Care	£1,200,000	£400,000	£733,333	£2,200,000	
13. SLA & External Activity	£5,000,000	£666,667	£666,667	£2,000,000	
Key					
Significant shortfall on Target of plan		Total YTD – for 3% savings schemes	£5,815,242	£5,406,282	£17,785,548
Delivering target but not in full					

Supplementary Staffing

- 6.3 At the end of July 2024 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £2.9m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs remain in an overspend position.

	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction
HBR			
April	1,620,399	742,084	878,316
May	1,620,399	772,258	848,142
June	1,620,399	943,432	676,967
July	1,620,399	1,059,652	560,748
Total	6,481,598	3,517,425	2,964,173

The £5m target for supplementary staffing reduction was identified after taking account of vacancy factor during 2023/24. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction in supplementary staffing offset by investment in permanent posts is described in the table below. Supplementary staffing has significantly reduced, £2.9m per table below, particularly for the nursing workforce. However, core workforce costs have increased to reflect the investment in permanent posts, £1.8m per table below. The net impact is an improvement to the financial position of £1.094m. This improvement has mostly affected nursing budgets as the investment in core nursing staffing has been less than the reduction in nursing supplementary staffing. This has not been the case for medical staffing with no underlying saving evident from the reduction in medical supplementary staffing costs. The table below describes the impact on both budget and costs for the first of the financial year.

M4 YTD	Supplementary Staffing Reduction	Core Staffing Increases	Net Movement
Jnr Medical	115,501	(205,567)	(90,066)
Snr Medical	360,984	(319,288)	41,696
Reg Nursing	1,636,370	(1,284,770)	351,600
Unreg Nursing	851,318	(60,478)	790,840
Total	2,964,173	(1,870,102)	1,094,071

It is anticipated that the benefit calculated for the entire first four months of the financial year will continue for the remainder of the year supplemented with further savings from the implementation of Direct Engagement.

Medicines Optimisation

- 6.4 Medicines Optimisation workstream have delivered ahead of target at the end of July. Additionally, the Medicines Optimisation Board has agreed to stretch the savings target to £3m and work is underway to identify additional opportunities.

Unscheduled Care bundle review

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

Estates Rationalisation

- 6.6 Cost reductions commenced delivery during June. Work conducted to date has identified £1.7m of the total savings target and there is reasonable confidence of delivery with the remaining balance to be identified and delivered by the end of the financial year. A significant level of savings was confirmed in July including PFI insurance rebates.

Surge Bed Reduction

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

Non-Compliant Junior Doctor Rotas

- 6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance has been identified and funding has been sourced within available resources. Compliance cannot be confirmed until rotas are monitored later in the calendar year. On paper rotas are compliant going into August. Some cost reduction has been achieved because of one of the rotas being confirmed complaint at the beginning of the financial year.

Unfunded Covid Costs

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

Planned Care

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

External Care Providers

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target is in relation to SLAs predominately with other Scottish Health Boards. Letters have been issued to both NHS Lothian and NHS Tayside setting out our planning assumption of nil uplift for 2024/25 and an expectation to secure from these boards a 3% reduction. Replies have been received from both boards which indicate the Boards involved do not currently agree our proposal. Additionally, significant review of activity referred from NHS Fife to these two bordering boards is currently being assessed by clinicians to ensure appropriateness of referral and opportunities to repatriate activity back to NHS Fife where that is safe and financially sustainable to do so. Note that SLA uplifts with other NHS board areas have still to be agreed and confirmed for 2024/25 at this stage although several options have been identified for consideration by all boards.

Procurement

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

Business Transformation

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

7 Forecast Outturn

- 7.1 Included in the medium-term plan submitted to Scottish Government were a number of risks which could impact of the board's outturn at the end of the financial year. In line with Scottish Government's expected actions for quarter 1 we reviewed those risks and identified the potential impact on our forecast outturn.

Agenda for Change Reform

As advised by Scottish Government we did not include any costs in relation to AFC reforms in our financial plan. Based on available information and adoption of national modelling assumptions in relation to Band 5-6 job evaluation we anticipate an additional cost could be as high as £13m in excess of the allocation provided on a non-recurring basis by Scottish Government. This calculation has been built on very high-level assumptions which assume a

high uptake in terms of jobs reviewed and a high success rate in terms of re-banding to B6. There is however limited data available to support the calculation currently either locally or nationally. At the end of the first quarter, we identified this as high risk however have not reflected this in the forecast outturn until more information is known. This was discussed with SG and is consistent with other NHS Boards treatment of this risk at this point in time.

SLAs with Other Scottish Health Boards

Our financial plan assumes no uplift will be applied to SLAs with other Scottish Health Boards. Based on current intelligence of proposals expected to be presented to the Corporate Finance Network for endorsement for 2024/25 we have identified the potential increase could be as much as 5% which would be £5m for NHS Fife if this SLA uplift is accepted nationally.

Fife Integration Joint Board potential risk share

Our financial plan did not make any assumptions in relation to the risk share arrangements. Based on financial data to June 2024 and all known available information we have been advised by the Fife IJB Chief Finance Officer that the current forecast overspend for the IJB is £27m, NHS Fife's share of the forecast outturn in line with the IJB integration scheme is £16.74m. This is an extremely high risk to the Board and until a formal recovery plan is agreed by the IJB and partners this requires to be added to the forecast year-end position. This was discussed with SG who advised inclusion was appropriate at this time and a reflection that a number of IJB financial positions across the country are deteriorating from agreed plans. It is critical that an agreed recovery plan is agreed to reduce this risk as soon as possible.

Delivery of 3% minimum Savings Targets

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

The table below identifies a potential forecast outturn at March 2025 of £38.3m. The main changes to our financial planning assumptions are the inclusion of the potential IJB risk share of £16.74m which has increased since June reporting and a potential increase in costs of any nationally agreed SLA uplift. We anticipate receiving a recovery plan from the IJB in September to mitigate the current unaffordable projected IJB outturn but require to include in the forecast to ensure full transparency as it remains a significant financial risk until the recovery plan is received and agreed.

Forecast	31.03.2025
Budget Area	Forecast
NHS Services (incl Set Aside)	£000s
Clinical Services	
Acute Services	-20,741
IJB Non-Delegated	270
Non-Fife & Other Healthcare Providers	-6,556
Non Clinical Services	
Estates & Facilities	-1,192
Board Admin & Other Services	-1,395
Income	500
Sub- total	-29,114
Other	
Financial Flexibility including full delivery of 3% savings	12,500
Fife IJB	-16,740
SLAs - potential nationally agreed uplift	-5000
TOTAL HEALTH BOARD RETAINED SERVICES	-38,354

8 Capital

- 8.1 Capital expenditure is limited for the first four months of the financial year due to phasing of schemes with costs to date of £1.274m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for two anticipated allocations for HEPMA and Medical Education totalling £1.667m resulting in a total budget of £9.431m. The majority of spend to date relates to the refurbishment works for ward 6 at VHK along with the former short stay surgical unit, HEPMA and the Medical Education works.

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2024/25 £'000
Statutory Compliance	2,500	499	2,500
RTP/Clinical Prioritisation Contingency	750	89	750
Capital Equipment	1,074	55	1,074
Digital & Information	1,898	232	1,898
Mental Health Estate	1,000		1,000
Capital Staffing Costs	342	112	342
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	287	944
Total confirmed CRL	9,431	1,274	9,431

Brokerage repayment

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

9 Recommendation

The Committee is asked to discuss and **approve** the content of the report and specifically consider and discuss:

- The reported revenue overspend position of £9.135m for health board retained services, the factors driving that position including any further potential mitigation plans, noting that this position is a £1.6m overspend more than where the Board anticipated the position to be at month four.
- Delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £8.072m, the very high level of risk in relation to this and the consequent potential for a risk-share situation in-year, the particular issue under review in relation to IJB budget transfer direction and the external assessment of the lessons learned report in relation to the late deterioration of the IJB overall financial position.
- The year to date spend against the Capital Resource Limit.
- The indicative forecast outturn following an update of the risks identified in the Board's financial plan for 2024-25.

10 List of appendices

Appendix A – Supplementary Staffing

Appendix B – Subjective Analysis

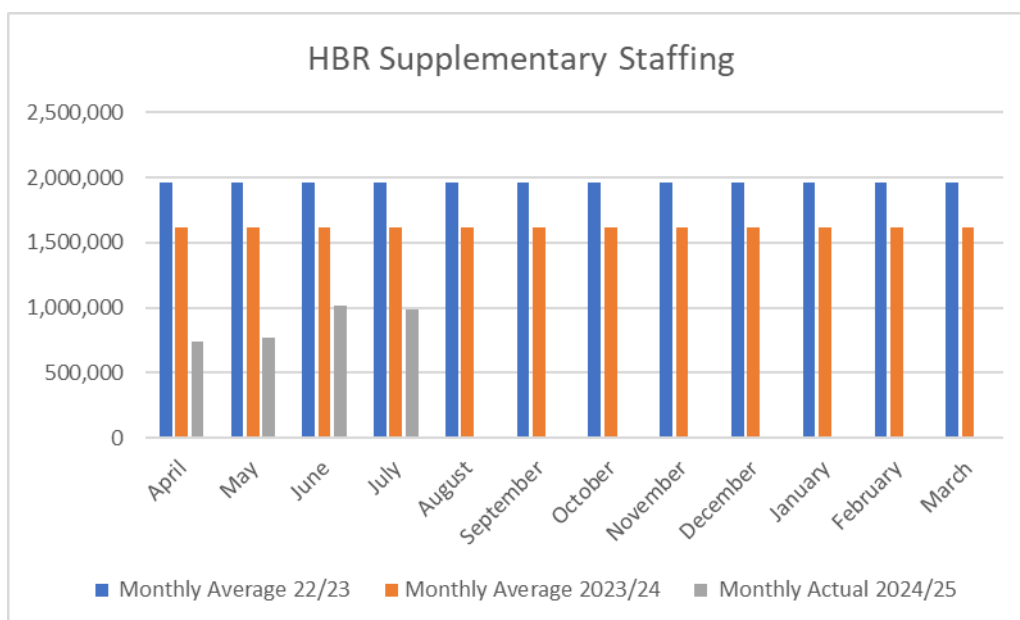
Appendix A – Supplementary Staffing

NHS Fife

Bank and Agency Spend to July 2024

Medical & Nursing Workforce

	AGENCY SPEND			BANK SPEND			Grand Total	Full Year 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total		
	Locums £	£	£	Locums £	£	£		
Emergency Care & Medicine	865,938	230,351	1,096,289	529,792	1,007,216	1,537,009	2,633,298	14,153,478
Planned Care & Surgery	4,921	30,717	35,638	123,291	298,903	422,194	457,832	4,544,101
Women, Children + Clinical Ser	304,118	61	304,180	341,372	250,290	591,662	895,842	2,276,820
Corporate Services	0	0	0	-6,195	27,043	20,848	20,848	107,997
Health Board retained	1,174,978	261,129	1,436,107	988,261	1,583,453	2,571,713	4,007,820	21,082,396
Community Care Services	226,998	416,771	643,769	125,603	2,090,904	2,216,507	2,860,276	9,656,422
Complex And Critical Services	3,622,013	824,259	4,446,272	112,557	1,881,199	1,993,755	6,440,027	18,764,582
Primary Care + Prevention Serv	238,772	0	238,772	535,678	223,323	759,001	997,773	3,292,161
Professional/business Enabling	0	0	0	0	0	0	0	14,405
H&SCP	4,087,784	1,241,030	5,328,813	773,838	4,195,426	4,969,263	10,298,077	31,727,570
Grand Total	5,262,761	1,502,159	6,764,920	1,762,098	5,778,878	7,540,976	14,305,897	52,809,966



NHS Fife

Bank and Agency Spend to July 2024

Medical & Nursing Workforce

	AGENCY SPEND	
	AHP	Total
	£	£
Emergency Care & Medicine	0	0
Planned Care & Surgery	2,300	2,300
Women, Children + Clinical Ser	320,299	320,299
Corporate Services	0	0
Health Board retained	322,599	322,599
HEALTH BOARD RETAINED TOTAL	322,599	322,599

Appendix B – Subjective Analysis
 Health Board Retained
 July 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	42,367	14,277	14,386	-109	943.06	965.85	953.92
Allied Health Professionals	14,927	5,144	4,767	377	239.22	237.24	235.78
Budget Reserves -pay	-1,933	-635	0	-635			
Healthcare Sciences	10,355	3,472	3,410	62	175.15	173.32	173.17
Medical & Dental	77,308	26,685	28,575	-1,890	566.27	584.51	584.58
Medical Dental Support	2,814	942	1,071	-129	53.65	62.38	61.22
Nursing & Midwifery	118,893	40,051	41,166	-1,115	2,181.19	2,260.76	2,257.16
Other Therapeutic	14,738	4,825	4,765	60	269.34	252.22	251.10
Personal Social Care	667	233	315	-82	6.94	12.85	13.00
Senior Managers	1,828	605	578	27	25.00	20.85	21.36
Support Services	32,719	10,824	11,092	-268	876.25	841.00	845.77
Total Pay	314,683	106,423	110,125	-3,703	5,336.07	5,410.99	5,397.06
Budget Reserves Non Pay	5,819	802	-46	848			
Financial Flexibility	33,535			0			
Cssd/diagnostic Supplies	5,420	1,807	2,288	-481			
Drugs	30,583	13,345	13,503	-158			
Equipment	6,819	2,233	3,210	-978			
Heating Fuel And Power	10,200	3,121	3,440	-319			
Hotel Services	6,039	2,073	2,527	-454			
Other Admin Supplies	9,776	3,260	3,492	-232			
Other Supplies	3,626	1,602	1,516	86			
Other Therapeutic Supplies	2,240	738	572	166			
Property	10,590	3,433	3,315	118			
Surgical Sundries	17,356	5,983	7,306	-1,323			
Total Non Pay	142,002	38,396	41,122	-2,726			
Purchase Of Healthcare	131,732	43,856	46,123	-2,267			
Total Purchase of Healthcare	131,732	43,856	46,123	-2,267			
Board Administration	0	0	-1	1			
Family Health Services	6,363	2,121	2,067	54			
Total Family Health Services	6,363	2,121	2,066	55			
Savings	-3,099	-748	0	-748			
Total Primary Care + Prevention Serv	19,037	6,821	7,569	-748			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	0	0	0	0			
Total Expenditure	613,817	197,617	207,005	-9,388	5,336.07	5,410.99	5,397.06
Income	-34,531	-11,926	-12,179	253			
Total Net Expenditure	579,286	185,691	194,826	-9,135	5,336.07	5,410.99	5,397.06

Appendix B Continued

Health Delegated
July 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	17,992	6,135	6,350	-215	419.89	452.57	454.19
Allied Health Professionals	29,466	10,141	9,212	929	543.36	480.31	484.92
Budget Reserves -pay	115	38	0	38			
Healthcare Sciences	218	73	84	-11	4.68	5.95	5.77
Medical & Dental	24,641	8,356	10,720	-2,364	150.14	124.94	122.44
Medical Dental Support	2,545	877	833	44	65.37	57.60	56.37
Nursing & Midwifery	113,515	38,294	38,754	-460	2,105.23	2,158.70	2,174.06
Other Therapeutic	9,438	3,928	3,627	301	118.34	155.69	158.10
Personal Social Care	2,271	757	659	98	41.02	36.30	35.63
Senior Managers	161	54	46	8	1.00	0.94	0.74
Support Services	624	208	388	-180	1.00	18.52	20.17
Total Pay	200,986	68,861	70,673	-1,811	3,450.03	3,491.49	3,512.39
Allocations Awaiting Distribution	13,169	0	0	0			
Cssd/diagnostic Supplies	249	125	133	-8			
Drugs	9,338	3,778	4,087	-309			
Equipment	1,579	543	804	-260			
Heating Fuel And Power	85	28	34	-6			
Hotel Services	293	98	245	-147			
Other Admin Supplies	5,174	1,668	1,689	-21			
Other Supplies	459	160	144	16			
Other Therapeutic Supplies	372	124	63	61			
Property	85	28	207	-179			
Surgical Sundries	4,142	1,381	1,499	-118			
Total Non Pay	34,945	7,934	8,906	-972			
Purchase Of Healthcare	44,893	14,758	16,130	-1,372			
Resource Transfer	21,404	7,123	7,128	-5			
Total Purchase of Healthcare	66,297	21,881	23,257	-1,377			
Board Administration	0	0	-1	1			
Gds	27,619	9,206	9,266	-59			
Gms	61,113	20,445	19,718	727			
Gos	9,004	2,875	2,875	0			
Gps	100,244	33,058	34,116	-1,057			
Total Family Health Services	197,981	65,585	65,973	-388			
Other (inc Depreciation)	48	16	16	0			
Savings	-10,563	-3,521	0	-3,521			
Total Primary Care + Prevention Serv	-10,515	-3,505	16	-3,521			
Social Work Healthcare	0	0	2	-2			
Social Work Healthcare	0	0	2	-2			
Total Expenditure	489,694	160,755	168,827	-8,072	3,450.03	3,491.49	3,512.39
Income	-62160	-20617	-20617	0			
Total Net Expenditure	427,534	140,138	148,210	-8,072	3,450.03	3,491.49	3,512.39

Meeting:	Fife NHS Board
Meeting Date:	25 September 2024
Title:	Workforce Planning Update
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Executive Summary

- The current Workforce Planning Guidance was published in April 2022. It set out the statutory requirement to publish a three year workforce plan, updated annually through the Annual Delivery Plan.
- The Scottish Government led a review of this Guidance in 2024. It is anticipated that the revised guidance will be received shortly, although neither the statutory requirement nor the technical guidance support are expected to significantly alter the current processes.
- In terms of forward planning, NHS Fife will be expected to publish its Workforce Plan for 2025-2028 no later than 31 October 2025. This SBAR sets out the key milestones in achieving this requirement.
- A **moderate** level of assurance is suggested, reflecting the content of this paper and noting previous discussions on our workforce planning arrangements and the current workforce risks.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

2. Report Summary

2.1 Situation

Revised Workforce Planning Guidance is to be published imminently. The revised guidance is expected to reflect how Health and Social Care Services are delivered across Scotland, distinguishing between NHS Board retained services versus those services delegated to Health and Social Care Partnerships. The guidance will detail the expectation that Workforce Plan's focus on those services being delivered by the relevant organisation. The draft guidance re-iterates the requirement for NHS Boards and Health & Social Care Partnerships to publish Workforce Plans covering a 3 year period.

2.2 Background

Workforce Planning has been a statutory requirement for NHS Boards since November 2005, following the publication of **National Workforce Planning Framework 2005 Guidance** ([HDL \(2005\) 52](#)). The guidance has evolved in the previous two decades, reflecting Workforce Planning best practice and accounting for changes in how Health and Social Care services are delivered. The most recent guidance, **National Health and Social Care Workforce Strategy: Three Year Workforce Plans** ([DL \(2022\) 09](#)) was published in April 2022.

The current statutory requirements for the production of three year workforce plans have been the subject to ongoing discussions, specifically around the merits of aligning these planning cycles with Annual Delivery Plans and Financial Planning cycles. Two national working groups were established in 2024 to review the current arrangements. The first group reviewed the statutory workforce planning requirements detailed within [DL \(2022\) 09](#), with the second group reviewing the technical guidance supporting the workforce planning arrangements requirements.

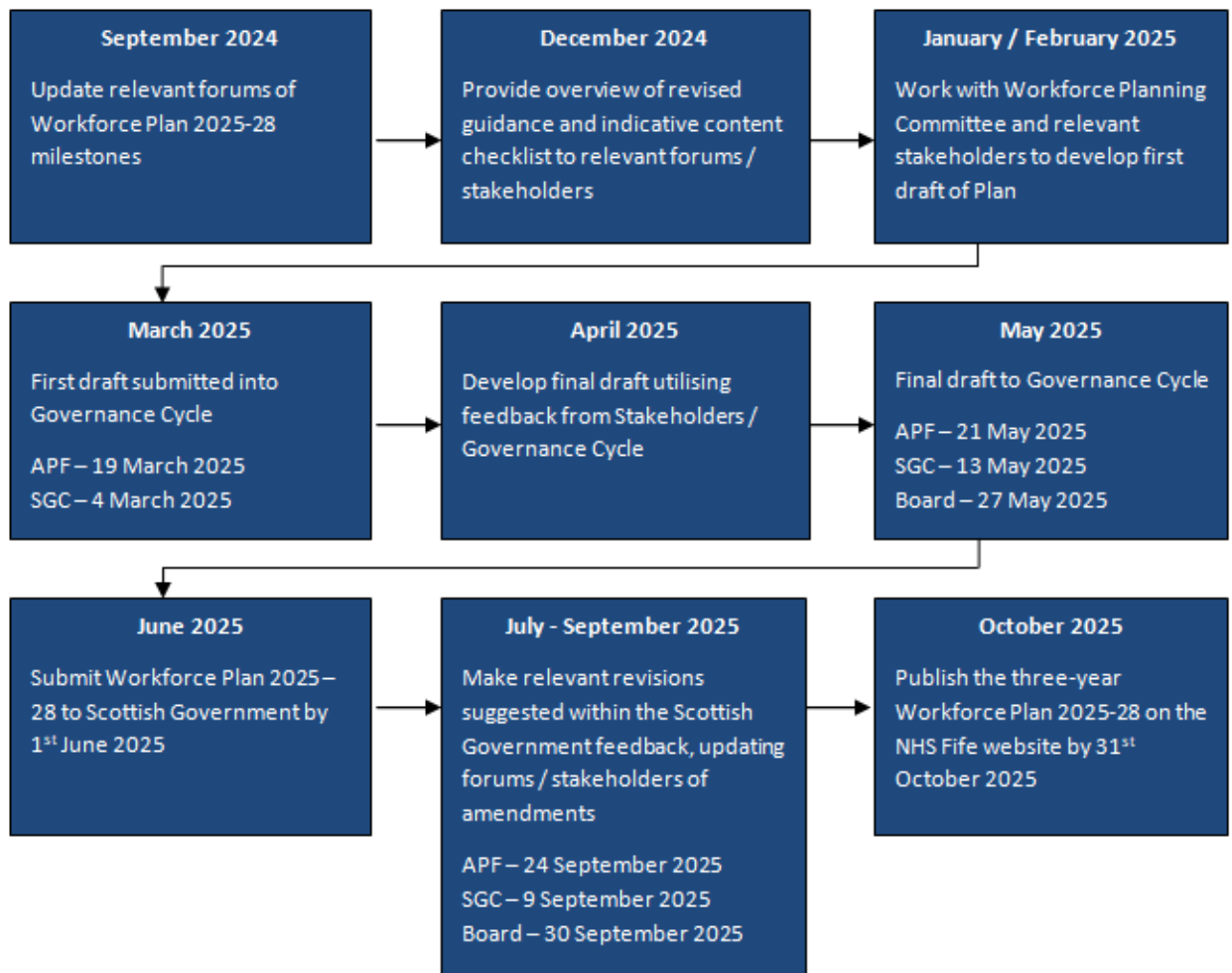
On receipt of the revised (draft) guidance, it is understood that the current requirements for the production of a Three Year Workforce Plan, and detailing the content of said Plan, will largely continue. As before, the NHS Fife Workforce Plan is to be submitted to the Scottish Government by 1st June (2025) for comment and feedback, before the final version of the plan being published on the NHS Fife website by 31st October (2025). The Three Year Plan will be maintained through annual reviews.

2.3 Assessment

Consistent with the approach taken to develop the Workforce Plan in previous years, the NHS Fife Workforce Plan (2025-2028) is to be developed in collaboration with the various key stakeholders, demonstrate alignment with other strategic documents, reflect Financial Plan assumptions, and demonstrate affordability in achieving the required future workforce.

The indicative content checklist, based on the draft guidance received, is contained within Appendix 1.

A summary of the key milestones to be achieved in the production of the Workforce Plan is detailed within the diagram below.



This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The intent of the Workforce Plan is to outline the future staffing required to enable safe, high-quality care to the population of Fife in an affordable and sustainable means. There will be synergies between mapping future staffing requirements for the Workforce Plan, with the Common Staffing Method reviews embedded within the Health Care Staffing Act, and the objectives of the Re-form, Transform and Perform (RTP) agenda.

2.3.2 Workforce

It is recognised the size of the NHS Fife workforce has grown significantly in recent years, as well as the costs for supplementary staffing. Various work-streams within the RTP programme are reviewing this growth with the aim of identifying the levels of staffing that is

both affordable and sustainable. The Workforce Plan will detail the various methods NHS Fife will adopt to introduce this revised workforce model, outline some of the steps to be taken for transforming the delivery of health and care services, and highlighting the workforce skills required to support any future models of care.

2.3.3 Financial

The Workforce Plan will be triangulated with Financial Planning and Service Planning to ensure any future staffing model is both affordable and sustainable.

2.3.4 Risk Assessment / Management

Workforce Planning and Delivery is currently identified as a high risk within the Corporate Risks. There are various interrelated reasons for this level, ranging from the affordability and sustainability of the current service models to an imbalance between the anticipated supply and demand for the future workforce. The Workforce Plan will summarise a series of measures being progressed to mitigate this risk.

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

Consideration will be made over whether an impact assessment is required for the Workforce Plan in its entirety, or whether individual impact assessments should be undertaken whilst progressing the various aspects summarised within the Plan.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Plan will be developed with a range of key stakeholders. There will also be involvement of the Communication Team in finalising the Workforce Plan and delivering it's key messages.

2.3.8 Route to the Meeting

This paper has been discussed with the Director of Workforce, Staff Governance Committee and Area Partnership Forum, whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to NHS Fife Board members for:

- **Assurance** – This report provides assurance that the Workforce Plan (2025-2028) will be developed and published in accordance with the revised guidance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Three Year Workforce Plan – Indicative Content Checklist

Report Contacts:

Brian McKenna, Board Workforce Planning Lead /
Rhona Waugh Head of Workforce Planning & Staff Wellbeing
E-mail: brian.mckenna@nhs.scot / rhona.waugh2@nhs.scot

Appendix 1: Three Year Workforce Plan – Indicative Content Checklist

Heading	Indicative Workforce Plan Content	Yes	No	N/A
Methodology	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
Partnership Working	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: <ul style="list-style-type: none"> • Local Service Planning Leads • Financial Planning Leads • Trades Unions • NHS/Local Authority/HSCP Workforce Planning Leads • Social work/social care Leads • Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads • HR Leads • Third and Independent Sector Representatives • Primary Care Contractor Representatives • Other identified stakeholders 			
	Our Workforce Plan development process has support from the organisation's senior management team.			
Alignment with other strategic documents	Our Workforce Plan aligns with other local strategic, service and financial plans.			
	Our Workforce Plan reflects service priorities identified in our: <ul style="list-style-type: none"> • Three Year Delivery Plans (submitted in March 2024) • Strategic Plans 			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
Planning the required workforce	Our Workforce Plan describes how the workforce will adapt in the current climate and support transformation of services.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			

Heading	Indicative Workforce Plan Content	Yes	No	N/A
	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			
	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	<p>Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service transformation priorities, outlining</p> <ul style="list-style-type: none"> • Required staff numbers (FTE/WTE) • Job Families and Professional Roles • Services at risk and challenges to delivery 			
	<p>Our Workforce Plan analyses our current workforce profile and considered the impact of</p> <ul style="list-style-type: none"> • Age profiles and retiral projections • Leavers and turnover projections 			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE) as it is currently understood.			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use, role diversification etc.).			
Action Planning	<p>Our Workforce Plan details local actions required to achieve necessary changes to the workforce through:</p> <ul style="list-style-type: none"> • Domestic Recruitment • International Recruitment • Service Redesign • Role Diversification • Staff Training and Development 			
	<p>Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services – e.g.:</p> <ul style="list-style-type: none"> • Technological advances/initiatives being deployed • Role Diversification • International Recruitment • Use of MDT (multidisciplinary team working) 			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service.			

Heading	Indicative Workforce Plan Content	Yes	No	N/A
	<p>Our workforce plans describe the need for and development of new posts/new roles/extension of current duties including:</p> <ul style="list-style-type: none"> • Advanced Practice roles; • Physicians Associates; • Assistant Practitioners roles; • Extended Social Care roles in Primary Care and Community settings • Other new roles 			
Staff Wellbeing	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
Summary of Actions	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	<p>Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy:</p> <ul style="list-style-type: none"> • Plan • Attract • Train • Employ • Nurture 			
Implementing and Reviewing	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

Meeting: Fife NHS Board
Meeting date: 25 September 2024
Title: Annual Delivery Plan 2024/25
Scottish Government Response and Q1 update
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

This report contains Service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as an Q1 update on progress for ADP 2024/25.

Services feedback provided further detail to content provided as part of ADP 2024/25 and, due to financial restrains, some deliverables will either not be delivered or there is a risk they will not be.

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'**.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

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

- Well informed
- Appropriately trained & developed
- Involved in decisions

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

2 Report summary

2.1 Situation

This paper presents the response to the feedback from Scottish Government and an Q1 update of the Annual Delivery Plan 2024/25.

2.2 Background

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

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

2.3 Assessment

Fife Response to Scottish Government Feedback

Services were asked to provide a response to the feedback provided, if applicable. This is summarised below.

SG Feedback	Fife Response
Primary and Community Care	
Confirmation that funding for Mental Health and Wellbeing in Primary Care and Community Settings has been paused with all further activities being delivered within existing resources.	Confirmed by Fife HSCP, who have highlighted that it is the initial project objective of MDT Primary Care teams that is not deliverable due to pause in funding.
Continued deployment of OpenEyes	Fife HSCP have stated commitment to this but require to review model and revise planning due to funding position. This is a key deliverable within implementation plan of the Primary Care Strategy.
Urgent and Unscheduled Care	
Further information on plans to deliver a 24-hour approach to Urgent Care, including HSCP-led MIUs and Urgent Care Centres.	Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.

Improve the delivery of Mental Health support and services	
Scottish Government acknowledged that high demand and recruitment challenges would impact on meeting RTT targets.	Fife HSCP welcomed ongoing engagement with national team.
Recovering and improving the delivery of Planned Care	
Scottish Government stated they will work with Boards relating to actions within Planned Care Plan, acknowledging significant financial pressures may have an impact on performance.	Revised Planned Care Plan submitted in Jul-24 as well as that waiting times are monitored weekly and there is a focus on long waits.
Cancer	
Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.	Bids for the optimal pathways have been put forward through the DCE funding source with optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. There will be revenue costs associated with this service improvement.
The plan states that RCDS is at risk if no additional funding is secured.	Funding has been extended until end of Mar-25 and the service will continue with no anticipated risk.
The radiology strategic plan is unfunded so at risk it will not deliver the additional imaging capacity required to support cancer pathways.	There is no identified funding source for this capital or revenue investment.
Additional references to CMPs would be helpful.	Regional working ongoing in respect of implementation of the CMPs.
Health Inequalities	
References to the general ADP Strategic Plan and actions are extensive but it would be helpful to have more focus on the specific areas that the Board leads on.	Addiction Services have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines, as well as operational development of Rapid Access Clinics, as part of our commitment to same day prescribing and retention in services. Psychology and Therapy Services lead on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership.
Child and Maternal Health	
Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this. 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	The projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. This is due to the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts.

Implementation of the Workforce Strategy	
Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.	NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.
Digital and Innovation	
Future plans should set out how NHS Fife will implement NHS Scotland Scan for Safety Programme by Mar-26	Details will be provided into the plan at the end of 2024/25 Q2.
Climate Emergency and Environment	
No Circular Economy detail is provided, and it would be useful to include information on this.	NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. Since its launch, it has over 450 members and has incurred over £39k in savings.
The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated	A multi-disciplinary Entonox mitigation SLWG in place, led by the chair of the local medical gas committee.

2024/25 Quarter 1 Update

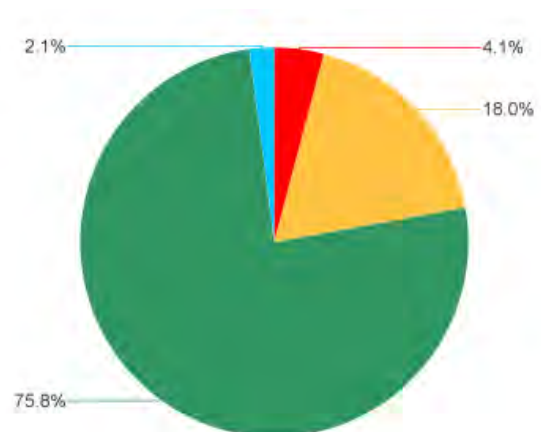
There are 194 deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to the implementation of the RTP. Additionally, there are 35 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=159
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	28
7. Women & Children Health	13
8. Workforce	16
9. Digital & Innovation	19
10. Climate	12

Recovery Driver	n=194
All	2
To Deliver Value & Sustainability	58
To Improve Health and Wellbeing	36
To Improve Staff Experience and Wellbeing	20
To Improve the Quality of Health and Care Services	78

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'** (listed below).

The following table summarises the 8 red (unlikely to complete on time) deliverables, these will continue to be monitored throughout 2024/25.



Deliverable	Comment
Surge Capacity (RTP)	Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.
Development of a new OP specialist Gynaecology Unit	Approval of funding from FCIG to commence architect commission and scope of work.
Delivery of New Laboratory Information system (LIMS)	Complete local implementation and secure revised timeline for national build, likely to be Q4 2024/25.
Increase capacity for providing in-hours routine and urgent dental care	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Work continues with Scottish Government to explore all options available locally, whilst contributing to national policy development/considerations.
Business Transformation (RTP)	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Work is ongoing with senior leads in Acute and HSCP to improve target timeframes. However, the Directorates internal processes in relation to the complaint handling procedures varies.
Hospital Pharmacy Redesign	Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway.
SLA and External Activity (RTP)	Ongoing discussion with NHS Tayside on financial planning assumptions.

This paper has been presented at each of the committees where the 'at risk' deliverables were highlighted and discussed. Further detail of amber risks will be included going forward in future report.

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

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

2.3.1 Quality, Patient and Value-Based Health & Care

The main aim of ADP process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

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

Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Climate Emergency & Sustainability Impact

ADP includes deliverables in relation to Climate Emergency & Sustainability

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 15 August 2024
- **Staff Governance Committee**, 03 September 2024
- **Clinical Governance Committee**, 06 September 2024
- **Public Health and Wellbeing Committee**, 09 September 2024
- **Finance, Performance and Resource Committee**, 10 September 2024

2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from Committees in relation to this paper.

2.4 Recommendation

This paper is provided for members for:

- **Assurance** – this report provides a moderate level of assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1: NHS Fife ADP 202425 - SG Feedback - Fife Response
- Appendix No. 2: NHS Fife ADP 202425 Quarterly Report Q1

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: Susan.fraser3@nhs.scot

Annual Delivery Plan 2024/25 SG Feedback - Response

Recovery Driver: Primary and Community Care

Priority Areas: None

SG Development and Improvement Feedback

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.

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.

It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.

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.

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.

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).

Fife Response

In line with the transforming urgent care and transforming nursing role programmes, the nursing infrastructure is now well established within primary care out of hours. Through implementation of the Primary care improvement plan and development of the in hours urgent care model, we are continually seeking opportunities to synergise and note your comments and will ensure the ADP updates reflects the progress being made.

Regarding the MHWBPC programme, we confirm that MHWBPCS funding has been paused and that all further activities are being delivered within existing resources. The initial project objective of MDT primary care teams is not deliverable due to the pause in funding in its current form. The programme has already carried out extensive participation and engagement, utilising a coproduction approach, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Fife was regarded as a pathfinder when it successfully led a local initiative to establish shared care for people requiring management of glaucoma between secondary care and community optometry. In response to the statement regarding NHS Fife eHealth's position, a working group is established and exploring opportunities to deploy OpenEyes to enable the expansion of the programme. Due to the funding position, we are reviewing our modelling and will revise our planning and present via relevant groups and committees for decision. Fife HSCP remain committed to the continued expansion, and this will remain within our ADP as an objective and is also a key deliverable within our Primary Care Strategy's implementation plan 2023/26 for year 2 – 3.

Recovery Driver: Urgent and Unscheduled Care

Priority Areas: None specific to the plan itself; however the Board should continue to work closely with the Scottish Government Unscheduled Care Policy and Performance Team to drive improved performance.

SG Development and Improvement Feedback

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.

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 Centres. 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.

Fife Response

Fife continues to monitor our agreed trajectories and have already taken supportive action to remodel how care is delivered within the Emergency Department utilising FNC and CBC redirections and alternatives to admission. This has been discussed with CfSD and led through our Integrated Unscheduled Care Programme Board (IUCPB).

Aligning to the Unscheduled Care Programme, Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.

The strategic focus will remain on delivering resilient and sustainable services which support care being delivered in the right place at the right time by highly effective multi-disciplinary teams, maximising resources, and technology. EQIAs and a robust communication plan will underpin any recommendations and implementations made to ensure no impact on equity and access to care. Advice and support are being taken from HIS presently regarding potential for major service change and planning will be based around the outcome of these discussions.

There is an integrated SLWG across Acute and HSCP chaired and co-chaired by both General Managers for each area with the oversight of the group being led by our IUPCB.

Recovery Driver: Improve the delivery of Mental Health support and services

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Mental Health Team to drive improved performance.

SG Development and Improvement Feedback

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.

The following areas in particular will be the focus on ongoing engagement:

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 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 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.

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.

Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPPCCS) 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.

Fife Response

Fife HSCP welcome ongoing engagement with the Scottish Government Mental Health Team on the focus for CAMHS and Psychological Therapies.

The initial project objective of MDT primary care teams is not deliverable due to the absence of planned funding. The programme has already carried out extensive participation and engagement, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Recovery Driver: Recovering and improving the delivery of Planned Care

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Planned Care Policy and Performance Team on actions needed on their associated Planned Care Plan.

SG Development and Improvement Feedback

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.

Fife Response

An initial Waiting Times plan was submitted in Mar-24 covering 2024/25 trajectories with a revised plan re-submitted in Jul-24 following a finance review. The revised plan was delivered to NHS Fife FP&R Committee on 16th July.

Waiting times are monitored through weekly meetings against the expected month end position which are currently on target.

Waiting Times funding is being used differently with in-week list being funded to maximise efficiencies with staffing.

Focus is on the longest waiting patients both for outpatient appointments and IPDC procedures.

Recovery Driver: Cancer

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Cancer Access Team to drive improved performance.

SG Development and Improvement Feedback

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.

A Rapid Cancer Diagnostic Service (RCDS) pilot has been operational since Jun-21 but is only funded until Sep-24. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after Sep-24. The plan states that the service is at risk if no additional funding is secured.

The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.

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.

Fife Response

Bids for the optimal pathways have been put forward through the DCE funding source whilst meetings to improve the lung cancer pathway continues with good progress made.

Optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. NHS Fife will endeavour to keep costs to a minimum but there will be revenue costs associated with this service improvement.

Funding for RCDS service has been extended until end of Mar-25 and the service will continue with no anticipated risk. Same/next day CT reporting diagnostic pathway will continue to be optimised to 7 days.

The projected capacity for Radiology is 22% greater than projected in 2023/24 due to additional non-recurring funding and mobile MRI allocation from the Scottish Government. The funding will enable delivery of 100% of patients waiting less than 2 weeks for urgent and USC (Urgent Suspicion of Cancer) imaging and 90% of patients waiting less than 6 weeks for a routine CT, MRI, or US scan. It is unclear if a similar level of additional funding will be made available in 2025/26 but Radiology leads are working in partnership with the National diagnostics lead to develop the strategic plan and identify associated costs.

Significant improvements have been made to reduce variance and waste across the Radiology system. Patient focussed booking has resulted in a reduction of DNA rates and short notice cancellation processes have been developed to ensure loss of capacity is monitored and managed.

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. There is no identified funding source for this capital or revenue investment.

The PMB pathway is currently undergoing a review in line with the joint guidance regarding unscheduled bleeding whilst on HRT. The aim is to have 2 vetting options: USC and Urgent. Those vetted USC will be appointed as a priority, with significantly reduced waiting times once the new pathway is embedded.

SPOCH supports initiation of the pathway within existing resource. Cancer Waiting Times non-recurring funding has been agreed to support radiology activity for Q1 and Q2.

Regional working ongoing in respect of implementation of the CMPs.

Recovery Driver: Health Inequalities

Priority Areas: None

SG Development and Improvement Feedback

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.

Fife Response

Using MAT Standards funding, the NHS Fife Addictions in partnership with NHS Fife Addictions Psychology and Therapy Service have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines.

To support individuals to reduce their benzodiazepine use, those accessing the clinic are offered appropriate psychosocial interventions (e.g. Tier 1 & 2 interventions such as Decider Skills, Safety & Stabilisation, emotion regulation work, etc) in a timely fashion and the function of their problematic benzodiazepine use is understood via a psychological formulation. These interventions are offered alongside any planned reduction of their benzodiazepine use to provide the individual with a new, more effective set of coping skills and resources to manage their symptoms of anxiety, distress, and (for a significant number of patients) trauma which are likely to be more noticeable as the individual relies less on substances as a form of coping. The combination of evidence-based psychological interventions provided concurrently with a planned benzodiazepine reduction over time will increase the likelihood of successful long-term reduction in benzodiazepines use and ultimately contribute to a reduction in harm and drug related deaths. A third sector service has also been commissioned to offer community and wraparound support to patients and help them develop recovery-based skills.

Using MAT Standards Funding, NHS Addiction Service leads on the operational development of Rapid Access Clinics as part of our commitment to MAT1 (same day prescribing) and MAT5 (retention in services).

NHS Fife Addiction Services runs Rapid Access Clinics in several different locations across Fife. The purpose of the clinics is to provide a rapid response and intervention to individuals with alcohol and drug problems when indicated, reducing the risk of drug or alcohol related morbidity and mortality. These include:

- Initiating assessment and treatment within 24 hours of requesting treatment (meeting MAT1).
- Rapid re-engagement in treatment of patients recently disengaged with treatment.
- Rapid assessment of patients already in treatment with high and complex needs and urgent physical, psychiatric, or social comorbidities.
- Rapid assessment of patients recently discharged from hospital, facilitating seamless transition from hospital care to community care.
- Rapid engagement of individuals released from prison.

NHS Fife Addictions Psychology and Therapy Service operationally leads on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership (FADP). This contributes to the delivery of MAT 6 and 10 but also provides skills and knowledge to work more effectively on trauma and with people affected by alcohol use too. In 2024/25, the training programme will complete the actions below:

- Development of social networks across FADP services (Dec-24)
- Regular coaching/supervision for staff in key evidence-based psychosocial interventions (business as usual).
- Tier 1 training to continue (business as usual).
- Appropriate staff to be identified for Tier 2 training, and Tier 2 training to commence by Mar-25.
- Voice of lived experience to be fed into MAT 6 and 10 work, through regular surveys of service user care (Sep-24)
- Trauma walkthroughs to be completed with all FADP services (Mar-25)
- On exploring staff wellbeing and measures (as per MAT10), focus that can be put in place to support (Jan-25)

Recovery Driver: Child and Maternal Health

Priority Areas: None

SG Development and Improvement Feedback

Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.

High level assurance is provided in relation to the delivery of child health reviews.

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.

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.

Fife Response

Following the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts, the projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. The team are currently meeting monthly with the Director of Midwifery to update on progress and status.

NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.

The recommendation to reduce from 4 ICU cot capacity to 0.5 will not allow us to function as an LNU providing short-term intensive care and will impact negatively on our ability to care for women experiencing multiple and late-premature births. The recommendation will mean we will not be able to provide care for other levels of sick neonates and will negatively impact on our ability to repatriate babies back to our unit as we will not be able to fulfil the requirement of repatriation criteria as outlined within Best Start.

Following review of data for the period Dec-22 to Jan-24, based on assumption that we would be working on the RSM cot and ICU capacity, there would be over 100 women annually between 26- and 34-weeks' gestation who would require in utero transfer out with NHS Fife. In addition, the working assumption within the RSM Report is that for every 10 actual neonatal admissions there will be 6 maternal admissions. This assumption would mean that a further additional 60 maternal admissions would require transfer out with Fife. There are inherent risks to both a mother and foetus associated with in utero transfer.

Recommendation is that NHS Fife maintain the status quo in terms of current capacity and cot designation until Spring 2025. This would enable the units not yet implementing the premature pathway to commence. If NHS Lothian are assured of their capacity to accept transfers in, capacity could decrease to 15 total cots, 3 of which are ICU.

Recovery Driver: Implementation of the Workforce Strategy

Priority Areas: 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.

SG Development and Improvement Feedback

Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place. NHS Fife's Delivery Plan provides sufficient high-level assurance of activity in relation to the implementation of the Workforce Strategy.

Fife Response

NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.

The landscape has now changed with the commencement of the RTP Programme and the respective work streams.

Planning is underway for the impact of the non-pay elements of the 2023/24 AfC Pay Award, including the Reduction in the Working Week, the Band 5 Review of Nursing roles and the implementation of Protected Learning Time, with regular reporting to various fora within the Board.

Arrangements are in place for implementation of the Health and Care (Staffing) (Scotland) Act 2019, which is closely aligned to our eRostering Programme.

We have made good progress with enhancing our employability focus, including the new EMERGE programme. This is an initiative to encourage pupils at targeted schools an opportunity to gain a qualification through Fife College, whilst also gaining experience in a health care setting through placements, on-site visits, and speaker sessions.

In line with Improving Wellbeing and Working Cultures work on Equalities, our staff health & wellbeing support for staff and on Our Leadership Way is also progressing, with the launch of our LGBT+ Network in Jul-24.

Recovery Driver: Digital and Innovation

Priority Areas: None

SG Development and Improvement Feedback

Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of utmost 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.

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.

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 Nov-24. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.

Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by Mar-26 as mandated in the Scottish Government's Directors Letter (2024) 3.

Fife Response

Work continues on the development of the plan for the implementation of the NHS Scotland Scan for Safety Programme. Details will be provided into the plan at the end of 2024/25 Q2.

Recovery Driver: Climate Emergency and Environment

Priority Areas: None

SG Development and Improvement Feedback

Overall, the plan is effective at meeting the climate emergency and environment planning priorities.

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.

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.

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.

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.

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.

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 Route maps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.

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.

Fife Response

In terms of circular economy, NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. We are keen to get warp-it set up at NHS Fife as an efficient method of managing the flow of surplus assets across the NHS Fife estate and ensuring items are reused instead of sent to waste disposal where possible. Since its launch, it has over 450 members and has incurred over £39k in savings. We will continue to roll out the warp-it system, increasing its use and resultant environmental and financial benefits.

NHS Fife has an Entonox mitigation SLWG in place, led by the chair of the local medical gas committee. It is multi-disciplinary including clinicians, medical physics, estates, health and safety, and pharmacy. The Fife Quality Improvement Network have been approached to support in a programme capacity. A systems loss assessment within midwifery department is going ahead in Jul-24 – this will drive additional actions. Work is ongoing with midwifery around monitoring, and the team are working with the established national forum.

Annual Delivery Plan 2024/25 – Update Guidance Q1

For existing Deliverables, please follow steps 1 to 5 in relation to **column L** and **columns AC to AO**.

L	AC	AD	AE	AF	AG	AH	AI	AJ
Q1 Update for ADP24/25								
End Date	Deliverable 24/25 Q1 RAG Status	2024/25 Q1	Confirm Q1 Complete	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26	2026/27

1. Review and amend, if appropriate, End Date of Deliverable (**column L**).
2. Provide RAG status using available drop down as at end of 2024/25 Q1 (**column AC**). Please consider progress against stated outcomes in your decision.
3. Confirm milestones achieved in 2024/25 Q1.
 - i. If milestone in **column AD** no longer relevant, delete text.
 - ii. If milestone in **column AD** has not been achieved, move text into relevant subsequent quarter/year (**columns AF to AJ**).
 - iii. If relevant, add new milestones in **column AD**.
 - iv. Confirm all milestones in 2024/25 Q1 are complete by entering or selecting Y in **column AE**.
4. Review milestones for subsequent quarters/years (**columns AF to AJ**), update existing information and/or provide new milestones, specifically for 2024/25 Q2.
 - i. If milestone no longer relevant, delete text.
 - ii. Move text if it is anticipated that milestone will not be achieved by end of stated quarter/year.
5. Review Dependencies (**columns AK to AO**) by entering or selecting Y from available drop down.

For new deliverables, base information (**columns A to L**) is also required before following steps 1 to 4, **ignore column C**.

A	B	C	D	E	F	G	H	I	J	K	L
Deliverable	Outcome	NHS Board Deliverable Reference	Recovery Driver	ADP Reference	NHS Strategic Priority	HSCP Strategic Priority	Corporate Objective	Directorate	Service Area	Start Date	End Date

Meeting: Fife NHS Board
Meeting date: 25 September 2024
Title: Whole System Infrastructure Planning
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Ben Johnston, Head of Capital Planning & Project Director

Executive Summary:

- NHS Fife are no longer required by Scottish Government to develop and submit a Property and Asset Management Strategy.
- The Scottish Government will no longer except individual business cases for capital projects.
- NHS Fife have been directed by Scottish Government to develop a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years. The current timeline for submission is January 2026.
- NHS Fife have been directed by Scottish Government to develop an interim Business Continuity maintenance only investment plan. This is to be submitted by January 2025.
- Proposed governance arrangement and programme for the Business Continuity maintenance only investment plan is outlined in the paper.
- Paper seeks to promote awareness and offer assurance around this work.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government issued DL(2024)02 to Boards on 12 February 2024. It sets out a significant change to infrastructure planning and investment for NHSScotland. It is brought to the Board to enable assurance and initial discussion.

2.2 Background

Previously Boards were mandated to prepare and submit an annual property and asset management strategy (CEL35(2010)). This provided an overview of the Board's property and asset position whilst setting out future plans.

Where significant investment was required, Board's were required to follow the Scottish Capital Investment Manual (SCIM) to develop business cases in a staged manner prior to funding being committed. The stages were Strategic Assessment, Initial Agreement, Outline Business Case and Full Business Case.

Moving forward there is no longer any requirement for Boards to prepare and submit an annual Property and Asset Management Strategy. In addition, SCIM is being updated to reflect a new process called Whole System Infrastructure Planning.

2.3 Assessment

Historically Boards across NHSScotland submitted business cases based on emerging needs. It became difficult for the Scottish Government to prioritise projects and determine the extent to which they connect to national and local strategy. To tackle this, they have developed a new process.

Boards are required to prepare and submit to the Scottish Government a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years (with interim updates). Once approved, the intention is that Board's

would only have to submit Outline Business Cases and Full Business Cases for approval for each scheme set out in the PIA.

The full PIA is to reference a preferred way forward based on a longer-term service informed infrastructure investment strategy. The Scottish Government have indicated their intention to undertake national service planning to inform this work (scope and timescales yet to be confirmed). Locally we have decided to commission the expertise of an external Healthcare Planner to assist with whole system bed modelling work. This effort will contribute towards the PIA and RTP programme too. It is important to recognise that whilst Estates, Facilities and Capital Planning will be key stakeholders in this work, it is ultimately service driven requiring a collaborative team effort across the organisation. An initial milestone date for completion and return of the PIA has been set for January 2026. This will be a significant task both in terms of effort and strategic importance and governance arrangements will need to be arranged in due course to enable successful delivery.

In recognition of the scale of the task, Scottish Government have asked for an interim Business Continuity investment plan focussing on the “do minimum”. This is to be submitted by January 2025. Guidance in respect to the business continuity plan is emerging and a SLWG has been established by the Scottish Government with Boards to enable discussion and understanding. Several key points emerging are listed below:

- For Business Continuity planning purposes, Boards are to assume a budget of their capital allocation plus one third. This is over and above our normal capital allocation.
- The plan and funding can be used for buildings, medical equipment, sustainability and digital proposals.
- Scottish Government plan to distribute the funding based on priority/risk/need so the funding Board’s receive could fluctuate form year to year.
- A five-year plan is required explaining how the funding would be utilised broadly - an itemised list is not required.
- It is envisaged that there will be the ability to smooth funding over a five-year period to allow for peaks and troughs.

Estates, Facilities and Capital Planning propose to develop the Business Continuity Plan and will seek input from colleagues in respect to equipment and digital. In respect to governance for this task the following route is proposed:



The plan for this work is outlined below:

- Complete draft - November 2024
- FCIG - December 2024
- EDG - December 2024

- FP&R - January 2025
- Draft submission to Scottish Government - January 2025*

* Scottish Government are aware that timelines are tight for this work and have accepted that Board governance and a draft submission to Scottish Government in January 2025 may require to run in parallel.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Generally, a whole system plan leading to a sustainable pipeline of capital funding could have a positive effect on the quality of our services, property, and asset base. This in turn could improve the quality of patient care.

2.3.2 Workforce

As per 2.3.1.

2.3.3 Financial

As described within the paper.

2.3.4 Risk Assessment / Management

This directive links to two (potentially more) of our corporate risks as outlined below. It could have a positive impact on the mitigation of these risks, but there is no guarantee of increased capital funding:

- Reduced Capital Funding
- Prioritisation of Capital Funding

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

A sustainable level of capital funding will support us to deliver our Population Health and Wellbeing Strategy.

2.3.6 Climate Emergency & Sustainability Impact

Capital funding will have a significant impact on our ability to meet our sustainability targets. Any initiative which may support a sustainable pipeline of capital funding must be encouraged.

2.3.7 Communication, involvement, engagement and consultation

Via governance route noted at Section 2.3.

2.3.8 Route to the Meeting

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

- FP&R Committee on 10 September 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - DL(2024)02 - Whole System Infrastructure Planning.

Report Contact

Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Ben Johnston
Head of Capital Planning & Project Director
Email ben.johnston2@nhs.scot



Chief Operating Officer, NHS Scotland

John Burns, Chief Operating officer

E: john.burns@gov.scot

Dear Colleague

NHS SCOTLAND: Whole System Infrastructure Planning

This letter introduces a new approach to strategic infrastructure planning and investment across NHSScotland. It requires each NHS Board to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the respective NHS Board and the Scottish Government.

NHS Boards will no longer be required to prepare and annually update a Property and Asset Management Strategy, as currently required by CEL35 (2010). The PIA will also constitute the first step in the business case process, thus enabling individual capital investment projects to proceed straight to Outline Business Case stage, once agreed with Scottish Government. This also replaces the requirement for Initial Agreements to be submitted for individual capital investment projects, as currently stipulated by the Scottish Capital Investment Manual. A new Scottish Capital Investment Manual document is available to assist NHS Boards in the preparation of their Programme Initial Agreement (see Annex).

The first planning phase will be to develop a maintenance-only business continuity investment plan based on a risk-based assessment of the Board's existing infrastructure. The investment plan will aim to mitigate against inherent risks associated with existing infrastructure, meet environmental sustainability standards, and provide the necessary accommodation for service delivery needs. This is referenced as the Do Minimum Option within the PIA guidance document.

The second planning phase will be to develop a longer-term service-informed infrastructure investment strategy – referenced as the Preferred Way Forward Option in the PIA guidance document. It is recognised that NHS Boards may be at different stages of planning and some may need more time than others to develop this; however, existing Clinical Strategies and Medium Term Plans can be used to inform this exercise. Further planning guidance may also be forthcoming on the development of long term plans for Scotland, which will also help to

DL (2024) 02
12 February 2024

Addresses

For action

NHS Board Chief
Executives
NHS Directors of Finance
Directors of Planning
Directors of Estates and
Facilities

For information

NHS Board Chairs

Enquiries to:

Alan Morrison
Deputy Director Health
Infrastructure and
Sustainability
St Andrew's House

Regent Road
Edinburgh EH1 3DG

0131 244 2363

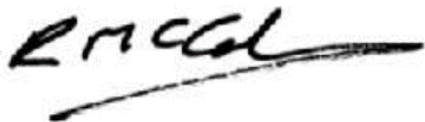
Alan.Morrison@gov.scot

inform this planning exercise. The Preferred Way Forward will also need to take account of any regional and national service plans.

Investment plans for both options will need to be prioritised to reflect realistic expectations of available capital and revenue funding. The Health Infrastructure and Sustainability Division at Scottish Government will advise NHS Boards on appropriate funding assumptions to be made.

NHS Boards shall submit their Do Minimum Business Continuity Option to the Scottish Government by 31st January 2025. The whole-system PIA, which incorporates the Preferred Way Forward Option, has a subsequent target date for submission of 31st January 2026. Earlier submissions may be possible, subject to prior agreement with the Scottish Government. The PIA shall then be regularly reviewed by the NHS Board, with any material changes reported to the Scottish Government on an annual basis. The PIA will be updated and resubmitted to Scottish Government for further approval every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

Your sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke underneath.

Richard McCallum
Director of Health and Social Care Finance, Digital & Governance

A handwritten signature in black ink, appearing to read 'J Burns', with a long horizontal stroke underneath.

John Burns
NHS Scotland Chief Operating Officer

SCOTTISH CAPITAL INVESTMENT MANUAL

Programme Initial Agreement for Whole-System Infrastructure Planning

January 2024

1 Whole-System Planning

1.1 What is it?

A whole-system strategic service and infrastructure plan set within this planning context will take a holistic perspective on all aspects of an NHS Board's responsibilities, as well as the needs of the people and communities that it serves. The aim is to identify how services and infrastructure can be best-arranged to support current and future organisational, patient, and community needs. A Board's Clinical Strategy will already set out the vision and approach to delivering change, and each locality will have developed, or be in the process of developing, their own intentions for the future of their local communities. This strategic planning exercise will thus confirm how these can be implemented from both a service and infrastructure perspective. The outcome will be a whole-system change plan with an accompanying prioritised infrastructure investment plan, including a do minimum maintenance only option.

1.2 Why are we doing it?

Too often in the past, business cases have focussed on the need for a new building to replace an older one. Investment decisions have also tended to be prioritised towards projects which are more advanced in their development rather than on their prioritised need. This has resulted in a pipeline of individual investment proposals which do not necessarily represent a Board's, community's or country's whole-system priorities. Board's whole-system strategic plans, as required under this new approach, will require Boards to plan on the basis of a number of scenarios, including a do minimum maintenance only plan. These will reflect realistic assumptions around funding availability and are informed by a comprehensive assessment of risk and opportunity to improve.

1.3 What is the planning timeframe?

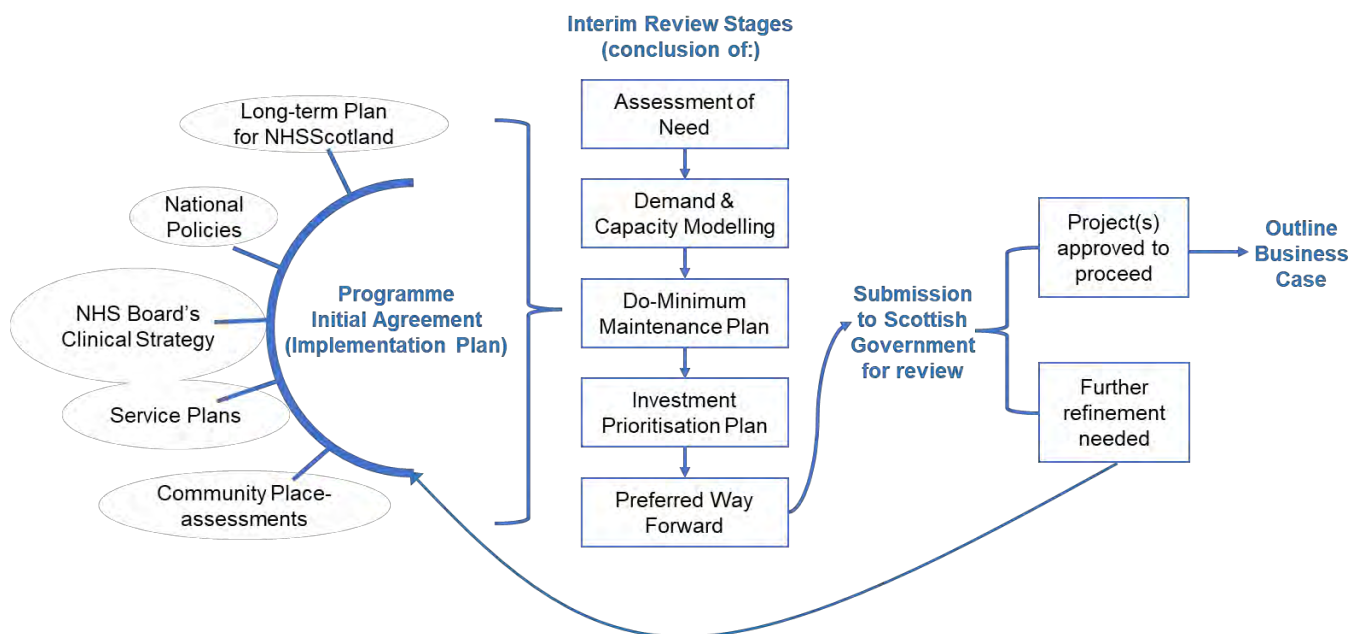
The presumed planning timeframe for the whole-system service and infrastructure plan will be 20-30 years; dependent upon the depth of investment ambition and realistic presumption of available funding. Such a long period is necessary when planning for infrastructure-based change due to the long lead-in time for property

investment projects. Investment projects proposed for the first 10-years of the plan will be more clearly defined in terms of scope of works and link to the Board’s direction of change than those to be progressed in later years.

1.4 How will it work?

A Programme Initial Agreement will be prepared by each NHS Board which sets out its evidence-base, decision-making processes, and proposals for whole-system service and infrastructure change. This Scottish Capital Investment Manual provides the guiding structure of what is expected from the planning exercise, plus the information and outputs that are to be produced. This Manual does not provide detailed instruction of how to complete each section, as this will be determined by the existing planning status and needs of each NHS Board. Scottish Government representatives should be contacted to provide additional advice on the expected scope and depth of information and outputs to be produced.

The following diagram, and subsequent text, sets out the framework taking each NHS Board from the development of a Programme Initial Agreement through to Outline Business Case stage for individual projects:



NHS Boards will work collaboratively with stakeholders to develop their strategic service and infrastructure implementation plans; including consultation with Health

Improvement Scotland on the appropriateness of any necessary public engagement proposals. Interim review meetings will take place with the Scottish Government at key planning development stages (see diagram). This will be an opportunity to share knowledge and shape strategic thinking about the work in development and adoption of any other regional or national planning work being developed.

Once the Programme Initial Agreement is complete, it will be submitted to Scottish Government for review and further discussion. This will result either in recommendations for further refinement of the plan, and/or agreement to the plan.

The decision to progress an individual project (or projects) towards Outline Business Case (OBC) stage will be determined by Scottish Government as part of the process of approval of the Programme Initial Agreement. Early liaison with independent governance review processes will be required at commencement of an OBC i.e. the NHS Design Assessment Process (NDAP) and Key Stage Assurance Reviews (KSAR).

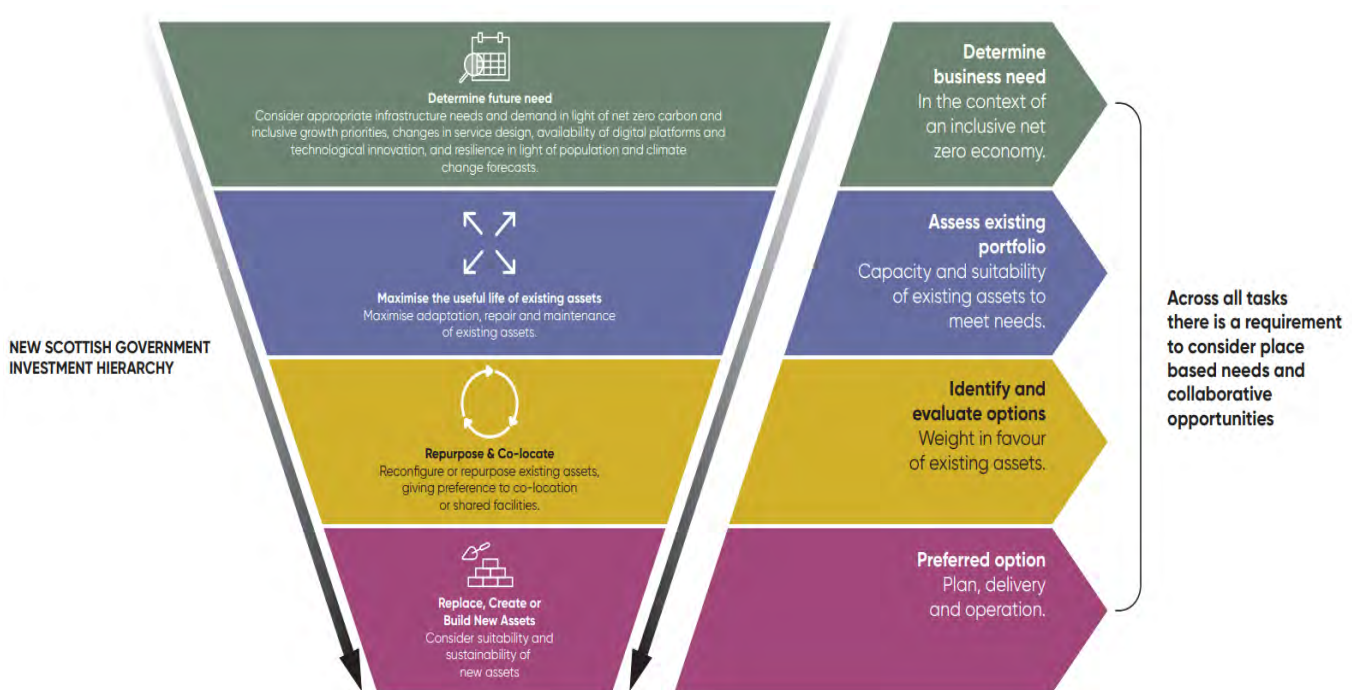
The Board's Programme Initial Agreement should be reviewed on an annual basis by each Board and any material changes notified to Scottish Government. The full Programme Initial Agreement will require to be updated and resubmitted every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

2 Reform through Existing Infrastructure

It should be presumed that the majority of service reform plans will utilise existing infrastructure in order for NHS Boards to be able to tackle their short-to-medium-term service pressures. This is because delivering new infrastructure is expensive, takes many years before they become available for use, and the replacement of existing infrastructure conflicts with Scotland's net zero sustainability and circular economy objectives.

Scottish Government’s investment hierarchy (see diagram below) requires organisations to demonstrate that the continued use or repurposing of existing public sector assets has been considered first before determining that a replacement or new build is required. A Do-Minimum Maintenance Only investment plan (described later in this Manual) will thus be an important outcome of this planning exercise, as it will further demonstrate the investment needed to maintain the useful life of existing infrastructure whilst longer term replacement plans are being prepared.

Scottish Government’s Investment Hierarchy



3 A Programme Initial Agreement

3.1 Purpose

The purpose of a Programme Initial Agreement (PIA) for the whole-system planning exercise is to present the evidence behind the need for change, and to explain how the preferred way forward was determined. The expectation is that this will lead to a need for some infrastructure investment to enable that change to occur. The case for investment will need to be demonstrable, convincing and set within a realistically and affordable planning and funding parameters.

3.2 Guidance on drafting the Programme Initial Agreement

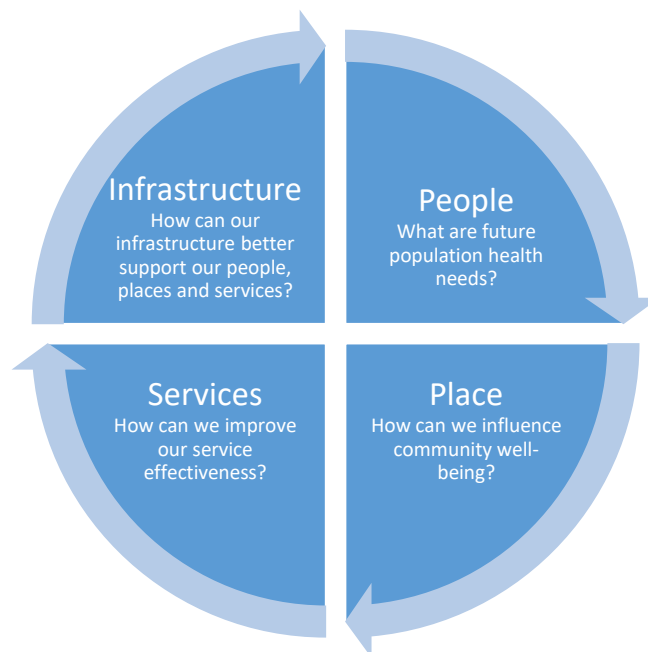
This guidance is structured in a similar manner to the Initial Agreement guidance for single projects, with the 5-case model at its core. However, it is intentionally not as descriptive so that it can be adapted to each Board's unique planning circumstances. It provides a general indication of what needs to be done to develop a whole-system plan and to produce a Programme Initial Agreement document. The quality of the processes followed should be evident from the presentation of the final document.

The 5-case model is split into three distinct stages to reflect the main planning processes that need to be followed. The first stage is the assessment of need for change (Strategic Case), the second is to identify a preferred way forward after considering a range of possibilities (Economic Case), and the third is to develop a realistic investment and implementation plan (Financial, Commercial and Management Case). The requirements for each of these stages is discussed:

4 Assessment of Need (Strategic Case)

The need for change will consider opportunities to improve the way things are currently done, resolve issues with existing arrangements, and respond to new government policies and other change influencers.

The assessment of need will focus on four key areas, as illustrated in the diagram below. This should start with an assessment of future health, care and well-being needs of the people served by the organisation, before then reflecting on the needs of communities (place), service provision, and infrastructure requirements.



4.1 People

A Board's whole-system strategic plan will need to demonstrate an understanding of people's health, care and well-being support needs; how this might change in the future; and how this could be improved by focussing attention towards changes in preventative measures, early-diagnosis, intervention, treatment, and after-care services. Equitable and ease of access to services also needs to be considered.

Evidence is required of service demand analysis covering the next 20+ years, and the associated functional capacity requirements of supporting property infrastructure.

4.2 Place – a one-public-sector approach

Health infrastructure must be developed with the needs of the communities that it serves in mind in order to create better 'Places'. In order to achieve this, Boards will, in the first instance, need to gather intelligence on the need and opportunity to be gained from supporting and enhancing the population health and socio-economic characteristics of each place and community it supports, including:

1. Reasons why a community needs to change?
2. How investment in health infrastructure can support that change?
3. What other plans, actions and support are being offered by other public, private, voluntary and community bodies which could impact on each Place?

A Place Standard Guide (www.ourplace.scot/tool/place-standard-guide) is available to support and begin such an assessment.

At this strategic planning stage, the intention is to undertake an initial scoping exercise to gather sufficient evidence of the comparative need for population health and socio-economic change, and/or opportunity for enhancement, between different places. The aim is to support the prioritisation of investment decisions which are influenced by their impact on a Place. A full Place Standard assessment may be required upon instruction from the Scottish Government when an investment proposal is approved for progression to Outline Business Case development.

A comparative assessment is required of the population health and socio-economic need for change, and/or opportunity for enhancement, between each place and community it supports.

4.3 Services

Whilst NHS Boards may naturally focus on the services that they directly provide, consideration should also be given to how improved collaboration with other NHS Boards, local authorities, the voluntary sector, private partnerships, care homes and other agencies, work together with the common aim of supporting the health, care and well-being of local people and communities. The whole-system plan will thus investigate the challenges and opportunities associated with the quality and effectiveness of service provision, and how this might be affected by the way in which they are designed, sized, arranged, located and /or accessed.

A whole-system review is required of the design, arrangement and effectiveness of the NHS Board's whole system. The aim will be to identify opportunities for change and improvement, irrespective of whether they are linked to associated infrastructure arrangements.

4.4 Infrastructure

There will be many influencing factors to consider when determining priorities for improvement and investment in the Board's infrastructure. A particular challenge will be the need to balance available funding towards immediate operational infrastructure issues, whilst also planning for more ambitious infrastructure change plans. A comprehensive, evidence-based assessment is therefore required which will identify the inherent risks associated with aging parts of a Board's infrastructure, the challenges of meeting environmental sustainability standards, and the need to continue providing sufficient accommodation in support of operational service needs. This assessment will form the basis from which future investment decisions and priorities for the Board's business-continuity maintenance plan are based.

A comprehensive assessment is required of the risks, challenges and opportunities for improvement associated with all of the Board's infrastructure arrangements.

4.5 Strategic Objectives and Constraints

Setting strategic objectives for the whole-system plan will confirm to all stakeholders what the exercise is intending to accomplish, and the direction it needs to take in order to achieve a successful outcome. They need to focus on core strategic issues, outcomes and criteria that are most important to the organisation's stakeholders. They should, therefore, not be too specifically focussed towards addressing individual issues.

A good starting point is to reflect on the assessment of need described earlier. This will have identified some strategic priorities for the Board to address; such as maintaining the integrity of the existing infrastructure, providing sufficient capacity for forecast service needs, responding to a national policy initiative such as environmental sustainability measures, etc. A further suggestion is to develop a framework or hierarchy of strategic objectives whereby some may be regarded as more influential to a successful outcome than others.

Different stakeholders may have different perspectives on what is a priority for this planning exercise therefore an engagement exercise is expected where all viewpoints can be expressed, considered and a collective agreement made on the most important ones to everyone.

Constraints to the planning exercise also need to be considered at this stage. These will set out planning parameters that a successful outcome needs to be contained within. They can sometimes be confused with strategic objectives - the main difference being that strategic objectives are more often focussed on positive outcomes, whereas constraints focus more on practical limitations of delivery. For example, delivering solutions that provide sufficient capacity for forecast service needs may be a strategic objective, but an associated constraint may be that this must be delivered from available capital funds.

The importance given to these objectives and constraints can determine future investment solutions, priorities, and beneficial outcomes; hence, sufficient attention needs to be given to how these are developed and agreed at the outset of the planning exercise. Guidance on how to arrange stakeholder discussions towards

the development of strategic objectives for a project or programme can be found here: [sftbriefingandevaluationframework.pdf \(scottishfuturetrust.org.uk\)](https://www.scottishfuturetrust.org.uk/sftbriefingandevaluationframework.pdf).

A set of strategic objectives and planning constraints are to be presented, which have been developed through consultation with appropriate stakeholder groups and approved by the NHS Board's executive management team.

5 Identifying a Preferred Way Forward (The Economic Case)

5.1 Purpose

The purpose of this stage is to identify how health, care and supporting services can be optimally arranged, sized and located to meet future needs. Strategic objectives will have been agreed at this point which will indicate the scope and ambition for this whole-system change. The confirmed constraints to the planning exercise will also determine the practical boundaries to that ambition. It can, for example, be impractical to embark on ambitious plans for comprehensive change if infrastructure, workforce, finances, or other constraints mean that such plans would most likely be undeliverable.

5.2 Developing a 'Do-Minimum' (business continuity) Option

A '*Do-Minimum: maintenance only*' investment plan is to be developed which presumes that all of the Board's existing buildings will be retained for the foreseeable future, and that the current configuration of the NHS Board's services will generally remain as they are. This stage will utilise the previous intelligence gathered from the infrastructure needs assessment in order to inform its priorities for investment. The focus will be on responding to the inherent risks with the existing estate, including the risks posed by climate change, the requirement to decarbonise the estate, and the need to support operational service demands.

The maintenance plan will have an initial focus on business continuity measures covering the whole estate and include feasibility studies for more complex projects. These will provide sufficient detail of the practical scope of works and costs of carrying out improvements to operational parts of the estate. This option will not include major refurbishment or new build solutions, as these should be incorporated into the Baseline Option.

A prioritised maintenance-only investment plan will be developed which is focussed on business continuity and set within appropriate funding availability constraints. (Further advice on funding thresholds can be gained from Scottish Government's Health Infrastructure and Sustainability Division).

5.3 The Baseline Option

This stage is an opportunity to reflect on how an NHS Board's healthcare services and infrastructure can continue to support its people, places and communities over the longer term. The Board's Clinical Strategy and other national, regional and local service plans will set out the direction of change, hence this exercise should be regarded as the service and infrastructure implementation plan.

In general, the Baseline Option will be based on responding to the following strategic questions:

1. What are the forecast functional capacity requirements for each aspect of the whole-system (e.g. number of beds, theatres, health centres, GP practices, catering facilities, etc.) - and how does this relate to current capacity provision?
2. How do existing service and care pathways arrangements need to be re-arranged to optimise service provision, performance and patient outcomes - and how does this relate to current arrangements?
3. How can existing infrastructure be arranged to support these capacity and service requirements, before considering the need for new infrastructure?
4. What aspects of the 'Do-Minimum' option need to be incorporated into this Baseline option to ensure continued operation of the Board's infrastructure while changes take place over the longer term?

The level of detail with which these questions are resolved will be commensurate with each Board's need for change and depth of detail of its existing service plan ambitions. It should also be recognised that there will be ample opportunity to refine any planning assumptions and functional capacity forecasts for longer-term infrastructure change proposals.

A Baseline Option will be developed and described based on forecast capacity requirements, proposed whole-system service and infrastructure arrangements, and future care pathways and service access proposals.



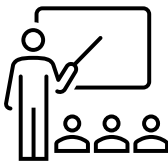
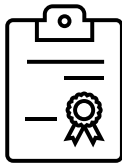
5.4 Developing the Preferred Way Forward

Once the Baseline Option has been developed, it then needs to be challenged to ensure that it represents the best way forward for the NHS Board. This is an opportunity to ask: “*How can we improve on the Baseline Option?*”. The aim is to investigate the potential from best-practice models of care, innovative infrastructure solutions, and technological and digital alternatives to service delivery and access, etc.

Several techniques are available to review and test different options or solutions - including SWOT analysis, option appraisals and scenario planning exercises. Scenario planning is presumed to be the most appropriate process for this exercise as it allows planners to test assumptions made about the future, whilst also exploring credible possibilities for enhancing the Baseline Option.

The focus will be to explore strategic, big-picture issues and how they might impact on the Baseline Option. Lessons-learnt from the exercise can then be adopted into an enhanced option – the Preferred Way Forward. The emphasis of this exploration will be to ask the question: “*What could happen if...?*”, and to then work through its impact.

The four main stages of this scenario planning approach are summarised:

			
<p>1. Shortlist a set of test scenarios</p>	<p>2. Imagine the impact of each scenario</p>	<p>3. Agree lessons learnt from each scenario</p>	<p>4. Adopt into the Preferred Way Forward</p>

1. Shortlist: brainstorm a range of scenarios that could be developed, before agreeing a shortlist based on their relevance to the task, potential impact and probability of occurring.
2. Imagine: work through a narrative description of “*What could happen if...?*” for each short-listed scenario, particularly focussing on the impact on the Baseline Option if it was to occur. This is an opportunity to be inventive, ambitious, and to think without constraint.
3. Learn: summarise the key findings from each scenario and agree how they can be incorporated into the Baseline Option. This will need to reflect on the practicalities of adoption and implementation, along with how they may affect each other when considered together
4. Adopt: make changes to the Baseline Option by adopting the key lessons learnt from this exercise. This will become the Preferred Way Forward - an enhanced version of the Baseline Option and demonstrably the best way forward for the NHS Board.

As an example:

Scenario: What could happen if an even greater emphasis was made of introducing digital and smart technology?”.

Imagine: A workshop-group would explore the possible impact if the Board was more ambitious, inventive and optimistic about introducing smart technology sooner than presumed possible.

Learn: Ask the question: “Which aspects of this response can be incorporated into the Baseline Option, and how?”

Adopt: Present the Preferred Way Forward which has an ambitious plan to implement digital and smart technology.

Evidence is required that the Baseline Option has been reviewed and challenged to demonstrate it is the best perceivable way forward for the NHS Board through a Scenario Planning Exercise, or similar.

5.5 Describing the Preferred Way Forward

The Preferred Way Forward will include an overview of how the whole-system plan is expected to change over the short, medium and longer term to meet its strategic objectives, forecast service demand changes, and inherent infrastructure risks. It will also explain how existing infrastructure will be used to support those changes, before then outlining proposals for further infrastructure investment. Presentation of the Preferred Way Forward will take all reasonable steps to be accessible and understandable to all stakeholders.

Things to consider when presenting the Preferred Way Forward:

<input checked="" type="checkbox"/>	Complex service demand modelling needs to be clearly explained, including how this links to infrastructure capacity requirements.
<input checked="" type="checkbox"/>	Proposed changes to service and/or infrastructure arrangements, care pathways, and points of access for patients need to be clearly illustrated for ease of understanding.
<input checked="" type="checkbox"/>	Hospital campus developments need to show proposed sequential changes to each site over a 20-30 year period.
<input checked="" type="checkbox"/>	All investment proposals must show how they will influence health & socio-economic enhancement for local communities.
<input checked="" type="checkbox"/>	Proposals for support services (catering, laundry, decontamination, etc.) need to be embedded into whole-system plans for change, with a clear indication of their local, regional and national relevance.
<input checked="" type="checkbox"/>	Links need to be shown to associated change plans for other resources; such as workforce, digital, medical equipment and fleet.
<input checked="" type="checkbox"/>	A 'Do Minimum Maintenance-only' business continuity plan needs to be presented independently from the Preferred Way Forward.

Presentation of the Preferred Way Forward will, as a minimum, incorporate all of the items above, whilst taking account of the funding scenarios set by Scottish Government's Health Infrastructure and Sustainability Division.

6 Investment & Implementation Plan

6.1 The Financial Case

The Preferred Way Forward must reflect realistic expectations of available capital and revenue funding - as this could impact on decisions made about the type and size of project being proposed, the order in which they are delivered, and/or the timing of delivery. It is therefore important to understand any funding constraints at the outset of the whole-system planning exercise.

Two funding scenarios are to be presumed for these planning purposes only:

1. Each Board's capital resource allocation is doubled from 2025/26 onwards (2020/21 base), whilst presuming that no further funding will be available. This will be used as the funding limit for the Do Minimum – Maintenance-only Option.
2. Each Board is able to access an additional and equitable share of an increased capital budget (set by Scottish Government's Health Infrastructure and Sustainability Division).

The Health Infrastructure and Sustainability Division at Scottish Government should be contacted to ascertain the confirmed funding limits to be presumed. These limits are for planning purposes only and not an indication of funding to be allocated. NHS Boards should also seek advice on how to proceed with investment proposals that would be unaffordable within these limits.

The Preferred Way Forward will set out the Board's ambition for investment for the next 20-30 years, hence, based on the above funding constraints, is likely to need to prioritise its investment proposals over that period. Criteria for prioritising projects should be sourced from a combination of the whole-system plan's strategic objectives, important project delivery objectives, and Scottish Government funding priorities. The outcome will be an affordable long-term investment programme.

Projects scheduled for the first five years of the programme should include a more detailed breakdown and explanation of costs, covering:

- An explanation of the basis of costs, to demonstrate their robustness.
- Realistic assumptions about the level of risk contingencies and optimism bias to be included.
- Project development costs, including professional fees.
- Projected inflation and VAT.

Associated revenue costs which require additional funding shall also be provided.

6.2 The Commercial Case

This section will set out proposed procurement routes for each investment project included in the first five years of the prioritised investment programme. A timetable is also required which covers presumptions about key business case stages, design development milestones, main procurement steps, the proposed construction period, and targeted move-in day. In addition, the commercial arrangements for appointment of external advisors will be provided, including a projection of annual funding support associated with each appointment.

6.3 The Management Case

This section will describe the management arrangements in place to successfully deliver the prioritised investment programme. A minimum expectation is that it will include the following aspects:

1. A Benefits Register:

This will outline the key benefits of taking forward the preferred way forward. It will cover outcomes from the programme's Strategic Objectives, service improvement measures, patient benefits, environmental sustainability targets, socio-economic growth opportunities, and support towards Scottish Government's broader objectives.

2. A Risk Register:

This will identify the big, strategic risks to the successful implementation of the prioritised investment programme. It will also incorporate actions being taken by the Board to mitigate against those risks.

3. An Organisational Governance Diagram.

This will demonstrate lines of reporting and governance responsibilities for the delivery of the prioritised investment programme. It will also demonstrate the appropriate experience and capability of the lead personnel within that governance framework.

4. A Resource Plan

This will include details of the resources needed and their capability for implementing this programme, plus any gaps in internal or external workforce that will need to be filled if the programme is to go ahead.

5. A Stakeholder Engagement Plan

This will include details of engagement already carried out, plus proposed further engagement to take place throughout implementation and further refinement of the programme. Health Improvement Scotland shall be consulted on the appropriateness of any public engagement proposals.

7 Next Steps

Once the Programme Initial Agreement is complete, it will then be submitted to Scottish Government for review and further discussion. This will result either in recommendations for further refinement of the plan, and/or agreement to that plan.

The Programme Initial Agreement will also constitute the first step in the business case process. Projects may, however, only proceed straight to Outline Business Case stage following approval from Scottish Government. This approval will be considered as part of the review of the Programme Initial Agreement.

The Outline Business Case will require further enhancement of service planning aspects of the proposal within the Strategic Case, plus early liaison with independent governance review processes, such as the NHS Design Assessment Process (NDAP) and the Key Stage Assurance Review (KSAR) process. NHS Boards will need to confirm their engagement in these processes within their project update reports.

8 Checklist of Requirements for the Programme Initial Agreement

Assessment of Need	
	Evidence of service demand analysis covering the next 20+ years, and the associated functional capacity requirements of supporting property infrastructure.
	A comparative assessment of the population health and socio-economic need, and/or opportunity for enhancement, between each place and community it supports.
	A whole-system review of the design, arrangement and effectiveness of the NHS Board's whole system. This will identify opportunities for change and improvement, irrespective of whether they are linked to associated infrastructure arrangements.
	A comprehensive assessment of the risks, challenges and opportunities for improvement associated with all of the Board's infrastructure arrangements.
Strategic Objectives and Constraints	
	Set of strategic objectives which confirm what needs to be achieved for a successful outcome.
	Acknowledgement of any planning constraints.
	Confirmation that these strategic objectives and planning constraints were developed through consultation with appropriate stakeholder groups and approved by the NHS Board's executive management team.
The Preferred Way Forward	
	A prioritised maintenance-only investment programme, focussed on business continuity and set within funding availability constraints. This will include feasibility studies in support of more complex maintenance proposals.
	A Baseline Option, based on forecast functional capacity requirements, proposed whole-system service and infrastructure arrangements, and future care pathways and service access proposals.
	Evidence of testing of the Baseline Option to demonstrate that it is the best perceivable way forward for the NHS Board – outcomes of a Scenario Planning Exercise, or similar.
	<p>Presentation of the Preferred Way Forward, including details of:</p> <ul style="list-style-type: none"> • Service demand and infrastructure capacity assessments. • Proposed changes to service and/or infrastructure arrangements, care pathways, and points of access for patients need to be illustrated for ease of understanding. • Hospital campus development plans showing proposed sequential changes to each site. • Primary / community care investment proposals incorporating socio-economic impact assessments. • Support service proposals (catering, laundry, decontamination, etc.), including local, regional and national connections. • Links to associated change plans for other resources; such as workforce, digital, medical equipment and fleet.
Investment and Implementation Plan	
	An investment plan for the Do Minimum: Maintenance Only plan.
	An affordable and prioritised investment plan to accompany the Preferred Way Forward.
	Procurement and project implementation timelines.
	Advisor support needs.
	Benefits and Risks registers.
	Organisational governance diagram.
	Programme resource plan.
	Stakeholder engagement plan.

Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: Primary Care Strategy 2023-2026 – Year One Report

Responsible Executive: Fiona McKay, Director of Health and Social Care

Report Author: Lisa Cooper, Head of Service, Primary and Preventative Care Services
Chris Conroy, Senior Portfolio Manager, Primary and Preventative Care Services

Executive Summary:

- Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions.
- The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.
- This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.
- With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.
- During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned.
- The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track for completion.
- The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies

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

- Safe
- Effective
- Person Centred

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

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

2 Report summary

2.1 Situation

Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions. The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

2.2 Background

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

Approved in June 2023 by Fife's IJB as a 3-year strategy, the vision of the Primary Care Strategy is:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.

With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.

2.3 Assessment

The Annual Report contained within Appendix.1 provides a comprehensive overview on the progress in delivering the key actions within year one of the Primary Care Strategy, with key progress across all workstream areas. The summary of this progress is outlined below:

- Leadership, Governance and Assurance review conducted with key recommendations approved and the majority delivered between 2023-2024, overseen by PCGSOG.
- Significant amount of work to improve the sustainability of General Practice through prompt, proportionate support to Practices via Multi-disciplinary input, which includes having returned 4 x 2c Practices back to independent status with pan on pace for remaining 2c practices x3
- Continued delivery of Fife's refreshed Primary Care Improvement Plan, in particular the priority areas of Pharmacotherapy and Community Treatment and Care services as outlined within nationally directed Memorandum of Understanding 2 (MOU 2), whereby services have been working creatively to increase capacity and resilience within service within a context of reduced workforce local/national and the finite resources available.
- Continued commitment to providing innovative and supportive learning environments for students via the ScotGEM Programme and the shortly to be launched Programme ScotCOM programme which has seen NHS Fife and St Andrews University working together to develop this medical degree. In further supporting Fife as a place to live and work during and post training, Fife continues to support newly qualified GPs to take their first steps into their GP career through a Clinical Fellowship career option, with opportunities to work within a GP Practice, UCSF (GP Out of hours) and conduct research/project work.
- Despite challenges with access to General Dental Services, largely due to local and

national staff shortages, Fife has been working closely with Scottish Government to develop improvement opportunities whilst awaiting the full impact of National Dental reforms in October 2023. Whilst there are still challenges, dental registration figures are encouraging with a 24.6% increase in Adults registered with a dentist compared to 2023.

- In both delivering core services and supporting continued pressure for access to care as a result of GDS access challenges, the Public Dental Service has taken forward significant work to improve oral health and safeguard those required urgent dental treatment.
- With increased activity in terms of Pharmacy First Plus, increased treatments available and supported via a greater number of prescribing pharmacists Community Pharmacy continues to play a pivotal role within Primary Care, often as a first point of contact.
- Community Optometry has delivered key initiatives in improving eye care, working closely with shared care to make sure the people of Fife get the right care in the place.
- Critical work in terms of creating strong foundations for Primary Care to thrive via key enabler has been delivered, which includes minor improvements to GP Premises across Fife, a comprehensive Leadership and Governance review of Primary Care, development of a Primary Care Communication and Engagement strategy and outline plans for improved Digital Platforms across and between Primary Care Services

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of the people across Fife, building on the solid foundations set during 2023-2024.

With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile, dynamic and innovative in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population, partners and stakeholders.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife and Fife HSCP has robust infrastructure around Quality Assurance, through respective Governance structures now established.

The experience of Primary Care by our citizens will continue to be a critical part of our evaluation of the success of this Strategy.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan focuses on training, recruitment and retention, career pathways, succession planning, and staff health and wellbeing will underpin the strategy and will be key for success.

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors. There remains a risk of a funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan.

Work continues to make sure there is optimisation of all resources to maximise distribution and spread of services to meet local needs in line with the resources now available.

The Primary Care Strategy continues to support achievement of the Medium-Term Financial Strategy including:

- Ensuring Best Value - ensure the best use of resources.
- Whole system working - building strong relationships with our partners.
- Prevention and early intervention - supporting people to stay well.
- Technology first approach - to enhance self-management and safety.
- Transforming models of care - to support people to live longer at home, or in a homely setting.
- Prescribing - reduce medicines waste and promote realistic medicine and prescribing.

2.3.4 Risk Assessment / Management

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility. The HSCP is responsible for the administration of the contracts and has the operational responsibility for

oversight of delivery of primary care services. The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level.

IJB and NHS Fife jointly hold corporate high-level risks related to delivery and sustainability of Primary Care Services. Delivery of the Primary Care Strategy 2023-2026 is a key mitigating action that it is envisioned will reduce the level of risk currently being managed.

It is recognised that national policy developments and agreements may change requirements over the period of the strategy (i.e. Dental Reforms) and these will be kept under review.

The key risks continue to relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

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

EQIA completed as part of the development of the Primary Care Strategy.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

A Communication and Engagement Strategy has been developed and approved by PCGSOG as a key deliverable of Year One of the Primary Care Strategy. Year 2 will see this plan implemented.

2.3.8 Route to the Meeting

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

- EDG, 15 August 2024
- Primary Care Strategic Oversight Group, 16 August 2024
- Quality & Communities Committee, 4 September 2024
- Strategic Planning Group, 5 September 2024
- Public Health and Wellbeing Committee, 9 September 2024
- Finance, Performance & Resources Committee, 10 September 2024
- Primary Care Strategy Implementation Group, 17 September 2024
- Primary Care Governance & Strategic Oversight Group, 18 September 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance**

The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Appendix.1 Primary Care Strategy - Year One Report 2023-2024

Report Contact

Author Name: Chris Conroy

Author's Job Title: Senior Portfolio Manager

Email christopher.conroy@nhs.scot



Primary Care Strategy 2023 – 2026

Year One Report 2023/2024

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Section 1

Foreword

I am delighted to support the first annual report for the Fife Primary Care Strategy. Fife remain pathfinders nationally in designing and now delivering year one of a strategy which ensures our strategic focus continues to prioritise recovery, quality and sustainability of all services which constitutes our Fife Primary Care system.

This strategy supports not only the Integration Joint Board in taking assurance regarding implementation of the Strategic Plan but also our partners in Fife Council, NHS Fife and third and independent sector as key stakeholders. A thriving Primary Care is essential and at the centre of integration to deliver our ambition in line with the national health and wellbeing outcomes for integration and that the people of Fife, carers and communities have access to consistently safe, high quality and effective health and social care in the right place at the right time delivered by the right person.

This strategy is a true enabler, and this annual report provides assurance that we are on track to achieve our vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

The professional and service leads and teams are visibly agile, dynamic and committed in their approach ensuring people, carers and communities remain at the centre of any planning and this is tangible through the report to provide assurance that we are on track with definite improvements evidenced as a positive outcome from year one and I remain excited to see what will be achieved as we move to year two of the delivery plan.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.



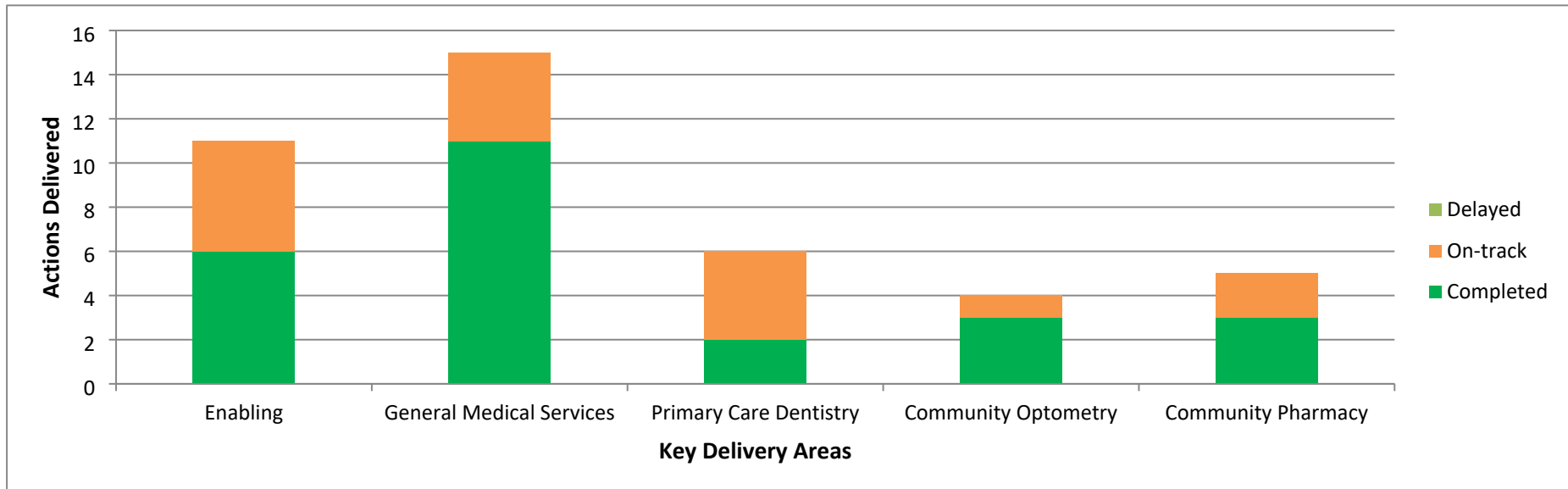
Dr Chris McKenna
Medical Director



Fiona McKay
Chief Officer IJB
Director of Health and Social Care

Introduction

Fife Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The final version is available on our website here: [fife-primary-care-strategy-2023_26-summary-version.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/fife-primary-care-strategy-2023-26-summary-version.pdf). This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision for the people of Fife to live independent and healthier lives. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.



This graph includes an update for each of the transformational and supporting strategies (updated in January 2024). Several of the strategies and their related delivery plans are still in development; these will be progressed in 2024.

The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlights the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan including 41 separate

actions. This Year One Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

Strategic context

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision **for the people of Fife to live independent and healthier lives** and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife's Population Health and Wellbeing Strategy¹ and its four strategic priorities to:

- Improve health and wellbeing.
- Improve the quality of healthcare.
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife² which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between Primary, Secondary and Social Care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

¹ nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf

² [Plan for Fife 2017 2027 a.pdf](#)

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system, Primary Care services aim to:

- Provide high-quality, equitable care for the population they serve.
- Prioritise those at highest risk.
- Support those with long-term conditions to self-manage these conditions as well as possible.
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm.
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition ***to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.***

Delivery Plan

The overarching delivery plan (Table.1) below, sets out our priorities, deliverables, and planned outcomes of Fife’s Primary Care Strategy.

Table 1. Overarching Delivery Plan		Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife			
Priorities	Deliverables	Outcomes	Strategic Focus		
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system	<ul style="list-style-type: none"> Improve access to a wider range of care in our communities. Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services. Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.	<ul style="list-style-type: none"> Expand our primary care workforce and ensure that this is more integrated, and better coordinated. Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population. Increased control over workload due to increased efficiency, skill mix, education, and resourcing.	R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services.	<ul style="list-style-type: none"> Develop primary care premises strategic framework. Support creation of whole system Initial Agreement. Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S

Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> Digital solutions are created to enhance capacity and support the care delivery models. The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health. Address the systematic disadvantage faced by people in deprived areas through provision of needs-based care 	<p>Services are co-designed with communities to better meet the needs of people, families and carers.</p> <p>Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made</p>		Q	S

Delivery Structures

The statutory responsibility for the strategic planning and commissioning and oversight of delivery for Primary Care Services lays with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for contractual provision with the Medical Director having Executive Responsibility. Executive oversight and governance are provided in collaboration with the Director of Pharmacy and Medicines, the Director of Property and Asset Management and the Director of Public Health.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of Primary Care Services. Clinical leaders and specialty advisors across the four contractor groups contribute to the planning and governance of services (see Figure.1 below for summary).

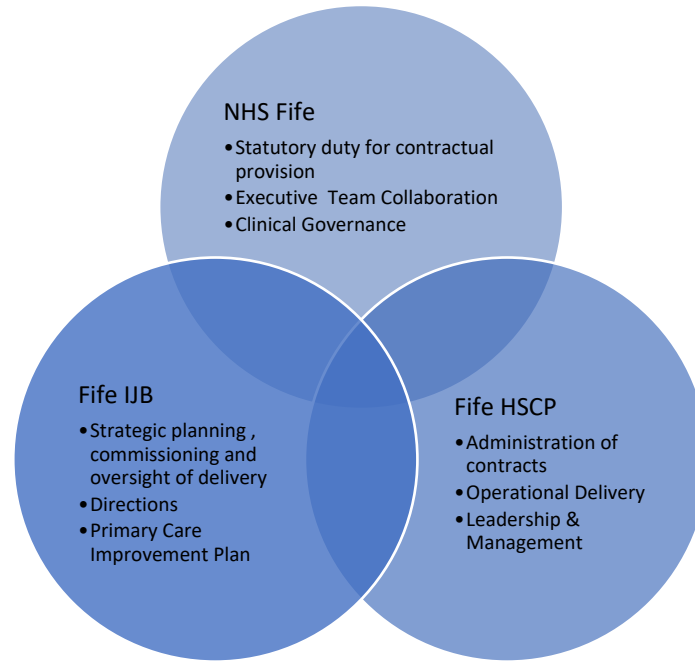


Figure.1 – Primary Care Governance arrangements

The Primary Care Governance and Strategy Oversight Group (PCGSOG) provides Executive Director oversight of the delivery of the Primary Care Strategy, providing high-level strategic leadership, scrutiny and review of Primary Care delivery and transformation covering all the 4 primary care groups and independent contractors, co-chaired by the Director of Health and Social Care and NHS Fife Medical Director.

Section 2

General Medical Services (GMS) Sustainability

A significant amount of work has taken place over the last year to improve the sustainability of General Practice, through prompt and targeted support to General Practices (GP), working closely with Multi-Disciplinary Leads across Fife HSCP and NHS Fife and working with the Local Medical Committee (LMC) and GP Subcommittee. Additionally, the Primary Care team have been working hard to return GP Practices who have become 2C Board Managed Practices, back to independent status, and are on track to have returned 6 2C Practices back to independent status by March 2025.

A sustainability framework has been developed to provide a structure to providing proactive and proportionate support to Practices to prevent sustainability pressures materialising. In support of this work, a GP Sustainability questionnaire was circulated to all General Practices across Fife with the intention of gathering information that would provide a clear understanding each Practice's workforce, GP Sessions, and any concerns that GP Practices faced across Fife in terms of sustainability. With a high response rate, this information gathered has been analysed to allow for targeted work to prevent sustainability pressures materialising, with no imminent pressures reflected within the responses provided.

GMS Sustainability Key Actions update:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support General Practice in stabilising its position.	Regular GP Practice Huddles managing issues and risk. Independent GMS included in huddle discussion where sustainability issues are live.	Continue with Primary Care huddles, including input from MDT colleagues, review safe to start clinical workforce staffing levels across Board Managed practices and independent Practices (by exception)	Reduction in need for huddles as NHS managed practice transfer	●
	Progress with a number of GP Practice Sustainability Loans via Scottish Government	Continue to work with Scottish Government colleagues in relation to release of funding to GP practices with outstanding loans	GP practices in Fife to receive sustainability loan funding from Scottish Government	●
	Establishment of Primary Care	Strengthen remit of PCSOG and output from	Progress with	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	Sustainability Oversight Group (PCSOG)	group	topics/actions though PCSoG	●
	GP Practice sustainability/health questionnaire conducted	Outputs from GP sustainability questionnaire being analysed to progress with focused approach on areas on Fife experiencing sustainability issues	Implement agreed actions regarding outputs from sustainability questionnaire	●
	Transfer NHS Fife managed GP Practice to independent GMS Contractor model, ensuring sustainable contract models	Progress with tender/procurement exercise in relation to the remaining NHS Fife managed GP Practices	Progress with plans for tender/procurement process	●
	Review of Enhances Services commenced	Detail of scope of work progressing, will link with demand and capacity in general practice and impact of national development in relation to general practice sustainability	Work to conclude early 2025, outputs will support general practice in delivery a range of services ensuring sustainable models of care	●
Explore options to join Rediscover Joy in General Practice programme	Work is ongoing with HR to reinstate this programme during 2024/2025			●
Support CQLs in delivery of cluster functions	Continued work day to day of the CQL and PQL in improving patient outcomes within their populations and also acknowledging their roles with localities strengthening	Review of CQL contribution to system-wide strategic groups to make sure there is effective General Practice to improvement and development projects	Continue to re-align CQLs to areas of work which will provide the most collective benefit to the population of Fife	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	collaborative working			
Evaluate the impact of the improvement plans on general practice capacity	Developed a detailed performance Framework to help evaluate access and activity across General Practice	The Performance Framework is monitored via the Primary Care Governance and Strategic Oversight Group. Work is taking place nationally to develop key measures for General Practice.	Work with Health Boards across Scotland to develop national and local measures	●

Primary Care Improvement Plan

Significant progress has been made during 2023-2024 in delivering priority areas of Fife's Primary Care Improvement Plan (PCIP), Pharmacotherapy and CTAC services, whilst continuing to work with General Practice to enhance other MoU Services i.e. Urgent Care, Community Link Workers, Additional Professional Roles, whilst recognising continued financial constraints. Focus over this reporting period has been on the review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all General Practices in Fife, whilst continuing to deliver the full MoU intention for Pharmacotherapy and CTAC.

Moreover, actions within the updated 2023 PCIP for Fife, have held a continuous focus for the GMS Implementation Group. Leadership, although multifaceted, progress has been made across all actions and will continue to be made throughout 2024. In demonstration of the commitment to deliver the PCIP objectives in Fife, a new timeline has been established and approved by the Leadership of the GMS; March 2026, and has been agreed as the target for achieving delivery of the plan for Fife.

Community Treat and Care Services (CTAC)

CTAC Services supports patients from all practices across Fife, delivering a wider range of services including taking patient bloods, changing wound care dressings, and providing Vitamin B12 injections. Over the last year, CTAC Services have continually improved the services they provide, with a QI approach to both improving quality and increasing capacity for GP Practices. Closer integration of services between CTAC and Community Immunisation Services has resulted in a significant increase in capacity across Fife, with full delivery of CTAC projected in 2024-2025. Delivering approximately 18,000 appointments per month across Fife, CTAC services are an integral part of treatment care within General Practice.



CTAC Team – During protected learning time session

“I have been attending my CTAC unit because I have huge issues with sores on my knee ... tissue protrudes and weeps. There has been a significant improvement as I have been attending 3 times per week in order to have the sores dressed. I would like to praise the nursing staff there”.

“I firmly believe that the introduction of CTAC has improved the services needed to look after and better keep safe people in the Community.... I matter to the CTAC Team and the CTAC Team matter to me!”

Patient feedback, via Careopinion Website

Pharmacotherapy

The Pharmacotherapy team have been working on 'growing their own' workforce and have had success with this over the last year, as we are now seeing the benefits of the effort put in over the last year or two coming to fruition. We continue to work on the career pipeline from bringing in Medicines Management Support Workers (MMSWs), offering roles as student pharmacy technicians and ensuring that we have jobs for them at the end of their two-year training. By 2026, the expectation is that this work will have bolstered our Pharmacy Technician workforce by 14.



NHS Fife Chief Executive hearing about Pharmacotherapy developments.

In a climate where there is a local and national shortage of Pharmacy Technicians, this was recognised as the best way to ensure a pipeline of workforce. MMSWs, Pharmacy Technicians and Pharmacists are doing crucial work to provide remote support to GP practices across Fife and undertake medicines reconciliation, manage medicines shortages, and deliver considerable medicines efficiencies and safety work. Further considerations are being taken place on how the new partnership with Fife College would be utilised by the team, strengthening our local bonds. This work was recently recognised at an NHS Scotland Conference held in June 2024.

The team continues to work where possible on external recruitment in addition, with the aim of having a 1:1 ratio of Pharmacists to Pharmacy Technicians, currently we are sitting at 1.4:1. This work has been done in conjunction with maximising the role that each individual plays with regards to the delivery of Pharmacotherapy, which is creating capacity to move more into additional support to General Practice.

There has been successful development of our current Pharmacists, with 98% of the eligible Pharmacists in Fife either qualified and practicing as, or currently on the course to become, an Independent Prescriber. This qualification supports delivery of Pharmacotherapy services at all levels and every Pharmacist has multiple opportunity to utilise this skill on a daily basis, with this being essential within the expansion of Polypharmacy reviews.

The team has recently been accepted on to a Health Improvement Scotland collaborative, with an 8-week sprint due to start in November 2024 focussing on quality improvement with the Dunfermline team and a number of the Dunfermline practices.

Primary Care Improvement Plan Key Actions update:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support ongoing development of MDT	<p>Co-opted MDT leadership onto the operational and strategic governing groups.</p> <p>Supported whole system collaboration and recognising linkages between services.</p>	<p>All workstreams are now represented across both Operational and Strategic GMS groups</p> <p>Collaborative workshops and SLWGs aimed at specific areas of support have taken place.</p> <p>Integration of CTAC Services and Community Immunisation Services to create resilient workforce in meeting respective service needs</p>	Transfer Community Link Worker workstream to BAU.	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support development of GPs Expert Medical Generalist Role	Mapped the level of service available within each cluster including workforce roles/capacity aimed at supporting general practice to release GP capacity either directly or indirectly.	Now working to map the workforce at individual practice level to understand the impact the PCIP is making, identify the gaps and explore solutions for consolidated service delivery.	Evaluate effectiveness of delivery. Have robust methods in place for monitoring performance/ activity levels of PCIP services to ensure parity of delivery across Fife's practices	●
Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	Collaboration across CTAC/VTP to increase and improve outputs for both services. Stabilised the Pharmacotherapy resource in place and provided a solid foundation to progress the required levels of delivery.	New staff alignment and recruitment model in place across CTAC and VTP, to allow focus across peak delivery periods, strengthening capacity and resilience within both teams. Commencement of level 3 delivery is underway. The team will participate in a HIS Collaborative sprint in September with a view to release further capacity within the existing workforce.	Transfer CTAC to BAU Agree an acceptable level of local pharmacotherapy delivery and roll this out to release the requirement for transitional payments.	●
Refresh and implement PCIP 2023/24	Refreshed the leadership groups. Reset the timeline with clear milestones.	GMS Leads Group established and meeting bimonthly to ensure improved collaboration across all workstreams, management of actions and preparation of reports into the GMS IG for increased efficiency in decision making.	Re-establish full workstream level governance groups. Continue to	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	<p>Produced a 3-pronged communication plan – Leadership, Stakeholders, and Public.</p>	<p>Reinstatement of workstream level governance groups is gradually underway.</p> <p>Stakeholder newsletter 'Let's Connect' now in place and issued quarterly to increase awareness of implementation, including challenges and progress.</p> <p>Public facing messaging will bring more of a focus to the changing face of modern General Practice and explain new pathways on the patient journey.</p>	<p>produce the quarterly newsletter.</p> <p>Produce public facing messages to improve patient/ service user understanding of the MDT in general practice.</p>	
<p>Review delivery model for GMS learning from MOU implementation</p>	<p>Prioritised CTAC through collaboration with the already established VTP service.</p> <p>Prioritised Pharmacotherapy through stabilisation of the workforce in place and establishing a pipeline to 'grow our own' workforce.</p> <p>Reviewed the original models of delivery for the other workstreams to explore alternate approaches to implementation within the resource already in place.</p>	<p>CTAC is now meeting 86% of the MoU requirement. A further 2-year Service Level Agreement for Travel Health (TH) vaccination has been agreed with Community Pharmacy (CP)</p> <p>Pharmacotherapy is either physically or virtually active in all 52 general practices. A full career progression pathway is in place.</p> <p>Approved testing of a centralised hub model for In Hours Urgent Care. Mental Health Nursing exploring a hybrid model between practice and hub delivery. MSK Physiotherapy continues to work at operational level to tease out ideas for redesign.</p>	<p>Meet 100% of the CTAC MoU requirement.</p> <p>Prepare to move TH out of CP and into NHS service delivery.</p> <p>Consolidate the three levels of pharmacotherapy delivery.</p> <p>Test new models and work with LMC/GP Sub to reach mutual agreement for</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
			full roll out.	

General Practice Workforce Development

Fife Practices continue to support the ScotGEM programme, which is a four-year graduate entry Medical Programme. It is designed to develop doctors interested in a career as a medical generalist within NHS Scotland. The programme is tailored to meet the current and future needs of the NHS in Scotland and focuses on rural medicine and healthcare improvement.

The unique and innovative programme is taught through a partnership between the universities of St Andrews and Dundee in collaboration with NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway and the University of the Highlands and Islands. This exciting partnership has enabled us to create a truly distinctive programme.

Additionally, Fife is now involved in developing the ScotCOM programme, which is a medical degree that is developed between NHS Fife and the University of St Andrews. The clinical delivery will be based on a hub and spoke model. Cameron Hospital and the Queen Margaret Hospital will be the two hubs, with the first students due to commence in January 2026.

Fife is also supporting GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/project work. Fife currently is supporting one Clinical Fellow, with 2 previous Clinical Fellows now permanently employed within practices across Fife.

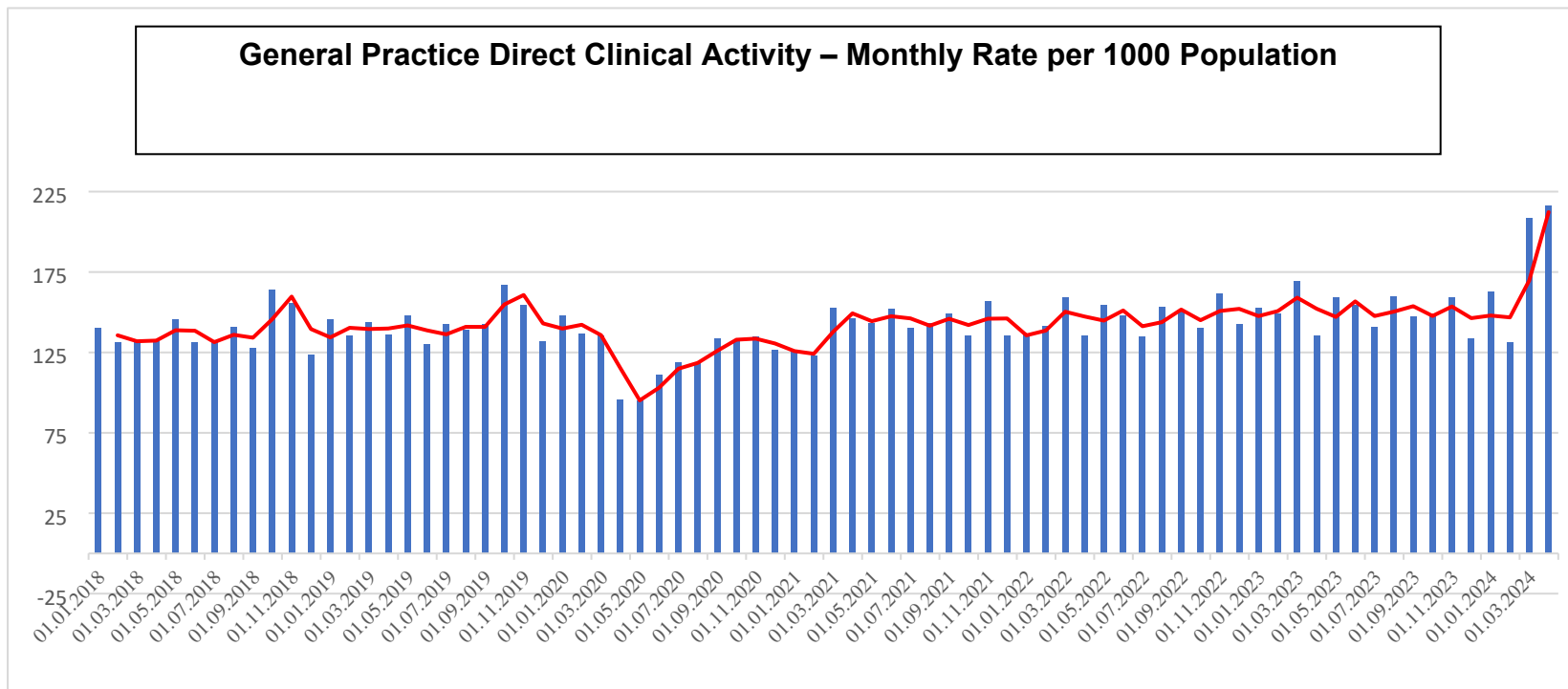
Urgent Care Services Fife (GP Out hours Service) has supported dedicated Protected Learning Time (PLT) afternoons for General Practice, with GP Practices having the option to close 7 afternoons during 2023/204 to support GP teams' own identified needs such as team reflection, developing and consolidating new ways of working, team relations and the whole team training and development needs. As the only Health Board in Scotland to provide PLT sessions, a calendar of PLT session are in place for 2024/2025, with work ongoing to provide Fife wide training and development opportunities for GP Practices. Some of the key areas of focus for these sessions have been: alcohol intervention; difficult patient interactions; high-risk pain medications; and respiratory illness management.

Significant work has been led by the Nursing Directorate to build a General Practice Nurse (GPN) forum and support network across Fife, providing engagement, training and development opportunities. We had a launch event in December 2023 with the

Head of Primary and Preventative Care Services within the HSCP and the HSCP Director of Nursing in attendance as well as. Following a launch event in December 2023, with Chief Nursing Officer Advisor for Primary Care and NES in attendance, the network is ever expanding, with over 140 GPNs on this network and engagement events ongoing, some linked to General Practice PLT.

General Practice Activity

As per Chart.2 below, there has been a steady increase in activity by General Practice since the peak of the Covid-19 pandemic, which includes activity by GPs and other Clinicians providing direct patient contact within a GP Practice, with activity levels starting to return to pre-Covid-19 level from March 2021. Activity levels have significantly started to increase since March 2024, with a 60% increase in activity levels during March and April 2024 compared to the same period in 2019 (pre-Covid-19 Pandemic), with direct activity with GPs increasing at the highest over this period and driving this overall increase in activity.



General Dental Service

There are ongoing issues nationally and locally with recruiting Dentists and Dental Care professionals, impacting on the population of Fife's ability to access an NHS Dentist via General Dental Services (GDS).

The Scottish Government implemented NHS Dental Contract Reform on 1st November 2023; the aim of the reform is to support the oral health needs of every patient in Scotland whilst ensuring dentists can still offer a comprehensive range of NHS treatments. The key elements of the reforms were:

- The time between check-ups can vary from less than 6 months to every 2 years. It depends on how healthy your teeth and gums are and your risk of future problems.
- Your dentist will decide how often you should have a NHS dental examination. This will be based on your treatment needs to ensure the best possible care. If you're seen less often than 12 months then this is a sign of good oral health.
- The maximum amount that will be charged to an individual per treatment plan will remain capped at £384 or 80% of costs.
- Some patients may be eligible to receive help towards healthcare costs, with some patients still qualifying for free dental care.

Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to increase the number of areas identified as areas where Scottish Dental Access Initiative (SDAI) grants can be supported by Scottish Government.

The SDAI grants aim to encourage the provision of NHS dental services in designated geographic areas where access to NHS Dentistry is challenging and there is evidence of unmet patient demand and/or high oral health needs. The SDAI grant funding is available to contractors who intend to:

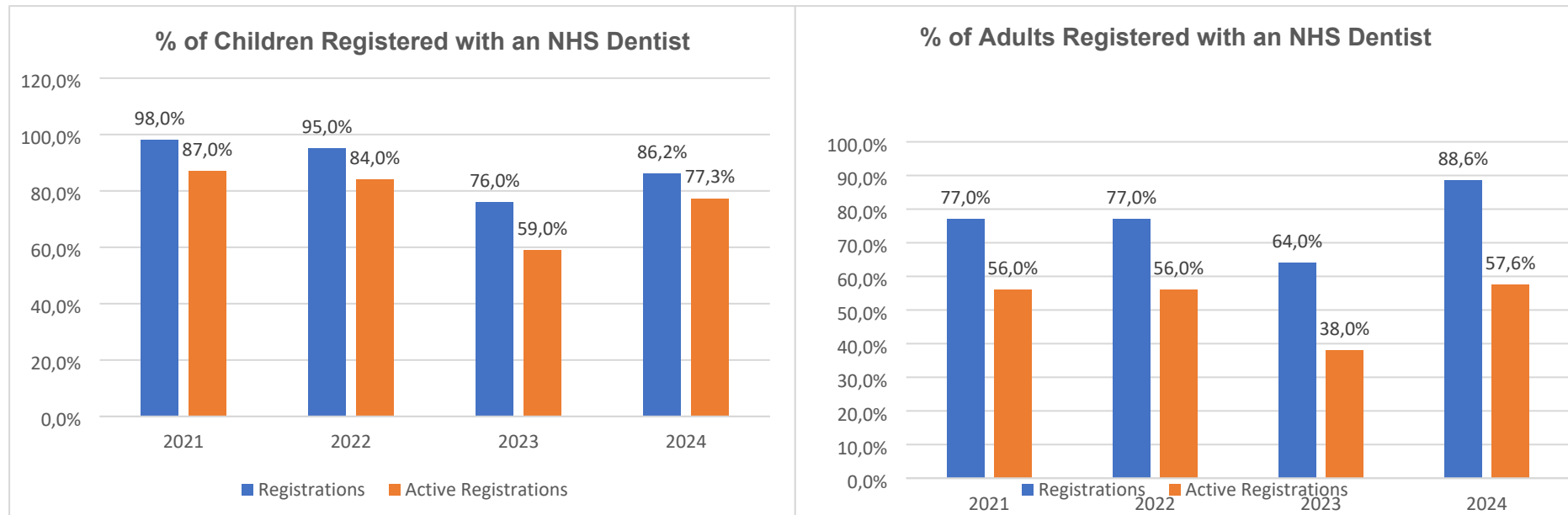
- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

Dental Registration and Participation

Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)

The percentage of adults registered with an NHS dentist in as of 31st March 2024 was 89.4%, compared to 89.8% as of 31st December 2023 and 90.4% as of 30th September 2022. The percentage of children registered with an NHS dentist in as of 31st March 2024 was 87.1%, compared to 87.5% as of 31st December 2023 and 86.6% as of 30th September 2022 (Public Health Scotland, 2023-2024)

Participation data, the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior, are not currently published. Since registration is lifelong, it is important to consider this when looking at the figures. Challenges locally and nationally with the recruitment and retention of dental professionals is likely to have had an impact on participation.



References:

1. [NHS dental data monitoring report - Quarter Ending March 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
2. [NHS dental data monitoring report - November and December 2023 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
3. [Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

Public Dental Service

The Public Dental Service (PDS) offers dental care for approximately 30,000 listed NHS patients and offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental general anaesthetics. The Public Dental Service also oversees the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates over the weekend.

Feedback on care delivered to a patient within PDS:

"I would like to thank you, the anaesthetist and nurses who looked after my daughter today at the Dental Clinic at the VHK. I, & her Carer who accompanied us, were concerned about how she would cope when she didn't know what was happening....the appointment went far better than I could have hoped for...We appreciated the calm and peaceful atmosphere of the department and that everything was carefully explained and of course...thankful for the necessary Dental treatment carried out.

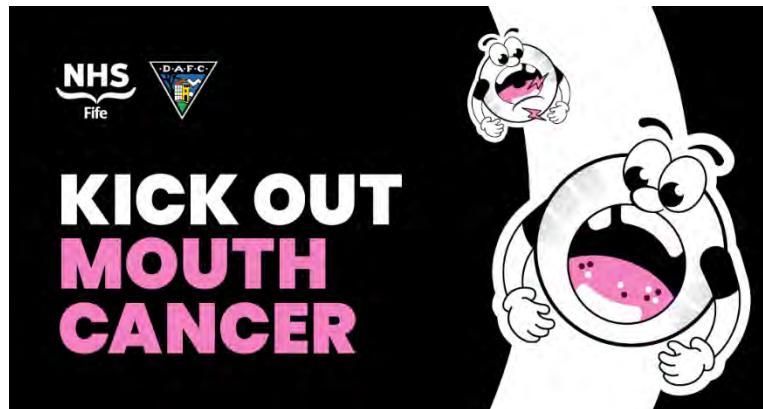
The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services from their General Dental Practitioner. Despite growing pressures within PDS, access to core PDS services, including Fife's Dental Advice Line has been maintained. Locally, the PDS has bucked national trends in terms of recruitment of Dentists, with the successful recruitment of key Dental positions, including a Paediatric Specialist; safeguarding paediatric care and preventing children having to travel out with Fife for treatment. PDS Workforce has further been enhanced through the re-introduction of Dental Core Trainees to Fife, providing them with experience of all core services and raising profile of PDS as a career option post qualification.

A PDS Dental Nurse within PDS successfully wrote a book titled “Harry’s Healthy Teeth”. This resource has been sent to all local nurseries and will be used by our Dental Health Support workers to promote the importance of regular brushing and dental visits.

Drawing from her years of experience working with children in Fife, our Dental Nurse was motivated to create an educational resource that would resonate with pre-school children and help them retain positive messages around their dental hygiene. Since being rolled out across all nurseries in Fife, the book has become a key educational tool to help instil good habits from early childhood.



As part of the Childsmile programme in Fife, Dental Nurses and Dental Health Support Workers from Fife’s Public Dental Service visit educational establishments across the Kingdom. The Public Dental Service works closely with Fife Council’s education service to help pre-school and school aged children learn about dental health and deliver the Childsmile programme.



PDS have also teamed up with Dunfermline Athletic FC to raise awareness of mouth cancer through targeted communication during games. With mouth cancer becoming more common, especially in younger adults, the early signs of mouth cancer are easy to detect when people know what to do look for. If detected early, cancers are usually easier to treat and recover from.

Targeted Dental Treatment

There have been challenges for patients in accessing routine care with their GDP in 2023 and 2024. There are currently no practices in Fife registering NHS adult patients and a very limited number registering children.

The PDS are required to provide emergency care to unregistered patients but have also introduced a “targeted treatment” option for unregistered patients. This allows for a more detailed exam along with soft tissue screening important in detecting oral cancer. This allows dentists to treat the worst affected to try and reduce the need for continued emergency treatment.

An initial test of change saw the delivery of 74 appointment treating 49 patients. These were all unregistered patients who could not register with an NHS dentist at that time. Chart 3 highlights that 88% of those supported via targeted treatment were living in SIMD 1, 2 and 3, those patients who are least likely to be able to afford alternative options.

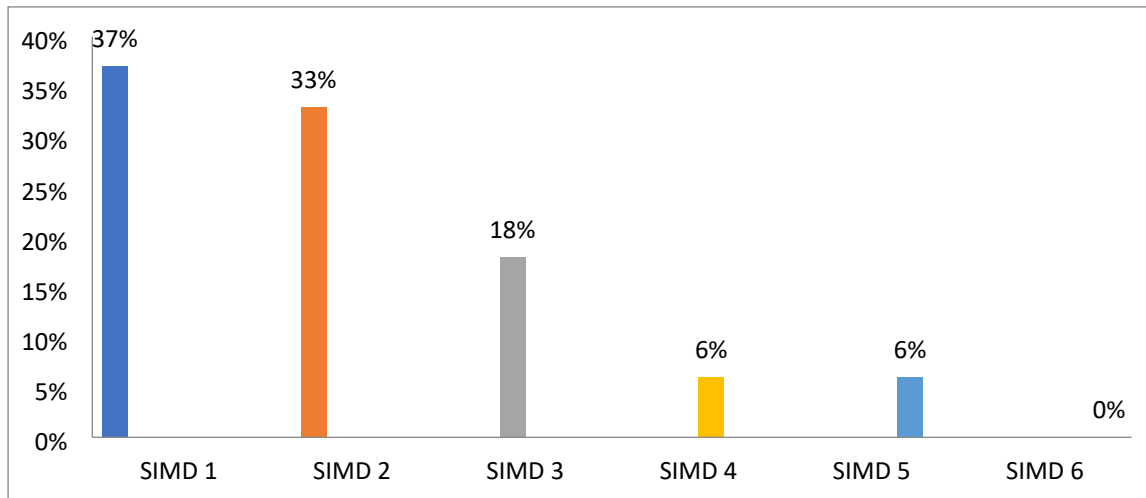


Chart.3 – Targeted Treatment SIMD Breakdown

Primary Care Dentistry key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>Access</p> <p>Increase access to NHS Dental Services</p> <p>Consider national contracts revisions and impact on service delivery</p>	<p>Targeted treatment provided by PDS to support non-registered patients</p> <p>Supported improved ventilation, allowing GDP to increase access</p>	<p>Employed a bank dentist to provide targeted care.</p> <p>Employed a GDP to increase access in PDS.</p> <p>Working within constraints of the GDS Regulations regularly engage with Dental Body Corporates to improve access</p>	<p>Reconstituted SDAI areas.</p> <p>Continue to engage with SG as part of the review of the regulatory framework.</p>	●
<p>Workforce</p> <p>Consider recruitment and retention options</p> <p>Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes</p>	<p>PDS recruitment and retention. Appointment of five dental clinicians.</p> <p>No influence over recruitment in GDS.</p>	<p>Six VTs taking up associate posts within Fife, following completion of their VT year in Fife practices.</p> <p>Aware of ongoing recruitment issues, particularly in DBCs.</p>	<p>Five VTs from out with Fife taking up associate posts in Fife.</p> <p>Appointment of CT placement within PDS/HDS.</p> <p>8 VTs starting in Fife dental practices in August 2024</p>	●
<p>Urgent Dental Care</p> <p>Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care</p> <p>Review Emergency Dental</p>	<p>Pivoted core business to ensure triage and those requiring urgent care were seen.</p> <p>Expanded workforce on Dental Advice Line</p> <p>Public Holidays particularly challenging to cover so regular</p>	<p>Advice line busy Call volume reports available</p> <p>EDS attendance data available</p>	<p>Full EDS service review</p>	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Service to improve sustainability and access	communication to GDPs and re-established EDS working group. [See Workforce section- recruited staff to re-balance core vs. urgent]			
Pathways Refine referral pathways between GDS, PDS and secondary care services	CPD evening event held in February 2024. Flash report shared with presentations for those who did not attend. Updated referral booklet sent out to all practices.	Dental weekly huddle enables us to triangulate information and follow up on high referral patterns or suboptimal referral information.	OHI team developed video to familiarise families with GA pathway and building as part of the pathway and reduce number of visits to contribute towards greener and sustainable healthcare.	●
Oral Health Continue to recover Oral Health Improvement actions to reduce oral health inequalities. Assess impact of OHIP and refine Annual Delivery plan – targeted approach	Oral health improvement programmes remobilised and NDIP in primary school setting. Refocused fluoride varnish programme locally as part of Childsmile. Work done with Dental Public Health and Public Health Data Intelligence team using NDIP data to help prioritise where to target resources.	NDIP data submitted to Public Health Scotland. National report will be published October 2024. Campaign for oral cancer awareness with Dunfermline Athletic Football to coincide with Euros 2024. OHI team back into the traveller sites in Fife.	National outcomes framework being discussed to devise a suite of indicators- Fife will report through these measures. QI project to roll out universal toothbrushing programme to P1-P7 children attending Fife council schools Continue work KY cafes and ADAPT services and Drug Forum Scotland.	●
Key indicators/measures Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation		CDO office has requested management information from NSS to be shared with NHS Boards.	Dental dashboard being considered nationally.	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>rates. Consider national contracts revisions and impact on service delivery</p>				

Community Pharmacy

Community Pharmacy continues to play a crucial role in delivering Primary Care to the population of Fife, increasing as the first point of contact for advice and support. This includes the provision of 24 Community Pharmacies registered to provide the Pharmacy First Plus Service, with 38 Pharmacists currently actively prescribing in 2023-2024, which an increase of 3 Pharmacies and 10 Pharmacists from last year. Already, the number of items prescribed via Pharmacy First Pharmacies are up from approx 4600 to 5600, comparing data from 2023/24 to data available so far for 24/25.

There has been a significant increase in the number of Practices who can support patients suffering from hayfever, with data up to July 2024 showing there has been a 450% increase of this service, reflecting there is a large proportion of a patient accessing Community Pharmacy for hayfever treatment that previously was only available on prescription.

Work has been undertaken to raise awareness and encourage the use of Community Pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP Practices, by sharing guidance with Practice admin/reception staff. This guidance details patients who can be seen by Community Pharmacy, and highlights those that do need to be seen within General Practice. This education aims to ensure that patients have a smooth journey of care and are reassured of the process. Currently we are looking at the provision of care surrounding individual patient group directions, such as UTI, to track the transfer of care and assess uptake. Through looking at statistics around the volume of prescriptions generated within General Practice, versus the volume generated within Community Pharmacy, we can assess whether or not care is being transferred to Community Pharmacy at an appropriate and reasonable level.

Community Pharmacy key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>Access Review current process and assure robust arrangements for recovery and progression of new pharmacy applications</p> <p>Refresh Community Pharmacy hours of service contractual arrangements</p> <p>Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities</p>	<p>Prepared a recovery plan to progress new pharmacy applications</p> <p>Public consultation on the report was undertaken via NHS Fife Participation & Engagement.</p>	<p>Re-convene PPC hearings as per NAP instructions. Follow up with interested parties to confirm whether or not they want to proceed with their application.</p> <p>Report for 23/24 is underway. Plan to seek support from both NHS Fife and HSCP Participation and Engagement teams with publication in November 2024.</p>	<p>Continue to work through the recovery plan</p> <p>Prepared report as per previous years</p>	●
<p>Right Care, right time Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self-care advice – Right place, right time, first time</p>	<p>Work has been undertaken to raise awareness and encourage the use of community pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP practices by sharing guidance with practice admin/reception staff.</p>	<p>Currently we are looking at provision of care surrounding individual patient group directions, such as UTI to track the transfer of care and assess uptake.</p>	<p>Continue to monitor and act as required. This may be with regards to training provision, information dissemination etc.</p>	●
<p>Digital Digital Prescribing and Dispensing Pathways Programme</p>	<p>Working in partnership with the overall project team, tracking progress and preparing for the implications</p>	<p>Awaiting further update from national programme, working in partnership with local delivery plans and IM&T links. Updates expected via GMS facilitators through the national group.</p>	<p>Continue to work in partnership, act on updates when required and prepare wherever possible</p>	●
<p>Workforce Prepare for all newly qualified pharmacists being</p>	<p>Growing pool and establishing regular use of DPP in Community Pharmacy,</p>	<p>Closely linking with NES to establish expectations, utilising and syncing with Royal Pharmaceutical Society and General</p>	<p>Continue this work and linking in with right care/right</p>	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
independent prescribers from 2026	evaluation of capacity, exploration of current provision of Pharmacy 1st Plus, supporting independent contractor obligations. Assessing provision across Fife via the annual Pharmaceutical Care Services Report	Pharmaceutical Council standards.	time	
Wider Impact Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	Representation on NHS Fife anchor group, feeding in Community Pharmacy ambitions	Raising profile of locality working in delivering NHS Fife anchor plans	Continue to sit on group, feeding in and acting on recommendations/ outputs	● ●

Community Optometry

The Low Vision team have created new links with the Vision Support Teachers across Fife to produce closer links between those that provide low vision services for children in Fife. This means a quicker access to low vision aids along with tightening protocols for when children transition from school to adulthood to maintain low vision support.

New pathways have been developed to speed up the processing of CVI (Certificate of Visual Impairments) applications, meaning patients are being processed in under a week and are able to access benefits, whereas before this would take at least one month, allowing people to get access to the appropriate services and support they require, quickly.

Community Optometry continues to support Secondary Care through emergency shared care scheme (FiCOS), which allows patients to be seen and treated at local Opticians urgently for a set of presenting conditions, preventing the requirement to be seen within Secondary Care and supporting the overall pressure on Unscheduled Care. Over the last year, around 770 patients were seen via this scheme, with approximately 1450 appointments undertaken, with only 11% of patients requiring onward referral to Secondary Care.

Along with emergency share care with Secondary Care, Community Optometry continues to support the treatment of patients requiring ongoing assessment and treatment for Glaucoma. As one of the first Health Boards to deliver Glaucoma shared care, there are almost 1,000 patients across Fife who are supported via this scheme with around 70 appointments taken place monthly. This allows patients to be seen within their local Optometrist for assessment and treatment, whilst still under the care of their Ophthalmology consultant within Secondary Care, with prompt access to Secondary Care as and when required. Nationally, work is ongoing to improve this scheme ever further, with the introduction of an Eye Care Digital solution, which is currently being scoped locally, with a number of Optometrists having completed additional specialist training in preparation for this development.

Community Optometry Key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Develop GP-Optometry Pathway	Collated current and past examples of GP to Optometrist referral forms from other health boards and discussed the challenges others faced when implementing these locally.	Currently awaiting next AOC meeting (Sept 2024) to discuss with local optometrists about what they feel is needed within the GP referral form. Ideally base on same format style as the Pharmacy first form.	Link in with local GP colleagues to share ideas of GP pathway from local optometrists.	●
Implementation of national community glaucoma service	All prep work for scheme (minus EPR) has been implemented with full support from secondary care colleagues about the rollout. Two Fife Cohort 3 NEGAT optometrists qualified to provide the service. Three Fife optometrists have been accepted onto Cohort 4 of the project (intake Jan 2025).	Main issue still remains the introduction of the EPR system (openeyes) due to budget constraints, conversations ongoing with senior team and also NES technology to hopefully provide a solution.	Resolve the EPR issues to complete the rollout.	●
Review uptake of GOS across all localities and develop plan to address inequalities	Challenges with data availability	Once data is available, assessment with take place	Assessment of uptake and appropriate action taken to address gaps	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Review demand, access and equality of low vision services	Reduced NHS low vision wait times to within 2 months of referral. Developed closer relationship between NHS low vision clinics and vision support teachers to provide better paediatric eyecare within Fife.	Link in with the local providers of low vision care (Seescape) to enhance the service the already provide and to see where access to service may be lacking across Fife.	Provide low vision demonstration kits for local vision support teachers to use within schools allowing quicker access to aids needed.	●

Section 3

Leadership and Governance Review

Given the ambitions outlined within the Primary Care Strategy, with a whole-system approach to delivering improvements, it was critical to make sure there were solid foundations to deliver high quality, safe and effective Primary Care Services. As such, a review took place to assess the leadership, governance, and assurance arrangements across Primary Care Contracting (PPC) Services and associated services, from an operational, strategic, clinical, professional and financial perspective.

A report was presented and supported at the Primary Care Governance Strategy Oversight Group (PCGSOG) in February 2024, with a number of key recommendations. Most of these recommendations have now been delivered, with ongoing review overseen by PCGSOG. Overall, it was clear that the governance structures across PPC Services are consistent with other Health Boards across Scotland contractually, professionally, and clinically. The transfer of operational and strategic delivery of Primary Care Services to HSCP ultimately created the opportunity to enhance the governance and leadership arrangements, with strengths in terms of holistic planning of services with local communities across Fife.

Whilst it had taken time for some of the well-established governance structures to be re-convened following the Covid-19 pandemic, this created an opportunity to review and improve the systems and processes surrounding PPC Services. This includes better integration of Primary Care teams, in particular in regard to managed services, such as the In Hours and Out of Hours, Community Treatment and Care Services (CTAC), and Community Immunisation Service teams.

The review recognised that the governance structures surrounding Primary Care Services are complex, cutting across multiple directorates, however that these structures are proportionate in delivering safe, effective, and person-centred services. There is a critical role for the leadership team across all aspects of Primary Care Services to effectively navigate these structures for the best outcome for the population of Fife.

Communication and Engagement

A detailed communications plan has been developed to support the delivery of the aims and objectives outlined in the Primary Care Strategy with the overall aim: to communicate the strategic drivers, the strategic priorities, and the overarching deliverables of the Strategic Plan to allow a more detailed year one plan to be shaped in collaboration by those who lead services professionally and managerially across Primary Care.

Ten communications SMART objectives are outlined in detail in the communications plan:

- Engage with partners and key stakeholders to influence national direction for primary care and contract reviews,
- Support the Implementation of new GP Practice system (VISION),

- Continue to refresh and encourage public use of Community Pharmacy as a first line of contact for minor illness and self-care advice – right place, right time, first time,
- Consider recruitment and retention options including in GP, Dentistry & Optometry,
- Establish calendar of protected learning time in collaboration with UCSF and promote benefits to staff and public,
- Support ongoing development of MDT. Raising awareness and confidence of the public in using pharmacists, nursing staff and AHPs in addition to GPs,
- Stabilising the position of General Practice and accessing right care at the right place.
- Supporting General Practice to reduce pressures on their services,
- Raising awareness of how people can support us and continue to access Primary Care services, right care at the right place,
- Targeted communication in regards to Board Managed, 2C Practice support.

The various elements outlined above will also be cross-referenced with other associated campaigns across NHS Fife and Fife Health and Social Care Partnership such as medicines efficiency/optimisation and high-risk pain medicines, to share key messaging and ensure consistency of narrative across different programmes. This also includes ScotGEM and ScotCOM University of St Andrews and Fife College links.

The objectives are underpinned with detailed audience groupings, key messages and calls to action, objectives and supporting tactics, outlined in full in Appendix 1.

The campaign will largely be digitally focussed, using predominantly metrics such as:

- Web page clicks and in-depth analytical information
- Social media engagement
- Social media labelling
- Data from partners and services including A&E presentations and GP analytics.
- Information from national colleague focus groups (understanding of the right care right place campaign and awareness of messaging)
- Evaluating the prominence and tone of media coverage of the campaign.

The campaign will be regularly and informally monitored and reviewed on an ongoing basis, and more formally evaluated following its conclusion.

Premises

A review of GP premises was undertaken to establish an up-to-date baseline of key information to inform future development of Primary Care premises. The review considered: -

- The appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short-, medium- and long-term investment priorities. The development of Primary Care premises is being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of Primary Care and improved access to functionally suitable Primary and Social Care premises. Some key minor improvements were delivered during 2023-2024, creating additional capacity across all GP Practices in Fife, largely in line with the ongoing delivery of the Primary Care Improvement Plan.

Population Experience

The Health and Care Experience (HACE) Survey occurs annually, and the 2024 results show Fife as either an average Scottish performer or in the case of General Practice, slightly poorer. There is some improvement evident, especially in treatment or advice from General Practice, with most questions showing Fife to be similar to the Scottish average; with either most questions (91%) either show no change (57%) or improvement (34%). Treatment and advice from a GP have generally improved across almost all questions, with some disparity with responses across different geographical areas of Fife. Whilst the reasons for this will be multi-faceted, it merits further review during 2024, to understand, in conjunction with other reports, whether further support or action is required to improve the experience of our patients.

Table.2 below highlights the difference in feedback from the population of Fife, against key category areas which are explored as part of the HACE Survey, such as people's experience of GP services. With an array of questions across these key categories, this table demonstrates the difference in the populations experience compared 2022.

Category area	Number of Questions	Difference in the populations experience of Health and Care	Comparison not
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		since compared to 2022			Possible (i.e.new are of questioning)
		Worse	No Change	Better	
General Practice	10	3	4	3	0
Treatment or advice from General Practice	14	0	3	8	3
Out of Hours Healthcare	10	0	8	1	1
Care, support and help with everyday living	9	0	0	0	9
Caring responsibilities	5	0	5	0	0

Table.2 - HACE Survey Summary

Enabling key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Evaluate impact on reducing health inequalities	Ground work has commenced of key intelligence requirements	Collation of key data from multiple sources	Develop framework to assess impact of strategy Implementation	●
Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	All leads across Primary Care Services play a key role in national work and leads meetings	Monthly Dental meeting have supporting national communications and considerations in terms of regulations Representation on SLWGs reporting to Primary Care Leads Group	Continue to play critical role on national groups	●
Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population Health and Wellbeing Strategy	The impact of the PC strategy will be fully assessed in line with performance framework	Performance framework has been developed, to support review of progress of PC strategy, with key measures also contributing to HSCP wide Strategic Performance Framework	Continue to work with Scottish Government to develop consistent and reliable PC measures	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Establish calendar of protected learning time in collaboration with UCSF	7 PLT sessions delivered	7 PLT sessions delivered, with annual calendar now scheduled	Continue to assess the benefit of PLTs and develop Fife wide development opportunities	●
Further strengthen leadership and governance arrangements	Leadership and Governance review conducted	Taking forward actions in line with recommendations outlined within Leadership and Governance review	Continue to deliver on actions	●
Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	Performance Framework under review by PCGSOG	A draft framework has been developed, overseen and monitored by PCGSOG	Continue to develop and seek to expand on reliable measures	●
Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	Develop Communication and Engagement strategy	Strategy signed-off by PCGSOG	Delivery of SMART objectives of Strategy	●
Develop primary care workforce plan aligned with NHS Fife and Fife HSCP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	Key workforce priorities aligned to NHS Fife and Fife HSCP workforce strategies	Primary Care services delivered key workforce developments, supporting increased options across Primary Care Services	Develop primary Care strategy to workforce development, including recruitment and retention	●
Continue to support minor works to make most of existing premises	Minor works carried out in GP Practices across Fife	Created Facilities for Community immunisation team in Pitteuchar Health Centre, Glenrothes.	Create Facilities for Community	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
		<p>Work to create extensions to several practices across Fife</p> <p>Minor improvements at Kincardine & Lochgelly Health Centres.</p>	immunisation team in Kirkcaldy area	
Develop Primary Care Premises Strategy	Premises Strategy developed and agreed	All minor works completed or near completion, with all capital projects on hold pending future capital allocations from SG	Continue to ensure that the business cases for reprovision of Kincardine & Lochgelly Health Centres are current and SG are aware of Fife's position of readiness to proceed.	●
Implementation of new GP Practice system (VISION)	Working collaboratively with National group on timelines, National delays have impacted on delivery, and we remain in planning. Business case has been developed and there are discussions ongoing in relation to the funding. We will be in discussions around the timeline with National.	Business Case drafted and discussions held in relation to Finance.	Finalise Business Case and agree finance.	●
Support development and spread of models that allow adoption of technologies	We have worked collaboratively with partners on any requests which are submitted for digital consideration.	Continue to work collaboratively on any new areas of work	Continue to move any areas forward	●

Conclusion

The Primary Care Strategy: 2023 to 2026 is ambitious, putting Primary Care at the heart of Fife's integrated Health and Social Care system, making sure people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. The strategy recognised that to deliver on these ambitions, there is a requirement for a collaborative approach to improvements across all areas responsible for the effective improvement of Primary Care, which is reflected within this wide-ranging Year One Annual Report.

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of those locally, building on the solid foundations set during 2023-2024. With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile and open-minded in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population and partners.

The Executive and Senior Leadership Team have ensured clear direction, effective governance, oversight and support to progress the strategic ambitions of recovery, quality and sustainability. Positive relationships are established across all stakeholders which ensure constructive planning and delivery. The Primary Care team are agile and committed to ensuring the plan progresses and this is highly evident within this report. Collaboration is evident and there is a genuine desire to ensure we remain ambitious to achieve the vision as we progress to year 2 of the plan.

Meeting: Fife NHS Board
Meeting date: 25 September 2024
Title: NHS Fife Procurement Strategy 2024-2029
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Kevin Booth, Head of Financial Services & Procurement

Executive Summary:

- To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish a Procurement Strategy.
- The content and presentation of the NHS Fife Procurement Strategy aligns with the requirements prescribed by Scottish Government.
- The NHS Fife Procurement Strategy was reviewed by the Procurement Governance Board and FP&R and was recommended for approval and submission to the NHS Board.

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Annual Delivery Plan
- Government policy/directive
- Legal requirement
- NHS Board Strategic Priorities To; Improve Health & Wellbeing, Improve Quality of Health & Care Services, Improve Staff Experience & Wellbeing and Deliver Value & Sustainability.

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

- Safe
- Effective

2 Report summary

2.1 Situation

The NHS Board is asked to review the content of the Procurement Strategy 2024-2029 and to approve and publish the report.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish a Procurement Strategy, which is reviewed annually and updated as appropriate. The Procurement Strategy demonstrates how NHS Fife intends to carry out regulated procurements with an estimated value equal to or greater than £50k (excluding VAT) for goods and services.

2.3 Assessment

The Procurement Strategy supports NHS Fife to meet the requirements as set out in the Procurement Reform (Scotland) Act 2014 and demonstrates how NHS Fife operates its procurement function in line with Scottish Government direction for public sector procurement.

The Procurement Strategy provides an overview of how the procurement function will deliver value for money and make the most efficient wider use of its significant procurement expenditure. Key aspects covered within the strategy include:

- Procurement Vision and Mission Statement.
- NHS Fife Strategic Priorities and Ambitions.
- Procurement Objectives and how they link with NHS Fife Priorities.
- Spend Overview
- Mandatory Obligations including regulated procurements, engagement, sustainability, Anchor Institute objectives, community benefits, fair and ethical procurement, compliance with the Health and Safety at Work Act 1974, and payment performance.
- Measuring and Reporting performance.

The Procurement Strategy along with the Procurement Governance Board will support the effective oversight and transparency of the Procurement function.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Procurement Strategy guides best practice across the procurement function and supports the Boards objective of delivering quality patient care.

2.3.2 Workforce

The Procurement Strategy guides NHS Fife procurement staff to ensure a consistent approach is undertaken to all public sector procurement.

2.3.3 Financial

The procurement strategy supports the Boards delivery of the efficient use of its financial resources.

2.3.4 Risk Assessment/Management

The contents of the Procurement Strategy when published will become a public document and as such have been approved by the Head of Financial Services & Procurement. Compliance will be monitored regularly throughout the year through the Procurement Business Assurance Group.

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

The Procurement Strategy details the key areas procurement can support the Boards Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration of the Procurement Department and is incorporated into consideration for regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

The content of the Procurement Strategy has been finalised through discussion and contribution from members of the NHS Fife Procurement team before presentation to the Director of Finance & Strategy.

2.3.8 Route to the Meeting

This paper and the accompanying Procurement Strategy was previously approved at the Procurement Governance Board on 31st July 2024, EDG on 15th August 2024 and FP&R on 11th September 2024..

2.4 Recommendation

- **Assurance** – This report provides a significant level of assurance for the Board on the Strategic direction of Procurement in line with Public Procurement legislation and NHS Fife strategic priorities.
- For Approval.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – NHS Fife Procurement Strategy 2024-2029

Report Contact

Kevin Booth

Head of Financial Services & Procurement

kevin.booth@nhs.scot



Procurement Strategy 2024-2029

Author	Paula Lee, Head of Procurement
Approver	Finance, Performance and Resources Committee
Version	1.1

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1. Introduction

The procurement function is a key part of NHS Fife, contributing by optimising the resources available for health priorities. The function is part of the Finance Directorate, reporting to the Director of Finance who is an Executive Member of the NHS Fife Board. Our work covers £350 million spend across a combination of local and collaborative contracts.

As well as arranging strategically important contracts to support the delivery of healthcare, we also provide operational procurement services, ensuring the right products get to hospitals and other healthcare settings at the right time.

To illustrate this further, over the last year NHS Fife Procurement:

- **Saved NHS Fife £807k.**
- **Managed over 95,064 purchase orders.**
- **Managed over 8,177 customer interactions via our Procurement Helpdesk.**
- **Managed 1,970 suppliers.**

This Strategy sets out our objectives over the period of 2023 to 2028 and will be reported on annually via our Procurement Report.

Procurement Strategy Pillars

We will deliver our vision and this strategy through four pillars that drive everything we do.

- **Customer Focus.**
- **Being the Best Place to Work.**
- **Continuous Improvement.**
- **Maximised Value.**

2. Procurement Vision

NHS Fife Procurement Vision

To be a Trusted Partner to our organisation, delivering Commercial Expertise as well as Contracts to all our customers, which are Safe, Best Value, Sustainable and High Quality

3. Mission Statement

NHS Fife Procurement Mission Statement

- **Ensure patient care, and patient and staff safety are at the heart of all our commercial decisions.**
- **Be at the forefront of technology to help us be the best Procurement Team we can be.**
- **Support the wellbeing and wealth of the population of Fife by delivering contracts and solutions which deliver economic growth and equality, whilst ensuring our actions positively support the Climate Emergency.**
- **Always getting goods and services to where they are needed and when.**
- **Maximise value from every opportunity to deliver savings to NHS Fife.**
- **Be seen as fair and transparent by our suppliers.**

4. Next 5 Years

The Procurement Team will focus on the following key themes over the next 5 years.

Customer - Being easy to do business with is key to supporting our patient facing customers. We will continue to challenge ourselves to make the most customer friendly processes as possible.

People - Equipping our staff with the necessary skills to operate in an ever-changing commercial environment is critical to success. We will develop the team with training to allow them to develop the commercial acumen needed for the challenges ahead.

Technology - We will harness technology including Artificial Intelligence to release time to procure, making the most of our finite resources. We will support the implementation of Point of Care Scanning to deliver patient safety benefits, including traceability and procedure costing.

Sustainability - We will deliver a sustainable procurement service to support the health and wellbeing of the population of Fife, covering our legal obligations and ensuring that environmental, social and economic considerations are a key part of all procurement activity.

Resilience & Risk Management - Has never been as important; we will work with the Resilience Team to ensure Business Continuity and Emergency Risks are identified and plans put in place to mitigate, reduce and manage risks of disruption to supply of critical products and services caused by supply chain vulnerabilities and surges in demand be they caused by geo-political or climate emergency events.

5. Strategic Priorities

NHS Fife's strategic priorities are set out in the [NHS Fife Population Health and Wellbeing Strategy](#), and are defined as detailed below:

NHS Fife Ambitions

Living Well, Working Well and Flourishing in Fife	
<p>Priority 1: Improve Health and Wellbeing</p> <p><i>We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.</i></p>	<p>A Fife where we:</p> <ul style="list-style-type: none"> • Live in flourishing, healthy and safe places and communities. • Thrive in our early years. • Have good mental wellbeing. • Reduce the use of and harm from alcohol, tobacco, and other drugs. • Have a sustainable, inclusive economy with equality of outcomes for all. • Eat well, have a healthy weight and are physically active.
<p>Priority 2: Improve the Quality of Health and Care Services</p> <p><i>We provide the safest and best possible health and care services, from cradle to grave, for the people of Fife.</i></p>	<p>For all healthcare services provided by NHS Fife, we will:</p> <ul style="list-style-type: none"> • Provide high quality person-centred care. • Deliver services as close to home as possible. • Less reliance on inpatient beds by providing alternatives to admission to hospital. • Ensure timely access to services based on clinical need. • Prevent and identify disease earlier. • Support the delivery of seamless, integrated care and services across health and social care.
<p>Priority 3: Improve Staff Experience and Wellbeing</p> <p><i>We value and look after our staff.</i></p>	<p>Our Workforce:</p> <ul style="list-style-type: none"> • Is inclusive and diverse, reflecting Fife's communities. • Is supported to develop new skills that help improve care for patients. • Is heard and at the heart of transforming services. • Works in partnership across health and social care, recognising interdependencies. • Experiences compassionate leadership in a culture that supports wellbeing.
<p>Priority 4: Deliver Value and Sustainability</p>	<ul style="list-style-type: none"> • Provide the right services in the right places with the right facilities. • Ensure the best use of our buildings and land. • Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.

<p><i>We use our resources wisely to ensure our services are sustainable and meet our populations needs.</i></p>	<ul style="list-style-type: none"> • Deliver our capital programmes for primary care, mental health, and acute services, creating high quality environments for patients and staff. • Deliver sustainable and effective resource allocation that supports value-based healthcare.
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Detailed below are our Procurement Objectives and the appropriate linkages to the 5 Year Plan and NHS Fife Strategic Priorities:

Procurement Objectives and How They Link

Objective	Linkages		
	Pillars	5 Year Plan	NHS Fife
Deliver Savings to NHS Fife to Reinvest in Patient Care	Maximised Value	Customer	Improve Health and Wellbeing
Invest in Our People	Being the Best Place to Work	People	Staff Experience and Wellbeing
Provide Transparent and Effective Oversight of the Procurement Function	Continuous Improvement	Sustainability	Deliver Value and Sustainability
Support Implementation of Genesis Point of Care Inventory Management	Customer Focus	Technology	Improve the Quality of Health and Care Services

Objective 1 - Deliver Savings to NHS Fife to Reinvest in Patient Care

Generating savings to the bottom line is the core business of Procurement. Against a backdrop of various social-political factors Procurement will continue to optimise opportunities to save and mitigate cost pressures wherever possible.

Objective 2 - Invest in Our People

None of this is possible without our people, who deliver the solutions to complex problems, every day. However, we need to ensure that we have a process to allow career development and new entrants to our team to allow for succession planning and turnover.

To do this we will:

- Continue to develop existing staff through, Individual Training Plans, Knowledge and Skill Framework (KSF) appraisals and Personal Development Plans, to meet their career ambitions.
- Develop a tendering programme, taking staff through tender exercises, from Commodity Strategy to Exit Strategy
- Attend Careers Events in Fife, promoting Procurement as a career.

Objective 3 – Provide Transparent and Effective Oversight of the Procurement Function

To support effective governance, a Procurement Governance Board exists. The group will be directed by the Procurement Strategy for NHS Fife and will ensure that any actions or objectives set by the Board in relation to general procurement are monitored through to a satisfactory conclusion and remain in line with both legal and Scottish Government requirements.

The purpose of the Procurement Governance Board is:

- To monitor the continuous development of existing staff to best meet the future needs of NHS Fife.
- To ensure that departments with procurement responsibility deliver consistent application of best procurement practice and Board Standing Financial Instructions to support the optimisation of savings.
- To develop and maintain a Board wide Procurement Strategy which takes account of the latest National, Regional and professional procurement developments and trends.
- To maintain procurement standards based on published best practice and ensuring that the organisation has the capability of delivering compliance with these standards.
- To ensure oversight of the effective Risk Management in central Procurement.
- To establish a supportive peer review process which will allow the continuous quality improvement of procurement in the organisation.
- To ensure that technology is used effectively to improve efficiency and productivity across the procurement function and its relationship with users and other stakeholders.
- To maintain a strategy for effective engagement with the procurement service users and the board's supplier base and to ensure that open and transparent processes are in place to encourage participation and competition.
- To ensure that appropriate capabilities and accreditations are maintained to provide a procurement service that demonstrates 'good practice in most assessment areas, with an improvement plan for the remaining areas' for the Procurement and Commercial Improvement Program (PCIP).
- To maintain a set of key performance indicators (KPIs) which will allow the overall procurement performance to be understood and monitored. The set of KPIs will be reported quarterly at each meeting before submission to the Finance Performance & Resource Committee.
- To monitor progress on the Regional Procurement Programme.
- To provide escalation points in the service to achieve procurement savings and service improvement.
- To oversee the implementation of any Audit assignments in relation to general procurement.
- To monitor Procurements contribution to NHS Fife's Anchor Institute aims and objectives.

Objective 4 - Support Implementation of Genesis Point of Care Inventory Management

The Scan for Safety Programme aims to implement a system wide approach to the tracking and tracing of high-risk devices in Scotland through digital data capture at the point of care.

It will take a 'Once for Scotland' approach and will capture medical device data electronically in a consistent format across the NHS, including information on the patient, procedure, clinical staff, information about the device itself and where the procedure takes place.

This work will improve patient safety through enabling device traceability, supporting efficient patient recall, and contribute to the wider monitoring of device performance and clinical outcomes.

We will support clinical and non-clinical teams in implementing this innovative technology.

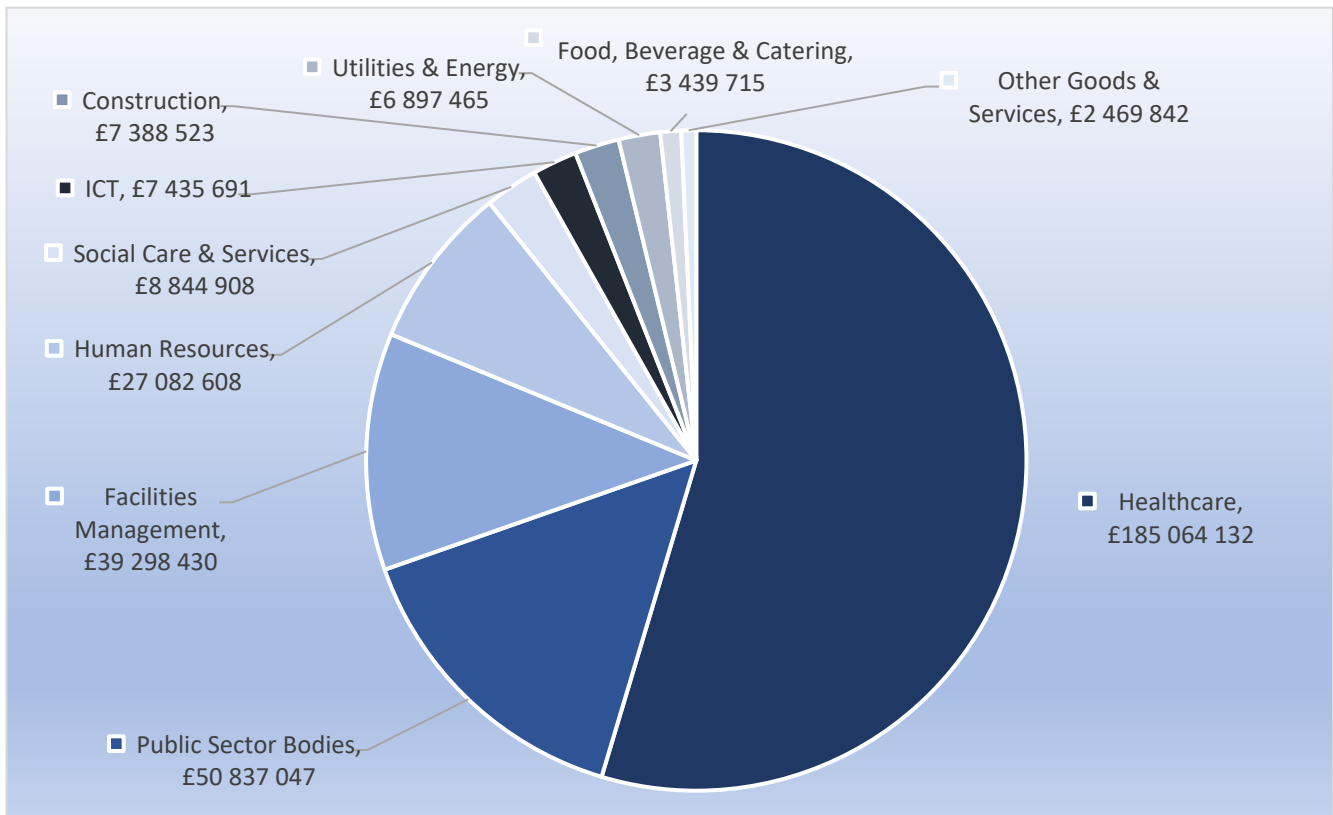
6. Spend

In the last full financial year, NHS Fife had a total trade spend of £350 million. Getting the best value from this expenditure is a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

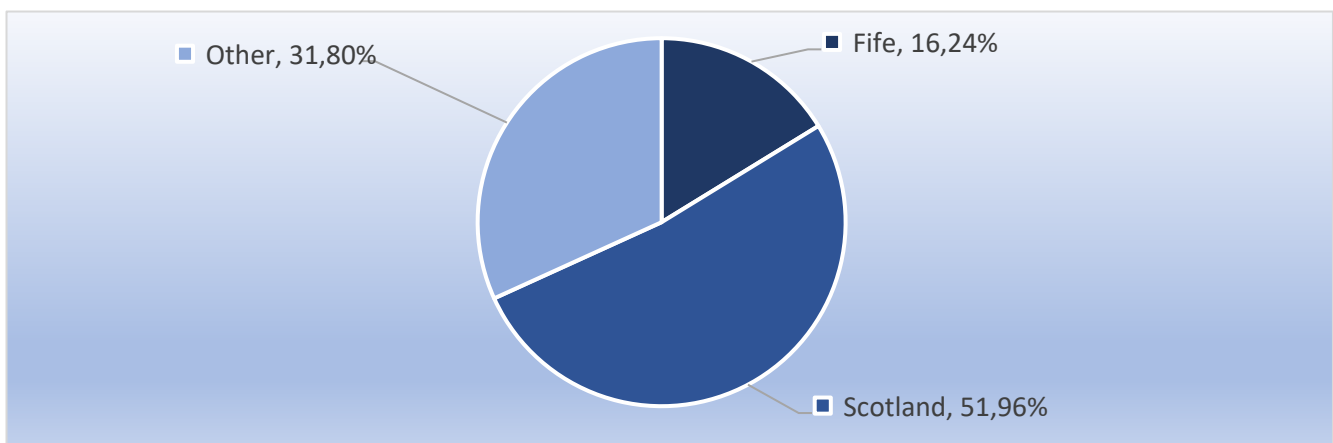
What we spend is as important as where we spend it, this is to harness the power of Procurement to support the wealth and wellbeing of the Fife population.

Further details on the contracts we have let are available on the [Public Contracts Scotland](#) website.

Spend by Category (Top 10)



Spend by Authority Area



7. Mandatory Obligations

Regulated Procurements

A regulated contract is a public contract which (other than a public works contract) is equal to or greater than.

Type	Threshold
Public Contract (other than a public works contract)	£50,000
Public Works Contract	£2,000,000

We will publish all regulated procurements on the Public Contracts Scotland portal.

Achieving Our Purpose

Effective Procurement makes a key contribution to improving health by optimising the resources available for health priorities. This includes, but is not limited to:

- Seeking best value through competitive procurement exercises
- Whole Life Costing products and services
- Cost avoidance
- Reduce Waste and Variation
- Process efficiencies
- Lower operating costs

Delivering Value for Money

We seek value for money from all procurement exercises by using all the relevant legislation and guidance available alongside professional and academic journals. This combined with highly trained Procurement professionals ensures the best value for money outcome is achieved by the Board.

Scottish Priorities for Public Procurement

By developing and delivering this strategy we are committing to the national context under the Scottish Government Priorities for Scottish Public Procurement.



Engaging with Service Users

We will continue to support and react to changes in the organisation, whether they are internal or external emerging risks and issues.

Our [Procurement Helpdesk](#) has been developed to improve responsiveness and support self-service wherever possible. With self-service processes at its heart, we will continue to strive to provide high levels of Customer Satisfaction.

Engaging with Suppliers

Our Contract and Supplier Management Process is used to manage our supply base; however, we need to keep an open door to new suppliers.

We will continue to support Meet the Buyer events, locally and nationally so we can talk to new suppliers, advising them on doing business with NHS Fife as well as learning about innovative new products and services.

We will also continue to hold online Supported Business Supplier Spotlight Sessions. These are short online meetings where Supported Businesses can tell us about their products and services. We will also advise them on how to do business with NHS Fife.

Sustainable Procurement Duty

Sustainable public procurement aims to make the best use of public money, helping us to achieve our overarching purpose and strategic aims.

The sustainable procurement duty, outlined in [Procurement Reform \(Scotland\) Act 2014](#), aligns with the Scottish Government's purpose to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. It is underpinned by the [National Performance Framework](#) and [Scotland's National Strategy for Economic Transformation](#).

The sustainable procurement duty requires that before a contracting authority buys anything, it must think about how it can improve the social, environmental, and economic wellbeing of the area in which it operates, with a focus on reducing inequality.

It also requires a contracting authority to consider how its procurement processes can facilitate the involvement of SMEs, third sector bodies and supported businesses, and how public procurement can be used to promote innovation.

Compliance with the sustainable procurement duty is the mechanism through which public procurement contributes to and tracks its contribution to our overarching purpose.

Like all public sector contracting authorities we set out in our procurement strategy how it intends to comply with the duty, and we are mandated to report annually on progress.

We use the [Sustainable Procurement Tools](#) in regulated procurements to deliver on the duty.

Anchor Institute

NHS Fife will continue to progress its ambitions as an Anchor Institute to consider and develop ways that it can further use its influence to enhance the benefits for the population of Fife. Procurement is a key dimension of the programme, and the Procurement team will play a key role, using and increasing its considerable influence by:

- Routinely monitoring and analysing local spend.
- Enabling Local SME's, social enterprises and supported businesses to submit proposals.
- Carrying out engagement with local suppliers on contract opportunities and requirements.
- Including Community Benefit clauses in all competitive tenders of £50k and above.
- Including Fair Work clauses within contract T&C's
- Consideration of wider social, health and environmental issues during procurements

Community Benefits

NHS Fife is committed to maximising Community Benefits from its procurement activities. This will be achieved through the inclusion of specific clauses within procurement contracts known as Community Benefit Clauses.

Community Benefit Clauses are contractual requirements which deliver wider benefits in addition to the core purpose of the contract. These clauses can be used to build a range of economic, social, or environmental conditions into the delivery of contracts.

[The Public Contracts \(Scotland\) Regulations 2015](#) enable public bodies to include Community Benefits in the procurement process, in certain circumstances.

NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses. NHS Fife will also use the [Community Benefits Gateway](#) to capture benefit requirements from our community.

Food Procurement

We will support the improvement of health, wellbeing, and education of communities in relation to food by:

- Engaging Public Health, Facilities and Dietician colleagues for food procurements.
- Ensuring implementation of procurement aspects of the joint NHS Fife, Fife Health & Social Care Partnership and Fife Council, [Food for Fife Strategy & Action Plan 2024-2029](#).

- Ensuring Healthy Choices are available to patients and staff.

Scottish Real Living Wage

As a Real Living Wage accredited organisation, NHS Fife ask current contracted suppliers to match our obligation in the payment of the Real Living Wage. We also seek to encourage payment of the Real Living Wage by other potential suppliers, through Regulated Procurements and the use of the [Scottish Government's Fair Work First](#) policy.

Fair Work First asks businesses bidding for a public contract to commit to adopting the following:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace.
- providing fair pay for workers (for example, payment of the real Living Wage)
- offer flexible and family friendly working practices for all workers from day one of employment.
- oppose the use of fire and rehire practices.

Fair and Ethical Procurement

NHS Fife understands the importance of ensuring its acts ensure the promotion and maintenance of high standards of social, ethical, and environmental conduct. We are also committed to ensuring that our suppliers and contractors on our contracts are encouraged to adopt a similar responsible approach.

NHS Fife will considering the *Global Compact*, a widely adopted United Nations standard for responsible business practice, covering human rights, labour, the environment and anti-corruption. As a globally recognised and universally applicable set of standards, the [Ten Principles](#) of the *Global Compact* form the basis of the Supplier Code of Conduct. The principles are:

Principles	
Human Rights	<ol style="list-style-type: none"> 1. Businesses should support and respect the protection of internationally proclaimed human rights; and 2. make sure that they are not complicit in human rights abuses.
Labour	<ol style="list-style-type: none"> 3. Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining. 4. the elimination of all forms of forced and compulsory labour. 5. the effective abolition of child labour; and 6. the elimination of discrimination in respect of employment and occupation.

Environment	<p>7. Businesses should support a precautionary approach to environmental challenges.</p> <p>8. undertake initiatives to promote greater environmental responsibility; and</p> <p>9. encourage the development and diffusion of environmentally friendly technologies.</p>
Anti-Corruption	<p>10. Businesses should work against corruption in all its forms, including extortion and bribery.</p>

Compliance by Contractors and Sub-Contractors with The Health and Safety at Work Act 1974

NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 via our terms and conditions of contract and/or specific contract clauses where appropriate.

Ensuring Contractors and Sub-Contractors are Paid On Time

NHS Fife aspires to pay all contractors and suppliers within ten days of receiving a valid invoice, to support the stability and sustainability of the wider supply chain.

NHS Fife will by way of Terms and Conditions specify that:

- all subcontractors are paid by no later than thirty days from date of receiving a valid invoice.
- subcontractors pay their subcontractors no later than thirty days from date of receiving a valid invoice.

8. Measuring and Reporting

Annual Procurement Report and Procurement Strategy

This Annual Procurement Report and the Procurement Strategy are required to be published on the NHS Fife website as set out in the Procurement Reform Act 2014.

This Annual Procurement Report will be prepared by the Head of Procurement and reviewed by the Procurement Governance Board for approval by the Finance, Performance and Resources Committee.

Communication

This Procurement Strategy will be published on the NHS Fife website as set out in the Procurement Reform Act. The Procurement Strategy/Annual Report will also be shared with all members of the Procurement Team each year by the Head of Procurement.

Objectives

Actions will be tracked via the regular Procurement Business Assurance sessions dedicated to the Procurement Strategy.

Ownership

The Procurement Strategy is owned by the Head of Financial Services and Procurement.

9. Useful Links

[Public sector procurement – Scottish Government](#)

[Procurement Journey](#)

[PCIP Overview](#)

[Thresholds](#)

[Public Contracts Scotland](#)

[PCS-Tender - Public Contracts Scotland](#)

[Sustainable Procurement Tools](#)

[Procurement Competency Framework](#)

[CIPS - Leading global excellence in procurement and supply](#)

10. Glossary

Term	Definition
Category Management	Is a strategic approach to procurement where organisations group together similar areas of external spend to identify opportunities for consolidation and to create added business value.
Community Benefits	Community benefits are the method by which local communities and good causes can receive additional social value from public spending.
Cost Avoidance	Cost avoidance is the preservation of existing spending to prevent price increases due to inflation, economics or the rising costs of products or services. An example of cost avoidance is when a company purchases an extended equipment warranty to limit maintenance costs or out-of-pocket expenses.
Small and Medium Enterprises (SME)	An SME is any organisation that has fewer than 250 employees.
Supported Business	Supported businesses are enterprises where over 50% of their workforce have a disability.
Whole Life Costing	Whole life costing is an investment appraisal and management tool which assesses the total cost of an asset over its whole life.

Unconfirmed

Meeting: Audit & Risk Committee
Meeting date: 12 September 2024
Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

The Internal Audit Review of Property Transactions Report 2023/24 was removed as there were no transactions, and a nil report will be submitted to the Scottish Government.

2. The Committee considered the following items of business:

2.1 The Committee took a "moderate" level of assurance from the Blueprint for Good Governance Action Plan update and noted progress in delivery of the Board's current Improvement Plan.

2.2 The IJB Annual Internal Audit Report will be presented to the Audit & Assurance Committee meeting on 13 September 2024, and summarised to the Committee thereafter.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

None.

5. Update on Risk Management

5.1 The Committee took a "moderate" level of assurance that all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so. There continues to be 19 corporate risks, with some small deteriorations in their ratings.

5.2 The Committee took a "moderate" level of assurance from the Risk Management Key Performance Indicators 2023/24. A review is currently underway for potentially moving from the current risk management system Datix to a new system InPhase.

5.3 The Committee took a "moderate" level of assurance from the Final Annual Risk Management Report 2023/24.

5.4 The Committee took a “moderate” level of assurance from the Risks & Opportunities Group Progress Report. It was noted that the risk management framework will be finalised following conclusion of the Board risk appetite work.

6. Any other Issues to highlight to the Board:

None.

Alastair Grant
Chair
Audit & Risk Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 12 SEPTEMBER 2024 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Kirstie Macdonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Maxine Michie, Deputy Director of Finance (*deputising for Margo McGurk*)
Carol Potter, Chief Executive (*part*)
Dr Shirley-Anne Savage, Associate Director of Risk & Professional Standards
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from member Aileen Lawrie (Non-Executive Member) and routine attendees Chris Brown (Head of Public Sector Audit (UK), Azets), Barry Hudson (Regional Audit Manager) and Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 20 June 2024

The minute of the last meeting was **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the update on the Action List in relation to progress in adopting the National Risk Management System.

5. INTERNAL AUDIT

5.1 Internal Audit Progress Report

The Chief Internal Auditor advised that the Internal Audit Plan 2023/24 is complete, and that non-discretionary aspects for the current year are progressing as expected. Assurance was provided that the weightings for audit work within the draft plan for 2024/25 is sufficient, in terms of meeting the deadline for the Annual Accounts sign-off. It was noted that, following challenges with recruitment, an Auditor has now been appointed, commencing on 5 October 2024.

In terms of the external quality assessment, which requires to be completed on a five yearly basis and is due in 2024/25, it was advised that the Institute of Internal Auditors have been asked to carry out that work and a proposal has been submitted to the FTF Partnership Board, for approval. The outcomes will thereafter be reported to the Committee.

An overview was provided on the Internal Audit Progress Report, with it being noted that all the internal audit products issued since the last report to the Committee are listed by strand of governance, and are summarised in the final section of the report.

It was reported that the Integrated Joint Board (IJB) Annual Report, full report and updated audit opinion, will be presented to the IJB Audit Assurance Committee on 13 September 2024. It was noted that the summary will be presented to the Committee, thereafter.

The two audits that are currently in progress were highlighted, and it was reported that non-discretionary work is ongoing.

The Committee took a “**significant**” level of assurance on progress with the 2024/25 Annual Internal Audit Plan and **noted** the completion of the 2023/24 and initial progress on the 2024/25 Annual Internal Audit Plans.

5.2 Internal Audit – Follow Up Report on Audit Recommendations 2023/24

The Principal Auditor reported that positive progress continues to be made in terms of implementing actions. It was reported that there are currently four remaining actions that have not been completed within one year of report publication, which relate to the Board finalising its risk appetite. Assurance was provided that this action is on target to be addressed by the revised target date. It was advised that the remaining three actions not completed within one year relate to the Internal Audit Report 2022/23 and have all been assessed as green. Further detail is included within appendix C.

Assurance was provided that there is a commitment to finalise the Board risk appetite work by December 2024, and the Principal Auditor agreed to contact the Director of Finance & Strategy for an update on this work.

The team were commended on a positive report.

The Committee took a “**significant**” level of assurance on the progress being made in implementing actions to address recommendations made in internal audit reports and **considered** the status of Internal Audit recommendations recorded within the Audit Follow Up system.

5.3 Draft Strategic Plan 2024-27 and Draft Operational Internal Audit Annual Plan 2024/25

The Chief Internal Auditor provided background detail on the planning process, advising that it has been aligned with the Scottish Government’s requirement for a three-year delivery of financial plans. It was reported that the three-year cycle provides an opportunity to react to emerging issues and changes in service delivery and will be risk based. It was noted that a mapping exercise has been carried out with the corporate risk register and Reform, Perform, Transform (RTP) programme of work to avoid duplication and to ensure that the audit work is aligned to the NHS Fife’s strategic objectives.

It was reported that the Executive Directors’ Group, at their 15 August 2024 meeting, considered the draft plans, and that a request was made for a stand-alone review in year one with a focus on the RTP governance arrangements and framework, including workstreams, groups and control.

The key points from the appendices were highlighted, and it was advised that they provide sufficient coverage over the strands of work. The timeline for the various elements of completion of the plan was provided, and it was advised that the plan will be revised in line with any changes to risk.

Following a question regarding weightings, it was advised that 20 days is sufficient for the supplementary staffing audit element, and that there will be scope for more time, should it be required.

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

The Committee also considered and **approved** the Strategic Plan 2024-27 and draft Operational Internal Audit Annual Plan 2024/25.

6. RISK

6.1 Corporate Risk Register

The Associate Director of Risk & Professional Standards reported that there continues to be 19 corporate risks, with some small deteriorations in their ratings. It was reported that a further review and mapping exercise is being taken forward, following the recent Clinical Governance Committee, in terms of the optimal outcome corporate risk, and the three operational risks that sit within the Acute Services, to determine if a new risk is required. It was advised that further consideration will also be given to potentially closing

the Whole System Capacity risk and moving this risk to an issue. The Associate Director of Risk & Professional Standards agreed to provide an update to the Committee, following the review.

Action: Associate Director of Risk & Professional Standards

It was reported that the new pandemic preparedness risk will be included in the next iteration of the Corporate Risk Register, and that early discussions are underway in relation to a potential new risk for drug & alcohol deaths.

Following a query in terms of the delivery of a balanced in-year financial position risk moving to an issue, it was explained that it can be difficult to determine when a risk becomes an issue, and that, due to the current financial position, the delivery of a balanced in-year financial position risk will remain as a corporate risk.

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

6.2 Risk Management Key Performance Indicators (KPIs) 2023/24

The Associate Director of Risk & Professional Standards presented the risk management KPIs for 2023/24 and advised that the data provides a summary of the risks held within the Corporate Risk Register, number of open and closed risks, and an assessment of our compliance against the KPIs. It was noted that there are fluctuations on a month-to-month basis, with reasons that are multifaceted. It was advised that the longevity of risks becoming issues will be explored.

It was advised that a review is currently underway for potentially moving from the current risk management system Datix to a new system InPhase, which is currently in place at a number of other Health Boards and has had positive feedback from those early adopters. It was noted that the move to a new system is expected take place before the end of March 2025, and that training will be available via TURAS.

The Committee took a **“moderate” level of assurance** from the update provided, and note that the Risk & Opportunities Group will continue to:

- Develop an implementation approach for the Risk Summary Dashboard.
- Continue to refine the associated KPIs.

6.3 Final Annual Risk Management Report 2023/24

The Associate Director of Risk & Professional Standards advised that the Annual Risk Management Report 2023/24 is in its final version and was previously presented to the Committee in draft at its meeting in May.

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

6.4 Risks & Opportunities Group Progress Report

The Associate Director of Risk & Professional Standards provided an overview on the contents of the report and advised that the Risk & Opportunities Group continues to

develop. It was reported that the risk management framework will be finalised following conclusion of the Board risk appetite work.

Following a question, it was advised that members of the Risk & Opportunities Group undertake Horizon Scanning as part of their process, suggest areas of interest or focus, and that there is wide representation on that group.

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

7. GOVERNANCE MATTERS

7.1 Blueprint for Good Governance Action Plan Update

The Board Secretary advised that, following a questionnaire submitted to the Scottish Government in 2023, and the subsequent self-assessment results reviewed through a dedicated Board Development Session with NHS Education for Scotland colleagues, a Blueprint for Good Governance Action Plan was devised and approved by NHS Fife Board in March, with the Audit & Risk Committee the responsible body for monitoring progress.

It was reported that no feedback has been received, to date, from the Scottish Government in relation to the plan, and that the Committee will have oversight for ensuring that actions are completed, as agreed with NHS Fife Board. It was advised that there are currently five closed actions, and an update was provided on progress for the three remaining open actions in relation to the risk appetite, diversity of the NHS Fife Board and assurance mapping work, which forms part of the Once for Scotland approach that is currently being undertaken.

Discussion followed, and it was reported that the structure of the NHS Fife Board is set by the Scottish Government, and that NHS Fife can influence the Scottish Government’s public appointments team in relation to communicating vacancies to as diverse a population as possible, which has been successful previously. It was also reported that Board Members’ term dates are provided within the Board Members’ Handbook, which is available online.

The Committee took a **“moderate” level of assurance** and **noted** progress in delivery of the Board’s current Improvement Plan.

7.2 Integrated Joint Board (IJB) Annual Assurance Statement 2023/24

The Chief Internal Auditor provided a verbal update and advised that the IJB Annual Internal Audit Report will be presented at their Audit & Assurance Committee meeting on 13 September 2024, and summarised to the Committee thereafter. It was advised that the IJB Annual Assurance Statement has not been received by the NHS Board, to date, and it was agreed to request a representative from the IJB present the final assurance statement at the Committee’s December meeting. It was noted that discussions are underway to align the IJB meeting dates with NHS Fife’s key meeting dates, to ensure assurances can be provided in as timely a manner as possible.

7.3 Losses & Special Payments Quarter 1 2024/25

The Head of Financial Services & Procurement provided an update on the quarter 1 report, and advised that there were 181 losses, which is comparable to the previous quarter. It was advised that the value has significantly reduced to £196,509 compared to £470,374 the previous quarter, which is as a result of the reduction in the value of clinical negligence payments paid within the quarter. It was also advised that the overall reduction in the losses and special payments outwith clinical and non-clinical ex-gratia compensation payments is due to no debtors' review being carried out within quarter 1.

Assurance was provided that there have been no significant findings or concerns raised in relation to those losses and special payments itemised in the quarter.

Following a question, in relation to the losses in relation to buildings & fixtures, an explanation was provided around the costs for vandalism.

The Committee took a **“significant” level of assurance**.

7.4 Procurement Tender Waivers Compliance Quarter 1 2024/25

The Head of Financial Services & Procurement reported that there were no waivers of competitive tender applied across the procurement function in quarter one, and as a result, NHS Fife Board does not have any exposure to risk in regard to compliance with this process, following quarter one.

The Committee took a **“significant” level of assurance** that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

7.5 Corporate Calendar – Proposed Audit & Risk Committee Dates 2025/26

The Board Secretary reported that the Corporate Calendar for 2025/26 will be presented to the NHS Fife Board at their September 2024 meeting. It was noted that the IJB dates are awaited and may result in a slight amendment to the current proposed dates. The Chair requested consideration to the proposed Committee dates for 2025/26 in terms of aligning to the IJB meeting dates and ensuring that there is sufficient time between meetings for members who sit on both bodies.

Action: Board Committee Support Officer

8. FOR ASSURANCE

8.1 Audit Scotland Technical Bulletin 2024/1 & 2024/2

The Committee took a **“significant” level of assurance** from the Audit Scotland Technical Bulletins for 2024/1 & 2024/2.

8.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that all agenda items are on track as per their schedule.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no matters to escalate to NHS Fife Board.

10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 12 December 2024 from 2pm - 4pm via MS Teams

Meeting: Clinical Governance Committee
Meeting date: 6 September 2024
Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2024/25.

The following items have been deferred and rescheduled:

- Director of Public Health Annual Report 2024 – deferred to November 2024
- Occupational Health Annual Report 2023/24 – deferred to January 2025

The following items have been added to the workplan with planned dates to provide assurance relating to quality and safety impacts of performance:

- Cancer Waiting Times risk
- Access to outpatient, diagnostic and treatment risk
- Whole System Capacity risk

2. Matters Arising

2.1 Reinforced Autoclaved Concrete

An update was provided on the detail of the final survey results undertaken to identify Reinforced Autoclaved Aerated Concrete (RAAC) within the NHS Fife estate. It was highlighted that two additional areas, one at Adamson Hospital and one at Glenrothes Hospital, have now been identified as containing RAAC, since the previous report, and assurance was provided that there is no immediate risk to patients, staff or visitors. Moderate Assurance.

2.2 Alcohol and Drug Related Deaths Review Processes

A briefing paper was provided on the processes in place to review Alcohol and Drug related Deaths in Fife, It was agreed a further paper will be provided to the Committee at the November 2024 meeting relating to the learning from the reviews and associated improvement work. Moderate Assurance.

2.3 RTP: Acute Services Redesign Programme Phase 1

The Committee took a “moderate” level of assurance in relation to Phase 1 of the Acute Service Redesign Programme and endorsed the programme from a quality & safety perspective. The Committee noted the initial three priority areas: the formation of an Integrated Acute Respiratory Unit, the establishment of a Same Day Emergency Care (SDEC) model, and the redesign of surgical admission pathways.

3. The Committee considered the following items of business:

3.1 GOVERNANCE

3.1.1 Clinical Governance Oversight Group Assurance Summary

The report was discussed, and the Scottish Hip Fracture Standards in Fife noted in particular the standard relating to time to theatre. It was advised that an update and an improvement plan will come to the Clinical Governance Committee in November 2024, and that the output for the hip fracture audit work will also come forward in due course. Assurance was provided that a review has been completed on trauma services within NHS Fife, and that improvement options are being worked through.

3.1.2 Corporate Risks Aligned to CGC

There are 5 corporate risks aligned to the CGC. There are no new risks.

The Access to Outpatient, Diagnostic and Treatment Services, Cancer Waiting Times and Whole System Capacity risks have now been scheduled to come to CGC once per year secondary to the update to Finance, Performance & Resource (FP&R) Committee for consideration of the impact on quality of care.

The Committee agreed a moderate level of assurance with respect to mitigation of the risks, however acknowledged there were varying levels of assurance across each of the risks. Following discussion at the meeting, it was agreed that a mapping exercise of the current risks aligned to the committee, the risk mitigations and gaps, with a report back to the Committee in November 2024.

No.	Risk	Actions Required
5	Optimal Clinical Outcomes	Risk currently being revised
9	Quality and Safety	Organisational Learning Plan
6	Off Site Area Sterilisation and Disinfection Unit Service	Endorsed recommendation to NHS Fife Board to remove from corporate risk register to operational risk
17	Cyber Resilience	No change
18	Digital and Information	No change

3.2 STRATEGY AND PLANNING

3.2.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Committee endorsed submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government and took a “moderate” level of assurance from the report.

3.3 QUALITY AND PERFORMANCE

3.3.1 IPQR

The IPQR was reviewed and discussed; there were no performance related issues for escalation to the Board. Information to be provided to next CGC regarding major extreme adverse events categorised as other. Noted the latest Hospital Standardised Mortality Ratio (HSMR) data, will be provided at the next meeting.

3.3.2 HAIRT

The HAIRT report was reviewed and discussed. There were no infection and prevention control issues for escalation to the Board. Assurance was provided that there are local systems and processes in place with regards to identification of surgical site inspection in the three surveillance categories. Noted no new inspections during the reporting period, and that a notice of a safe delivery of care inspection will commence in the maternity units in January 2025. Assurance also provided that NHS Fife has the lowest rate of SABs in Scotland.

3.3.3 Medical Devices Update

The Committee took a “moderate” level of assurance from the paper noting the robust governance processes in place. Noted that a Short Life Working Group is taking forward recommendations for Scan for Safety, which has a completion date of early 2025. NHS Fife is on track a report will go to the Medical Devices Group and escalated appropriately.

3.3.4 Organisational Learning Update

The Committee took a “moderate” level of assurance, with 2024/25 being used as the year to focus on laying foundations on which to build upon this work. Noted that membership of the group has recently been reviewed and includes a digital representative.

3.3.5 Deteriorating Patient Improvement Programme

The Committee took a “moderate” level of assurance and supported the continued focus on this work for the remainder of 2024/25 and for 2025/26. Noted that performance is being regularly measured, and that a structured framework will provide a focus on improvement work over the next 12 months.

3.3.6 Neonatal Mortality Review Health Improvement Scotland (HIS) Report

The Committee took a “moderate” level of assurance from the report. The report details our response to the HIS report and an improvement plan is currently being considered by the Acute Clinical Governance Committee. Noted a draft plan is being worked through for the ‘Best Start Programme for Scotland’ and an update will be brought to the Committee in due course.

3.3.7 Digital & Information

The Committee took a “moderate” level of assurance from the update. It was reported that the Digital Information Board have agreed to delay the refresh of the five-year digital strategy and move to a short-term digital framework, which has formed part of the corporate objectives for this year. The short-term framework has a focus around the Reform, Transform, Perform (RTP) programme of work and is also aligned to the medium-term financial plan.

3.3.8 Digital Medicines Programme (HEPMA)

The Committee took a “limited” level of assurance in terms of the supplier and their ability to deliver the programme within by the agreed timeframe. The Committee took a “significant” level of assurance of the actions by NHS Fife staff, digital pharmacy and medicines medical teams to support this programme.

3.3.9 Information Governance & Security Steering Group Update

The Committee noted the progress being made across the Information Governance and Security domains and took a “moderate level of assurance” from the governance, controls and improvement plans in place. The Information Governance & Security Steering Group accountability and assurance framework is presented on a quarterly basis to the steering group, and the work aligns to the Information Commissioner's Office audit and our commitment to the public sector cyber assurance framework, which is audited through the NHS Education for Scotland audit on an annual basis. An improved outcome for this year's audit was highlighted.

3.3.10 St Andrews Community Hospital Security Breach Update & Action Plan

The Committee took a “moderate” level of assurance from the update. Noted that training compliance is regularly audited through various governance routes, and that NHS Fife currently comply with the information governance & security mandatory training, which is a three-year cycle. Also noted that the work of the Information Governance & Security Steering Group is focussed on providing opportunities for individual learning.

4. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

4.1 Patient Experience & Feedback

The Committee took a “limited” level of assurance from the report. Noted that clinical pressures continue to impact on the ability to respond within key timeframes to stage 2 complaints, and that work is ongoing to look at solutions for early direct dialogue with complainants. Noted that there is a lot of positive work being undertaken.

4.2 The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions

The Committee agreed to hold a Development Session on The Patient Rights Directions.

5. PROFESSIONAL STANDARDS

5.1 Advanced Practitioners Review Update

The Committee took a “limited” level of assurance from the update. The Director of Nursing agreed to provide further information in future reports to strengthen assurance

5.2 Allied Health Professional Assurance Framework Update

The committee commended the report taking a significant level of assurance from the framework.

6. ANNUAL /OTHER REPORTS

There were three annual reports 2023/24 presented for **assurance**:

- Care Opinion Annual Report 2023/24 (moderate level of assurance)
- Controlled Drug Accountable Officer Annual Report 2023/24 (significant level of assurance)
- Review of Deaths of Children & Young People Annual Report 2023/24 (significant level of assurance)

7. Delegated Decisions Taken by The Committee

Nil to report.

8. Issues to Highlight to the Board

- There were no performance related matters to escalate to the Board
- NHS Fife is one of the top performing Health Boards in terms of the care opinion work
- ‘Off-Site Area Sterilisation and Disinfection Unit Service’ risk recommended to remove this risk from the Corporate Risk Register
- Committee endorsed submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government
- There were three areas of limited assurance: HEPMA Programme; Complaints Handling, Advance Nurse Practitioners Review Update

Arlene Wood
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 6 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Anne Haston, Non-Executive Member
Colin Grieve, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive

In Attendance:

Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Jamie Doyle, Head of Nursing (*deputising for Norma Beveridge*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director Planning & Performance (*item 8.1 only*)
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)
Neil McCormick, Director of Property & Asset Management (*items 1 – 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Fiona McKay, Interim Director of Health & Social Care
Nicola Robertson, Director of Nursing, Corporate
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Gavin Simpson, Anaesthetics Consultant (*item 9.5 only*)
Amanda Wong, Director of Allied Health Professionals
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member.

The Chair also extended a warm welcome to Lynne Parsons, Employee Director, who has joined the Committee as the Interim Area Partnership Forum representative, replacing Liam Mackie, who has been seconded to the Royal College of Nursing.

The Chair advised that Nicola Robertson, Lynn Barker, Norma Beveridge and Amanda Wong have re-joined the Committee as regular attendees, and they were each welcomed to the meeting.

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

1. Apologies for Absence

Apologies were received from members Kirstie Macdonald (Non-Executive Whistleblowing Champion), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Kirsty McGregor (Director of Communications & Engagement) and Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 12 July 2024

The Committee **approved** the minutes of the previous meeting.

4. Chair's Assurance Report Presented to Fife NHS Board on 30 July 2024

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

5. Matters Arising / Action List

The Committee agreed to the removal of the RAG status for the numbers of adverse events within the Integrated Performance & Quality Report (IPQR).

It was confirmed that further detail around mental health is included within the IPQR, and the Chair requested that mental health incidents, in terms of the most common themes, be added to the next iteration of the IPQR.

Action: Interim Director of Health & Social Care

It was also confirmed that the detail around the reducing restrictive practice improvement work, and the impact this work has on use of restraint, physical violence and self-harm, has been added to the IPQR.

5.1 Reinforced Autoclaved Aerated Concrete (RAAC) Update

The Director of Property & Asset Management noted that the update provided gives the detail of the final survey results undertaken to identify RAAC within the NHS Fife estate. It was reported that, of the seven blocks where RAAC has been discovered, four blocks are stable and annual monitoring will be undertaken to ensure no deterioration of the condition of the material. Three areas require further attention, and, for these, risk assessments have been undertaken and appropriate mitigations put in place. It was highlighted that two additional areas, one at Adamson Hospital and one at Glenrothes Hospital, have now been identified as containing RAAC, since the previous report, and assurance was provided that there is no risk to patients or staff. It was noted that there is no requirement for a business continuity plan for RAAC separately and that this is being built into existing service continuity plans.

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

5.2 Briefing Paper: Alcohol and Drug Death Reviews in Fife

The Medical Director advised that the briefing paper sets out the current position and plans to address the backlog of alcohol & drug death reviews. It was reported that the prevalence of drug and alcohol deaths remains a significant issue in Scotland, and that, following the spike in 2023 of drug deaths in younger people, a separate whole system review was carried out, which was multi-agency.

It was reported that the main challenges for carrying out reviews is due to available resource, and the plans to address these challenges are detailed in the paper. Following a query from the Chair, it was advised that the resource challenge is due to the high number of incidents that require to be reviewed, and assurance was provided that the team are closely monitoring the number of reviews coming forward. Further assurance was provided that the review process is robust.

It was confirmed that there is third sector representative within the multi-agency review group and that the group is aligned to the Alcohol Drug Partnership, with delivery services inputting into reviews.

The Medical Director agreed to provide a further paper to the Committee around the improvements and measures for cluster reviews.

Action: Medical Director

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

5.3 Reform, Transform, Perform - Acute Services Redesign Programme Phase 1

The Director of Acute Services reported that the initial three priority areas of the redesign programme are the formation of an Integrated Acute Respiratory Unit, the establishment of a Same Day Emergency Care (SDEC) model, and the redesign of surgical admission pathways. It was advised that this work will be undertaken with immediate effect, and that Phase 1 will conclude by the end of March 2025. Further detail was provided on the programme, with it being noted that this is a clinically driven and multi-disciplinary process.

An overview was provided on the metrics that are in place for monitoring quality indicators throughout the change process. Assurance was provided that they will be closely monitored.

Following questions, the risks and mitigations associated with the formation of the Acute respiratory unit were highlighted. It was reported that workforce and enhancements will form part of the next phase of the programme, and that the focus for the forthcoming months is around co-location and maximising current assets and resources.

The Chief Executive acknowledged and thanked the Director of Acute Services, Deputy Medical Director and their teams for all their hard work.

The Committee took a **“moderate” level of assurance** in relation to Phase 1 of the Acute Service Redesign Programme and **endorsed** the programme from a quality & safety perspective.

6. ACTIVE OR EMERGING ISSUES

The Chair advised the Committee that there are no active or emerging issues.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Oversight Group (CGOG) Assurance Summary from 20 August 2024 Meeting

The Associate Director of Quality & Clinical Governance provided an overview on the assurance summary and advised that the CGOG accepted the draft Duty of Care Policy & Procedural Guidance, with a final version going to their next meeting. It was advised that an update and an improvement plan, in relation to the Scottish National Audit Programme, through Public Health Scotland, will come to the Clinical Governance Committee in November 2024. It was also advised that the output for the hip fracture audit work will come forward to the Clinical Governance Committee. Assurance was provided that a review has been completed on trauma services within NHS Fife, and that improvement options are being worked through.

An overview was provided on the new standardised investigation template for complaints that has been rolled out across the whole system.

Following a query from the Chair, it was advised that there is no concern for the mortality rates reported for cardiac arrests, which were within expected ranges.

The Associate Director of Quality & Clinical Governance was pleased to report that an excellent piece of work around a support pathway for staff involved in adverse events received unanimous support from the CGOG.

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

7.2 Corporate Risks Aligned to Clinical Governance Committee, including update on Clinical Optimal Outcomes

The Associate Director for Risk & Professional Standards provided an update on the corporate risks aligned to the Committee and reported that the mitigations for the quality & safety risk have been updated, and that a Board Development Session was recently held on organisational learning.

The Medical Director provided background detail to the Clinical Optimal Outcomes risk and advised that, through discussions at the Committee's meeting in March 2024, and through discussions at the Risk & Opportunities Group and the Executive Directors Group, there is an opportunity to develop a revised risk. A comment was made that the Optimal Clinical Outcomes risk description is broad and requires more focus. The importance of ensuring that the corporate risks aligned to the Committee are clear on the quality & safety aspects was discussed. It was noted that once the Board's risk appetite is agreed, a review of all the corporate risks will be carried out.

The Medical Director agreed to take forward a mapping exercise in terms of the risks aligned to the Clinical Governance Committee, what is being measured and any gaps. The Committee **agreed** that a revised Optimal Clinical Outcomes risk be brought back to the Committee in November 2024.

Action: Medical Director

The Committee **endorsed** a recommendation to the NHS Fife Board for the removal of the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to be tracked instead as an operational risk. It was advised that any changes or proposals around off-site sterilisation would be managed through the Reform, Transform, Perform programme of work.

Action: Medical Director

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

7.3 Corporate Calendar – Proposed Clinical Governance Committee Dates 2025/26

The Committee **agreed** to the proposed Clinical Governance Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024. It was noted that there will be advanced planning for Committee Development Sessions, and these dates will be communicated in plenty of time to members.

7.4 Delivery of Annual Workplan 2024/25

The Director of Quality & Clinical Governance highlighted the addition of the Patient Story at each meeting, and the additions of the Cancer Waiting Times risk, access to outpatient, diagnostic and treatment risk, and Whole System Capacity risk, to the workplan.

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback to our acceptance letter of the Annual Delivery Plan and the Quarter 1 Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with the Scottish Government that 78 actions are part of strategic priority to improve quality of health and care services. It was further reported that eight actions were marked as red, which are unlikely to be completed on time or meet the target within the reportable year. These include two actions related to the Clinical Governance Committee, namely: Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and Development of a new outpatient specialist Gynaecology Unit. It was confirmed that there is no immediate risk that needs to be escalated in terms of the Gynaecology Unit and that there is ongoing work around providing that service in the future. It was advised that future annual reporting of the Annual Delivery Plan will also include actions from the Reform, Transform, Perform workstreams.

Following a question, it was reported that we are currently on track with our trajectories for the radiology mobile funding, although it is anticipated that there will be no funding for Quarter 2, which will be a significant risk.

The Committee **endorsed** submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government and took a “**moderate**” level of assurance from the report.

8.2 Scottish Healthcare Associated Infection Strategy 2023-25 Update

The Director of Nursing provided an update on the progress of the Scottish Healthcare Associated Infection Strategy 2023-25, as detailed in the paper, and noted that there are no outstanding matters for the Committee.

The Committee took a “**significant**” level of assurance, noting the national work is continuing.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report (IPQR)

The Director of Nursing reported on the clinical governance aspects of the IPQR and advised that there were 38 extreme adverse events reported in June 2024. It was advised that incidents of pressure ulcer developing on the ward was the most reported major or extreme incident, followed by cardiac arrest. It was reported that the Clinical Governance Oversight Group, at their June 2024 meeting, approved a refreshed approach to the adverse event trigger list, which aligns with the Health Improvement Scotland framework. Ongoing challenges continue for the clinical teams for significant adverse event reviews (SAERs), and that once the adverse event trigger list is embedded, it is anticipated that volume of SAERs will reduce. Improvement plans for SAERs were also highlighted.

Further information was requested in relation to major adverse events in the category of 'Other'.

Action: Associate Director of Quality & Clinical Governance

In terms of inpatient falls, it was reported that the total for June 2024 was 203, which equates to a rate of 7.38 and exceeds the target, though remains within our control limits. It was noted that work is ongoing in relation to the Scottish Patient Safety Programme around the definition of a fall.

It was advised that work is ongoing around pressure ulcers, which was noted as being outwith the target. The majority of pressure ulcers are within Acute Services. It was also advised that the Tissue Viability Improvement Group are meeting regularly to discuss best practice. It was reported that organisational learning will be trialled as part of a cluster review across Acute Services.

The position for healthcare associated infections was highlighted, and following a question, it was advised that work is underway for a cluster review around infections, and the Director of Nursing agreed to provide an update, once available.

Action: Director of Nursing

The Interim Director of Health & Social Care provided an update on the mental health quality indicators and reported that a lot of work is being carried out to ensure that the ligature incident risks are minimised.

The Medical Director agreed to follow up on the Hospital Standardised Mortality Ration (HSMR) data, noting that the latest data within the report is from December 2023.

Action: Medical Director

The Committee took a **“moderate” level of assurance** from the performance data reported to the meeting.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and highlighted that the surgical site surveillance continues to be suspended nationally, and that some surgical site surveillance continues to be carried out locally. Assurance was provided that there are local systems and processes in place with regards to identification of surgical site inspection in the three surveillance categories. It was also highlighted that there have been no new inspections during the reporting period, and that a notice of a safe delivery of care inspection will commence in the maternity units in January 2025. The national cleaning services specification and estates monitoring position was highlighted as achieving green status.

An overview was provided on outbreaks, and it was noted that the ward closure position is normal for the reporting period. It was also noted that a cluster review was carried out the previous year for Staphylococcus aureus Bacteraemia (SABs), and that ongoing surveillance is carried out to prevent infections. Assurance was provided that NHS Fife has the lowest rate of SABs in Scotland.

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

9.3 Medical Devices Update

The Medical Director provided an update and advised that the paper provides detail in relation to NHS Fife’s response to the requirements of a medical devices framework and policy. Due to the implementation of the UK Medical Device Regulations (UMDR), a robust governance process is required to be put in place and matters by exception will be reported to the Clinical Governance Committee. It was noted the regulatory framework from the UMDR is awaited, and that the foundations for good governance will be worked through, until the framework is in place.

The Associate Director of Quality & Clinical Governance reported that the Scan for Safety implementation date is September 2025, and that the focus of that work will be on orthopaedics, ophthalmology, interventional, radiology and cardiology. Patient information and supporting documentation will also be developed at that time.

The Deputy Medical Director provided an overview on accessing Scan for Safety and advised that a short-life working group is taking forward the recommendations. The completion date is early 2025, which NHS Fife is on track for, and a report will go to the Medical Devices Group and escalated appropriately.

Action: Medical Director

It was advised that any associated corporate risks will be considered through the various governance routes.

The Committee took a **“moderate” level of assurance** that a detailed plan will be produced for the Medical Devices Group, which will address the points in the National Framework.

9.4 Organisational Learning Update

The Associate Director of Quality & Clinical Governance noted that a recent Board Development Session was held on organisational learning, and that the update documents progress to date, including feedback received from the session. It was noted that next steps are being considered through the Organisation Learning Leadership Group. It was confirmed that membership of the group has recently been reviewed and includes a digital representative.

The Chair requested that all health settings are referred to as ‘Point of Care to Board’, as opposed to ‘Ward to Board’, to ensure we include all healthcare settings.

Action: Associate Director of Quality & Clinical Governance

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

9.5 Deteriorating Patient Improvement Programme

The Chair welcomed Gavin Simpson, Anaesthetics Consultant, to the meeting, who spoke to the paper. It was advised that the deteriorating patient improvement programme is to build a safety net across the Health & Social Care Partnership and Acute Services Division for deteriorating patients through maintaining standards and processes to a high degree of quality that can detect, communicate and escalate deteriorating patients, should they continue to be unwell.

Background detail was provided on the increase in cardiac arrests, and an overview was provided on the analysis that has been carried out and improvement work, which is detailed within the paper. It was noted that performance is being regularly measured, and that a structured framework will provide a focus on improvement work over the next 12 months.

J Bennett, Non-Executive Member, requested the inclusion of the measurement framework in the next update to Committee and also requested further detail on the data for cardiac arrests. It was agreed this would be progressed outwith the meeting.

Action: Associate Director of Quality & Clinical Governance

The Committee took a **“moderate” level of assurance** and **supported** the continued focus on this work for the remainder of 2024/25 and for 2025/26.

9.6 Neonatal Mortality Review Health Improvement Scotland (HIS) Report

The Medical Director advised that, in 2022, the Minister for Public Health, Women’s Health and Sport commissioned HIS to take forward a review in response to this significant increase in neonatal mortality. It was advised that the report details our

response to the HIS report and the main findings of the national review were outlined. It was noted that the improvement plan is currently being considered by the Acute Clinical Governance Committee.

Clarity was provided that there is a standardised reporting method for neonatal deaths. It was advised that there were initially some inconsistencies within the proforma. Assurance was provided that adverse event reviews are extremely detailed.

An explanation was provided on the quality controls for grading outcomes, with it being noted that there are debates from staff around determining the correct level, particularly the higher level gradings. Assurance was provided that the Medical Director, Director of Nursing and Acting Director of Pharmacy review the proformas for consistency.

It was advised that a draft plan is being worked through for the 'Best Start Programme for Scotland', and an update will be brought to the Committee in due course.

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

10. DIGITAL / INFORMATION

10.1 Digital and Information Strategy 2019-24 Update

The Director of Digital & Information reported that the update details the agreement to delay the refresh of the five-year digital strategy and move to a short-term digital framework, which has been agreed by the Digital Information Board and also has formed part of the corporate objectives for this year. It was advised that the short-term framework has a focus around the Reform, Transform, Perform (RTP) programme of work and is also aligned to the medium-term financial plan. Suggestion was made to extend the duration of the strategy, alongside having the new framework. It was noted that the RTP strategy has a number of underpinning frameworks, including Digital & Information.

It was further reported that the change to the strategy was due to a new Scottish Government model of governance being established, and it was advised that Board Chief Executives are shortly meeting to consider the Blueprint for NHS Scotland Digital.

An overview was provided on the features from the short-term framework that sit within the associated digital & information corporate risk.

It was confirmed that the newly launched Health & Social Care Partnership Digital Strategy has been referenced within the new short-term framework in terms of planning and associated deliverables.

The Chief Executive provided the rationale for moving from a refreshed strategy to a framework, with the aim of having one NHS Fife strategy with associated frameworks with priorities for delivery. It was agreed a summary regarding the 2019-2024 strategy would be provided to the NHS Fife Board at its next meeting, to record the completion of this part of the work.

Action: Director of Digital & Information

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

10.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Summary Update

The Medical Director explained that the HEMPA programme has been renamed to Digital Medicines Programme, as it encompasses three distinct areas: HEMPA, pharmacy stock control system, and electronic discharge documents. Supplier and delivery issues were highlighted, and it was noted that there is an impact on staff due to delays.

The Acting Director of Pharmacy & Medicine outlined the challenges from the supplier of the pharmacy stock control system, advising that a ‘go live’ date is likely to be February 2025. It was noted that there are risks to this, which are currently being worked through.

The Committee took a **“limited” level of assurance** in terms of the supplier and their ability to delivery by the stated timeframe. The Committee took a **“significant” level of assurance** of the actions by NHS Fife staff, digital pharmacy and medicines medical teams to support this.

10.3 Information Governance & Security Steering Group Update

The Director of Digital & Information provided an update and advised that the Information Governance & Security Steering Group accountability and assurance framework is presented on a quarterly basis to the steering group, and that this work aligns to the Information Commissioner's Office audit and our commitment to the public sector cyber assurance framework, which is audited through the NHS Education for Scotland audit on an annual basis. An improved outcome for this year's audit was highlighted.

An overview was provided on the key priorities, which are aligned to the current risk profile, and include policy & procedure alignment, continued development of training and awareness for issues around information governance & security records management. The Director of Digital & Information agreed to provide more explicit detail, in terms of level of activity, for any escalations from the Information Governance & Security Steering Group and reports to the Committee.

Action: Director of Digital & Information

Following a question, it was confirmed that performance measures are in relation to technical controls.

The Committee **noted** the progress being made across the Information Governance and Security domains and took a **“moderate level of assurance”** from the governance, controls and improvement plans in place.

10.4 St Andrews Community Hospital Security Breach Update & Action Plan

The Director of Digital & Information provided background detail on the security breach at St Andrews, and the detail of the learnings from the incident are provided in the paper, along with the action plan.

It was advised that

The Director of Nursing highlighted the importance of checking staff identification to limit the risks of a similar incident occurring.

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

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Story

Due to time constraints at the meeting, the presentation slides were circulated to the Committee, with comments/feedback welcomed.

11.2 Patient Experience & Feedback

The Director of Nursing advised that patient complaints now form part of the monthly Integrated Performance & Quality Report. In terms of stage two complaints, it was reported that clinical pressures continue to impact on the ability to respond within key timeframes and that work is ongoing to look at solutions for early direct dialogue with complainants. It was noted that there is a lot of positive work being undertaken.

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

11.3 The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions

The Director of Nursing advised that the Patient Rights Annual Report will be presented to the NHS Fife Board at their September 2024 meeting, before it is published.

It was agreed to hold a Development Session on The Patient Rights Directions.

Action: Director of Nursing / Board Committee Support Officer

The Committee took a **“significant” level of assurance** from the report and **“endorsed”** recommendation for NHS Fife Board approval.

12. PROFESSIONAL STANDARDS

12.1 Advanced Practitioners’ Review Update

The Director of Nursing provided an overview and reported that currently there are 49 whole time equivalent Advanced Nurse Practitioners within the Acute Services Division, and 36 whole time equivalents within the Health & Social Care Partnership. The challenges for protected non-clinical time to support achievement of the four pillars were outlined. It was reported that, due to the complexities of the role, the Nursing & Midwifery Council will be approving recommendations to develop an approach to regulate advanced practice.

The Director of Nursing agreed to provide further information in relation to the insights regarding the challenges for continuous professional development. C Grieve, Non-

Executive Member, offered to speak to the Director of Nursing outwith the meeting in relation to the Staff Governance aspects of the update.

Action: Director of Nursing

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

12.2 Allied Health Professional Assurance Framework Update

The Director of Nursing noted that the Allied Health Professional Assurance framework will also be presented to the Staff Governance Committee.

The Director of Nursing agreed to provide further detail in future reports, reflective of that provided within the Allied Health Professionals framework. It was noted that this would strengthen assurance to the Committee, whilst acknowledging the ongoing challenges with provision of protected time

Action: Director of Nursing

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

13. ANNUAL REPORTS / OTHER REPORTS

13.1 Care Opinion Annual Report 2023/24

The Director of Nursing advised that the report provides positive detail on our performance for care opinion. A positive comment was made in relation to using volunteers to capture patient experience. The Chair requested a snapshot of the actions taken in response to care opinion.

Action: Director of Nursing

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

13.2 Controlled Drug Accountable Officer Annual Report 2023/24

The Acting Director of Pharmacy & Medicines advised that the report outlines the actions that have been undertaken over the previous year and demonstrates the significant and extensive work that has been carried out across the whole system, with a multidisciplinary approach, to ensure that controlled medicines are used safely and securely.

The governance routes were outlined, and it was highlighted that comprehensive assurance assessments are undertaken every six months across 100 clinical areas that hold controlled medicines, with action plans developed for areas of improvement, along with training and resources to support staff. It was confirmed that progress of action plans is monitored on a biannual basis, and that there is oversight via the various governance routes.

An overview was provided on the incident data, with it being noted that any instances that are graded as major undergo a significant adverse event review.

It was reported that an organisational action plan has been developed over the previous year, and focuses on attractive drugs, which are at risk of diversion. It was

also reported that a monthly review of the dashboard is undertaken on a monthly basis to identify any themes or areas for concern.

In terms of the quality & safety of prescribing for patients, it was confirmed that this work is overseen through our High Risk Pain Medicine Safety Group.

The Committee took a **“significant” level of assurance** with regard to fulfilment of the responsibilities of the Controlled Drug Accountable Officer.

13.3 Review of Deaths of Children & Young People Annual Report 2023/24

The Director of Nursing provided background detail to the report, noting that this is the second annual report being presented to the Committee.

It was confirmed that a local action plan and recommendations are being taken forward through the Child Death Oversight Panel, and, at their previous meeting, a request was made to refresh the action plan. Discussion took place around the complexities of multi-agency work in sensitive areas such as this.

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

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from any of these minutes.

- 11.1 Area Clinical Forum held on 1 August 2024 (unconfirmed)
- 11.2 Area Medical Committee held on 11 June 2024 (confirmed)
- 11.3 Area Radiation Protection Committee held on 9 May 2024 (unconfirmed)
- 11.4 Clinical Governance Oversight Group held on 20 August 2024 (unconfirmed)
- 11.5 Fife Area Drugs & Therapeutic Committee held on 19 June 2024 (unconfirmed)
- 11.6 Fife IJB Quality & Communities Committee held on 5 July 2024 (unconfirmed)
- 11.7 Infection Control Committee held on 7 August 2024 (unconfirmed)
- 11.8 Medical Devices held on 12 June 2024 (unconfirmed)
- 11.9 Medical & Dental Professional Standards Oversight Group held on 9 July 2024 (unconfirmed)
- 11.10 Resilience Forum held on 13 June 2024 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 1 November 2024 from 10am – 1pm via MS Teams

Meeting: Finance, Performance & Resources Committee

Meeting date: 10 September 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

Deferred:

- Community Asset Transfer (CAT) - Lucky Ewe (to November 2024 Private Session)
- Control of Entry Pharmaceutical List (Primary Care Team) (to November 2024)
- Labs Managed Service Contract (MSC) Performance Report (to November 2024)

Added:

- Scottish budget position (which will be announced on 4 December 2024)
- Financial plan for 2025/26

Removed:

- Financial Position – Mid-Year Review 2024/25
- Tender Process for 2C GP Practices
- Primary Care Premises Framework

2. The Committee considered the following items of business:

2.1 The Committee took a “moderate” level of assurance from the Annual Delivery Plan 2024/25 SG Feedback Response & Quarter 1 Update.

2.2 The Committee took a “moderate” level of assurance from the Primary Care Strategy – Annual Report 2023/24. Noted there are financial risks in relation to resources to deliver the Primary Care Improvement Plan. Also noted a communication plan has been developed and will be implemented within year two of the strategy.

2.3.1 The Committee took a “limited” level of assurance from the Financial Performance Report. Noted NHS Fife are financially challenged by the directions, given the significant overspend within the Health & Social Care Partnership delegated budget, and that a single transformation plan is being developed. Assurance was provided that a large amount of work is underway to reduce supplementary staffing spend.

2.4 The Committee took a “moderate” level of assurance from the Reform, Transform, Perform (RTP) – Infrastructure & Change Update. An Infrastructure and Change Programme Board has been formed to provide

oversight in terms of the governance around the various projects for estates.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 The Committee took a “moderate” level of assurance from the IPQR.

- Continues to be significant pressure on emergency access and delayed discharge – focus on longest waits.
- Engagement continues nationally for the ongoing issues in terms of demand outweighing the capacity for psychological therapies.
- A specific programme of quality improvement work is in place to manage performance for the 6 in 1 and MR2 vaccines.
- Trajectories will be adjusted for areas that are underperforming against our planned trajectories, which are due to backlogs/Covid.

5. Update on Risk Management

5.1 The Committee took a “reasonable” level of assurance from the corporate risk register, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible. A proposal to split the level of assurances within the corporate risk register was agreed by the Committee.

6. Any other Issues to highlight to the Board:

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 10 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Member
Sinead Braiden, Non-Executive Director
John Kemp, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director
Carol Potter, Chief Executive

In Attendance:

Patricia Kilpatrick, Board Chair
Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Fiona McKay*)
Susan Fraser, Associate Director of Planning & Performance (*item 7.1 only*)
Ben Johnston, Head of Capital Planning & Project Director
Jillian Torrance, Head of Complex & Critical Care (*item 8.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member.

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from members Chris McKenna (Medical Director), Joy Tomlinson (Director of Public Health), and routine attendee Fiona McKay (Interim Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. **Minute of Previous Meeting held on 16 July 2024**

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

4. **Chair's Assurance Report Presented to NHS Fife Board on 30 July 2024**

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

5. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

The Director of Acute Services reported that there is a significant overlap around the clinical outcomes risk and whole system capacity risk, and that both risks are being reviewed in terms of the articulation of the risk descriptor in relation to the pressures within the system and the potential harm or detriment to patients.

In terms of the action in relation to local targets within the Integrated Performance & Quality Report, it was agreed that this action can now be closed.

The action plan will be updated accordingly.

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance & Strategy highlighted a proposal to split the level of assurances within the corporate risk register and explained that the majority of the corporate risks are at a target level of moderate, and that actions are being taken forward. It was noted that the risk assurance level for the financial risks would only be limited. The Committee agreed to the proposal.

It was highlighted that the target level for the whole system capacity risk has moved from moderate to high, to reflect the current challenges across the system. It was also reported that the access to outpatients' diagnostics and treatment services target level has moved to high, following confirmation of funding.

It was advised that, following the financial position being presented to the NHS Fife Board, the financial risks will be updated for the next iteration of the report, to reflect the reduced overall gap in the financial position as a result of the most recent new medicines fund allocation.

The Committee took a **"reasonable" level of assurance** from the information presented, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

6.2 **Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2025/26**

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Director of Finance & Strategy advised that a review of the Scottish budget position (which will be announced on 4 December 2024), and the financial plan for 2025/26, will be added to the workplan for January 2025 and March 2025, respectively.

Action: Board Committee Support Officer

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 SG Feedback Response & Quarter 1 Update

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback to our acceptance letter of the Annual Delivery Plan and the Quarter 1 update on progress Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with the Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which are unlikely to be completed on time or meet the target within the reportable year. These include five that relates to the Finance, Performance & Resources Committee, namely: surge capacity around the delivery of the laboratory system, LIMS system, business transformation programme, hospital pharmacy redesign and the SLA external activity. It was noted that the Reform, Transform, Perform programme of work actions will be included in the next iteration of the Annual Delivery Plan and response to the Scottish Government.

It was highlighted that the majority of objectives are set by the Scottish Government's recovery drivers, and that the local and national targets are also included with the Annual Delivery Plan, to provide an overall position.

A comment was made in relation to the risk around the radiology plan and the impact on quality & performance. In response, it was advised that the performance activity for radiology is more positive than expected, due to the additional investment from the Scottish Government. It was also advised that due to having more capacity, particularly in ultrasound and mobile vans, this has supported our waiting times.

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

7.2 Integrated Planned Care Programme Report

The Director of Acute Services advised that the report provides a comprehensive overview of the programme of work of the Integrated Planned Care Programme. The key points from the report were highlighted, and it was advised that significant progress has been made across a number of specialities, in relation to ACRT and PIR high impact tools, and that there is further work required to complete pathways, before moving to

business-as-usual in 2025. Theatre optimisation was highlighted, and it was reported that there have been improvements in terms of our capacity and pre-assessment. The work carried out through the Health & Social Care Partnership, in terms of health inequalities, was outlined.

Following a query in relation to advanced clinical referral triage and patient-initiated review, in terms of outpatients, it was advised that the report outlines the specialities in terms of the use of ACRT and PIR tools. It was noted that there have been early adopters in relation to engaging with the ACRT, and other specialities that have been reluctant. It was advised that the Planned Care Programme are focussing on getting as many conditions and different specialities into the programme, as possible. It was explained that PIR has been positive for patients.

The Director of Acute Services explained the issues with the patient flow from NHS Lothian to the National Treatment Centre, and the solutions that are being worked through to improve the situation. It was noted that our waiting times include Lothian patients, and that there are more patients waiting over two years for treatment, than was anticipated.

A presentation on planned care performance was provided. Assurance was provided that trajectories are moving forward for endoscopy targets, however, had been affected by the requirement to review return patients. Comments were made in relation to including return patients in the activity data which are not currently included to provide an overall view of the position, and the Director of Acute Services agreed to consider this for the next report.

Action: Director of Acute Services

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

7.3 Primary Care Strategy – Annual Report 2023/24

The Head of Primary and Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The key points from the report were highlighted, and it was advised that there was a strategic focus on recovery, quality and sustainability.

The challenges around primary care services in terms of demand and resources to deliver effective sustainable services, was highlighted. An overview on the Primary Care Improvement Plan was provided, and it was advised that there are financial risks in relation to resources to deliver the plan, and that innovation is continually sought.

It was reported that a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year two of the strategy.

The Director of Property & Asset Management provided an update on premises for primary care, noting that small improvement works have been carried out over the previous years. It was advised that Scottish Government approval of capital investments for new premises within Kincardine and Lochgelly is awaited, and that some upgrades have been done to those premises, meantime.

The challenges around delivering public service dentistry were discussed, and it was advised that work is ongoing to improve supporting the position in this area, including working within the resources available and being innovative in delivering targeted treatments within budget, and from a financial perspective, there is no risk. It was advised that opportunities to influence locally, in line with regulations, is being explored. Following a query, it was advised that access to dental services sits within the primacy care risk register, and that a separate corporate risk for dentistry, is being explored.

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

7.4 Project Hydra

The Director of Property & Assessment Management reported that the project is being carried out with a Private Finance Initiative (PFI) provider, and at no cost to the Board. Assurance was provided that the project is progressing well, with it noted that monthly meetings take place with contractors, and that there have been no major issues, to date. In terms of the interface within the Acute Service team, around the accident & emergency entrance, it was reported that there had been little, to no impact on clinical services.

The Committee took a **“significant” level of assurance** from the paper.

7.5 Whole System Infrastructure Planning

The Head of Capital Planning & Project Director highlighted the points addressed within the executive summary of the paper. An overview was provided on potential capital that may be available from April 2025, which could come from the submission of an interim Business Continuity maintenance only investment plan which Scottish Government have directed NHS Fife to submit in January 2025, which is now a current focus to ensure NHS Fife is in a good position to mobilise should funding become available.

Extensive discussion took place, and an explanation was provided on the regional co-ordination for long term capital projects, which will form part of the service planning through a Scottish Government platform and is being considered for all NHS Scotland Boards. It was reported that plans will be agile and reviewed in terms of being able to accommodate future changes and will include seeking out opportunities to move beyond backlog maintenance.

The importance of the clinical strategy and under pinning frameworks were highlighted, and it was noted that investment in digital infrastructure will be an important aspect in terms of changing the way in which people interact with the NHS.

It was reported that plans for January 2025 around maintenance of existing estate, will address some of the backlog issues, and that significant improvements could be made, if funding were to be available. It was noted that a whole system programme initial agreement will form the second part of the planning, from January 2026.

The Chair congratulated the Director of Property & Asset Management and Head of Capital Planning & Project Director for all their hard work.

The Committee took a **significant level of assurance** from the update.

7.6 NHS Fife Procurement Strategy 2024 – 2029

The Deputy Director of Finance highlighted the key areas covered within the strategy and advised that the strategy is linked with the annual report, which was discussed further under agenda item 9.1. It was noted that once the strategy has been approved, it will be shared across NHS Fife.

An overview was provided on the work that is ongoing alongside the Anchor Institute, who are leading on some aspects, and it was reported that there has been a significant improvement in the alignment of this work.

The Committee took a **significant level of assurance** from the report, and “**endorsed**” recommendation to NHS Fife for approval and publication.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Acute Services provided an update on emergency access and delayed discharge and noted that there continues to be significant pressure on the system and that work is ongoing. It was reported that there continues to be a gap between demand and capacity, and that the priorities are with urgent referrals and urgent suspicion of cancer. The additional activity of funding from the Scottish Government was underway in June 2024, and it was advised that the focus is on longest waits, and work to drive out productive opportunities was ongoing.

Jillian Torrens, Head of Complex & Critical Care, was welcomed to the meeting, and provided an update on psychological therapies performance. It was reported that there are ongoing issues in terms of demand outweighing the capacity that is available within the system, and that engagement continues nationally, with support from the Scottish Government’s Mental Health Director.

Following questions, it was advised that there is a strong link with education through the Child & Adult Mental Health Services (CAHMS) and the Psychological Therapy Services. The Head of Complex & Critical Care agreed to provide the data for the waiting list numbers for CAHMS, and following a request, also agreed to provide further detail on the quality of care and incidents of physical violence. It was noted that performance in these areas sit within the Public Health & Wellbeing Committee.

Action: Head of Complex & Critical Care

The Head of Primary and Preventative Care Services provided an update on the performance for immunisation, reporting that there is a specific programme of quality improvement work to manage performance for the 6 in 1 and MR2 vaccines.

Concern was raised for areas that are underperforming against our planned trajectories. In response, it was advised that the national targets for planned care, are not in line with our local targets, due to the backlog as a result of Covid-19, and that trajectories will be adjusted, subject to funding.

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

8.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report and highlighted that the financial position of NHS Scotland and NHS Fife for 2024/25 represents the highest level of challenge since devolution.

A query was raised in relation to the directions issued by the Fife Integrated Joint Board (IJB) to NHS Fife to transfer funding of £4.1m to Fife Council for Social Care Services. It was explained that the financial planning assumptions underpinning the directions were set at a point in time and have now materially changed. It was confirmed that NHS Fife are financially challenged by the directions, given the significant overspend within the Health delegated budget. The Director of Finance and Strategy highlighted to transfer funding would overstate the overspend in health delegated budgets and understate the overspend in social care budgets adversely affecting the level of transparency to the overspends across the IJB.

Following robust discussion on the directions issue, and it was noted that appropriate challenge and support has been put forward in relation to the overspend within the Health & Social Care Partnership. There was further discussion on joined up working between NHS Fife and the local authority to reduce costs and adopt a whole system approach. It was noted that a single transformation plan is being developed and is currently in discussion through various groups. The Head of Prevention & Preventative Care provided assurance that there is an ambition from the Fife Health & Social Care Partnership for joined up working with NHS Fife, including the development of the single transformation plan, and the Director of Finance & Strategy provided assurance from a transparency and disclosure perspective that the level of overspend will be collectively managed.

The Chief Executive supported the approach described, for joined up working on the totality of the £21m financial challenge, that is shared between NHS Fife and the local authority.

An overview was provided on reducing supplementary staffing, noting that there was a national direction to stop all agency work before October 2024, and that a response has been submitted from every Health Board in Scotland to advise that this would not be possible due to the current staffing position. Assurance was provided that a large amount of work is underway to reduce supplementary staffing spend.

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

8.3 Reform, Transform, Perform (RTP) Performance Report September 2024

The Director of Reform & Transformation highlighted the key points from the report and confirmed that there has been considerable progress to date, including further assurance on delivery to agreed plans for individual schemes. It was also advised that five deliverables have significant assurance, five have moderate assurance, and three have limited assurance. For those cases where schemes are not delivering, contingencies have been identified and reported via financial reporting mechanisms. It was reported that the NHS Fife Board continues to meet asks from the Scottish Government on consideration and incorporation of nationally proposed workstreams, and that there is assurance that the local programme is operating with appropriate breadth and scope.

It was reported that there is a lot of work being carried out in terms of the transformation aspects, and that each of the four elements of the portfolio are being taken through the relevant committees, with an amalgamated update going forward to the NHS Fife Board at their September 2024 meeting.

The Chair praised the efforts of everyone involved in the Reform, Transform, Performance programme of work, and thanked everyone for all their hard work.

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

8.4 Reform, Transform, Perform (RTP) – Infrastructure & Change Update

The Head of Capital Planning & Project Director provided an update on the infrastructure & change aspects of the RTP programme of work and advised that an Infrastructure and Change Programme Board has been formed to provide oversight in terms of the governance around the various projects for estates, bed modelling and sustainability, along with providing support to the other RTP workstreams, as required. An overview was provided on progress of the workstreams, and the site option appraisal work that is ongoing for Cameron and Stratheden Hospitals, as detailed within the paper. Assurance was provided that joined up working is being carried out with Primary Care, Community Hospitals, Mental Health Services and the local authority.

It was reported that the Infrastructure & Change Programme has identified £1.8m of £2m potential savings, to date, and an overview was provided on progress.

The clinical and financial implications for bed modelling, were highlighted, and a request was made for further detail, to include a high level of detail around the consultancy work. It was agreed to add bed modelling to the workplan for the November 2024 meeting.

Action: Head of Capital Planning & Project Director / Board Committee Support Officer

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

8.5 Procurement Key Performance Indicators

The Deputy Director of Finance advised that the report continues to demonstrate improvements within our procurement function over the previous years, and their role as key business partners across the whole system.

The Committee took a **“significant” level of assurance** from the paper.

9. ANNUAL REPORTS

9.1 Annual Procurement Report 2023

The Deputy Director of Finance presented the report and advised that the report was reviewed by the Procurement Governance Board in July 2024, and recommended the report for approval, and for distribution to the Finance, Performance & Resources Committee.

It was advised that the purpose of the report is to meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, and that the content and presentation of the report aligns with the requirements prescribed by the legislation.. An overview was

provided on the contents of the report, and it was highlighted that procurement spend is a fundamental financial control.

The Committee took a “**significant**” level of assurance on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities and **endorsed** the report for NHS Fife Board approval.

10. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes.

10.1 Fife Capital Investment Group held on 21 August 2024 (unconfirmed)

10.2 Procurement Governance Board held on 31 July 2024 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 3 July 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

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

There were no issues to escalate to NHS Fife Board.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Tuesday 12 November 2024 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 9 September 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

Deferred:

- Policy obligations in relation to environmental management and climate change risk
- Greenspace Strategy Update
- Joint Health Protection Plan
- East Region Health Protection
- Director of Public Health Annual Report 2023/24
- Response Plan for Alcohol and Drugs Deaths

Removed:

- Health Promoting Health Service Annual Report 2023/24

2. The Committee considered the following items of business:

2.1 The Committee took a moderate level assurance from the High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report. The programme is now complete, a year earlier than expected, and next steps are for transitioning the programme to business as usual to ensure a continued focus on pain management and safer use of high risk pain medicine. NHS Fife is above average in terms of prescribing high risk pain medicine.

2.2 The Committee took a moderate level of assurance from the Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24. The Tackling Poverty & Preventing Crisis Delivery Board has oversight on the implementation of the strategy and delivery plan, and that governance is provided by Fife Partnership Board.

2.3 The Committee supported the Alcohol & Drugs Partnership Annual Report and the survey, for submission to the Scottish Government.

2.4 The Committee supported the Prevention & Early Intervention Strategy and agreed to consider the three-year high level delivery plan outwith the meeting.

2.5 The Committee took a "moderate" level of assurance from the Primary Care Strategy Year 1 Report 2023/24. The challenges around dentistry were highlighted, and it was advised that a deeper dive will be carried out to improve supporting the position in this area.

3. Delegated Decisions taken by the Committee

- 3.1** The Committee agreed to finalise the Committee's Terms of Reference outwith the meeting, before onward submission to the NHS Fife Board for further consideration and approval.
- 3.2** The Committee endorsed submission of the Quarter 1 Annual Delivery Plan update and response to Annual Delivery Plan feedback to Scottish Government.
- 3.3** The Committee agreed to the Health Promoting Health Service becoming business-as-usual, subject to review of the embedded outcomes and priorities.

4. Update on Performance Metrics

- 4.1** The Committee took a "moderate" level of assurance from the inclusion of the new Public Health Indicators within the IPQR.
- 4.2** It was noted that a large amount of work has taken place for the MMR2 vaccination, and that a strategic review of childhood vaccines was carried out and reported to the Immunisation Programme Board in October 2023.
- 4.3** The new indicators for the Health & Social Care Partnership are around child health & wellbeing and a further indicator to understand mental health readmission does not yet have a trajectory set.
- 4.4** The issues with the cervical screening indicators are being taken forward.
- 4.5** An improvement plan is being developed for psychological therapies and will be brought back to the Committee.
- 4.6** There were no performance-related matters to escalate to the Board.

5. Update on Risk Management

- 5.1** The Committee took a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate the corporate risks aligned to the Public Health & Wellbeing as far as is possible to do so.
- 5.2** The target date for the Population Health & Wellbeing Strategy corporate risk has been amended to 31 March 2025, to ensure alignment with the Reform, Transform, Perform programme of work.
- 5.3** In terms of the health inequalities corporate risk, the target date has been amended to 31 October 2024, and that the current risk rating is expected to

remain once the Prevention & Early Intervention Strategy has been ratified this month and thereafter will be aligned to the health inequalities corporate risk.

- 5.4 Ten of the deliverables are on track, with one deliverable at risk for the policy obligations in relation to environmental management and climate change risk.
- 5.5 There are 41 actions, with 25 that have been completed, for the Primary Care Services risk.
- 5.6 Discussions are in the early stages for the new emerging risk in relation to drug related deaths.
- 5.7 A wider set of Public Health risks are reviewed routinely by the Public Health Assurance Committee and minutes are shared with the Committee, with escalation where required.
- 5.8 A potential risk in relation to dental services is being considered or strengthened this within the existing Primary Care risk.
- 5.9 A deep dive was provided on the pandemic preparedness risk, and the Committee took a “limited” level of assurance from the addition of the pandemic preparedness risk onto the Corporate Risk Register.

6. Any other Issues to highlight to the Board:

None.

John Kemp
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 9 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:

John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:

Pat Kilpatrick, Board Chair
Elizabeth Butters, Fife Alcohol & Drugs Partnership (ADP) Service Manager (*item 10.1 only*)
Lisa Cooper, Head of Primary & Preventative Care Services (*deputising for Fiona McKay*)
Esther Curnock, Deputy Director of Public Health (*deputising for Joy Tomlinson*)
Tom Donaldson, Public Health Registrar (*observer*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Duncan Fortescue-Webb, Consultant for Public Health (*item 6.1.1 only*)
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Shirley-Anne Savage, Associate Director for Risk & Professional Standards (*item 6 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member. A warm welcome was also extended to Tom Donaldson, Public Health Registrar, who was joining today's meeting as an observer.

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

1. Apologies for Absence

Apologies were received from members Alistair Morris (Non-Executive Member), Dr Chris McKenna (Medical Director), Dr Joy Tomlinson (Director of Public Health) and Fiona McKay (Interim Director of Health & Social Care).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 12 July 2024

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

4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

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

5. Matters Arising / Action List

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

Development Sessions

Following a suggestion, it was agreed to hold the two outstanding development sessions (Child & Adolescent Mental Health Services and Psychological Therapies, and Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards) as separate sessions.

Action: Board Committee Support Officer

Marmot Framework

The Board Chair requested that a copy of the Board's submission to the Marmot Framework be circulated to the Committee in advance of its submission by the end of September 2024.

Action: Director of Public Health

5.1 Review of Committee's Terms of Reference (ToR)

The Board Secretary reported that a review of the Committee's ToR has been carried out following earlier discussion at the March 2024 Committee meeting. The changes related to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of quality and performance, particularly those within Primary Care and Mental Health, for which the Integrated Joint Board (IJB) sets the strategic priorities.

The Board Secretary highlighted the importance of the Committee's workplan, in ensuring that the full remit of the Committee is included within that plan and covered throughout the reporting year. It was noted that a review of the workplan will be undertaken on a rolling basis as agendas for future meetings are set.

Discussion took place, and the following comments were noted for further consideration within the draft text:

- To consider the wording in terms of the 'quality' and 'performance' aspects
- To consider the wording within section 1.2, in terms of the 'direction of delegation to the Board by the Integrated Joint Board', to ensure it confirms with legislation.

- To consider explicitly stating that the Committee will have oversight for the delivery of the Population Health & Wellbeing Strategy delivery.

The Committee **considered** the attached changes to the remit and the Chair **agreed** to finalise outwith the meeting, before onward submission to the NHS Fife Board for further consideration and approval.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Chair welcomed the Associate Director for Risk & Professional Standards to the meeting, who provided an update on the four corporate risks aligned to the Committee.

It was reported that the target date for the Population Health & Wellbeing Strategy corporate risk has been amended to 31 March 2025, to ensure alignment with the Reform, Transform, Perform (RTP) programme of work. This risk remains at the current level of moderate.

In terms of the health inequalities corporate risk, it was advised that the target date has been amended to 31 October 2024, and that the current risk rating is expected to remain once the Prevention & Early Intervention Strategy has been ratified this month and thereafter will be aligned to the health inequalities corporate risk.

An update was provided on the policy obligations in relation to environmental management and climate change, which is managed through the Annual Delivery Plan, and it was reported that ten of the deliverables are on track, with one deliverable at risk.

It was reported that, in terms of the Primary Care Services risk, which is managed through the Primary Care Governance & Strategy Oversight Group, that there are 41 actions, with 25 that have been completed. The remainder are on track.

It was advised that work is underway to discuss further and agree the Board's risk appetite in the forthcoming weeks.

An update was provided on the new emerging risk in relation to drug related deaths, and it was advised that discussions are ongoing and are in the early stages. It was advised that it is essential to include this risk within the corporate risk register, noting that this area is not covered by any other corporate risk. Suggestion was made to link in with the Integrated Joint Board's risk register, to avoid duplication, and for opportunities to share assurances for risk mitigation as a whole system.

It was suggested that there were public health risks around surveillance and health protection that weren't necessarily population risks that may be considered for the corporate risk register. The Deputy Director of Public Health advised that a wider set of Public Health risks were reviewed routinely by the Public Health Assurance Committee and minutes were shared with this group, with escalation where required.

Action: Associate Director for Risk & Professional Standards

Following discussion on the challenges within Fife around population dental provision, the Head of Primary & Preventative Care agreed to discuss further with the Medical

Director in relation to adding a potential corporate risk around dental services or strengthening this within the existing Primary Care risk.

Action: Head of Primary & Preventative Care

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

6.1.1 Pandemic Preparedness Risk Deep Dive

The Chair welcomed Duncan Fortescue-Webb, Consultant for Public Health, to the meeting, who joined to provide an update on the pandemic preparedness risk.

Background to development of the pandemic preparedness risk was provided, and it was advised that the risk description has had oversight from the Executive Directors’ Group and Clinical Governance Committee. It was explained that the risk has been developed with the approach recommended from the World Health Organisation and their prep framework, to ensure that all areas are covered.

An explanation was provided on the definition of biological threats. Following a query in relation to co-dependences, the Consultant for Public Health agreed to add to the risk descriptor the extent of our co-dependences and constraints.

It was noted that as the UK and Scottish Covid Inquiries progress, associated recommendations and management actions for the pandemic preparedness risk will be reviewed, updated and changed accordingly. The importance of monitoring lessons learned from the national Covid Inquiry exercises was highlighted.

The Public Health teams were thanked for all their hard work.

The Committee took a **“limited” level of assurance** from the addition of the pandemic preparedness risk onto the Corporate Risk Register. The Committee also **agreed** the ‘pandemic preparedness’ risk description and identified management actions within the deep dive review, as set out in the appendix, and noted that these will evolve over time.

6.2 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2025/26

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Board Committee Support Officer highlighted that the Climate Emergency & Sustainability risk, Greenspace Strategy Update and Joint Health Protection Plan, have all been deferred to the November 2024 meeting.

The Committee agreed to remove the Health Promoting Health Service Annual Report 2023/24 from the workplan, with it being noted that this report has not been requested

from the Scottish Government. A further update on how this was being captured within business-as-usual processes was provided later on the agenda.

Following discussion, it was agreed that the Immunisation Annual Report, including Strategic Framework 2024–27, remains as one report to include both adult and children, and that any issues would be escalated accordingly to the Committee.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback on the Annual Delivery Plan and the Quarter 1 Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which indicates these are unlikely to be completed on time or meet the target within the reportable year. These include one that relates to the Public Health & Wellbeing Committee, namely: increasing capacity for providing in-house routine and urgent dental care.

Assurance was provided that actions relating to the Reform, Perform, Transform programme of work will be captured and reported as appropriate.

Following a question around the impact of the amber and red risks in relation to population public health related risks, the Associate Director of Planning & Performance agreed to include mitigation actions on any aspects that are at risk within the red and amber categories.

Action: Associate Director of Planning & Performance

The Committee **endorsed** submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government.

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

7.2 Prevention & Early Intervention Strategy

The Head of Primary and Preventative Care Services advised that the Prevention & Early Intervention Strategy is presented in draft for members’ comment. It was reported that significant work has been undertaken through core and wider stakeholder groups, through a discovery and design phase for the Prevention & Early Intervention Strategy.

It was reported that the strategy sits as one aim of the nine key enabling strategies of the Health & Social Care Partnership, and that it is a critical objective for the Population Health & Wellbeing Strategy 2023-28 to improve health & wellbeing for the population of Fife to provide the quality of health & care services. It was noted that delivery of the

strategy requires a whole system approach, and that the strategy has been framed in line with the Marmot Principles.

It was advised that the strategy is a life course approach, and that significant engagement has been carried out with our communities, further detail on which is provided within the appendix.

Discussion took place, and an overview was provided on the key deliverable aspects specific to child health & wellbeing and mental health indicators, with it being noted that the Stakeholder Design Group will move to an Implementation Oversight Group within year one of delivery, and that an action plan will be developed with appropriate measures. The importance of innovation due to the funding restraints was highlighted, and further detail is included within the key deliverables.

The Head of Primary & Preventative Care Services agreed to share the three-year high level delivery plan with the Committee, and an overview was provided on the deliverables and key enablers contained within the plan.

Action: Head of Primary & Preventative Care Services

It was noted that an Annual Report will come back to the Committee in due course, on progress of the strategy.

The Committee **supported** the strategy and agreed to consider the three-year high level delivery plan outwith the meeting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

8.1.1 Development of Public Health Indicators

The Associate Director of Planning & Performance introduced the IPQR, advising that additional metrics have been introduced to the report that are related to the remit of the Committee.

The Deputy Director of Public Health provided an update on the screening and immunisation data, noting that three screening indicators have been added to the report. In terms of breast screening, it was advised that performance is at the highest level since 2011, however, is still below the 80% target. It was noted that there is a backlog in meeting the three-year rolling target, and that inequalities and improvement work is ongoing. An update was also provided on performance for bowel screening and AAA screening.

The Deputy Director of Public Health also provided an update on performance for immunisations from the latest quarterly published data. It was advised that a large amount of work has taken place for the MMR2 vaccination, and that a strategic review of childhood vaccines was carried out and reported to the Immunisation Programme Board in October 2023, and followed a series of improvement actions are in progress. As part of the improvement work, it was noted that professional links have been strengthened between the immunisation team and health visitor team. An overview was provided on the childhood programme in terms of immunisation records.

Clarity was provided that the mental health quality indicators are around ligature instances of self-harm and instances of restraint, and that it had been previously agreed these would not be part of the public health IPQR indicators but would be taken to the Clinical Governance Committee.

The Head of Primary and Preventative Care Services reported that the new indicators for the Health & Social Care Partnership are around child health & wellbeing and a further indicator to understand mental health readmission does not yet have a trajectory set. It was advised that, through improvement plans, these new indicators are being worked through within the Health & Social Care Partnership.

A question was raised as to why cervical cancer indicators had not been included along with the addition of the other screening indicators as it was a big population and a locally delivered service. It was advised that it was likely that the data available did not align with the principles for selection as outlined in the accompanying paper on the development of public health indicators.

The Associate Director of Planning & Performance agreed to discuss with the Director of Public Health the issues with the cervical screening indicators.

Action: Associate Director of Planning & Performance

Concern was raised for the psychological therapies position in terms of not delivering against our local trajectory, and the Head of Primary & Preventative Care provided assurance that an improvement plan is being developed and will be brought back to the Committee.

Action: Head of Primary & Preventative Care

The Committee took a “**moderate**” level of assurance from the inclusion of the new Public Health Indicators within the IPQR.

8.2 High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report

The Acting Director of Pharmacy & Medicines presented the report, advising that the programme is now complete, a year earlier than expected. Background detail was provided on the establishment of the programme as one of our corporate objectives in 2022, in response to national and international growing concern about the adverse events and harm to patients, when high risk pain medicine is used ineffectively or inappropriately. An overview was provided on the aim of the programme, and it was advised that the report outlines the key deliverables and outcomes, and the next steps for transitioning the programme to business-as-usual to ensure a continued focus on pain management and safer use of high risk pain medicine.

It was reported that a risk has been identified in relation to the full benefits of the programme not being realised, and that the High Risk Pain Medicine Safety Group have identified mitigations and are aligning the programme of work under the prevention & early intervention strategy, and identifying mitigating actions to take forward which will have maximum impact and minimum resource to NHS Fife. The launch of the ‘Pain Talking’ website was highlighted, which has gained significant interest.

Discussion followed, and it was highlighted that NHS Fife is above average in terms of prescribing high risk pain medicine, and that there has been a continued increase in the use of high risk pain medicine across Scotland. It was noted that there has been improvement to the NHS Fife baseline data, and the benefits to the programme were outlined. In terms of auditing the compliance of prescribing these medicines, an explanation was provided around monitoring, and it was noted that a Patient Safety Group has been established, for that continued focus. It was reported that there continues to be a variation in prescribing, which is being targeted through improvement work and taken forward through the High Risk Pain Medicine Safety Group. An overview was also provided on the constraints of patient pathways, and it was noted that patients are encouraged to access self-management resources through the 'Pain Talking' website, and that specialist input is provided where necessary. The Committee took a **“moderate” level of assurance** from the report.

9. INEQUALITIES

9.1 Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24

The Deputy Director of Public Health advised that the Tackling Poverty & Preventing Crisis Report complies with our legal duty to work with local authorities to produce a child poverty report on a yearly basis under the Child Poverty Act. It was noted that this is the second joint report that has been provided, and that it covers anti-poverty work for both adults and children in Fife, and describes the progress made and priorities for 2024/25. The benefits of partnership working were highlighted, including the training aspects for staff and income maximisation projects that have been taking place. The Deputy Director of Public Health agreed to ensure partners were made aware of potential community grant opportunities through the Fife Health Charity

Action: Deputy Director of Public Health

Following questions, it was explained that, for the unclaimed benefits aspects, there is a requirement for a partnership approach for the benefit maximisation campaigns to be successful, and the importance of the training model was highlighted to ensure that reaching people is effective. It was also noted that the Tackling Poverty & Preventing Crisis Delivery Board has oversight on the implementation of the strategy and delivery plan, and that governance was provided by Fife Partnership Board.

The Committee took **“moderate” level of assurance**.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Alcohol & Drugs Partnership (ADP) Annual Report and Survey 2023/24

The Chair welcomed the ADP Service Manager to the meeting, who spoke to the report. It was advised that the report covers two parts, with the first part covering local progress on activity, outputs & outcomes in terms of improvement work, and commissioning our approach towards elements of the national standards, particularly for the MAT standard. The second part of the report is a survey detailing funds and progressed activity against national priorities, and that the survey was a requirement from the Scottish Government.

An overview was provided on the contents of the report, and it was advised that the majority of the report focusses on our system of care towards recovery, and an overview was provided on the improvements that have been made this year, in terms of delivery against all ten national MAT standards, which were assessed by Public Health Scotland. A brief overview was provided on the new strategy for 2024-27, which has been developed, and it was reported that a communication strategy is in development.

Discussion followed, and it was reported that the Scottish Government has made a commitment to increase capacity of beds in terms of residential rehab across Scotland. It was advised that a national framework is being developed, which would likely increase the number of residential rehab facilities available to Fife.

In terms of risks to the service going forward, it was advised that certain areas of delivery will be protected and reprioritised, as required. It was advised that prevalence data is expected to be available in early 2025, and the study will be carried out through Public Health Scotland.

The Director of Reform & Transformation agreed to share the alcohol-specific death work that was carried out through the Alcohol & Drugs Partnership Subgroup.

Action: Director of Reform & Transformation

It was noted that a Committee Development Session is being arranged for the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

The Committee **supported** the Alcohol & Drugs Partnership Annual Report and the survey, for submission to the Scottish Government.

10.2 Health Promoting Health Service Annual Report 2023/24

The Head of Primary & Preventative Care Services advised that the majority of work is led by the Health Promotion Service based within the Health & Social Care Partnership, and that the report is being presented as part of the annual reporting locally around the Health Promoting Health Service, which aims to support the development of a health promoting culture and embed effective health practices within the hospital setting. It was noted that there is currently no national guidance around local reporting, which was suspended in April 2024; however, the work has continued locally.

Discussion took place, and the Head of Primary & Preventative Care Services agreed to review the appendix, in terms of where the outcomes and indicators sit, and noted that work being taken forward is an approach and not a specific service.

Action: Head of Primary & Preventative Care

The Committee **agreed** to the Health Promoting Health Service becoming business-as-usual, subject to review of the embedded outcomes and priorities.

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

10.3 Primary Care Strategy Year 1 Report 2023/24

The Head of Primary & Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The challenges around primary care services in terms of demand and resources to deliver effective sustainable services was highlighted. An overview was provided on the contents of the report, and it was noted that 60% of the improvement actions have been completed in year 1, with the remainder appropriately carried forward to year 2.

It was reported that, as part of the deliverables, a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year 2 of the strategy.

The challenges around dentistry were highlighted, and it was advised that a deeper dive will be carried out to improve supporting the position in this area.

The Head of Primary & Preventative Care Services agreed to provide the Committee with the Performance Assurance Framework, which has been ratified at the Primary Care Governance Strategic Group and includes quality indicators.

Action: Head of Primary & Preventative Care Services

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

11. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

11.1 Equality and Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

11.2 Public Health Assurance Committee held on 12 June 2024 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR’S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

14. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 11 November 2024 from 10am – 12.30pm via MS Teams

Meeting: Staff Governance Committee

Meeting date: Tuesday 3 September 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 Workplan is on track. Future meetings to include routine Health & Safety updates, the Medical & Dental Professional Oversight Group and Employability programmes. These are confirmed for the November 2024 meeting.

2. The Committee considered the following items of business:

2.1 The Committee took a '*moderate*' level of assurance from the RTP People & Change Board update, noting the agreed priority areas. This was complemented by a report on the actions and corresponding savings anticipated from the work being led on Supplementary Staffing across NHS Fife.

2.2 The Committee took a '*moderate*' level of assurance from the Corporate Risks update, noting the slight reduction in the risk rating of the Health and Care Staffing Scotland Act (HCSA) risk from 12 to 9, albeit this is still in the moderate range. The Committee also took a '*moderate*' level of assurance from the separate HCSA Quarter 1 report, which is also provided to the Board today, noting the continued progress in this area.

In addition, the Committee received a deep dive, in the format of a highly informative presentation on the workforce issues affecting General Practice Nursing, Health Visiting and School Nursing.

2.3 The Committee took a '*moderate*' level of assurance from the Attendance Management and Staff Health and Wellbeing updates provided, noting the ongoing efforts of the Attendance Management Oversight and Staff Health and Wellbeing Groups in these areas. Further details are included in the minutes.

2.4 The Committee took a '*moderate*' level of assurance from the Workforce Planning Update, noting that the anticipated timeline set out within the forthcoming revised National Workforce Planning Guidance would mean the draft NHS Fife Workforce plan for 2025 to 2028 would be presented to the May and final plan to the June 2025 Staff Governance Committee meetings and to the subsequent NHS Fife Board meetings.

2.5 The Committee received a detailed update on the launch of the EMERGE programme in partnership with Fife College, with input from National Education Scotland, which offers opportunities to pupils from deprived areas of Fife who are interested in health-related careers. This initiative supports our Anchor ambitions and mitigates future Workforce Planning and Delivery Risks.

- 2.6 The Committee took a '*moderate*' level of assurance from the update provided on the Improved & Safe Working Environment strand of the Staff Governance Standard, noting the actions in place in respect of Reinforced Autoclaved Aerated Concrete (RAAC), which support the provision of a safe environment for both staff and patients.
- 2.7 In addition, The Committee heard useful updates on the workforce and related aspects of the draft Early Intervention and Prevention Strategy and progress in respect of the Corporate Communications survey.

3. Update on Performance Metrics

The Committee agreed a revision from a '*moderate*' to a '*limited*' level of assurance from the Integrated Performance & Quality Report, noting concerns about the following:

- An increase in the Board's reported sickness absence rates from 7.11% in May to 7.17% in June 2024, which is therefore unlikely to meet the local trajectory & target of 6.5% by 31 March 2025.
- A 0.4% reduction in the PDPR metrics (43.7% as at May 2024), so not anticipated to meet the reduced PDPR target of 60% by 31 March 2025.

4. Update on Risk Management

The Committee took a '*moderate*' level of assurance overall, with each of the Committee's named risks rated as follows:

- **Workforce Planning & Delivery – Risk Level High**
- **Staff Health & Wellbeing – Risk Level High**
- **Implementation of Health and Care (Staffing) (Scotland) Act 2019 - Risk Level Moderate** (with change of rating to 9 given external independent feedback on HCSA progress)

Further details on the mitigating actions being taken to manage these risks are set out in the minute.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
September 2024

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 3 SEPTEMBER 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion
Lynne Parsons, Employee Director

In attendance:

Lynn Barker, Head of Service, Community Care Services, H&SCP (*for Item 6.1 only*)
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP
(*deputising for Fiona McKay*)
Susan Fraser, Associate Director of Planning & Performance
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Ben Hannan, Director of Reform & Transformation
Margo McGurk, Director of Finance & Strategy (*deputising for Carol Potter*)
Brian McKenna, Workforce Planning Lead (*for Item 7.2 only*)
Neil McCormick, Director of Property & Asset Management (*part-meeting*)
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary (*part-meeting*)
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current workforce pressures.

The Chair extended a special welcome to Neil McCormick, Director of Property & Asset Management, who would now be a regular attendee at Committee meetings.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had

been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1. Apologies for Absence

Apologies for absence were received from members Carol Potter, Chief Executive, Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), and attendees Claire Dobson, Director of Acute Services, and Fiona McKay, Interim Director Fife Health and Social Care Partnership.

The Chair advised that, in the absence of a nominated deputy for the Co-Chair, ASD & Corporate Directorates LPF, the meeting was not quorate. However, since there was only one item on the agenda for decision (Item 6.6), it was agreed that this agenda item would be tabled offline, to allow the meeting to go ahead.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 9 July 2024

The minutes of the meeting held on 9 July 2024 were **agreed** as an accurate record.

4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 July 2024.

5. Matters Arising / Action List

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

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Staff Governance Committee, including Deep Dive: Nursing & Midwifery Workforce

The Chair invited the Director of Workforce to speak to the report, which provides an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 9 July 2024.

Referring to Appendix 1, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 {Implementation of Health and Care (Staffing) (Scotland) Act 2019} remains at moderate, with the level reduced from 12 to 9.

The Chair requested that Appendix 2 of the report be updated to reflect the most recent version of the Risk Assurance Principles.

Action: Director of Workforce

As part of the Deep Dive into Nursing & Midwifery Workforce, the Head of Community Care Services, H&SCP, shared an informative presentation on the role, remit and workforce planning efforts being employed in the General, School and Health Visiting Nursing Cohorts in Fife.

The Committee took a “**Moderate**” level of **assurance** that all actions within the control of the organisation are being taken to mitigate the Corporate Risks aligned to the Staff Governance Committee, as far as it is possible to do so.

6.2 People & Change Board Update

The Director of Workforce presented the report, which provides an update on the ongoing activities of the People & Change Board in relation to Junior Doctor Rota Compliance, Supplementary Staffing, Vacancy and Sickness management and Whole Time Equivalent (WTE) reduction, in addition to supporting the non-pay elements of the 2023/24 Agenda for Change pay deal.

The Committee was provided with a comprehensive overview of the specific efforts in each area of this programme of work, the overall challenges associated with delivery, the importance of identifying and utilising data correlation and the potential savings expected to be realised from the work being progressed in relation to reductions in Supplementary Staffing across NHS Fife.

Robust discussions took place on the complement of initiatives being explored and engaged to make NHS Fife an attractive place to work for medical staff, including, amongst others, efforts to address the root cause of rota imbalances, implementation of rest breaks, upgrading of mess facilities, early escalation of rota gaps and training compliance.

The Committee took a ‘**Moderate**’ level of **assurance** from the report and the updates provided in relation to the work being undertaken by the People & Change Board.

6.3 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper and provides an update on the work being undertaken by the Attendance Management Oversight Group.

It was noted that the sickness absence rate had risen to 7.17% in June, compared to 7.11% reported in May 2024. The Committee was advised of the activities being commissioned to share learning from practices adopted by a team identified within Acute Services that had seen improved staff attendance, alongside the review of a team that would fall into the “high priority” area detailed in Appendix 1, to understand what actions could be taken to compare approaches and achieve improvements.

The Committee was advised that learning gathered from a Heat Map reflecting potential linkages between absence data and the geographical location of staff would be brought back to a future Committee. Reference was also made to the array of mitigating attendance management activities described in the report, which are being employed in conjunction with the work of the Staff Health & Wellbeing Group.

The Employee Director commended the review of individual managers' approach to attendance targets, as well as the compassionate management of attendance across the organisation. It was noted that the issues that had been raised by staff-side colleagues were being reviewed.

In response to a question from the Chair, the Head of Workforce Resourcing & Relations clarified that bereavement, reported to be a significant contributor to staff absence, was primarily related to personal life rather than workplace bereavement. The reasons for the use of 'other' as an absence code were explained, with an assurance that services are being encouraged to reduce the use of this generic code.

The Director of Workforce emphasised the importance of establishing linkages between data sets and how these could be utilised to inform the overall Population Health & Wellbeing Strategy.

The Committee took a '**Moderate**' level of **assurance** from the report and the updates provided in relation to the work being undertaken by the Attendance Management Oversight Group.

6.4 Supplementary Staffing RTP Update

The Chair invited the Director of Nursing to speak to the report, which provided assurance to the Committee on the work being undertaken by the Supplementary Staffing Group to deliver a safe and sustainable reduction in the employment of high-cost agency staff.

It was highlighted that annual supplementary staffing costs have exceeded £20 million for the last two financial years. The Committee was advised of the Scottish Government's mandate to NHS Scotland Health Boards via the Supplementary Staffing Task and Finish Group to ensure that the commissioning of agency staff was by exception only, by October 2024, in addition to the delivery of other mitigating actions. It was noted that the Scottish Executive Nurse Director Group had challenged the timeline of this deliverable, noting that it was out-of-sync with the entry of newly qualified practitioners to the nursing workforce, usually occurring between September and January each year.

The Director of Nursing provided an overview of the measures being taken to reduce the reliance on Supplementary Staffing, including the recruitment of internationally educated nursing staff, initiatives to attract newly qualified practitioners, maximising the usage of the Staff Bank, utilisation of a ready reckoner to assess the most cost-efficient way to cover unfilled shifts, a review of weekly data to identify high spend areas and bed remodelling, amongst other strategies. It was advised that the cessation of the use of registered agency staff in Surgical and

Women and Children's Services, as well as non-registered staff across all areas, had been in effect from 1 April 2024.

The Committee was encouraged to note that the introduction of these measures had resulted in a bottom-line improvement within the Health Board retained budget of £1.1 million for the period from April to July 2024, with a £278,000 improvement in the Health Board delegated budget within the current financial year.

In response to a question from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, the Director of Nursing and the Director of Finance & Strategy confirmed the expectation that the bottom-line improvement in this area would continue to move in a positive direction.

The Committee took a **'Moderate'** level of **assurance** from the report and the updates provided in relation to the work being undertaken by Supplementary Staffing Group.

6.5 Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 1 Report

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provides a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA.

The Committee was also advised of work underway to gather evidence for inclusion in the first formal Annual Report and the recent submission of the Board's first High-Cost Agency return to the Scottish Government. It was noted that the Local Implementation Group continues to meet monthly and has found benefit from utilising an MS Forms Questionnaire for gathering information from services, to assess their preparedness for the implementation of the Act.

The Committee took a **'Moderate'** level of **assurance** from the report, **noted** that the reporting is an iterative process which will evolve and that the second internal quarterly HCSA report will be received following the end of Quarter 2, along with the second quarter HCSA high-cost agency report, in December 2024.

6.6 Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026

Noting that the meeting was not quorate, the Chair requested that the Staff Governance Committee dates for 2025/2026 be circulated virtually for decision.

Action: Executive Assistant to the Director of Workforce

6.7 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report, which noted self-explanatory updates to the Annual Workplan 2024/25 since it was last presented to the Committee on 9 July 2024.

Following discussions that had taken place with Digital & Information colleagues, the Chair requested that the Workplan be updated to reflect that Development Sessions on the eRostering/SafeCare demonstration and the Risk Summary Dashboard Reporting Tool be scheduled in early 2025.

Action: Director of Workforce

The Committee took a '**Moderate**' level of **assurance** from the update provided in relation to the delivery of the Annual Workplan 2024/2025.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/2025 Quarter 1 Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which details the Board's response to feedback received from the Scottish Government (SG) in relation to the Annual Delivery Plan (ADP) for 2024/25, as well as a Quarter 1 update on the progress of the 2024/25 ADP.

It was advised that of the 194 actions included in the ADP, 20 are linked to the Strategic Priorities covered by this Committee in relation to improving Staff Experience and Wellbeing. There are eight deliverables that are unlikely to meet target, none of which relate to Staff Governance.

The Committee took a '**Moderate**' level of **assurance** from the update provided in the 2024/2025 Annual Delivery Plan, Q1 Report and the Board's response to the feedback received from SG in relation to the Annual Delivery Plan for 2024/25

7.2 Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. A summary of the salient points detailed in the paper was provided.

The Committee was advised that whilst revised Workforce Planning Guidance from SG is yet to be received, it is expected that neither the statutory requirement nor the technical guidance support would significantly alter current processes.

Reference was made to key dates and milestones reflected in the paper in relation to the Board's initial submission of the Workforce Plan (2025-2028) to SG by June 2025, as well as publication of the approved Plan on the NHS Fife website by October 2025.

The Committee took a '**Moderate**' level of **assurance** from the report **noting** that the Workforce Plan (2025-2028) will be developed and published in accordance with the revised guidance.

7.3 EMERGE Programme - NHS Fife / Fife College Partnership

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provides an update on the launch of the new EMERGE programme, being delivered in partnership with NHS Fife, Fife College and National Education for Scotland and which supports the Board's Employability agenda, Anchor Institution ambitions and the Population Health & Wellbeing Strategy.

It was advised that the programme would comprise a 12-month qualification through Fife College, including a work placement in the Board. As part of an interactive learning approach, students will have the opportunity to create a portfolio of evidence to showcase individual learning throughout their qualification.

The Committee was advised that the next EMERGE meeting in October 2024 was scheduled to take place at Levenmouth Academy, where there would be an opportunity to meet with students who have joined the Programme. It was intended that an Employability Paper describing wider related activities would be brought to the next Staff Governance Committee.

Action: Head of Workforce Planning & Staff Wellbeing

In response to a query from J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, in relation to programme attrition rates, the Head of Workforce Planning & Staff Wellbeing advised that lessons learned from the previously high drop-out rate reported in a similar Programme launched at Levenmouth Academy had been used to inform the design and delivery of the current programme, making it more interactive and student driven.

Whilst acknowledging the programme as being a proud achievement for NHS Fife, the Director of Workforce commended the efforts of all stakeholders involved in the development, delivery and support of this initiative. The Head of Workforce Planning & Staff Wellbeing offered appreciation to Alison McArthur, Employability and International Recruitment Coordinator, and Lyndsey Thompson, Employability Officer, for their hard work in achieving the progress to date.

The Committee took a '**Moderate**' level of **assurance** from the report and **considered** and **endorsed** the content of the EMERGE programme.

7.4 Prevention and Early Intervention Strategy

The Chair invited Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report. It was highlighted that the Strategy, in addition to being an NHS Fife Corporate Objective, was one of the nine transformational strategies within the H&SCP's 2023-2026 Strategic Plan, a key enabler of the NHS Fife Population Health & Wellbeing Strategy, as well as one of the six key principles of Health Reform mandated by the Scottish Government.

The Committee was advised that there had been significant public engagement in the design and delivery of the overall Strategy over the next three years. Reference was made to Appendix 2 of the report, which detailed the 10 Programme deliverables, of which workforce was emphasised as a key enabler. The Committee noted that a Strategic Implementation Group would be convened to facilitate oversight of the programme and that a detailed Action Plan would be shared to provide assurance of progress, as the initiative moves forward.

It was acknowledged that having a robust Primary Care Strategy was an important foundation in supporting the delivery of this programme. The Medical Director underscored that this initiative was being mobilised with existing resources and that no additional financial investment had been received.

Whilst commenting favourably on the Strategy, the Director of Communications & Engagement pointed out that the Welcome and Priority Area two of the Delivery Plan omitted reference to engagement with NHS Fife and requested that the report be amended to reflect this, so that the public could be appropriately assured that the Strategy had been endorsed by their local Health Board.

Action: Head of Service, Primary and Preventative Care Services, H&SCP

In response to a query from the Director of Reform & Transformation in relation to staff training, it was advised that a training plan would be agreed with stakeholders and shared with the Committee, seeking to balance the ongoing challenges of service delivery and workforce capacity.

The Committee took **assurance** from the approach adopted for the design of the Prevention & Early Intervention Strategy, **noted** and took **assurance** from the Delivery Plan and **reviewed** the Draft Strategy and supporting documents.

8. NHS FIFE PROJECTS / PROGRAMMES

8.1 Primary Care Implementation Plan 2024/2025 Progress Update

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report, which provided an annual update on the delivery of the Primary Care Improvement Plan (PCIP), which underpins the delivery of the 2018 General Medical Services Contract.

It was emphasised that workforce and financial pressures continue to remain the two main constraints in the Implementation of the Plan. An update on the nationally directed workstreams was provided, highlighting the Vaccine Transformation Programme, Pharmacotherapy Service and Community Treatment and Care (CTAC). It was advised that whilst there are still challenges nationally around the service specification for Pharmacotherapy, local efforts to build the service were ongoing, enhanced by the development of a multidisciplinary team. The Committee also noted that CTAC is currently delivering 86% of the General Medical Service (GMS) Memorandum of Understanding 2 requirements, as compared to 62% last year.

The Committee was apprised that a new programme endpoint of March 2026 had been agreed with (GMS) stakeholders as the target for achieving delivery of the plan for Fife. Reference was made to the relationships established with the GMS Implementation Group and the positive negotiations around transitional payments which had supported a more effective deployment of resources, in addition to the funding envelope which was expected for 2024/2025.

Whilst acknowledging the hard work of the Primary Care Team and other stakeholders in the delivery of the PCIP, the Medical Director stressed that the GP cohort regarded the delivery of the GMS contract as a failed plan, owing to significant funding and workforce gaps.

The Committee took a **'Moderate'** level of **assurance** from the work being progressed to meet the intention of the GMS Contract via the 2024/2025 Primary Care Improvement Plan.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board's performance in relation to Sickness Absence, PDPR and Vacancy rates.

Noting an increase in the Board's reported sickness absence rates from 7.11% in May to 7.17% in June 2024, it was anticipated that the local trajectory and target of 6.5% by 31 March 2025 was unlikely to be met. Similarly, a 0.4% reduction in the PDPR metrics (43.7% as at May 2024) indicated that the Board was not predicted to meet the reduced PDPR target of 60% by 31 March 2025.

In light of the above performance levels, the Committee agreed that the assurance level of this report should be downgraded from 'moderate' to 'limited'.

It was also agreed to review the measurement and reporting of performance in relation to vacancy rates, in conjunction with how this would fit into the larger picture of organisational performance moving forward.

Action: Chair/Director of Workforce/Associate Director of Planning & Performance/Head of Workforce Planning & Staff Wellbeing

The Committee **examined** and **considered** NHS Fife performance as summarised in the IPQR and took a '**limited**' level of **assurance** from the report.

10. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

10.1 Involved in Decisions: iMatter Report

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which outlined iMatter outcomes for 2024 and the planned next steps to increase employee engagement.

The Committee was encouraged to note that engagement levels this year have reached 64%, showing a decrease of 2% over 2023, however, still exceed levels of national outcomes, expected to be 58%. The Employee Engagement Index (EEI) was noted as 76, a decrease of one point compared to 2023.

The Committee was informed that teams were now in the Action Planning stage of the iMatter Survey, the deadline for which was 16 September 2024. A summary of key activities being implemented to support this aspect was provided, which included EDG role modelling, motivational videos from Directors, redistribution of the iMatter support pack to managers, MS Teams Information Sessions, promotion of iMatter and Team Action Plan requirements via StaffLink and H&SCP platforms, email messages to managers and iMatter Team presence at key staff forums, amongst other efforts.

The Committee took a '**Significant**' level of **assurance** from the update provided regarding the progress of the Board's 2024 iMatter Campaign.

10.2 Well Informed: Communication & Feedback

The Chair invited the Director of Communications & Engagement to speak to the report, which provided an overview of the introduction of an annual Staff Internal Communications Survey, expected to help shape the organisation's internal communications strategy going forward.

It was advised that the Survey is expected to be launched on 30 September 2024 and will run for a period of 6 weeks online, with paper copies available for staff with no email access. The purpose of the Survey is to understand how staff receive news, their thoughts on tone and accessibility of language, identify barriers, how informed they feel, their opinions on how the organisation could improve its internal communications offering and their thoughts on staff feedback mechanisms. An Action Plan would be drawn up based on the collated results of the survey.

It was advised that this initiative complements the ongoing communications activity with iMatter and annual data will help to identify trends and benchmark against activity to ensure the delivery of best value to meet the evolving needs of various staff groups across the organisation. It was expected that an update would be brought back to the January 2025 meeting.

The Chair emphasised the importance of ensuring that the Action Plan is seen to be visibly deliverable for staff that engage in the initiative.

The Committee took a '**Moderate**' level of **assurance** and **noted** the update provided regarding the launch of the Annual Staff Internal Communication Survey.

10.3 Wellbeing Champion Update

In the interest of time, J Kemp, Non-Executive Member & Staff Wellbeing Champion deferred this time to the Head of Workforce Planning & Staff Wellbeing's report, in order that the Committee could be provided with a more comprehensive update at the next agenda item.

10.4 Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing provided an overview of Staff Health and Wellbeing activities detailed in the paper, as well as an update on the recent actions taken to support the wellbeing of Doctors and Dentists in training.

The Committee was advised that refurbishment plans for the Doctors' mess are progressing, following a successful bid for funding from Fife Health Charity. Reference was made to the Menopause sessions offered to staff, Lifestyle Medicine Podcasts currently being recorded with input from the Communications Team and plans to roll out Values Based Reflective Practice sessions in the Board, in conjunction with a plan for developing an accreditation pathway in this area, amongst other initiatives. The Committee was also informed of plans to host a Staff Wellbeing Conference in March 2025.

J Kemp, Non-Executive Member & Staff Wellbeing Champion, commended the Staff Health and Wellbeing activities evidenced in the paper and enquired whether premises could be identified for Peer Support, noting that Staff may potentially find

it easier to access this service if there was a dedicated space. The importance of reviewing Staff Psychological Support waiting times in line with the cost-benefit of employing additional resources to support employee wellbeing and attendance activity in an area where sickness absence levels were significant was noted. The Head of Workforce Planning & Staff Wellbeing offered to explore this further with the Psychology Team, to review what opportunities, if any, were available to secure additional value from this vital staff support service.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took a '**Moderate**' level of **assurance** from the report and **noted** the update provided on the Board's Staff ongoing Health & Wellbeing activities.

10.5 Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member and the Board's Equality & Diversity Champion, to provide an update on ongoing activities to support Equality & Diversity within the Board.

The Committee was informed of the programme of work, being undertaken by the Quality & Communities Committee, led by the H&SCP in partnership with NHS Fife and Fife Council, which included an 18-month project to improve workplace inclusion and staff experience, whilst exploring all aspects of equality. It was noted that one of the established outcomes of the project is neurodiversity and its inclusion in the workplace.

The Committee was also updated that the development of the NHS Fife Trans Policy had been paused, following growing media coverage and public debate. It was expected that a further review and consultation of this policy will be conducted throughout Winter 2024-2025 and which would incorporate learning over the past year.

It was advised that the Scottish Government mandated Equality Outcomes and Mainstreaming Plan, which requires the Board to evidence that it is working to advance equality in all areas across NHS Fife, is due for renewal in early 2025. The Committee was also informed of the Scottish Government stipulation for every Health Board in Scotland to have an Anti-Racism Strategy by March 2025.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10.6 Whistleblowing Champion Update

In the interest of time, Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, deferred this time to the Head of Corporate Governance & Board Secretary, to present the Whistleblowing Quarter 1 2024/2025 Performance Report.

10.7 Whistleblowing Quarter 1 2024/2025 Performance Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee was advised that there had been one Whistleblowing concern raised during Quarter 1, which currently remains under investigation at Stage 2. Reference was also made to the update reflected in the report on the lessons learned from a case raised originally in 2023/24, which has now been recategorized as a partially upheld concern and last year's Annual Report amended appropriately.

The Committee noted that two anonymous concerns were raised during this quarter, and three articles within the local press highlighted issues of a Whistleblowing nature.

The Committee took a '**Moderate**' level of **Assurance** from the report and **noted** that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff, to encourage speaking up.

10.8 Whistleblowing Oversight Group Assurance Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, in the absence of the Chief Executive.

As reflected in the minute of the meetings held in April and July 2024, work being undertaken by the Whistleblowing Oversight Group was highlighted. This included establishing Terms of Reference for the Whistleblowing Oversight Group and the newly formed Whistleblowing Decision Team. The Committee was updated on materials that had been developed to publicise Whistleblowing Processes and Contacts for staff, with the support of the Board's Internal Communication Team.

To promote staff engagement with the Whistleblowing Programme, it was noted that J Kemp, Non-Executive Member and Staff Wellbeing Champion, and K Macdonald Non-Executive Member and the Board's Whistleblowing Champion, had agreed to participate in walkarounds during 'Speak Up' Week. It was confirmed that the newly appointed Speak Up / Whistleblowing Coordinator was due to commence in post at the end of September 2024 and that a 'Speak Up Mailbox' and 'Dedicated Voice Line' were being established to provide additional support to staff seeking to raise concerns.

Noting the level of anonymous concerns reported and the challenges associated with providing feedback to staff who raise anonymous concerns, K MacDonald reiterated the importance of offering staff the appropriate level of assurance that they will be supported if they speak up. Thanks were expressed to all stakeholders involved in progressing the work of this Group.

The Committee took **assurance** from the Whistleblowing Oversight Group Assurance Report.

10.9 Improved and Safe Working Environment

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was updated on the mitigations being progressed in relation to the management of Reinforced Autoclaved Aerated Concrete (RAAC) in the Board's estate. It was advised that all blocks have now been assessed for the likelihood of

containing RAAC and all 29 blocks that had met the criteria for further assessment have now been surveyed. Of the seven blocks where RAAC had been discovered, four blocks are stable and require annual monitoring, to ensure there was no deterioration of the material, and three areas require further attention. Risk assessments have been undertaken of the areas which require further attention and appropriate mitigations put in place. It was advised that the RAAC found in Glenrothes Hospital and Adamson Hospital Cupar was assessed as being in good condition and therefore did not pose a significant risk.

It was explained that the Scottish Government is in the process of developing guidance and is considering creating a framework to provide external support for monitoring buildings which contain RAAC. Long term mitigation plans would include either replacing the RAAC as part of ongoing maintenance, or withdrawing buildings from use in line with the whole systems infrastructure plan.

The Committee was assured that there is no immediate risk to patients, staff, or visitors as the RAAC that has been discovered is either stable or identified risks have been mitigated.

The Committee took a '**Moderate**' level of assurance and **noted** the update provided in the report.

11. ANNUAL REPORTS / OTHER REPORTS

11.1 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024

Due to apologies given to the meeting by the Director of Acute Services and staff-side colleagues, the Chair proposed that the Committee take assurance from the information detailed in the report and submit any queries to the Responsible Executives directly.

The Committee took **assurance** from the Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024.

11.2 Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024

The Chair invited the Head of Service, Primary and Preventative Care Services, H&SCP to speak to the report.

Whilst highlighting key themes, it was noted that the report celebrates the positive work undertaken in relation to joint partnership arrangements, acknowledging staff achievements as an integral contribution to the overall efforts of the past year.

The Committee took **assurance** from the Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024.

12. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 12.1 Area Partnership Forum held on 24 July 2024 (unconfirmed)
- 12.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 20 June 2024 (unconfirmed)
- 12.3 It was noted that the Unconfirmed minute of the Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 was not received.
- 12.4 Health & Safety Sub Committee held on 2 July 2024 (unconfirmed)
- 12.5 Equality & Human Rights Strategy Group held on 6 August 2024 (unconfirmed)
- 12.6 Medical & Dental Professional Standards Oversight Group held on 9 July 2024 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

It was confirmed that the downgrading of the assurance level in relation to the Board's IPQR Summary from 'moderate' to 'limited' due to the unlikelihood of achieving local targets would be submitted as an escalation to the NHS Fife Board by the Planning & Performance Team.

Action: Associate Director of Planning & Performance

13.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters identified for escalation to the NHS Fife Board.

14. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 September 2024

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

15. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

16. DATE OF NEXT MEETING

Tuesday 5 November 2024 at 10.00 via MS Teams.

Meeting: Fife NHS Board
Meeting date: 25 September 2024
Title: Blueprint for Good Governance Improvement Plan Update
Responsible Office holder: Pat Kilpatrick, Board Chairperson
Report Author: Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper outlines the Board's progress in the delivery of the Improvement Plan created in March 2024, following members' self-assessment exercise against the Blueprint for Good Governance.
- The paper reports on the conclusion of the majority of the action points specified in the Plan, with detailed progress updates given in the appendix.
- The paper suggests a moderate level of assurance can be taken from the actions completed thus far, with some individual actions points still to be completed in full.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

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

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

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

2.3 Assessment

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

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

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

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

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

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

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards, whilst delivering best value for the public.

2.3.2 Workforce

N/A.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No direct impact.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The Action Plan was previously reviewed and adopted by the Board at its March 2024 meeting. The Audit & Risk Committee initially considered this update at their meeting on 12 September 2024.

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix – Board Improvement Plan Progress Update

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email gillian.macintosh@nhs.scot

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

Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: Organisational Learning

Responsible Executive: Dr Chris McKenna, Medical Director

Report Author: Gemma Couser, Associate Director for Quality and Clinical Governance and Jenni Jones, Associate Director for Culture, Development and Wellbeing

Executive Summary:

- This paper sets out the approach being adopted to build on our capability as a learning organisation. Creating conditions to allow collaborative learning across our full healthcare system is at the core of the approach. This work currently majors on clinical learning but it is recognised that there could be wider benefit in extending the reach of this work.
- The approach uses Myron's Maxims, a set of enabling living system principles, combined with the formal organisational requirements of governance, system and process.
- The Organisational Learning Leadership Group oversees this work and is comprised of a group of self selected leaders who are committed to taking forward this complex and adaptive agenda.
- The work is intended to augment our current systems of governance and learning - not to replace.
- 2024/2025 is being used an opportunity to implement key foundations on which this work can be developed into next year and beyond. The Organisational Learning Leadership Group delivery plan includes:
 - i. Developing an infrastructure for learning
 - ii. Increased focus on improvement activities through governance structures
 - iii. Developing a learning system framework
 - iv. Legal claims: Learning from and improving governance
 - v. Quality improvement
 - vi. Creating connections to learn and improve (data)

1 Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities:
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The organisational learning work described in this paper aspires to place greater emphasis on learning and improve our capability. Overwhelmingly most clinical interactions are positive. Moreover there is lots of innovative and forward thinking practice being driven by our clinical teams. Combined this presents an opportunity to celebrate success and share positive learning for others to adapt and adopt. As to be expected in this complex system things don't always go to plan and when they don't it is of critical importance that we learn from this to make improvements and mitigate the chances of recurrence.

This work is intended to augment and place emphasis on learning across our existing clinical governance structures and not to replace the fundamental quality and safety governance processes.

This paper sets out:

- i. Ethos of the Organisational Learning work and why it was established;
- ii. Articulates the approach adopted by the Organisational Learning Leadership Group and;
- iii. The Organisational Learning Workplan 2024/2025

It should be noted that the focus of this work is on clinical governance organisational learning, however it is recognised that the development of a framework may bring benefit to wider to non-clinical activities.

2.2 Background

The Aim

The NHS Fife Clinical Governance Strategic Framework sets out an aim to “Deliver, safe, effective, person centred care in an organisation which listens, learns and improves.

Fundamentally the aim of the Organisational Learning Leadership Group is to develop our capability as a learning organisation to reduce and avoid preventable patient harm and improve quality and experience.

A significant amount of time is invested across the organisation investigating adverse events, responding to complaints, and carrying out clinical audits. There is a requirement for us to create conditions to ensure that, where relevant, the learning and improvements from good practice and practice requiring improvement is shared widely and embedded across the organisation.

“Even apparently simple human errors almost always have multiple causes, many beyond the control of the individual who makes the mistake. Therefore, it makes no sense at all to punish a person who makes an error, still less to criminalise it. The same is true of system failures that derive from the same kind of multiple unintentional mistakes. Because human error is normal and, by definition, is unintended, well-intentioned people who make errors or are involved in systems that have failed around them need to be supported, not punished, so they will report their mistakes and the system defects they observe, such that all can learn from them.

The best way to reduce harm ... is to embrace wholeheartedly a culture of learning.” A promise to learn – a commitment to act, The National Advisory Group on the Safety of Patients in England, chaired by Don Berwick, August 2013

Learning Opportunities

The table below summarises some of the key activities which present an opportunity for learning.

Learning from the Past	Responding to the present and emerging issues	Proactive response for the future
<ul style="list-style-type: none"> • Adverse Events • Complaints • Care Opinion • Litigation • Fatal Accident Inquires • Duty of Candour • Whistleblowing • External reviews/reports/inspections • Audit • Learning from experience from other health organisations 	<ul style="list-style-type: none"> • Audit • Clinical governance key quality performance indicators e.g. cardiac arrest, falls, pressure ulcers, healthcare associated infections • Adverse event themes e.g. near miss 	<ul style="list-style-type: none"> • Corporate Risk Register • Risk register at service/directorate level • Planning for quality

Learning and any associated improvements need to take place at the most appropriate level in the organisation i.e. from ward to Board. At an organisational level there is a requirement to ensure that we have leadership, systems and processes in place to facilitate shared learning and identify themes where there is an opportunity for an organisational response or learning.

The Organisational Learning Group

In late 2021 the Organisational Learning Group (OLG) was established and is now known as the Organisational Learning Leadership Group (OLLG). Today the membership (which is currently under review) of the group is:

- Deputy Medical Director (co-chair)
- Nurse Director, Corporate (co-chair)
- Associate Director for Quality and Clinical Governance (co-chair)
- Lead for Adverse Events
- Portfolio Manager and QI Lead
- Associate Director for Development, Culture and Wellbeing
- Lead Pharmacist for Medicines Safety
- Clinical Effectiveness Manager
- Head of Quality and Clinical Governance, HSCP
- Director of Nursing, HSCP
- Associate Director of Medical Education (TBC)
- Head of Patient Experience

The group was established through organic discussion with key stakeholders who were eager to improve the capability to learn at an organisational level. The group's remit initially was to ensure that learning gained from clinical experiences which is relevant across the wider organisation is used to optimise patient safety. The group acknowledged that the wider organisational context is more complex than individual learning environments. The challenge to fulfil the ambitious remit of the OLG was recognised. At the outset, there was consensus that the concept and aspiration were correct, however concerns were identified in terms of ensuring the OLG delivered tangible positive impact.

2.3 Assessment

This report provides the following Level of Assurance:

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

	amount of residual risk or none at all.	applied. There remains a moderate amount of residual risk.	further action to be taken.	
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Review of the Organisational Learning Leadership Group

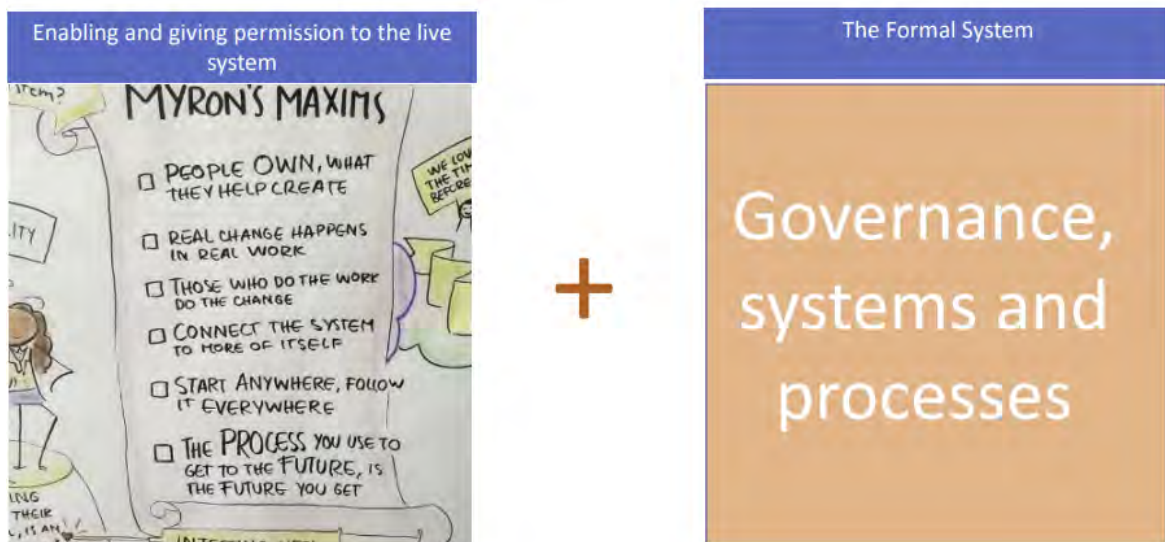
Core members of the OLLG reviewed the activities of the group during 2023. Recognising the complexity of achieving the remit of the OLLG the following guiding principles have been identified to progress a refreshed approach in 24/25:

1. The OLLG should support creating conditions to share of key information and feedback around what is happening across the organisation and that key messages from one part of the organisation are spread to another e.g. learning from adverse events or quality improvement projects
2. Build on the organisational ability to triangulate learning to contribute to the understanding of the bigger picture – getting the full system overview and defining how this will be brought into practice
3. The requirement to sharing ‘positive’ learning where things are working well as well as where we need to improve
4. The approach to organisational learning should augment and support existing clinical governance structures and activities and not seek to replicate- with a focus on developing mechanisms to capture and share key learning for the organisation
5. Activities to progress organisational learning must add value
6. Leaders committed to progressing this work need to be prepared to take an iterative and learning approach to developing the best way forward
7. An Organisational Learning Framework should be developed which:
 - o Promotes organisational learning as a priority and aligns to our values
 - o Outlines a suite of activities which are implemented to support organisational learning
 - o Defines the approach for capturing and sharing of key learning and improvement activities- both good practice and areas identified for improvement and that this is owned at the appropriate level in the organisation.
 - o Describes the approach to the triangulation of data and intelligence
 - o Aligns to NHS Fife organisational values and to the NHS Fife Clinical Governance Strategic Framework 2022-2025
 - o Weaves into and augments existing clinical governance structures

The OLLG will provide assurance to the Clinical Governance Oversight Group and the Executive Directors Group. Further consideration is required to define the reporting lines of this work given the evolving nature of what is proposed.

The Approach

The approach adopted combines using Myron's Maxim's system principles which give permission to the living system with the need to design governance, system, and process within our formal organisational structure:



Delivery Plan 24/25

The Organisational Learning Leadership Group delivery plan for 24/25 majors on laying the foundations on which to further build our organisational learning capability. It is a plan which recognises the importance of people, culture, governance systems and process. The full delivery plan is contained in appendix 1 and covers the following workstreams:

- i. Developing an infrastructure for learning
- ii. Increased focus on improvement activities through governance structures
- iii. Developing a learning system framework
- iv. Legal claims: Learning from and improving governance
- v. Quality improvement
- vi. Creating connections to learn and improve (data)

Progress so Far

Two key pieces of work progressed so far are the proposed development of:

- Learning from Clinical Experience Collaborative and;
- Legal Claims: learning from and improving governance.

Detail on this work is set out in the sections below:

Learning from Clinical Experience Collaborative (Action: 1.2)

The aim of the collaborative is to developing a clinically led learning forum to shine a light on learning from clinical experience with embodies an ethos which is:

- Patient centred
- Clinically led
- Of global relevance for multi-professions across our full health system
- Values based and aspires to foster a culture of learning and “no blame”
- Positive, engaging and purposeful for those who attend (possibly CPD contribution via TURAS) – participating and attending must not be a chore
- Connects multi-professionals (including those in training) across our health system
- Focused on celebrating success as well as learning where improvement opportunity is identified
- Appreciative of the value and importance of teams learning together

The programme for the events needs further refinement but initial proposal would be:

- Celebrating success stories e.g. robotic surgery and impact on patient experience and length of stay
- Examining themes from care opinion, patient complaints and adverse events which could be clustered and shared along with any improvement opportunities
- Sharing of big pieces of improvement work e.g. Deteriorating Patient Programme
- Bite size/ micro learning e.g. a focus on human factors with input from subject matter experts
- Patient stories

The proposal has been shared widely across divisions for feedback and to seek involvement from clinical teams. The aim is to launch the Collaborative before March 25.

Legal Claims: Learning from and Improving Governance (Action 5.1)

This work focuses on ensuring that legal claims are used to inform further quality and safety improvements across our healthcare system. The key objective is how we use the learning from claims, similar to the approach for adverse event reviews, in order to mitigate recurrence. The role of the Organisational Learning Leadership Group with this work is to provide a steer in the approach that is adopted to achieve the aim described. Further to a review of the legal systems and processes in NHS Fife a paper was provided to Executive Directors (EDG) in August 24 to gain a strategic steer on the recommendations set out in appendix 2.

The recommendations were supported by EDG and work is now underway to deliver the recommendations with a further update to be provided at EDG in September 24.

Enablers and Contributors

Other activities which will contribute and enable this work include:

- Review of adverse events policy and procedure
- Development and implementation of a human factors approach to adverse event investigation
- Development of “Our Leadership Way”
- Consideration of staff governance indicators to indicate potential cultural flags
- NHS Fife Quality Network
- Risk Management Framework

Measuring Success

It is important that that this work demonstrates tangible impact. How this will be assessed is yet to be determined by OLLG.

2.3.1 Quality, Patient and Value-Based Health & Care

Supporting the organisation to reduce avoidable patient harm, improve the quality of care and supporting wellbeing outcomes through learning and improvement is the aim of this work.

2.3.2 Workforce

One of the key principles to this work is the inclusion of staff; both in terms of feedback and the design of improvement activities. In addition the proposal to focus on a human factors approach aligns with a just culture that does not seek to attribute blame.

2.3.3 Financial

The challenging financial climate is clearly recognised. The approach outlined seeks to enable high quality services which are efficient. The objectives of the Reform, Transform and Perform programme will be considered in the design of this work.

2.3.4 Risk Assessment / Management

This work seeks to mitigate corporate risk 9:

Quality and Safety- There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

One of the root causes of this risk is that there is “no effective system of supporting effective organisational learning is one of the root causes of this risk”.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

- Organisational Learning Leadership Group
- NHS Fife Board Development Session 27th August 2024
- Approach has been discussed with the Chief Executive and the Medical Director

2.3.8 Route to the Meeting

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

- Clinical Governance Oversight Group April 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a moderate Level of Assurance, with 24/25 being used as the year to focus on laying foundations on which to build on this work.
- **Discussion** – For examining and considering the implications of the matter.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Organisational Learning Leadership Group Delivery Plan 24/25
- Appendix 2: Legal Claims: Learning from and Improving Governance Recommendations

Report Contact

Gemma Couser

Associate Director for Quality and Clinical Governance

Email gemma.couser2@nhs.scot



Organisational Learning Leadership Group

Delivery Plan 24/25

Delivered	On track	Not started	At risk
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1.	Development of infrastructure for learning				
	<ul style="list-style-type: none"> • Increase organisational visibility and dialogue relating to learning and improvement activities • Facilitate organisational level connection with staff to help access learning and improvement activities • Create a system to connect and exchange learning and quality improvement • Support concept of double loop learning 				
	Improvement Activities	Description	By When?	Lead	Governance/ People
1.1	Staff blink learning from experience hub	Space to share learning at an organisational level	Nov 24	CF	P
1.2	Learning from Experience Event (previous Inter-specialty Event)	Create a forum for all clinicians and staff to share learning from their experience (complaints, SAERs, compliments, SPSO)	Sept 24	NR/IM/GC	P
1.3	Mapping of learning activities	Identify areas of good practice currently and connect e.g. Medicines Drumbeat, Deteriorating Patient, ASD SAER feedback, M&M meetings	Aug24		G&P

2.	Increased focus on improvement activity through governance structures Reporting key quality performance measures such as adverse events and complaints focus on numbers of events or delivery against targets for completion. There is an opportunity strengthen the visibility of the response to QPIs and what is happening organisationally to address				
	Improvement Activities	Description	By When?	Lead	Governance/ People
2.1	Improve visibility on improvement measures and activity	Aligned to Board assurance measures ensure that improvement plans for SAER outcomes are aligned to the following: Outcome 4- SAER Panel Outcome 3- Divisional Clin Gov Outcome 1&2- Service Clin Gov	Aug 24	CF/GC	G&P
2.2	Organisational learning ward to Board	Addition of Organisational Learning to Clinical Governance agendas	Jan 24	CG/CG/IM	G&P

3.	Development of a Learning System Framework • A framework which sets out the ethos of organisational learning and defines a suite of activities from ward to Board				
	Improvement Activities	Description	By When?	Lead	Governance/ People
3.1	Organisational Learning Group	Leadership continue to meet bi- monthly to oversee workplan and define approach. Recommend ToR is disbanded and redefined at end of 24/25	Mar 25	ALL	G&P
3.2	Organisational Learning Framework	A framework which sets out the ethos of organisational learning and defines a suite of activities from ward to Board. Consideration of this then being amalgamated into the Clinical Governance Strategic Framework which is due for refresh this year and re-launch 25/26	Mar 25	GC+ALL	G&P

4.	Legal Claims: Learning from and Improving Governance • Ensure that the outcomes from legal settlements and cases are used to inform further quality and safety improvements across our healthcare system				
	Improvement Activities	Description	By When?	Lead	Governance/ People
4.1	Review of legal systems	Ensure learning from legal cases is shared back with clinical teams and bring learning from legal cases into Clinical Governance structures	Paper Jun 24	GC/JW	G&P

5.	Pilot a systems quality improvement approach				
	<ul style="list-style-type: none"> Alignment of improvement activities to areas of organisational priority 				
	Improvement Activities	Description	By When?	Lead	Governance/ People
5.1	Quality Improvement Projects	<ul style="list-style-type: none"> Use Deteriorating Patient Improvement Programme, learning from FAI and High Risk Medicines approach to develop a blue print for inclusion in the Learning Framework 	Mar 25	TM	G&P

6.	Creating Connections to Learn				
	Improvement Activities	Description	By When?	Lead	Governance/ People
6.1	Creating Opportunities to Learn from themes of adverse events, complaints and legal claims	<ul style="list-style-type: none"> Creating a bank of key words from SAERs, complaints and legal claims to help identify cross cutting themes 	TBC	CF and others TBC	G&P

Appendix 2: Legal Claims: Learning from and Improving Governance Recommendations

	Recommendation
1.	Notification
1.1	When a legal claim is received the Chief Executive along with the relevant Director should be notified of the claim.
1.2	The Medical Director is currently notified of any clinical negligence claim and provided with any copies of associated complaints or adverse event reviews. This process should be extended to other Directors for non-clinical claims.
1.3	When the Legal Services Manager is notified of a scenario which may pose a potential legal exposure they will notify the relevant Director.
2.	Learning from Claims
2.1	When a legal case concludes or claim settles the Chief Executive and responsible Director should receive the advice report from CLO outlining rationale for settlement along with any expert reports provided. This should be shared with the relevant triumvirate leadership structure to review learning and identify any further improvement action that is required (giving consideration to improvement actions identified from the adverse event review). Any further action plans identified should be monitored through appropriate governance structures – mainly this will involve Clinical Governance.
3.	Staff Support
3.1	Develop a staff support package which provides information on support for staff who are involved in a legal claim Staff involved should also be notified of the final outcome of the case in a supportive and reflective manner
3.2	
4.	Improving Governance
4.1	Divisions to be provided with a quarterly report setting out all new and active claims including the nature of the claim in order to identify themes
4.2	All advice reports from CLO and any associated expert reports should be considered to assess if any further improvement action is required to mitigate a recurrence.

4.3	Assurance of actions relating to legal claims should be overseen through staff and clinical governance structures.
4.4	An appropriate timetable of reporting for legal claims needs to be agreed with the Staff Governance Committee and the Clinical Governance Committee (through the Clinical Governance Oversight Group). These reports should provide an outline of the themes of claims and any work underway to mitigate recurrence.
4.5	There is a requirement to develop a standard operating procedure which gives assurance with compliance of the 30 day timescale for subject access requests (aligned to GDPR requirements).
5.	A Local Framework
5.1	The output of this work should be a Legal Claims Framework which summarises processes, governance, how learning is shared and improvements monitored and provides guidance on staff support.

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Neonatal Mortality Review Health Improvement Scotland Report (HIS)
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Aileen Lawrie, Director of Midwifery

Executive Summary:

Public Health Scotland (PHS) data showed an increase in neonatal mortality in Scotland in September 2021 and March 2022. This breached PHS statistical control limits.

On 17 August 2022, the Minister for Public Health, Women's Health and Sport commissioned HIS to take forward the review in response to this significant increase in neonatal mortality. The review covered reported neonatal deaths across Scotland between 1 April 2021 and 31 March 2022.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes.
- NHS Board Strategic Priorities to Improve Health & Wellbeing and to Improve Quality of Health & Care Services.

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

- Safe.
- Effective.

2 Report summary

2.1 Situation

There had been concerns raised by the Women Children and Clinical Services (WCCS) Directorate via EDG in December 2021 regarding local data that demonstrated an increase in the number of term babies (greater than 36 weeks gestation) who had an adverse outcome over the preceding 10 months. There was a requirement to identify if there were any continuing common themes or an issue in the clinical care course of these women and babies that required being actioned to

reduce risk of recurrence. A further paper was submitted to EDG on 5 May 2022. Following this the National External Review of cases was undertaken.

2.2 Background

This increase in poor outcomes locally was evident across 3 categories:

- **unexpected neonatal death,**
- **requirement for therapeutic hypothermia (cooling) treatment (TC) for hypoxic brain injury,**
- **significant neonatal brain injury.**

2.3 Assessment

The main findings of the National review were as follows:

- There was a significant increase in neonatal mortality in Scotland in 2021/22. The number of additional neonatal deaths in Scotland in 2021/22 compared to the previous 4 years is estimated at 30. UK-wide data describes an increase in neonatal mortality across all 4 devolved nations for those babies born after 24 weeks' gestation in 2021. In 2022/23, the neonatal mortality rate in Scotland returned to that observed between 2015 and 2020. Data from January to September 2023 suggests a return to higher neonatal mortality rates.
- More babies than expected were born before 28 weeks' gestation in Scotland in 2021/22. Since babies born before 28 weeks' gestation have a higher neonatal mortality rate than babies born later in pregnancy, their gestation contributed to the overall increase in neonatal deaths in Scotland in 2021/22.
- There was a significant increase in the neonatal mortality rate for babies born at 32-36 weeks' gestation in Scotland in 2021/22. Of the 25 babies born at 32-36 weeks' gestation 10 had a congenital condition incompatible with survival and a further 3 had either a major congenital or a genetic condition that contributed to their deaths. From the data available, the review team were unable to determine if this reflected a change in the incidence of congenital conditions, or a change in the management of babies affected by major congenital conditions, and/or how much of the increase in neonatal mortality for babies born at 32-36 weeks' gestation in 2021/22 could be attributed to congenital conditions.
- The registered causes of neonatal deaths in Scotland in 2021/22 were broadly similar to those in previous years, with no new or unusual causes of death identified. Data suggests a possible higher rate of labour and delivery problems but this does not explain in full the increase in neonatal mortality in 2021/22.
- There was almost twice the number of neonatal deaths in babies born of multiple births than would have been anticipated. This increase would have contributed to the increased neonatal mortality rate in 2021/22 and is likely associated with the higher proportion of multiple births that were very preterm.
- It was not possible to draw any conclusions regarding the impact of ethnicity on neonatal mortality in 2021/22, due to insufficient recording of maternal ethnicity.
- There was significant variation in the quality of local review reports into neonatal deaths in Scotland submitted by NHS boards for the purpose of this review, which is

likely to have resulted in missed opportunities for learning. This limited the conclusions that could be reached by the Review Panel. As only local review reports for 2021/22 were considered, it is not possible to comment on how these reports compared with preceding years.

- From the information available in the local review reports the Inspection did not find evidence of systemic failures of maternity or neonatal care either across Scotland as a whole, or in any one NHS board, that would account for the significant increase in neonatal deaths in 2021/22. Nor did they identify either unusual factors or a cluster of any one factor to explain the increase in neonatal deaths in this period. Without comparative data from preceding years they could not determine how many neonatal deaths in 2021/22 were potentially preventable.
- Whilst it is possible that the direct and indirect effects of the COVID-19 pandemic may have contributed, at least in part, to the increase in neonatal mortality in Scotland 2021/22, it is not possible to draw conclusions about this from the information available in this review.
- Only one NHS board had a stabilised and adjusted neonatal mortality rate, 5% or more higher than similar neonatal units across the UK. This was NHS Fife. In 2021/22 there were 13 neonatal deaths in NHS Fife, which equates to one death more than would have been anticipated.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife was asked by the external review team for assurance regarding the quality of reviews undertaken for a small number of the Fife cases (due to confidentiality the number cannot be shared) and that outcome grading and learning from the reviews were accurate. One of the cases had already had the grading and learning changed by the local team and there is one further case still in the process of re review for assurance.

2.3.2 Workforce

Staff were offered support as part of usual process through the clinical reviews, the external review period and following publication of the report.

2.3.3 Financial

At this time there is no financial consequence from the findings of the external review.

2.3.4 Risk Assessment/Management

The National Review highlights that there has been no failing in care from any Board. Locally we continue to undertake maternal and neonatal reviews following National guidance.

2.3.5 Equality and Human Rights, including Children’s Rights, Health Inequalities and Anchor Institution Ambitions

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

All families who were subject to care review were consulted as part of the process and have had the opportunity to input into the review of their, and/or their child’s, care. All have received the reviews reports and had further opportunities to discuss the individual findings.

2.3.8 Route to the Meeting

Executive Directors’ Group
Clinical Governance Committee, 6 September 2024

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance.

3 List of appendices

- Appendix 1 Neonatal Mortality Report – can be found at this link: [HIS Neonatal Mortality Report](#)

Report Contact:

Aileen Lawrie
Director of Midwifery
Email aileen.lawrie@nhs.scot

Meeting: Fife NHS Board

Meeting Date: 25 September 2024

Title: Health and Care (Staffing) (Scotland) Act 2019: Quarter 1 Report 2024/2025

Responsible Executive: David Miller, Director of Workforce

Report Author: Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Executive Summary

- This report gives an overview of the Board's current activity in respect of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA), which was implemented on 1 April 2024 and highlights the importance of the implementation of eRostering and SafeCare within the Board.
- To note the collective efforts of the local Implementation Group and Heads of Service who provided feedback to inform the content of this report. The local Implementation Group has continued to use the MS Forms Questionnaire for gathering information from services and this has helped to build up the overview of current actions and issues to be addressed in future quarters.
- The Board has submitted the first High Cost Agency return to Scottish Government and this will give an opportunity to continue the existing work on the reduction in agency staffing and to benchmark with other Boards.
- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to our staff health and wellbeing agenda.

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Local policy

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

- Safe, Effective & Person Centred

2. Report Summary

2.1 Situation

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires quarterly compliance reporting to the Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians”). Within NHS Fife the Director of Workforce has the delegated lead responsibility for Board compliance with quarterly and annual reporting. The Board is also required to submit high cost agency staffing reports required by NHS Circular DL(2024)06.

2.2 Background

As previously reported to NHS Fife Board members, the aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services and is applicable to approximately 10,000 staff, across all functions of NHS Fife.

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

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

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

The accompanying Statutory Guidance to the Act describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board level Clinical Leaders (Executive Directors of Medicine and Nursing and Director of Public Health) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing. This has been delegated to the Director of Workforce to co-ordinate and details of the information required within these reports is available upon request.

Duties of Healthcare Improvement Scotland (HIS)

HIS have a number of new duties within the Act and are described fully within the HIS Healthcare Staffing: Operational Framework, which are summarised below:

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS with their functions, NHS Fife has received a formal request for a copy of the Board’s Quarterly Report, which the intention is to share in September 2024, following discussion at the September 2024 NHS Fife Board meeting.

In addition, quarterly Board engagement meetings, commencing in September 2024 will be facilitated by a Senior Programme Advisor from Healthcare Staffing Programme and will include nominated representatives from NHS Fife, (Executive Nurse Director, Director of Workforce, Directors of Nursing, Head of Workforce Planning & Staff Wellbeing and HCSA / Workforce Planning Lead).

2.3 Assessment

A summary of the progress made during Quarter 1 is detailed below, highlighting key achievements, together with key milestones and risks to be considered in advance of the Quarter 2 report:

Key Achievements during Quarter 1

- NHS Fife's HCSA Implementation Group continues to meet on a monthly basis with multi-disciplinary and staff side representation to build on Chapter Testing SWOT analysis feedback and sharing of information and resources between functions to assist with the implementation of the Act.
- To enable the Board to benefit from SafeCare reporting on the requirements of the Act, service engagement continues to roll-out eRostering and SafeCare within the Board, prioritising those areas within scope of the Act in addition to high cost agency / supplementary areas, along with revisiting areas already live, to implement SafeCare. Data gathering exercises continue within services and roster builds are underway.
- Aligned to the rollout of eRostering and SafeCare, recruitment to the vacancies within the eRostering Business As Usual Team is well underway, with appointments offered following interviews which took place in mid-August 2024.
- In line with the next stage of the Implementation Plan, engagement sessions with Service Leads commenced on 22 July 2024 for those areas that are already live with eRostering.
- A timetable of priority areas for the implementation eRostering within service areas is being prepared. A communication will be prepared to ensure that services are aware of the roll-out plan within their areas of responsibility, supporting those services which currently have no arrangements in place.
- Discussions are on-going with nursing and finance colleagues in relation to the eRostering process, financial tracking, roster sign-off and if it is currently meeting expectations.
- Board representatives continue to participate in the HCSA Workforce Leads Collaborative Group discussions, in tool run updates and provide feedback.
- A monthly newsletter to all HSCP Nursing staff is now in place, highlighting the learning and education resources available for staff, with an emphasis on the duties of the Act. A survey sent to all Lead Nurses within the HSCP demonstrated that the majority of areas have methods to demonstrate daily safe staffing levels.
- In-person HCSA training sessions are now available on TURAS, together with a Workforce Planning Session on 17 September 2024. In addition, bite size sessions to help staff understand the Common Staffing Method and consider the reporting aspects of the Act has been created and will be advertised shortly.
- Continued use of local Teams Channel and StaffLink to promote and share HCSA resources.
- The MS Forms Assurance template adapted for use within NHS Fife to assist services assess their preparedness for Act implementation has been used for Quarter 1 and the feedback received has enabled a more evidential reasonable level of assurance.

- In addition, development of a suite of HCSA Standard Operating Procedures is currently underway.
- Presentations have been undertaken at NHS Fife's Area Clinical Forum, Senior Charge Nurse Development Sessions, Finance Directorate SLT and various team meetings within the Board.
- Specialty specific Staffing Level (Workload) Tools continue to be run, reported on and implemented in line with NHS Fife's schedule.
- A Common Staffing Method reporting template is in use to support reporting and governance, with the importance of the Common Staffing Method tools being highlighted with on-going work within NHS Fife to consider the implications of the immediate and subsequent reductions to the hourly working week for AfC staff groups.
- Job Planning is being introduced within Speech and Language Therapy based on the split of time for interventional work, interventional other and non-interventional work and agreed with the clinical leads across the service. Learning from this will be shared with colleagues.
- Participation in the Observational Studies within Maternity Services, Learning Disabilities and Mental Health Services.

Key Milestones / Actions for Quarter 2

- Key areas for follow-up identified from the initial and second round of MS Assurance Questionnaires, included knowledge and awareness of the principles of the Common Staffing Method to non nursing functions, escalation of risk processes and recording / evidence of Time to Lead. Additional risks have been identified due to the current financial position, increases in absence rates, service changes and prolonged vacancies.
- Whilst the group has evolved in terms of engagement and participation, a risk remains in terms of some services not being aware of the implementation of the Act and ensuring coverage of all areas. However, increased HCSA activity within services has improved this position.
- The Board's Action List is used on a continuous basis for follow up in future quarterly reporting, in addition to areas identified from completion of quarterly returns and previous quarterly feedback and review of the content of the HIS Exemplar template. Recent discussion around the areas identified above will require to be considered further and have been added to the HCSA Action List.
- In addition, the roll out of generic Real Time Staffing resource has been implemented, albeit at an early stage.
- The reduction in the working week for staff covered by the AfC agreement has had an impact on staffing within clinical functions and this continues to be reviewed. There is a formal workstream in place, with Programme Management Office support, to assist with the implications, both for this and future reductions in the working week.
- In line with NHS Circular PCS(AFC)2024/1 Protected Learning Time (PLT), arrangements are being progressed for all staff to undertake statutory, core mandatory training and profession specific mandatory training during working hours. PLT Lunchtime Bytesize Sessions have been arranged to support managers implement PLT at a local level.
- Future reporting from eRostering and SafeCare on risk escalation, mitigations, and what is considered to be significant / recurring risks.
- Feedback from professional leads on the content of future quarterly reports.
- The HCSA eLearning Training Sessions completion figures are detailed below:
 - Domain 1 fundamentals of health and care staffing: 32

- Domain 2 workload and workforce planning: 274
- Domain 3 managing and using workload and workforce planning data: 19
- Domain 4 quality assurance and governance: 19

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

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

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

2.3.2 Workforce

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

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Assessment and compliance against:

- Risk escalation processes
- Arrangements to address severe and recurrent risks

Information on decisions taken which conflict with clinical advice, associated risks and mitigating actions.

The current HCSA risk is reviewed on a regular basis, in line with the requirement to review Corporate Risks aligned to the Staff Government Committee. This includes the formal quarterly reporting on progress to the Scottish Government. The Scottish Government engagement meeting held in June 2024 supported our assessment of reasonable assurance.

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Directorate and Board Workforce Lead communicate with key stakeholders and leads both nationally and locally regarding any decisions taken forward.

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

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to NHS Fife Board members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Assurance** – Review and scrutinise the information provided in this paper and confirm that it provides assurance that NHS Fife Board requires, noting that that this is an

iterative process and that reporting will evolve. To note that NHS Fife Board members will receive the second internal quarterly HCSA report following the end of Quarter 2 and including second quarter HCSA high cost agency report, in December 2024.

3. List of Appendices

The following appendices are included with this report:

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

Report Contacts:

Brian McKenna, Board Workforce Planning Lead /
Rhona Waugh Head of Workforce Planning & Staff Wellbeing
E-mail: brian.mckenna@nhs.scot / rhona.waugh2@nhs.scot

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

Green	Substantive	Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow	Reasonable	Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber	Limited	Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red	No Assurance	No systems are in place for any NHS functions or professional groups

Duties of the Act	Applicable	Level of Assurance
Guiding principles: staffing for health care	Applicable all roles in scope	Reasonable
Guiding principles: staffing for health care (planning and securing of health care from others)	Applicable all roles in scope	Reasonable
Duty to ensure appropriate staffing in healthcare	Applicable all roles in scope	Reasonable
Duty to ensure appropriate staffing: agency workers	Applicable all roles in scope	Reasonable
Duty to have real-time staffing assessment in place	Applicable all roles in scope	Reasonable
Duty to have risk escalation process in place	Applicable all roles in scope	Reasonable
Duty to have arrangements to address severe and recurrent risks	Applicable all roles in scope	Reasonable
Duty to seek clinical advice on staffing	Applicable all roles in scope	Reasonable
Duty to ensure adequate time given to clinical leaders	Applicable all roles in scope	Reasonable
Duty to ensure appropriate staffing: training of staff	Applicable all roles in scope	Reasonable
Duty to follow the common staffing method including Common staffing method: types of health care	Applicable to specific types of health care, locations and kind of employees*	Reasonable
Training and consultation of staff	Applicable to specific types of health care, locations and kind of employees*	Reasonable
Overall Level of Assurance		Reasonable

*summarised as where staffing level tools already exist; nursing, midwifery and medics within Emergency Department

Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: Whistleblowing Quarter One 2024/25 Report

Responsible Executive: Carol Potter, Chief Executive

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

Executive Summary:

- This report details the one Whistleblowing concern raised during the quarter, which remains under investigation at Stage 2 at the time of writing. An update is also given on the lessons learned from a case raised originally in 2023/24, which has now concluded.
- Two anonymous concerns have also been raised during the quarter, and three articles within the local press have highlighted issues of a Whistleblowing nature.
- Detail is provided within the report on the activities of the new Whistleblowing Oversight Group, which met for the first time during the quarter and had its second meeting in July.
- A moderate level of assurance is suggested, reflecting the fact that transition of Whistleblowing to the Corporate Governance function remains ongoing, with a new part-time post for a Speak Up / Whistleblowing Co-Ordinator currently being recruited to, to progress this work further.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- NHS Board Strategic Priority: To Improve Staff Experience and Wellbeing

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

- Safe
- Person Centred

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

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

2 Report summary

2.1 Situation

The National Whistleblowing Standards (the Standards) require NHS Boards to report any whistleblowing concerns received. This report provides the Board with the details on whistleblowing concerns submitted during the first quarter of 2024/25 and seeks to provide assurance that NHS Fife is meeting the Standards by investigating any concerns raised.

2.2 Background

The [Standards](#) have been in place since 1st April 2021 and these detail how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the Board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. The 2024/25 Annual Report will be produced in May 2025.

In order to have the totality of whistleblowing activity across the organisation, this report covers whistleblowing concerns received, any anonymous / unnamed concerns submitted, notification of any local press articles related to whistleblowing / staff concerns, and data covering whistleblowing training undertaken by staff during Quarter 1, namely 1 April to 30 June 2024.

Detail is also provided on the initial work being overseen by the new Whistleblowing Oversight Group, which met for the first time during the quarter. The Group is helping support improved reflection on key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and, more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2.3 Assessment

Whistleblowing Concern Reporting

During the first quarter of 2024/25, NHS Fife received one Whistleblowing concern from within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns

NHS Fife received two Anonymous / Unnamed Concerns during the first quarter.

Local Press Coverage

During the first quarter, three concerns from staff were highlighted in local press coverage.

Training Module Data

All staff, including managers, are regularly reminded to complete the appropriate training for their role, and included in the mandatory training for NHS Fife is the Turas module providing an oversight on Whistleblowing. Whistleblowing training continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Training data is reviewed quarterly, including at the Staff Governance Committee, with any appropriate actions considered.

Appendix One provides full details of the information above.

It is suggested that this report provides a Moderate Level of Assurance:

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

This rating reflects the fact that work is ongoing to improve the organisational support around Whistleblowing activity, including outreach to staff to encourage speaking up through Whistleblowing channels.

2.3.1 Quality, Patient and Value-Based Health & Care

A quality system is a system that learns. Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The NHS Scotland Staff Governance Handbook sets out the highest levels of governance that are afforded to all staff. By providing a culture that supports the appropriate raising and investigation of concerns, NHS Fife ensures colleagues are afforded these high levels of governance.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion and Dignity and Respect. They also support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of Openness, Honesty and Transparency indicate the importance of this.

2.3.3 Financial

There is no direct financial impact.

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous / unnamed concerns is an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety, and effectiveness of services.

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

This paper does not relate to the planning, deliver or a change in service. There are no decisions that would significantly affect any one group.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the Meeting

The Whistleblowing Oversight Group considered a draft of this report at its meeting on 31 July, and it was also shared with the Chief Executive, Whistleblowing Champion and Workforce colleagues prior to the meeting for comment. The Executive Directors' Group reviewed this report at its meeting on 15 August.

The prepared quarterly report is considered in the September 2024 meeting cycle by the Staff Governance Committee, Area Partnership Forum and NHS Fife Board.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – this report provides a moderate Level of Assurance, reflecting the fact that work is ongoing to improve the organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up.

3 List of appendices

The following appendices are included with this report:

Appendix No. 1 – Q1 2024/25 Whistleblowing Performance Report

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macIntosh@nhs.scot

Appendix 1 –Whistleblowing Report Q1 April to June 2024

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report demonstrates our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received

There was one Whistleblowing Concern received during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Overview / Additional Detail: Concern 1 – Quarter 1

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	-
Days at Stage Two	46 days (as at 5 th August)
Closed date	Still open
Service Area(s)	Complex and Critical Care Services

Additional Detail:

Does this whistleblowing concern include an element of any of the following?
Conduct
Does this whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
Has an incident been logged on Datix in relation to this concern?
No
Date Incident was logged
-
Incident Reference
-
How was the whistleblowing concern received?
Received by e-mail
Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No
Date concern logged on Datix
06/06/2024

Date the event occurred (if known)
Not known
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
-
Outcome - Investigation (Stage 2)
Still open
Findings
Currently under investigation
What key themes and trends were identified in relation to this whistleblowing concern?
Under investigation

3. 2023/24 Case Update

Findings and themes are now available for the Whistleblowing concern raised in Q1 in 2023/24.

Findings:

- Chronic staff shortages, impacting on the optimal level of patient care.
- Workforce and workload pressures are impacting on the ability to provide optimal support to new staff, particularly those that require high level of support due to pre-existing physical or mental health conditions.

Changes have been implemented that are making a difference and appear to be valued by the staff. These include:

- Formal induction
- Implementation of mandatory training
- Changes to shift patterns
- Environmental changes to the ward area
- Changes to information available to patients
- Pastoral support for staff offered consistently

Suggested themes:

1. Lack of support
2. Poor staff morale
3. Shortage of staff

As part of the follow-up work to conclude this case, it has now become clear that the concern above should have been categorised as 'partially upheld' rather than 'not upheld', as reported previously through internal governance channels. The Annual Report for 2023/24 has been updated accordingly and reissued to the INWO, with the published version on the NHS Fife website also being refreshed. A lessons learned review has been undertaken and reporting processes within Datix have been strengthened to avoid any future recurrence of an incidence of this nature.

4. Anonymous / Unnamed Concerns Received

The Standards do not allow for concerns to be raised anonymously, nor can they be considered by the INWO. However, it is considered good practice for the Board to follow

the whistleblowing principles and investigate any concerns raised, in line with the Standards, as far as they can.

NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

Two Anonymous / Unnamed Concerns were received during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
Two	Staff Behaviour	H&SCP	Complex & Critical Care

Staff have other avenues / opportunities to raise concerns both anonymously and named and are supported to either resolve the concern or to use formal routes. As we progress through delivery of our Reform, Transform and Performance (RTP) programme, additional routes are available for staff to raise pertinent issues, including the submission of information via an anonymous form or by email to a generic email box. Staff using these methods are supported to resolve their concern or directed to the Whistleblowing process, should that be applicable.

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

In the first quarter, these have included:

- Specific walkabouts, both in relation to RTP across the Acute division and regular walkarounds with staff-side colleagues.
- A range of RTP stakeholder meetings, including those in relation to re-imagining Acute Services
- Local Partnership Forum meetings to discuss RTP proposals
- Monthly meetings of extended Senior Leadership Team (SLT)
- Weekly Acute SLT and RTP Acute Redesign meetings

5. Local Press Coverage During Quarter 1

There were three articles of a Whistleblowing / unnamed staff concern nature published in local newspapers during Quarter 1:

Quarter 1 1 April 2024 to 30 June 2024	Theme
Three	As below

The first press article highlighted the availability and timing of on-site security staffing coverage at Queen Margaret Hospital, Dunfermline. The second raised concerns about the Board's current financial situation and its potential impact on services and staff. The third

article highlighted a concern raised by a staff member about the availability of gender-specific changing areas for staff within NHS Fife.

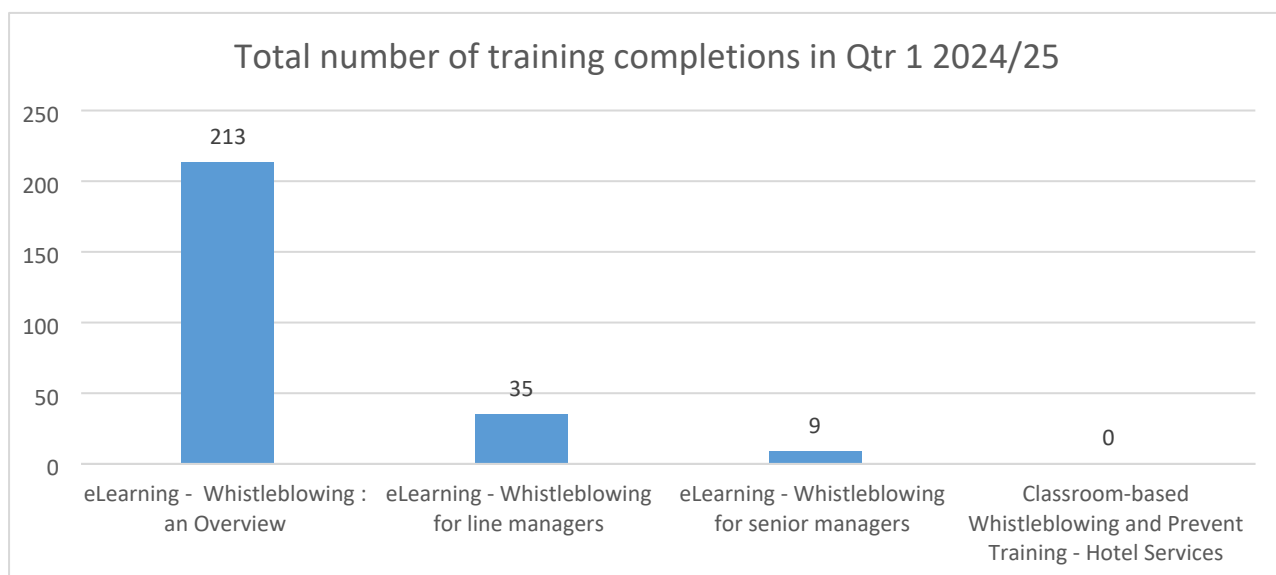
Responses to each article was provided by the Communications team, using their normal processes for responding to media enquiries.

6. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards. A questionnaire is currently being finalised, for approval by the Whistleblowing Oversight Group, to gather this information voluntarily, which will be available in the format of either an electronic Word file or via an anonymous online form submission. Feedback from Confidential Contacts on the type of support they are helping staff with is also being introduced. At the conclusion of Stage 2 Whistleblowing Concerns, an opportunity to speak to the Whistleblowing Champion in confidence is offered.

7. Whistleblowing Training Data

The data for training undertaken during Quarter 1 (1 April 2024 to 30 June 2024) is summarised below:



*Hotel services job family includes Domestic, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module, 6,490 staff have now completed the module.
- For the Whistleblowing for line managers module, 417 staff have completed the module.
- For Senior Manager module, 634 staff have completed the module.
- 74 staff members have completed classroom-based training.

8. iMatter Survey Raising Concerns

As part of the national iMatter Survey, for the second consecutive year, staff were asked via the survey questionnaire process if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to.

The results from the most recent survey undertaken in late spring 2024, for NHS Fife and Fife H&SCP, are given below.

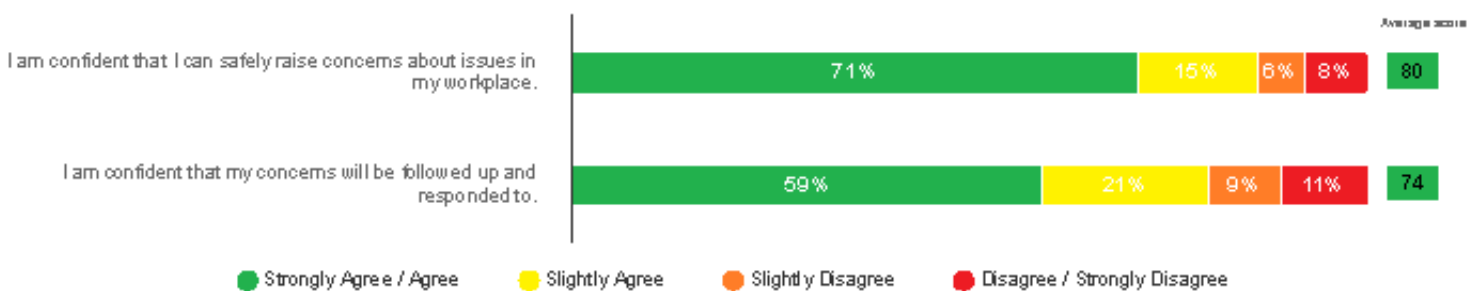


Raising Concerns Report

Total number of respondents: 7683

Thinking of your experience in the last 12 months, please tell us if you agree or disagree with the following statements:

Number of respondents: 7562



When compared to the 2023/24 survey results, 16 less people chose to respond to the two questions.

For question one, “I am confident that I can safely raise concerns about issues in my workplace”, the average score remains at 80.

For question two, “I am confident that my concerns will be followed up and responded to”, the average scoring shows a 1% reduction to last year’s result, to 74%.

The scaling is slightly different this year, with strongly agree and agree combined, as are disagree and strongly disagree. However, the overall percentages remain largely similar, with a less than 2% point difference between each survey.

9. Whistleblowing Oversight

In April 2024, responsibility for the governance and reporting of Whistleblowing within NHS Fife began to transition from the Workforce Directorate to the Corporate Governance & Board Administration function.

A new part-time (0.5 WTE) role of a Speak-Up / Whistleblowing Coordinator has been created to support the move, and the position is currently being recruited to. Standalone resource, separate from the HR function, will provide the necessary independence from

staff conduct and disciplinary processes to support effective Whistleblowing promotion and encourage staff to raise concerns, confident these will be considered with no detriment to them and in line with the Standards. The post will provide dedicated resource to improve the Board's promotion and co-ordination of its Whistleblowing processes. It is being introduced particularly to create dedicated capacity, to support the delivery of key strategic and operational priorities, at both the local level and in relation to the prospective postholder's respective national commitments as the Board's INWO Liaison Officer. Similar posts are in place in other Boards, and the creation of such a role in Fife will help enhance and expand the support in place to enable the Board's compliance with the National Whistleblowing Standards.

Specifically, the new role will enhance operational support for Whistleblowing activity, including enhanced support for Confidential Contacts, more outreach work with staff and clinical teams (including support for Speak Up Week in autumn of 2024), and dedicated resource to support staff with navigating the Whistleblowing process.

To coincide with the above transition process, the first meeting of the Whistleblowing Oversight Group, chaired by the Chief Executive, took place in April 2024, with a follow-up meeting scheduled for July 2024, and quarterly thereafter. The Group has an important role in discussing how the Board can strengthen its Whistleblowing processes, particularly around organisational learning from concerns raised and enhanced level of reporting via the governance structure.

10. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: Internal Audit Strategic Plan 2024/25 – 2026/27 and Operational Plan 2024/25

Report Author: Jocelyn Lyall, Chief Internal Auditor

Executive Summary:

At the June 2024 Audit and Risk Committee the Chief Internal Auditor updated members on the development of the Operational Internal Audit Plan for 2024/25 and the three-year Strategic Plan 2024/2027. The Director of Finance and Strategy and other key Directors considered the initial risk scoring and the findings from the 2023/24 Internal Audit Annual Report have been considered within the development of the Plan, as well as other sources of assurance.

Audits scheduled in year 1 make up the 2024/25 Operational Plan. Internal Audit have mapped the Strategic Audit Plan to both the Corporate Risk Register and the Reform, Transform and Perform (RTP) Programme and these links are shown in both the Strategic and Operational Plans.

This plan was considered by the Executive Directors Group on 15 August 2024, with members requesting a standalone review in year 1, focussing on RTP governance arrangements and framework, including workstreams, grip and control.

This plan was approved by the Audit and Risk Committee at the meeting held on 12 September 2024.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

- The report informs the Board of the Internal Audit Strategic Plan 2024/25 – 2026/27 and the Operational Internal Audit Plan 2024/25, approved by the Audit and Risk Committee. The report provides Significant Assurance that the planning process has been carried out in line with the Public Sector Internal Audit Standards and that the approved Strategic and Operational plans provide sufficient coverage to allow the Chief Internal Auditor to provide required annual assurances.

2.2 Background

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.”

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The Strategic and Operational Plans have been developed in accordance with *Public Sector Internal Audit Standard 2010 – Planning*, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals.
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation’s governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement.
- Audits of the organisation’s governance, risk management, and control arrangements which afford suitable priority to the organisation’s objectives and risks.
- Improvement of the organisation’s governance, risk management, and control arrangements by providing line management with recommendations arising from audit work.

- Effective co-operation with external auditors and other review bodies functioning in the organisation.

The internal audit service will be delivered in accordance with the Internal Audit Charter.

The Strategic Internal Audit Plan is designed to provide NHS Fife, through the Audit and Risk Committee, with the assurance it needs to prepare an Annual Governance Statement that complies with best practice in corporate governance. We also support the continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively.

2.3 Assessment

Prior to Covid, the Strategic Internal Audit Plan was based on a 5-year cycle. Due to the significant impact of Covid on the risk profile of the organisation, a planning process which relied on a relatively static risk environment and change generally occurring in the medium to long term was no longer viable. Internal Audit temporarily moved to an annual planning cycle with greater emphasis on the organisation's current rather than cyclical needs, focusing on emergent risks and those with most immediacy.

Post pandemic, the Strategic Internal Audit Plan 2024/25 – 2026/27 is structured around an updated audit universe based on a 3-year cycle (Appendix 1) which contains overt links to the Corporate Risk Register and RTP. The Three-Year cycle allows Internal Audit to respond to emerging risks, changes within the organisation, its structure, and how its services are delivered, whilst also ensuring that key controls are effective.

This Three-Year strategic planning cycle is aligned with the Scottish Government requirement for Three Year Delivery Plans and Three Year Financial Plans.

The FTF Internal Audit Consortium had two vacancies which have now been appointed to. Reflecting the impact of these vacancies on the deliverable audit days has resulted in a 48-day reduction in the NHS Fife 2024/25 Plan, when compared to 2023/24. 425 days are available for 2024/25.

Environmental and change risks

Internal Audit actively consider ongoing projects, forthcoming changes and wider knowledge of the NHS to ensure an appropriate level of audit coverage is provided across all key areas and risks. This includes consideration of the following key sources of information:

- Public Health and Wellbeing Strategy / Annual Delivery Plans / Financial Sustainability Plans
- Themes / risks emerging from our Internal Control Evaluation
- Previous internal audit reports
- External Audit reports and plans
- Board website, internal policies, and procedures
- Our NHS knowledge and experience
- Discussions with the EDG and the Audit and Risk Committee
- NHS Fife's Corporate risk profile

Other stakeholders

There is congruence between Health Board internal audit plans and those of the Integrated Joint Board (IJB) Partner. The NHS Fife Internal Audit Plan currently includes days for Internal Audit of the IJB, with IJB Plan agreed with the IJB Chief Officer and Chief Finance Officer and approved by the IJB Audit and Assurance Committee. The IJB Chief Officer had the opportunity to consider the Health Board Plan as a member of the EDG and there is a sharing protocol that allows for Health Board and Council Internal Audit Plans to be shared with the IJB and vice-versa.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets, and structures are a core consideration in planning all internal audit reviews.

The Internal Audit Plan for 2024/25 has been reduced by 48 days to reflect vacant posts, which have recently been filled. 425 days are available for 2024/25.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

The FTF budget is managed by the Chief Internal Auditor with the FTF Partnership Board overseeing and approving the overall FTF budget and any financial considerations.

2.3.4 Risk Assessment / Management

The process to produce the Strategic and Operational Plan considers inherent and control risk for all aspects of the Internal Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and the work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

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

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation. The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and Director of Finance and Strategy and considered by the EDG and Audit and Risk Committee.

2.3.8 Route to the Meeting

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

- Executive Directors Group, 15 August 2024
- Audit and Risk Committee, 12 September 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **SIGNIFICANT** Level of Assurance that the Draft Strategic and Operational Plans preparation and assessment process is conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) and the strategic and operational plans provide sufficient coverage to allow the Chief Internal Auditor to provide required year end assurances.

3 List of appendices

The following appendices are included with this report:

- Appendix A Internal Audit Annual Plan 2024/25
- Appendix B Internal Audit 3-year Strategic Plan

Report Contact

Jocelyn Lyall

Chief Internal Auditor

Email jocelyn.lyall2@nhs.scot

Sub-Headline	Scope	Rank	425	473	473	Relative	Strategic Risk	Reform Perform Transform
			2024/25	2025/26	2026/27			
			Days	Days	Days			
A ASSURANCE			79	74	74			
Audit Risk Assessment & Operational Planning	Risk Assessment, Strategic and Operational Planning	7	7	7	7	Internal Audit Requirement		
Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and Strategy and other officers	15	15	15	15	Internal Audit Requirement		
Liaison with External Auditors and other review bodies	Liaison with External Audit	4	4	4	4	Internal Audit Requirement		
Audit and Risk Committee	Preparation of papers, presentation and action points	18	18	18	18	Internal Audit Requirement		
Board, Operational Committees and Accountable Officer	Attendance and input / provision of advice at Standing Committees and other Groups.	10	10	10	10	Internal Audit Requirement		
Self-Assessment / External Quality Assessment	Preparation and engagement in EQA process, in compliance with Public Sector Internal Audit Standards	10	5	5	5	Public Sector Internal Audit Standards (PSIAS) requirement		
Clearance of Prior Year	Provision for clearance and reporting of 2023/24 audit reports	15	15	15	15	Internal Audit Requirement		
B HEALTH & SOCIAL CARE INTEGRATION			38	30	16			
Delivery of Integrated Joint Board internal audit plans	File UB Internal Audit Plan	38	30	15	15	2024/25 is the 4th year of a five year rotation with FTF Council		
C CORPORATE GOVERNANCE			154	223	138			
Annual Internal Audit Report & Governance Statement	CA annual assurance, review of Governance Statement and supporting evidence	30	30	30	30	Legislation		
Internal Control Evaluation	Mid-year assurance on governance and operation of controls	40	40	40	40	Internal Audit Requirement		
Audit Follow-up	Follow up of action points and validation of evidence, provision of reports to the Audit and Risk Committee	40	40	40	40	Provide AFU Service		
Code of Corporate Governance	To include assistance with development where requested by client e.g. compliance with Scheme of Delegation, Standards of Business Conduct.	42						
Governance Blueprint	Review of implementation of the Governance Blueprint and the complementary Committee Assurance Processes	50						
Structures of assurance	Review of assurance structures. Development of assurance mapping.	39	4	3	3	As required by Audit & Risk Committee Handbook, specifically assurance mapping		
Compliance with laws & regulations	Review of process to ensure compliance with Laws and Regulations.	42						
Best Value	SPFM requirements. Application of BV framework and demonstration of BV characteristics.	42						
Policies and Procedures	Review of the process to ensure that the update of policies is risk-assessed, delivered and monitored appropriately and that updated policies are published effectively and superseded versions removed from circulation.	50						
Risk Management Strategy, Standards and Operations	Attendance and contribution to the Risk Opportunities Group. Provision of advice as required	10	15	10	10	To be completed every year as required by PSIAS		
Staff and Patient Environment	Including Health and Safety, Fire and Security, 15 Steps toolkit for patient experience.	21			15			
NHS Resilience: Business Continuity and Emergency Planning	Compliance with NHS Scotland Resilience: Preparing for Emergencies guidance, including IT resilience.	21	15		15			
Environmental management	Structures of assurance, operational and financial planning to comply with environmental legislation, including the net zero target.	21				CRR 4 Policy obligations in relation to environmental management and climate change - Score Moderate 12, Below RA		
Strategic planning	Ongoing review of governance aspects of Strategy development, including project management arrangements, review of implementation plan, Healthcare Sustainability, transformation and service redesign.	32			15	CRR 4 Population Health and Wellbeing Strategy - Score Moderate 12, Below RA		
Operational planning	Focus on RTP governance arrangements and framework, including workstreams, grip and control.	18	15	20		CRR 2 Health Inequalities - Score High 20, Within RA. CRR 5 Optimal Clinical Outcomes - Score High 15, Within RA. CRR 6 Whole System Capacity - Score High 20, Above RA. CRR 10 Primary Care Services - Score High 16, Above RA.	RTP Scheme 2 - Unscheduled Care Bundle; RTP Scheme - Surge Reduction; RTP Scheme 12 - Planned Care	
Project Management	Review of RTP project management - focus on transformation, Programme Board structures and decision making, controls, pace of change.	42				RTP Governance		
Organisational Performance Reporting	Accurate, relevant and reliable reporting to the Board, staff, the SGHSCD and the public	15			10			
Organisational Performance Management	Review of the revision of Performance Management targets and arrangements to ensure that they provide meaningful information on delivery of strategy and risks to deliver.	3			20	Waiting times Audit (every 2 years)	CRR 7 Access to outpatient, diagnostic and treatment services - Score High 20, Above RA	
D CLINICAL GOVERNANCE			40	40	115			
Clinical Governance Framework	Review of clinical and care governance, risk and assurance. Review of management identification, triangulation and resolution of major clinical issues. Learning from external reviews.	7			20		CRR 8 Cancer Waiting Times - Score High 15, Above RA. CRR Quality and Safety 9 - Score Moderate 12, Within RA	
Patient safety programme	Reporting accuracy and using SPSP data to improve patient safety.	32			20			
Complaints	Review of risks and actions to drive improvement and triangulation of data with other assurance sources.	21			15			
Clinical Effectiveness and Improvement	Systems to eliminate waste, variation and harm, including clinical audit.	17			20			
Adverse Event Management	Recording and learning from incidents, triangulation and implementation of remedial action. Reporting of KPIs.	13			15			
Mortality & Morbidity	Application of Duty of Candour. Mortality and Morbidity (M&M) - Review of system to ensure timely completion of outcomes from M&M reviews and to develop shared learning	12			20			
Infection Control	HAI, cleaning and decontamination, food hygiene.	18			20		CRR 16 Off Site Sterilisation and Disinfection Unit Service - Score Moderate 12, Within RA	
Medical Equipment and Devices	Maintenance, control and acquisition of medical devices.	28			20			
Food, Fluid and Nutritional Standards	Review of processes to ensure compliance with National standards for nutrition and governance in this area.	37			15			

Population Health	Review of governance for population health and well being, including implementation of Strategy	7	20						CRR 1 Population Health and Wellbeing Strategy - Score Moderate 12, Below RA	
Medicines Management	Annual audit of one review from the Medicines Assurance Audit Plan	7	20	10					RTP Scheme 1 - Medicine Optimisation	
E STAFF GOVERNANCE			68	33	64					
Staff Governance Committee	Assurances to committees, inc. risk management, Staff Governance Standard monitoring, culture.	21				Remuneration Self-Assessment (every 2 years)				
Workforce planning, including capable and effective workforce	Review of development and implementation of Workforce Strategy and Workforce Plan, Management of workforce risks.	15			15			CRR 11 workforce Planning and Delivery - Score High 16, Above RA	RTP Scheme 2 - Unscheduled Care Bundle; RTP Scheme 5 - Non Compliant Rotas	
Culture and Leadership	Compliance with Blueprint for Good Governance.	28			15					
Health & Care (Staffing) (Scotland) Act 2019	Compliance with legislation.	21			18			CRR 19 Implementation of Health and Care (Staffing) (Scotland) Act 2019 (HCIA) - Score Moderate 12, Within RA		
Recruitment and Retention	Efficiency, effectiveness and timeliness of recruitment processes. Implementation and effectiveness of recruitment and retention activities.	13			20					
Supplementary staffing	Review of controls over the employment of bank and agency staff and controls to monitor demand, acquisition and use of supplementary staffing, focusing on value for money	2			20				RTP Scheme 7 - Supplementary Staffing	
Whistleblowing	Effectiveness of Whistleblowing governance, systems and processes.	18			15					
Management of performance and development (inc Remuneration Committee)	Review of arrangements for personal development plans and appraisal - Executive, medical and dental, GPs, awards for above	32			14					
Management of sickness absence	Review of controls to management sickness absence. Action to address areas of poor performance and adequacy of monitoring and reporting on implementation and effectiveness. Review of support for staff wellbeing arrangements	7			18			CRR 12 Staff and Wellbeing - Score High 16, Above RA		
F FINANCIAL GOVERNANCE			38	43	47					
Fraud & Probity Arrangements	Fraud liaison responsibilities. Responding to fraud risk assessment, including staff fraud.	50								
Losses and Compensations	Arrangements for investigating losses and preventing unnecessary recurrence.	53								
Financial Sustainability	Effective, efficient and economic use of resources to ensure financial sustainability. Focus on strategic and operational approach to delivering long-term financial sustainability. Achievement of initial 3% RTP saving from Reform and planning for Transformation.	3			18			CRR 13 Delivery of Balanced RTP Scheme 6 - Legacy Covid Costs CRR 14 Delivery of Recurring financial Balance over the Medium Term - Score High 16, Above RA		
Financial Planning	Strategic and medium term financial planning and prioritisation to support corporate strategies and priorities.	3						CRR 13 Delivery of Balanced RTP Scheme 6 - Legacy Covid Costs CRR 14 Delivery of Recurring financial Balance over the Medium Term - Score High 16, Above RA		
Financial Management	Budgetary control, reporting, remediation and data accuracy.	3			18			CRR 13 Delivery of Balanced RTP Scheme 6 - Legacy Covid Costs CRR 14 Delivery of Recurring financial Balance over the Medium Term - Score High 16, Above RA		
Savings	Strategic and medium term financial planning and prioritisation to support corporate strategies and priorities.	1			20			CRR 13 Delivery of Balanced RTP Scheme 6 - Legacy Covid Costs CRR 14 Delivery of Recurring financial Balance over the Medium Term - Score High 16, Above RA		
Compliance with core financial procedures	Review of compliance with key financial controls e.g. delegation, authorisation.	39								
Whole System Plan for asset investment	Assessment of progress towards development of Whole System Plan which will set out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans. Review of governance arrangements.	11			13			CRR 15 Prioritisation and Management of Capital Funding - Score Moderate 12, Within RA	RTP Scheme 4 - Estates Rationalisation	
Property Transaction Monitoring and Property disposals	Post Transaction Monitoring compliance. Efficient effective planning for property disposal.	1			12	12				
Asset control	Control over the Acquisition, Use, Disposal and Safeguarding of Assets.	32							RTP Scheme 3 - PFI Contract	
Procurement inc. service contract expenditure	Adherence to the procurement control framework (inc. use of Management Consultants).	32							RTP Scheme 8 - Procurement	
Service Contract Income	Contracts for services provided e.g. Out of Area Treatment, overseas visitors, private patients.	42								
G ENDOWMENT FUNDS/PATIENT FUNDS					15					
Charitable Funds (endowment funds)	Programme of work agreed with Trustees.	37			15					
Patients' funds and property	Compliance with patients fund and property control framework	21								
H INFORMATION GOVERNANCE			18	15	20					
Information Assurance/Information Security Framework	Information assurances to relevant committees and groups including risks, incidents and external reports.	30			15			CRR 17 Cyber Assurance - Score High 16, Above RA		
GDPR, Freedom of Information & Information Commissioner's Office	Provision of relevant, reliable and sufficient evidence of compliance with legislation and identification of cases	49								
Records Management	Review of compliance with Records Management Policy	41								
eHealth Strategy and Governance	Alignment of local eHealth strategic plans with the Board's overall strategy, the National eHealth Strategy and review of supportive governance processes	47			18			CRR 18 Digital and Information - Score High 15, Above RA	RTP Scheme 10 - Business Transformation	
eHealth Project Governance and Benefits Realisation	eHealth Project Governance and Benefits Realisation.	47						CRR 18 Digital and Information - Score High 15, Above RA		
Cyber Resilience	Implementation of revised Public Sector Cyber Resilience Framework Consideration of cyber resilience arrangements, risk assessment, and reporting.	30			20			CRR 17 Cyber Assurance - Score High 16, Above RA		
TOTAL			425	473	473					
			850	945	945					
			TRUE	TRUE	TRUE					

Audit	Audit Process	Scope	Rationale	Reform, Transform, Perform (RTP)	Corporate Risk	Days
Governance and Assurance						271
B01/25	Audit Risk Assessment & Planning	Risk Assessment, Strategic and Operational Planning	Mandatory requirement	Full RTP	Full corporate risk register	7
B02/25	Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and Strategy and other officers	Added value			15
B03/25	Liaison with External Auditors	Liaison with External Audit	Mandatory requirement			4
B04/25	Audit and Risk Committee	Preparation of papers, presentation and action points	Mandatory requirement			18
B05/25	Clearance of Prior Year	Provision for clearance and reporting of 2023/24 audit reports	Internal Audit requirement			15
B06/25	Annual Internal Audit Report & Governance Statement	CIA annual assurance, review of Governance Statement and supporting evidence	Legislation		Full corporate risk register	30
B07/25	Internal Control Evaluation (ICE)	Mid-year assurance on governance and operation of controls	Internal Audit requirement		Full corporate risk register	40
B08/25	Board, Operational Committees and Accountable Officer	Attendance and input / provision of advice at Standing Committees and other Groups	Added value			10
B09/25	Audit Follow Up	Follow up of action points and validation of evidence, provision of reports to the Audit and Risk Committee	Legislation			40
B10/25	Self-Assessment / External Quality Assessment	Preparation and engagement in EQA process, in compliance with Public Sector Internal Audit Standards	Mandatory requirement			10
B11/25	Structures of Assurance	Review of assurance structures. Development of assurance mapping	Added value			4
B12/25	Risk Management Strategy, Standards and Operations	Attendance and contribution to the Risk Opportunities Group. Provision of advice as required	Internal Audit requirement and Executive Request	Full RTP	Full corporate risk register	10
B13/25	Environmental Management	Structures of assurance, operational and financial planning to comply with environmental legislation, including the net zero target	Risk Assessed from 2023-24 Plan		CRR4 - Policy obligations in relation to environmental management and climate change	15
B14/25	Health & Social Care Integration	Fife IJB Internal Audit Plan	Mandatory Requirement		CRR1 - Population Health and Wellbeing	38
B15/25	Operational Planning	Focus on RTP governance arrangements and framework, including workstreams, grip and control.	Added value	Full RTP		15
Clinical Governance						40
B16/25	Population Health	Review of governance for population health and well being, including implementation of Strategy	Added value		CRR1 - Population Health and Wellbeing Strategy, CRR 2 - Health Inequalities, CRR 5 - Optimal Clinical Outcomes	20
B17/25	Medicines Management	Annual audit of one review from the Medicines Assurance Audit Plan	Executive Request	RTP Scheme 1 - Medicine Optimisation		20
Staff Governance						58
B18/25	Recruitment and Retention	Efficiency, effectiveness and timeliness of recruitment processes. Implementation and effectiveness of recruitment and retention actions	Added value	RTP Scheme 7 - Supplementary Staffing	CRR11 - Workforce Planning and Delivery, CRR19 - Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]	20
B19/25	Supplementary Staffing	Review of controls over the employment of bank and agency staff and controls to monitor demand, acquisition and use of supplementary staffing, focusing on value for money	Added value	RTP Scheme 7 - Supplementary Staffing	CRR11 - Workforce Planning and Delivery	20
B20/25	Management of Sickness Absence	Review of controls to management sickness absence. Action to address areas of poor performance and adequacy of monitoring and reporting on implementation and effectiveness. Review of support for staff wellbeing arrangements	Added value	RTP Scheme 7 - Supplementary Staffing	CRR12 - Staff Health and Wellbeing	18
Financial Governance						38

B21/25	Financial Sustainability	Effective, efficient and economic use of resources to ensure financial sustainability. Focus on strategic and operational approach to delivering long-term financial sustainability. Achievement of initial 3% RTP saving from Reform and planning for Transformation.	Added value	RTP Scheme 6 - Legacy Covid Costs	CRR13 - Delivery of a balanced in-year financial position, CRR 14- Delivery of recurring financial balance over the medium-term financial position	20
B22/25	Savings	Strategic and medium term financial planning and prioritisation to support corporate strategies and priorities	Added value	RTP Scheme 9 - Corporate Directorate; RTP Scheme 13 - SLA and External Activity	CRR13 - Delivery of a balanced in-year financial position, CRR 14- Delivery of recurring financial balance over the medium-term financial position	18
Information Governance						18
B23/25	eHealth Strategy and Governance	Alignment of local eHealth strategic plans with the Board's overall strategy, the National eHealth Strategy and review of supporting governance processes	Added value	RTP Scheme 10 - Business Transformation	CRR 18 - Digital & Information	18
Total Days for 2024/25 Internal Audit Plan						425

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Corporate Calendar – Board and Committee Dates to March 2026
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper provides the planned dates of meetings of Fife NHS Board and its Committees from April 2025 to the end of March 2026.
- Liaison will continue to take place with the Fife Health & Social Care Partnership on the NHS Fife corporate calendar and an updated calendar will be shared when we receive notification of the Integration Joint Board (IJB) dates for its respective meetings and committees.
- Each individual Standing Committee has considered its individual planned dates at the September cycle of meetings and no changes to the current draft calendar have been proposed. The Remuneration Committee dates will be noted at its next meeting in November 2024.

1 Purpose

This report is presented for:

- Decision

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

Members are asked to approve the planned dates of meetings of Fife NHS Board and its Committees from April 2025 to the end of March 2026. Dates for the Board are published

on the NHS Fife website to alert staff and members of the public to the meeting dates and availability of meeting papers.

2.2 Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

2.3 Assessment

The NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance & Quality Report (IPQR) and the initial circulation and consideration by the appropriate sub-committees of the Board.

The use of the electronic Outlook calendar will continue, enabling diary 'invitations' to be sent to Members for the Board and Committee meetings they participate in. Invitations will be circulated by email for the respective dates and will be kept updated on an ongoing basis, to aid Members' diary management. Where appropriate, these invitations will contain the MS Teams link for joining the meeting, where committees continue to meet remotely.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

There are no risk management implications arising from this paper.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Liaison will continue to take place with the Fife Health & Social Care Partnership on the NHS Fife corporate calendar. NHS Fife dates have been set to take account of current IJB meeting cycles, though firm dates for the IJB for the period covered have not yet been communicated to us. An updated calendar will be shared when we receive notification of the IJB dates for its respective meetings and committees.

2.3.8 Route to the Meeting

Each individual Standing Committee has considered their individual planned dates at the September cycle of meetings and no changes to the current draft calendar have been proposed.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the proposed 2025-26 meeting dates for the Board and its committees (Appendix 1). The previously agreed dates for the remainder of this year, October 2024 to March 2025, are also included (Appendix 2) for information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Proposed 2025-26 Meeting Dates (for approval)
- Appendix 2 – Previously Agreed Dates October 2024 to March 2025 (for information only)

Report Contact

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

Fife NHS Board and Committee Dates 2024/25 as at 27.08.24

		Month Committee Meeting Dates																																							
Board/Board Committees in Month		APF		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday								
Board Development	29/10/2024		October		1	2	3	4	5	6	7 PH	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23 BoT	24 EDG DS	25 IJB DS	26	27	28	29	30	31						
Board	26/11/2024	20.11.2024	November					1 CGC (10:00)	2	3	4 EGG (10:00)	5 SGC (10:00)	6	7	8 IJB Q&C	9	10	11	12 FP&R (10:00)	13 Remuneration (10:00)	14	15 IJB A&A	16	17	18	19 FHC Grants	20	21	22	23	24	25	26	27	28 EDG DS	29 IJB (10:00)	30				
CG	01/11/2024																																								
SG	05/11/2024																																								
IJB Q&C	08/11/2024																																								
PH&W	11/11/2024																																								
FP&R	12/11/2024																																								
IJB FP&S	12/11/2024																																								
Remuneration	13/11/2024																																								
IJB A&A	15/11/2024																																								
FHC Grants	19/11/2024																																								
IJB	29/11/2024																																								
Board Development	17/12/2024		December							1	2	3	4	5	6	7	8	9	10	11 FHC Finance	12 A&R (2:00)	13 IJB DS	14	15	16	17	18	19	20	21	22	23	24	25 PH	26 PH	27	28	29	30	31	
FHC Finance	11/12/2024																																								
Board	28/01/2025	22.01.2025	January			1 PH	2 PH	3	4	5	6 CGC (10:00)	7 SGC (10:00)	8	9	10 IJB Q&C	11	12	13	14 FP&R (10:00)	15 IJB FP&S	16	17 IJB A&A	18	19	20	21	22	23	24	25	26	27	28	29	30 EDG DS	31 IJB (10:00)					
CG	06/01/2025																																								
SG	07/01/2025																																								
IJB Q&C	10/01/2025																																								
PH&W	13/01/2025																																								
FP&R	14/01/2025																																								
IJB FP&S	15/01/2025																																								
IJB A&A	17/01/2024																																								
IJB	31/01/2025																																								
Board Development	25/02/2025		February						1	2	3	4	5 BoT	6	7	8	9	10	11	12	13	14	15	16	17	18	19 FHC Grants	20	21	22	23	24	25	26	27 EDG DS	28 IJB DS					
BoT	05/02/2025																																								
Board	25/03/2025	19.03.2025	March					1	2	3	4 SGC (10:00)	5	6	7 CGC (10:00)	8	9	10	11 FP&R (10:00)	12 IJB FP&S	13 A&R (2:00)	14 IJB A&A	15	16	17	18 FHC Finance	19	20	21	22	23	24	25	26	27 EDG DS	28 IJB (10:00)	29	30	31			
PH&W	03/03/2025																																								
SG	04/03/2025																																								
IJB Q&C	06/03/2025																																								
CG	07/03/2025																																								
FP&R	11/03/2025																																								
IJB FP&S	12/03/2025																																								
A&R	13/03/2025																																								
IJB A&A	14/03/2025																																								
FHC Finance	18/03/2025																																								
Remuneration	20/03/2025																																								
IJB	28/03/2025																																								

KEY: EDG Exec Team 9:30-10 Board Board Development Committees IJB Committees APF IPR Board of Trustees / FHC Committees

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Corporate Risk Register
Responsible Executive:	Margo McGurk, Director of Finance & Strategy, NHS Fife
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards, NHS Fife

Executive Summary

- The report highlights a number of updates to existing risks where a combination of service demand/capacity and the financial context are increasing the overall risk levels in a number of areas.
- The report also reflects potential risks emerging in the system,

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the Corporate Risk Register since the last report to the Board on 28 May 2024. The information reflects the risks being reported through the September 2024 round of governance committee meetings.

Members are invited to:

- review the corporate risks as at 20 August 2024 set out at Appendix 1;
- consider the information against the Assurance Principles and Risk Matrix at Appendix 2 and 3 respectively;
- conclude and comment on the assurance derived from the report.

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

NHS Fife Strategic Risk Profile

The Strategic Risk Profile as at 20/08/24 is provided at Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
Summary Statement on Risk Profile							

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with some risks requiring daily assessment.

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

Risk Key		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

- The risk level breakdown is as previously reported - 13 high and 6 moderate.

Key Updates

Risk 1- Population Health & Wellbeing Strategy

The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions although the service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy. The current risk level is moderate 12 and the aim is to maintain this level by end of March 2025.

Risk 2 – Health Inequalities

Fife Partnership have agreed to submit an application to work with the Institute of Health Equity and become a Marmot place. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.

Prevention and early intervention strategy will be ratified in September and the establishment of the ‘fair financial decision making’ checklist. Unfortunately, there remains significant funding uncertainty for the income maximisation worker to support maternity services. This is currently scheduled to conclude in October. These budgetary pressures at UK and Scotland-level will restrict flexibility and in particular impact on discretionary areas of spend.

Risk 5 - Optimal Clinical Outcomes

Following consideration of the updated Deep Dive review at the Clinical Governance Committee’s meeting on 1 March 2024, there was further discussion through the Risks and Opportunities Group (ROG) on whether it is appropriate to close the risk and develop a revised risk or risks. Following this and further discussion at Clinical Governance Oversight Group (CGOG), the recommendation was made to EDG on the 5 September 2024 and Clinical Governance Committee on the 6 September to close the risk and reframe a new risk. After significant discussion at both meetings, work is currently underway to reframe this new risk.

Risk 6 - Whole System Capacity

The target level for this risk has been changed from moderate 9 to high 16 reflecting the current challenges in the system. The target date has been set at end of March 2025.

The Director of Acute Services advises that this risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue. The Board will be advised on the outcome.

Risk 7 – Access to Outpatients, Diagnostics and Treatment services

We were previously unable to determine the target level for this risk due to the uncertainty of funding. Now that the funding has been agreed this has now been determined as high 16 and a target date given as end of March 2025.

Risk 9 - Quality and Safety

The Associate Director of Quality and Clinical Governance advises that one of the root causes of this risk is that there is a requirement to further develop the approach to organisational learning. A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group was shared with the Clinical Governance Oversight Group in April 2024. The approach was also shared at the Board development session in August 2024.

Risk 10 - Primary Care Services

The Annual Report for year one of delivery of the Primary Care Strategy was presented and approved at the Primary Care Governance and Strategy Oversight Group (PCGSOG) on 16 August 2024 and will now progress through committees to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan. A report describing progress of the Primary Care Improvement Plan (PCIP) 23/24 was also presented and supported at PCGSOG.

Risk 11 - Workforce Planning and Delivery

The revised National Workforce Planning Guidance and timetable due in Autumn 2024 is awaited to inform the publication of the Workforce Plan for 2025 onwards. The new EMERGE programme in conjunction with Levenmouth Academy, Fife College and NES, now offering up to 22 places for pupils interested in health-related careers, commenced in August 2024.

Risk 13 - Delivery of a balanced in-year financial position

Risk 14 - Delivery of recurring financial balance over the medium term

Both the finance risks have been refreshed to reflect the level of financial challenge across the NHS Fife system, this includes rescoring of both as now very high risks. The corporate risk register at Appendix 1 of the new risk descriptors and scoring was proposed and approved by EDG and presented to FP&R at the July Committee.

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

CGC recommend that the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk is moved from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management. NHS Fife Board are asked to support this.

Risk 19 - Implementation of Health and Care (Staffing) (Scotland) Act 2019 (HCSA)

Work continues on HCSA implementation. This first formal quarterly report on progress has been submitted to the Scottish Government.

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

The Head of Capital Planning & Project Director presented the case for the addition of a new risk outline below at EDG on 2 May 2024. EDG supported the addition of the new risk being included on the Corporate Risk Register aligned to FP&R committee.

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

Initial Risk Status: Likelihood 5, Consequence 4, Risk Level 20 (High Risk)

Mitigations

We can still deliver against our Population Health and Wellbeing Strategy; however, our approach requires to be flexible to reflect the resource available to us. It will be important to use the capital funding we do receive wisely with requirements being prioritised in a logical manner (there is a separate corporate risk which deals with this). It will also be important to maintain open communication channels with Scottish Government to facilitate alignment around planning.

Target Risk Status

Likelihood 3, Consequence 4, Risk Level 12 (Moderate Risk),
Target Timescale 31/03/26

It is important to recognise that this risk is difficult for NHS Fife to manage and mitigate given that we have no control over Scottish Government's capital budget.

Potential New Corporate Risks

Pandemic Preparedness/Biological Threat

EDG agreed a Deep Dive review in preparation for this risk being included on the Corporate Risk Register. EDG were also asked to support the further development of the Emerging Infectious Disease risk. Given the uncertainty associated with the Emerging Disease Risk, it was agreed to monitor this through the Public Health Assurance Group and bring back for escalation once a new threat becomes apparent. It has been agreed by Executive Leads that this new risk is best aligned to the PHWB Committee.

Details of all risks are contained within Appendix No. 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to adapt to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Programme.

A Board Development session on risk appetite was held on the 8 April 2024 with a further session on 25 June 2024. The session included consideration of the Integration

Joint Board (IJB) risk appetite statement which has 4 levels of risk appetite against NHS Fife's current 3 level model. The Associate Director for Risk & Professional Standards and the Director of Digital & Information who facilitated the session, are in the process of pulling together themes from the meeting to inform recommendations for consideration by the Board.

The Risks and Opportunities Group will seek to enhance its role in the identification and assessment of emergent risks and opportunities and make recommendations on the potential impact to the Board's Risk Appetite position. The Group will also contribute to the development of the process and content of Deep Dive Reviews.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more co-ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

The majority of risks remain above risk appetite, reflecting the ongoing the ongoing level of demand across all services within an increasingly challenging financial environment. The appetite status is as follows:

Above - 11

Within - 6

Below - 2

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

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

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects engagement with Executive and Non-Executive Directors and the Director of Digital & Information and discussions within the Risks and Opportunities Group.

2.3.8 Route to the Meeting

- Margo McGurk, Director of Finance & Strategy on 23 August 2024
- Audit and Risk Committee 12 September 2024

2.4 Recommendation

This report provides the latest position in relation to the management of corporate risks. Members are asked to take a “**moderate**” **level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

NHS Fife Board are asked to support **Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service** being moved from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

3 List of appendices

Appendix 1 - NHS Fife Corporate Risk Register as at 20 August 2024

Appendix 2 - Assurance Principles

Appendix 3 - Risk Matrix



Report Contact

Dr Shirley-Anne Savage


Associate Director for Risk and Professional Standards


Email shirley-anne.savage@nhs.scot

NHS Fife Corporate Risk Register as at 20/07/24

No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1	 <p>HIGH</p>	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>NHS Fife's 3-year Medium Term Plan 2024/25 is yet to be agreed by Scottish Government and the Annual Delivery Plan 2024/25 was agreed by Scottish Government. The service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.</p> <p>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions.</p> <p>For 2024/25, the PHW Strategy Mid Year Report and Annual Report was approved in January and May 2024 respectively by NHS Fife Board. The Annual Report included an update on the risks in delivery of the PHW Strategy.</p>	Below	Mod 12	Mod 12 by 31/03/25	◀▶	Chief Executive	Public Health & Wellbeing (PHWC)
2	 <p>HIGH</p>	<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas,</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy is monitoring actions which will</p>	Within	High 20	High 15 by 31/10/24	◀▶	Director of Public Health	Public Health & Wellbeing (PHWC)

		<p>representing huge disparities in health and wellbeing between Fife communities.</p>	<p>contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Public Health working on approach to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>Development of Anchors strategic plan. Key achievements to date:</p> <ul style="list-style-type: none"> - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife <p>Fife Partnership have agreed to submit an application to work with the Institute of Health Equity and become a Marmot place. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.</p> <p>Prevention and early intervention strategy will be ratified in September</p>						
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			<p>and the establishment of the 'fair financial decision making' checklist</p> <p>Unfortunately, there remains significant funding uncertainty for the income maximisation worker to support maternity services. This is currently scheduled to conclude in October. These budgetary pressures at UK and Scotland-level will restrict flexibility and in particular impact on discretionary areas of spend.</p>						
4	 <p>HIGH</p>	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>Our objectives are set out and monitored through Section 10 of the ADP</p> <p>11 Deliverables in the ADP – 10 are Green (on track) and 1 at risk at Q1</p> <p>Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has</p>	Below	Mod 12	Mod 10 by 01/04/25	◀▶	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)

			<p>been published as per the requirements of the policy DL38.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews was prepared for submission to the Fife Partnership board in May 2024. This set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p>						
5	 <p>Optimal Clinical Outcomes</p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p> <p>HIGH</p>	<p>Following consideration of the updated Deep Dive review at the Committee's meeting on 1 March 2024, there was further discussion through the Risks and Opportunities Group (ROG) on whether it is appropriate to close the risk and develop a revised risk or risks. Following this and further discussion at Clinical Governance Oversight Group (CGOG), the recommendation was made to EDG on the 5 September 2024 to close the risk and reframe.</p> <p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below and related activities, to frame and plan our approach to meeting the challenges associated with this risk.</p>	Within	High 15	Mod 10 by 31/09/24	◀▶	Medical Director	Clinical Governance (CGC)	



The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time:

Delivery of the Population Health & Well-being Strategy

Delivery of the Recovery and Renewal Priorities Plan4Fife 2021-2024 Update


Embedding of Anchor Institution Principles

Continue the work of the Integrated Planned Care Programme Board (Chaired by the Director of Acute Services).


Continue the work of Integrated Unscheduled Care Project Board (chaired by the Medical Director) reporting to the Clinical Governance Committee three times per year.


Continue the work of the Acute Cancer Services Delivery Group (chaired by the Director of Acute Services) reporting to the Cancer Governance and Strategy


			<p>Group (chaired by the Medical Director).</p> <p>Continue to develop and implement Annual Delivery Plans for the Cancer Framework.</p> <p>Continue the work of the Primary Care Strategy Group</p> <p>Continue work on the Mental Health Redesign Programme</p> <p>Continue the work of the Scheduled Care Group</p> <p>Review the Scottish Government (SG) Value Based Health & Care. A Vision for Scotland, December 2022 document against our local plans.</p> <p>Continue escalation of issues through Senior Leadership Teams to Executive Director's Group then through to Clinical Governance Committee and other committees as appropriate</p> <p>Implement the Fife H&SCP Strategic Plan for Fife 2023-26</p> <p>Implement the Cancer Framework Delivery Plan 2024/25</p> <p>Ensure the NHS Fife Realistic Medicine/Value Based Health Care Delivery Plan aligns with the Scottish Government (SG) Value Based Health & Care. Action Plan 2023.</p>						
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6	 <p>MODERATE</p>	<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>Work on bed modelling and redesign of the front door is underway.</p> <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan will be reviewed for 24/25. This will include a response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p>	Above	High 20	Mod 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)
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7	<p>MODERATE</p>	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>A paper is being presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p> <p>The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.</p> <p>The Planned Care Plan was approved by the FP&R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).</p> <p>The Integrated Planned Care Programme Board continues to</p>	Above	High 20	High 16 by 31/03/25		Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			<p>oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p>						
8	 <p>MODERATE</p>	<p>Cancer Waiting Times (CWT)</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>A paper is being presented to the July FP&R meeting outlining the Planned Care Plan and the utilisation of funding.</p> <p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. 240 patients have been seen in this clinic to date. There will be a focus to look at the waits to TP biopsy, post MDT part of</p>	Above	High 15	Mod 12 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			<p>the pathway and review robotic surgery capacity.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news'.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 -24 are being reconciled. Work is underway to develop actions for 2024-25.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p> <p>Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement.</p> <p>Funding for the RCDS Service has been secured for the rest of this year.</p> <p>Submitted bids against the 30M non-recurring funding have been successful.</p> <p>ADP Actions for 2024/25 have been reviewed.</p>						
9		Quality & Safety	Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG)	Within	Moderate 12	Low 6 by	◀▶	Medical Director	Clinical Governance (CGC)

		<p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p>	<p>providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).</p> <p>There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.</p> <p>One of the root causes of this risk is that there are “no effective system of supporting effective organisational learning”. A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group has been shared with the Clinical Governance Oversight Group in April 24 with a formal update scheduled to the Executive Directors in August 24. The approach is also being shared at the Board Development Session in August 24. The paper includes a workplan for 2024/2025 and outlines a number of activities the group will progress. Organisation Learning Group meetings have now been reestablished to continue this work.</p>			31/03/25			
10	 <p>MODERATE</p>	<p>Primary Care Services</p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 and will now progress through committees to</p>	Above	High 16	Mod 12 by 31/03/25	◀▶	Director of Health & Social Care	Public Health & Wellbeing (PHWC)


			<p>the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan.</p> <p>Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024. Completed – this will go to the Primary Care Governance and Strategic Oversight Group for ratification. Complete</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.– Complete as above</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government.</p> <p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. A Primary Care Strategy Stakeholder workshop for year two is now being planned. A report describing progress of PCIP 23/24 was presented and supported at PCGSOG – 16 August 2024 and will now progress via Committees of IJB and NHS Fife.</p>						
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			<p>Local negotiations in relation to MOU2 transitionary payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received and detailed within PCIP report above. Discussions continue locally.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024. - Complete</p> <p>Pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative</p> <p>MOU2 remains the national direction regarding delivery of PCIP. Programme of work continues with regular monitoring and oversight by GMS groups and governance structures of the IJB. Awaiting further direction and/or guidance from</p>						
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			<p>Scottish Government for 24/25– see above re PCIP report.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.– Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service.</p> <p>Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now a key deliverable of the year two strategy.</p>						
19	 <p>MODERATE</p>	<p>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p>	<p>NHS Fife Local HCSA Reference Group, with Fife wide, multi-disciplinary and staff representation, is now well established with monthly meetings.</p> <p>Seven SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness, with one remaining SWOT to be shared and logged with national team.</p> <p>HCSA resources continue to be shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p> <p>Quarterly progress returns submitted to SG and June 2024 SG engagement meeting supported assessment of reasonable assurance. Enhanced local engagement and reporting achieved via introduction of MS Forms to capture latest activity in respect of Act requirements. Feedback continues to inform local action plan.</p> <p>First quarterly high cost agency return to 30/06/2024 submitted to SG and first quarterly internal report will be</p>	Within	Moderate 9	Mod 9 by 22/07/24	▲	Director of Workforce	Staff Governance (SGC)


			<p>considered at September 2024 SGC meeting.</p> <p>HIS/SG/NHS Fife engagement meeting scheduled for September 2024.</p> <p>Regular updates provided to APF, EDG and SGC and Fife NHS Board.</p> <p>This risk on the preparations for HCSA implementation is monitored via the NHS Fife HCSA Local Reference Group.</p>						
11	 <p>MODERATE</p>	<p>Workforce Planning and Delivery</p> <p>There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery</p>	<p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service-based workforce plans and now aligning to new RTP Programme And agreed workstreams. Awaiting revised national Workforce Planning guidance and timetable in Autumn 2024 to inform publication of Workforce Plan for 2025 onwards.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026, the Plan for Fife and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an Anchor Institution, e.g. Employability agenda / Modern Apprenticeships with a health focused Careers Event planned for later this year, in conjunction with the Developing the Young Workforce Fife Board.</p> <p>The new EMERGE programme in conjunction with Levenmouth Academy,</p>	Above	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

			<p>Fife College and NES, now offering up to 22 places for pupils interested in health-related careers, commenced in August.</p> <p>ScotCom: widening participation. The partnership agreement is signed between NHS FIFE and University of St Andrews and a programme timetable launched starting with a briefing targeting high school influencers in late April and the application window for the summer school opening in June 2024. Further engagements events are in planning with DYW coordinators for September 2024 to support pupils who are not predicted to meet the entry grades for Medicine degree courses to explore other opportunities in healthcare.</p> <p>The HSCP Anchor group has formed with the first meeting held in April 2024. Integrated membership includes social care, nursing, business enabling and administrative services. Public Health Input and direction to support the group to start to map out workforce ambitions.</p> <p>Continued development of Service Level Workforce Plans, taking account of the 2024/2025 ADP submissions to establish the projected workforce gap between supply, demand, the financial envelope and identifying workforce and non-workforce solutions services are progressing to mitigate workforce risks and balance service delivery.</p> <p>Quarterly Workforce Planning updates have been built into the governance cycle for 2024/2025, now revised to updates at each SGC meeting.</p> <p>Consideration of impact of planned reduction in Agenda for Change staffs' full time working week from 37.5 hours to 36 hours per week on workforce</p>					
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			<p>numbers and service capacity, with modelling being undertaken in line with National implementation plans.</p> <p>Consideration and modelling of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of Band 5/6 nursing review.</p> <p>Consideration of impact of non-pay elements of Agenda for Change staff pay award for 2023/2024 in respect of protected learning time (PTL) has resulted in various approaches to support implementation of PLT.</p>						
12	 <p>MODERATE</p>	<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, are both in place in order to deliver these commitments.</p> <p>Consideration and review of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan and new IWWC actions. Current focus on wellbeing support for Doctors and Dentists in Training, aligned to RTP programme.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and promote staff wellbeing. This includes commencing multifactorial reviews within targeted areas to develop bespoke support to both staff and managers in these areas as part of the</p>	Above	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)




			2024 / 2025 initiatives, overseen by a new Board wide assurance group.						
13	 <p>MODERATE</p>	<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Successful delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25.</p> <p>Development and approval (Board & Scottish Government) and initial phase of delivery of transformation schemes “Choices” to commence delivery against the additional 4% cost reduction £30m in 2024/25.</p> <p>Prepare contingency options to mitigate any delay or issues with delivery against both the 3% and 4% schemes.</p> <p>Both phases will align with the ‘Choices’ programme and Sg/NHS Board CE15 box grid.</p> <p>Given the financial challenging environment the IJB is also working within there is the potential for risk share in 2024/25, this will require close monitoring and working across the system to quantify and prepare mitigating actions to reduce.</p>	Above	High 25	Mod 16 by 31/03/25	▼	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
14	 <p>MODERATE</p>	<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>Recurring and sustained delivery of our programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets £25m in 2024/25 into future years.</p>	Above	High 25	Mod 16 by 31/03/27	▼	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

			<p>Full delivery of transformation schemes “Choices” against the additional 4% cost reduction £30m required across all years of the plan.</p> <p>Trigger delivery in-year of contingency options to mitigate any delay or issues with delivery against both the 3% and 4% schemes.</p>						
15	 <p>MODERATE</p>	<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Ongoing governance through FCIG with capital plan being submitted through FP&R and the Board.</p> <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p> <p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital & Information programme linked to D&I strategy. Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration. Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p>	Within	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)




16	 <p>MODERATE</p>	<p>Off-Site Area Sterilisation and Disinfection Unit Service</p> <p>There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p>	<p>Monitoring and review continues through the NHS Fife Decontamination Group.</p> <p>The National Decontamination Collaborative Programme Board is Chaired by the Director of Property & Asset Management (NHS Fife) and is developing a Initial agreement for submission to SG recognising that this is a National Problem.</p> <p>To recommend to the NHS Fife Board, to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management</p> <p>Establishment of local SSD for robotics is progressing with an indicative date of 31/12/23.</p> <p>Health Facilities Scotland (HFS) has agreed the design and the unit at St Andrews Community Hospital (SACH); the timescale to become operational has been revised from December 2023 to possibly June 2024. Work is underway to meet this target.</p> <p>An option appraisal for delivery of the service is being explored.</p> <p>Ensure that mitigations are in place to ensure that no trays are damaged while they are handled and stored in NHS Fife to include new racking and training</p> <p>Staff have received training in the safe handling of trays. Training is being repeated on a yearly basis.</p>	Within	Mod 12	Low 6 (by 01/04/2026 at next SG funding review)	◀▶	Director of Property & Asset Management	Clinical Governance (CGC)
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			<p>Staff must inspect each tray prior to loading on to storage system.</p> <p>New racking system installed early March 2022 costing £27,000 and prevents the stacking of trays.</p> <p>Tins purchased in early 2022 costing £29,000 in use to protect our heavy trauma and orthopaedic trays A trial of foam corners has been instigated by Tayside.</p> <p>Ensure that contingency stock has been procured to mitigate the effects of any down-time on the service to include: -</p> <ul style="list-style-type: none"> •At least 3 Days of Trauma trays •At least 3 days of obstetric trays <p>Consideration being given to increasing stock to 7 days for Trauma and Obstetric trays.</p> <p>Manage the SLA appropriately and consider changes to allow quality issues to be identified and treated seriously and in a timely manner.</p> <p>Regular Liaison meetings to discuss issues with the service have been taking place since 2021.</p> <p>Discussions are taking place about changing some of the terms in the SLA to allow defective trays to be identified at point of use rather than at point of delivery (July 2023).</p> <p>Consideration of alternative providers to determine whether value for money is being provided and whether increased resilience can be provided continues. Involvement and influencing the National group looking at capacity and resilience in CDU provision across Scotland. This group, facilitated by</p>						
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			<p>National Services Scotland (NSS) will make recommendations to the Scottish Government (SG) about how best to increase capacity and resilience within NHS Scotland. This Group was convened in 2021.</p> <p>The Decontamination Collaborative Programme Board (DCPB) is now chaired by the Director of Property & Asset Management and has been briefing SG through regular meetings. Work with Regional partners to identify synergies in service delivery including the developing business plan for re-provision of CDU capacity within NHS Lothian.</p> <p>Raise the profile of this issue at National Estates and Facilities Fora including National Strategic Facilities Group which includes key representatives from NSS and SG.</p>						
17	 <p>Cyber Resilience</p> <p>There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p>	<p>The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded. The compliance rate has increased to 87%, up from 76% from the previous year.</p> <p>The action plan for improvement has been presented to the Information Governance and Security Steering Group.</p> <p>The Deep Dive review for this risk was presented to Clinical Governance Committee in January 2024.</p> <p>Management actions detailed continue to be progressed.</p>	Above	High 16	Mod 12 by 30/09/24	◀▶	Medical Director	Clinical Governance (CGC)	

18	 <p>MODERATE</p>	<p>Digital & Information</p> <p>There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.</p>	<p>Consistent alignment of the D&I Strategy with the NHS Five Corporate Objectives and the Population Health & Wellbeing Strategy.</p> <p>Active review of the current digital programmes against current strategic objectives is complete and has governed by the Digital and Information Board. The annual delivery plan for 2024/25 will demonstrate a reduced level of activity to match the resource availability and limited levels of finance. (Capital and revenue)</p> <p>The revised strategy will include, financial and workforce planning, to support the mitigation of this risk.</p> <p>D&I Board have established new prioritisation and authorisation processes with ongoing review.</p>	Above	High 15	Mod 12 30/04/25		Medical Director	Clinical Governance (CGC)
20	 <p>MODERATE</p>	<p>Reduced Capital Funding</p> <p>There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.</p>	<p>Use the capital funding we do receive wisely with requirements being prioritised in a logical manner (see Risk 15).</p> <p>Maintain open communication channels with Scottish Government to facilitate alignment around planning.</p>	Within	High 20	Mod 12 by 30/03/26		Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

Risk Movement Key

-  Improved - Risk Decreased
-  No Change
-  Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns





General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

<u>Likelihood</u>	<u>Consequence</u>				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Annual Risk Management Report 2023/24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy, NHS Fife
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards

Executive Summary

- The report confirms that adequate and effective risk management arrangements were in place throughout the year.
- It describes progress against key deliverables within the risk management improvement programme approved in 2022, intended to enhance the effectiveness of our risk management framework arrangements. Key areas included are:
 - Progress with reviewing and revalidating the current Board Risk Appetite
 - Reviewing the Board Strategic Risk Profile
 - Creating a Corporate Risk Register to replace the previous Board Assurance Framework
 - Developing a Risk dashboard to complement the updated Integrated Performance and Quality Report (IPQR) and to further support effective performance management
 - Agreeing an updated process to support the escalation, oversight, and governance of risks; and
 - Creating and embedding the Risks and Opportunities Group.
- The report also sets out developments for the forthcoming year which include:
 - Completing the update of the Risk Management Framework to include the detail of the updated risk appetite statement
 - Continuing to refine risk management processes;
 - Implementing risk management key performance indicators;
 - Continuing to enhance the content and presentation of risk reports;
 - Supporting the continuing development of assurance reporting;
 - Further develop a risk management training programme for staff according to their roles and responsibilities

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
 - To Improve Quality of Health & Care Services

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides the Committee with the final Annual Risk Management Report 2023-2024 further to the draft report being presented at the 18 May 2024 committee.

2.2 Background

The report forms a component of the governance reporting arrangements for risk management in accordance with the NHS Fife Code of Corporate Governance.

2.3 Assessment

The report confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management improvement programme approved in 2022, intended to enhance the effectiveness of our risk management framework arrangements. In summary:

Continual improvement of the operational risk management approach including:

- Completing the refresh of the Risk Management Framework - achieved
- Refining risk management processes - achieved
- Reviewing and updating of the Board risk appetite statement - commenced
- Updating risk key performance indicators - achieved
- Improving the content and presentation of risk management reports - achieved
- Supporting the continuing development of assurance reporting - achieved
- Devising and delivering a risk management training programme - achieved
- Reviewing the Board Strategic Risk Profile - achieved

Next Steps

Our risk management arrangements will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Corporate Risk Register will continue to adapt to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The ROG will seek to further develop its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Elevating the profile of risk management in NHS Fife will further support delivery of our strategic priorities through improved operational governance and better alignment with the Population Health and Wellbeing Strategy and associated work streams.

2.3.2 Workforce

Effective management of workforce risks will support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Focus of the paper.

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

An Equality and Diversity (E&D) assessment has not been conducted but there are not considered to be direct E&D implications associated with this report.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

The report reflects the results of engagement in 2023/24 including with the following:

- Director of Finance and Strategy
- Executive Directors Group
- Governance Committees
- Fife NHS Board
- Internal Audit Team
- Risks and Opportunities Group
- Senior Leadership Teams
- Operational Teams

2.3.8 Route to the Meeting

- Margo McGurk, Director of Finance & Strategy on 23 August 2024
- Alistair Graham, Director of Digital and Information on 23 August 2024
- Audit and Risk Committee 12 September 2024

2.4 Recommendation

Members are asked to:

- Note the final copy of the report previously seen as a draft report

3 List of appendices

Appendix 1 - Annual Risk Management Report 2023-2024

Report Contact

Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards, NHS Fife

Email shirley-anne.savage@nhs.scot



Annual Risk Management Report

2023-2024

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1. RECOMMENDATION

The Audit and Risk Committee is asked to note and take assurance from the risk management activity undertaken during the period, 1 April 2023 to 31 March 2024.

2. INTRODUCTION

2.1 NHS Fife is committed to embracing and further developing an organisational culture which recognises the role and contribution of risk management in supporting decision making, strategic planning, and capitalising on opportunities to change in line with our ambitions, aspirations and capabilities.

2.2 This commitment is based on our core values of care, compassion, dignity and respect, openness, honesty and responsibility quality and teamwork.

2.3 In March 2022, Fife NHS Board endorsed a risk management improvement programme to provide the mechanics for a refreshed and more effective risk management framework which included:

- Reviewing and revalidating the current Board Risk Appetite
- Reviewing the Board Strategic Risk Profile
- Creating a Corporate Risk Register to replace the current Board Assurance Framework
- Developing a Risk dashboard to complement the updated Integrated Performance and Quality Report (IPQR) and to support effective performance management
- Agreeing an updated process to support the escalation, oversight, and governance of risks; and
- Creating a Risks and Opportunities Group

2.4 During 2023- 2024, several initiatives have been undertaken to progress elements of this programme. This report provides the Committee with a summary of the activities undertaken and confirms that adequate and effective risk management arrangements were in place throughout the year.

3. RISK MANAGEMENT IN 2023 / 2024

3.1 The Director of Finance and Strategy provides strategic leadership and direction for risk management in NHS Fife.

3.2 The Audit & Risk Committee has responsibility for evaluating the overall effectiveness of the risk management arrangements, and reviews and challenges how these are operating across the organisation.

3.3 During 2023/24, Internal Audit have continued to support the development of the risk management arrangements through constructive challenge and recommendations on specific elements of this work. The Internal Control

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Evaluation (ICE) 2023/24 Report noted that the Board continues to progress its Risk Management Framework Improvement Programme.

4. RISK MANAGEMENT FRAMEWORK

The updated Risk Management Framework was approved by the NHS Fife Board in September 2023. This 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. The updated framework reflects the clarification and formalisation of the risk management arrangements with the Fife Integration Joint Board.

The intention was to also update the related Risk Register / Risk Assessment Policy GP/R7. In re-- drafting the policy, there was considerable duplication with the Framework and following consultation with Internal Audit, and other key stakeholders, it was determined that a separate policy is not required as key elements of the policy not already covered will be added to the Framework. This approach was supported by the ROG on 5 December 2023 and endorsed by the Audit and Risk Committee on 13 December 2023.

The revised Framework and a Delivery Plan to support implementation have been finalised with the intention of submitting to the Audit and Risk Committee and the Board in May 2024, but in light of developments underway in relation to our risk appetite, it has been agreed to defer submission until that work is concluded.

5. RISK APPETITE

5.1 A risk appetite statement details the amount of risk the organisation is willing to take and underpins an effective risk management culture which enables the organisation to achieve its strategic priorities.

5.2 The Board's Risk Appetite was set in July 2022, and considered as part of the update to the Risk Management Framework in September 2023. It is recognised that risk appetite is not static and must be reviewed and adjusted periodically to reflect changes in the internal and external environment that may affect our risk profile or strategy. To this end, the Board began re-assessing its risk appetite at a dedicated Development Session held on 8 April 2024. The session was developed and co -facilitated by the Director of Digital and Information and the Associate Director for Risk and Professional Standards.

The discussion included consideration of risk appetite in the current operating landscape, and the Re-form, Transform and Perform (RTP) Framework and the Corporate Risk Register to reflect our risk appetite and consider making amendments where consensus is built.

Consideration was given to the Integration Joint Board (IJB) risk appetite statement as previously recommended by Internal Audit and a review of NHS Fife's current 3 level risk appetite against a 4 level risk appetite more in line with that of the IJB. The session did not conclude on a revised version and further work is underway to pull together the themes from the meeting and put forward

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recommendations for consideration by the Board. It is anticipated this work will be completed early in the 2024/25 reporting year.

5.3 Corporate Risk papers presented to each standing committee currently state if risks are within or outwith risk appetite and the reason for that position. The majority of the corporate risks are outwith risk appetite which reflects the ongoing level of demand across all services within the increasingly challenging financial environment. In line with the focussed work on risk appetite described above, consideration will be given in the year ahead to the Internal Audit recommendation on how to capture greater detail on how the risk appetite will affect strategy, decision-making, prioritisation, budget setting and organisational focus.

6. STRATEGIC RISK PROFILE

6.1 A Strategic Risk Profile as a dashboard set in the context of the Board’s risk appetite, continues to form a component of the monthly Integrated Performance & Quality Report (IPQR). The full Profile is part of the introductory Corporate Risk Summary section; with extracts related to specific strategic priorities within the Assessment section against areas of performance including clinical governance, operational, finance, staff governance and public health and wellbeing.

6.2 Figure 1 below provides a breakdown of the Strategic Risk Profile as at 31/03/24.

Figure 1 Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	↔	High
To improve the quality of health and care services	6	4	2	-	-	↔	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	↔	Moderate
To deliver value and sustainability	6	4	2	-	-	↔	Moderate
Total	18	12	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key		Movement Key					
High Risk	15 - 25	▲	Improved - Risk Decreased				
Moderate Risk	8 - 12	↔	No Change				
Low Risk	4 - 6	▼	Deteriorated - Risk Increased				
Very Low Risk	1 - 3						

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7. CORPORATE RISK REPORTING

7.1 From 1 April 2023 to 31 March 2024, 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 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. Appendix 1 provides a summary of the risks, their score in April 2023, September 2023 and at the end of March 2024. It allows a comparison of the overall risk level and should be considered against progress of the Population Health and Wellbeing Strategy. This analysis shows that our risk profile has not significantly changed since the beginning of the financial year.

The Covid-19 Pandemic risk was removed from the Corporate Risk Register following extensive discussions and due diligence over several months, reflecting its transition to business-as-usual activity, and monitoring through the Public Health Assurance Committee. A related potential new corporate risk on preparedness for potential future pandemics and biological threats is being developed, and a potential new corporate risk around capital funding constraints and impacts on service sustainability is also being developed. A new corporate risk on the preparation for implementing the legislation around the Health & Care Staffing (Scotland) Act 2019 was approved in late 2023.

7.2 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 to 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.

The corporate risk reporting schedule is set out at Appendix 2.

7.3 Our approach to corporate risk reporting has evolved in the past year. The Risks and Opportunities Group (ROG) has been instrumental in progressing several key developments, in response to feedback from the governance committees and other stakeholders, taking forward considerations and recommendations on the corporate risk register. These are summarised below.

7.4 In Year Risk Rating Improvement

During the year, the use of a time-limited improvement target for the corporate risk ratings was reviewed. Given the complexity of corporate risks, system volatility and scale of current external challenges, and the levels of inherent risk associated with some of the risks, it was agreed to remove the current in-year prediction and match the overarching risk target rating with a more meaningful and realistic metric i.e. an

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expected date of achievement. It was felt this would lessen the confusion of changing current risk rating targets for the in-year target.

7.5 Corporate Risk Review Cycle

In seeking to provide a balance of effective Corporate Risk review, with a standard frequency that recognised the need for Committee assurance on both the regularity of risk review and timely risk updates, we revised our approach. As the governance committees meet six times a year, there was an opportunity to rotate the corporate risk review frequency over these six meetings to provide assurance, while supporting the requirement for efficiency. It was agreed that while Corporate Risk owners can review and update risks at any time, they would review and update where necessary their total set of risks at least every four months.

7.6 The corporate risks collectively outline the organisational risks associated with the delivery of our strategy. It is recognised that the regular review of these risks and monitoring of the internal and external environment, are essential to ensure the risks represent the organisation’s contemporary risk profile, clearly reflect the relationship between current and target risk scores and risk appetite, and that the current and target scores are realistic.

8. ASSURANCE FRAMEWORK

8.1 In 2023, the standing committees requested a specific review on the use of the “level of assurance” listed within the Committee Assurance Principles routinely provided with the Corporate Risk Register reports. Following agreement at EDG and endorsement by the Audit and Risk Committee in June 2023, the 4 - level assurance model, used by Internal Audit, was incorporated within the Assurance Principles. The Deep Dive review template was also updated to incorporate the assurance levels, requiring the risk owner to provide a level of assurance to the Committee as part of the deep dive’s creation or review of a previous deep dive.

These developments were implemented from July 2023 and have added consistency to our reporting. The use of the assurance levels continues to evolve, as we further seek to enhance the evidence to substantiate the level of assurance being offered.

8.2 Deep Dive Reviews

Corporate Risk Deep Dive reviews continue to be an important component of our risk assurance reporting arrangements. 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. At 31/03/24, 14 of the current 18 Corporate Risks had undergone at least one deep dive and the Staff Governance Committee had commissioned reviews of non -corporate risks which are otherwise significant and aligned to staff governance.

The exceptions are:

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- Risk 6 - Whole System Capacity
- Risks 11 and 12 - Workforce Planning & Delivery, and Staff Health and Wellbeing - deep dives reviews have been carried out on related topics
- Risk 19 - Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 - The risk was only added to the Corporate Risk Register in November 2023.

One characteristic of a deep dive review is that it should be carried out at specific points during the life-cycle of the risk. Based on our learning over the last year, and following discussion at the Audit and Risk Committee Development Session in October 2023, and recommendations to the EDG in November 2023 and the other standing committees in January 2024, it was agreed that going forward, the requirement for a deep dive review will continue to be determined through routes including EDG and the Risks and Opportunities Group. Decisions will be informed by intelligence within operational teams, as well as consideration of triggers including: the creation of a new corporate risk, materially deteriorating risks, or the proposed de-escalation / closure of a corporate risk. The refreshed approach to commissioning a deep dive will be implemented during Quarter 2, 2024 - 2025.

It has been agreed that to enhance the assurance that can be taken from deep dives, and in response to recommendations from Internal Audit, the following improvements to deep dive reviews should be considered in 2024/2025.

- an assessment as to the impact of management actions on the target score;
- a focus on controls, with explicit assurance and conclusion on their effectiveness;
- an assessment of the proportionality of proposed actions; and
- external and internal factors associated with risks and their potential influence

The deep dive review schedule as at 31/03/24 is set out in Appendix 3.

9. RISKS AND OPPORTUNITIES GROUP

9.1 The Risks and Opportunities Group (ROG) which was established in September 2022, continues to meet to provide leadership and promote and embed an effective risk management framework and culture. To deliver on its annual work plan, the Group divides its time between the Corporate Risk Register and in supporting operational risk management practice.

9.2 The Group met on 6 occasions during the financial year to 31 March 2024, on the undernoted dates:

- 6 April 2023
- 8 June 2023
- 5 August 2023
- 3 October 2023
- 5 December 2023
- 6 February 2024

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9.3 A Terms of Reference was reviewed and updated in August 2023; to date, the Group's focus has included:

- Reviewing the Corporate Risk Register with a focus on realistic risk scoring, particularly current and target risk scores, and risk appetite;
- Considering governance committees' feedback on Corporate Risk assurance reports including deep dive reviews;
- Identifying potential improvements to the design and content of assurance reports,
- Considering potential developments to the Risk Assessment Matrix in terms of the scope of descriptors and associated terminology. The matrix is based on a national matrix. Similar considerations have taken place in other NHS Boards. Following a national meeting with Healthcare Improvement Scotland (HIS) in February 2024 in which NHS Fife took part, a short life working group will be set up to review the national matrix and take forward any developments. The ROG has agreed to let the national work emerge and conclude, after which it will reflect on the NHS Fife matrix.
- Contributing to the development of a Risk Summary Dashboard - in seeking to fulfil its remit to support operational risk management and enhance the value of the data within Datix, over the last year, the ROG has considered and contributed to the development of a Risk Summary Dashboard with the D&I team. The dashboard is designed to guide risk owners through a series of activities to facilitate effective risk management. The implementation approach for the ROG to take this forward was agreed by the EDG.

9.4 The Audit and Risk Committee and EDG received demonstrations of the Dashboard in October and November 2023 respectively.

9.5 The ROG has recommended that the Dashboard be made available and its use promoted to support our operational risk management approach, and align with the Risk Management Framework. A plan to support Dashboard implementation will be taken forward through the remit of the ROG during 2024.

9.6 Key Performance Indicators (KPIs) - The Group has considered a set of KPIs associated with operational risks, which demonstrate active risk management. An initial report on these indicators will be provided to the Audit and Risk Committee in May 2024. These will continue to be refined as part of the ROG agenda.

9.7 Horizon Scanning - The ROG continues to consider opportunities, particularly in relation to delivery of the NHS Fife Population Health and Wellbeing Strategy. Realistic Medicine principles have been identified as an area of focus for the year ahead.

9.8 The ROG has developed a work plan for 2024-25 which will drive efforts to further develop and embed a positive and proactive approach to risk management across the organisation.

9.9 Members have been invited to contribute to identifying the possible opportunities or developments that should form longer term planning horizons in the Population Health and Wellbeing Strategy Annual Report - now and in 5 years time.

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9.10 The Group has produced an annual statement of assurance, which includes a self-assessment of the Group’s effectiveness. This will be reported to EDG for consideration and decision on areas identified for development or improvement and provided for information to the Audit and Risk Committee.

10. DATIX RISK MANAGEMENT SYSTEM

10.1 Datix remains the repository for risks, incidents (adverse events), safety alerts, complaints and claims within NHS Fife. It was previously reported that Datix Cloud IQ was the preferred upgrade path from DatixWeb and that a business case was being developed for NHS Fife. The development of the business case was suspended following a request to all NHS Boards from National Procurement to pause, pending the outcome of a tendering exercise which may lead to a Once for Scotland digital system. The outcome of that exercise was that a new system called Inphase has been awarded the national tender and work is underway within NHS Fife to assess the new system with a view to its adoption.

10.2 Risk Register Module

Pending a system upgrade, work continues to refine the system as required to support risk management processes.

11. RISK MANAGEMENT LEARNING AND DEVELOPMENT

11.1 An Audit & Risk Committee Development Session on the Review of the Effectiveness of the new Corporate Risk Register process was held on 12 October 2023 and also explored members’ understanding of their risk management responsibilities.

11.2 During 2023/24, a range of risk management training was undertaken including on a customised basis in response to requests from individuals, services and directorates. An initial risk management training programme has been developed for 2024/25 in response to staff feedback and consultation with the Risks and Opportunities Group.

12. RISK MANAGEMENT OBJECTIVES 2024/25

12.1 During 2023/24 there was the introduction of a new post of Associate Director for Risk and Professional Standards to help drive forward the risk agenda. The Associate Director for Risk and Professional Standards will engage with the Executive Directors, Committee Chairs and the Board, and consider the support requirements to develop our risk management arrangements in order to enhance organisational risk maturity.

12.2 Developments for the forthcoming year will focus on continual improvement of the operational risk management approach informed by Internal Audit recommendations. This will include:

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- Completing the update of the Risk Management Framework to include the detail of the updated risk appetite statement
- Continuing to refine risk management processes;
- Implementing risk management key performance indicators;
- Continuing to enhance the content and presentation of risk reports;
- Supporting the continuing development of assurance reporting;
- Further develop a risk management training programme for staff according to their roles and responsibilities

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Corporate Risk Register Summary

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Score March 2024	Target Risk Level	Trend ¹
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	High 20	Mod 12 by 31/05/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	N/A closed	Mod 12 by October	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	High 20	- ²	=
8. Cancer Waiting Times (CWT)	High 15	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 12	Low 6 by 31/03/24	↓
10. Primary Care Services	High 16	High 16	High 16	Mod 12 by 31/03/25	=
11. Workforce Planning and Delivery	High 16	High 16	High 16	Mod 8 by 31/3/25	=
12. Staff Health and Wellbeing	High 16	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	High 16	Mod 12 by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 12	Mod 8 by 01/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	High 16	Mod 12 by Sept 2024	=
18. Digital & Information	High 15	High 15	High 16	Mod 8 by April 2025	=
19. Implementation of the Health and Care (Staffing) (Scotland) Act 2019 [HCSA]	N/A	N/A	Mod 12 - New	Mod 9 by 01/04/2024	-

¹ = risk stayed the same, ↓ risk falling, ↑ risk increasing

² It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

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Corporate Risk Reporting Schedule 2023-24							
Risk	Public Health & Wellbeing Committee	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
1	Population Health & Wellbeing Strategy	✓	✓	✓	✓	✓	✓
2	Health Inequalities	✓	✓	✓	✓	✓	✓
4	Policy obligations in relation to environmental management & climate change	✓	✓	✓	✓	✓	✓
10	Primary Care Services	✓	✓	✓	✓	✓	✓
	Clinical Governance Committee	05/05/23	07/07/23	08/09/23	03/11/24	12/01/24	01/03/24
3	COVID- 19 Pandemic	✓	✓	✓	✓	✓	N/A
5	Optimal Clinical Outcomes	✓	✓	✓	✓	✓	✓
9	Quality & Safety	✓	✓	✓	✓	✓	✓
16	Off-Site Area Sterilisation and Disinfection Unit Service	✓	✓	✓	✓	✓	✓
17	Cyber Resilience	✓	✓	✓	✓	✓	✓
18	Digital & Information	✓	✓	✓	✓	✓	✓
	Finance , Performance & Resources Committee	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
6	Whole System Capacity	✓	✓	✓	✓	✓	✓
7	Access to outpatient, diagnostic and treatment services	✓	✓	✓	✓	✓	✓
8	Cancer Waiting Times	✓	✓	✓	✓	✓	✓
13	Delivery of a balanced in-year financial position	✓	✓	✓	✓	✓	✓
14	Delivery of recurring financial balance over the medium-term	✓	✓	✓	✓	✓	✓
15	Prioritisation & Management of Capital funding	✓	✓	✓	✓	✓	✓
	Staff Governance Committee	11/05/23	20/07/23	14/09/23	09/11/23	11/01/24	06/03/24
11	Workforce Planning and Delivery	✓	✓	✓	✓	✓	✓
12	Staff Health and Wellbeing	✓	✓	✓	✓	✓	✓
19	Implementation of Health and Care (Staffing) (Scotland) Act 2019	N/A	N/A	N/A	✓NEW*	✓	✓
All	Audit and Risk Committee	18/05/23 Cancelled	23/06/23	31/08/23	08/12/23	14/03/24	
All	Fife NHS Board	30/05/23	N/A	N/A	28/11/23 *Approved	N/A	N/A

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Appendix 3

CORPORATE RISK DEEP DIVE REVIEW STATUS BY DATE OF ORIGINAL PRESENTATION as at 31/03/24					
No	Risk Title	Committee	Date	Status ✓ = complete	Next Review
8	Cancer Waiting Times (presented to both committees as originally aligned to CGC then changed to F,P&R)	CGC F, P&RC F, P&RC	04/11/22 15/11/22 14/11/23	✓ ✓ ✓	TBC
4	Policy Obligations in relation to environmental management and climate change	PHWC	07/11/22 04/09/23	✓ ✓	TBC
13	Delivery of a balanced in-year financial position	F, P&RC	15/11/22	✓	TBC
11	Workforce Planning & Delivery		TBC	×	
11.1	• Nursing & Midwifery Staffing Levels*	SGC	12/01/23	✓	
11.2	• Personal Development & Performance Review*	SGC	09/03/23	✓	
11.3	• Bank and Agency Work*	F, P&RC SGC F, P&RC SGC	09/05/23 11/05/23 11/07/23 20/07/23	✓ ✓ ✓ ✓	
	• Pharmacy Workforce Overview*	SGC	14/05/24		
18	Digital & Information	CGC	13/01/23 03/11/23	✓ ✓	TBC
14	Delivery of recurring financial balance over the medium term	F, P&RC (private session)	15/01/23	✓	TBC
2	Health Inequalities	PHWC	01/03/23 15/01/24	✓ ✓	TBC
3	COVID 19 Pandemic	CGC	03/03/23 12/01/24	✓ ✓	N/A Closed as corporate risk
7	Access to outpatient, diagnostic & treatment services	F, P&RC	14/03/23	✓	TBC
10	Primary Care Services	PHWC	15/05/23	✓	TBC
5	Optimal Clinical Outcomes	CGC	05/05/23 01/03/24	✓ ✓	TBC
1	Population Health & Wellbeing Strategy	PHWC	03/07/23	✓	TBC
9	Quality and Safety	CGC	07/07/23	✓	TBC
16	Off Site Area Sterilisation & Disinfection Unit Service	CGC	08/09/23	✓	TBC
6	Whole System Capacity	F, P&RC	TBC	×	
17	Cyber Resilience	CGC	13/01/24	✓	
15	Prioritisation & Management of Capital Funding	F, P&RC	16/01/24	✓	
12	Staff Health & Wellbeing	SGC	TBC	×	
19	Implementation of Health and Care (Staffing) Scotland Act 2019 [HCSA]	SGC	TBC	×	

(*not corporate but aligned to corporate risk)
 Clinical Governance Committee (CGC)
 Finance, Performance & Resources Committee (F, P&RC)
 Staff Governance Committee (SGC)
 Public Health & Wellbeing Committee (PHWC)

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Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: Health Promoting Health Service (HPHS)

Responsible Executive: Joy Tomlinson, Director of Public Health

Report Author: Kay Samson, Health Improvement Programme Manager

Executive Summary:

- Health Promoting Health Service (HPHS) is a settings-based health promotion approach that aims to support the development of a **health promoting culture** and **embed effective health improvement practice within the hospital setting**.
- NHS Fife has been required to submit an annual update on progress against four identified outcomes and indicators (Prevention, improving health and reducing health inequalities, Person centred care, Staff health and wellbeing and the hospital environment).
- Since April 2020 reporting has been suspended due to NHS Health Scotland's transition to the new model for Public Health Scotland and the impact of COVID19. No further communication or guidance has been issued to date.
- Overtime, NHS Fife has effectively embedded HPHS priorities within other work streams to drive desired outcomes.
- To ensure consistency and reduce duplication this seems an appropriate time to streamline reporting mechanisms by aligning them with existing processes.

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Government policy / directive

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

- Person Centred

2 Report summary

2.1 Situation

Health Promoting Health Service (HPHS) is a settings-based health promotion approach that aims to support the development of a **health promoting culture** and **embed effective health improvement practice within the hospital setting**. Some of the areas for delivery for health improvement include: smoking cessation and smoke free NHS sites, alcohol use, physical activity opportunities, breast feeding, active travel, sexual health, mental health and staff health and wellbeing to name a few.

For a number of years NHS Fife has been required to submit an annual update on progress against identified outcomes and indicators. Since 2015, the Chief Medical Officers Health Promoting Health Service Guidance (CMO letter) has been issued to all boards with year on year areas for improvements.

In 2018, HPHS guidance (CMO 2018 3 letter) was issued with a change in requirements and to streamline reporting. This required all Boards to undertake a self-assessment and to develop an associated action plan.

However, since April 2020 reporting has been suspended due to NHS Health Scotland's transition to the new model for Public Health Scotland and the impact of COVID19. No further communication or guidance has been issued to date.

The NHS Fife Board are asked to discuss the national change in requirements for regular reporting on Health Promoting Health Service and take assurance from the proposal to transition responsibility for progressing the outcomes into other governance groups as set out in **Appendix 1**

2.2 Background

The Health Promoting Health Service (HPHS) concept is that 'every healthcare contact is a health improvement opportunity', and involves improving the health for NHS employees, patients and visitors. This required a whole-system approach to health improvement, with all NHS sectors and all staff groups having a role to play.

The HPHS framework was developed to provide a tool to promote and guide the development of consistent standards in health promotion practice across health service sectors. The framework is underpinned by four principles developed by the World Health Organisation: equity, participation, empowerment and sustainability. These principles fit well with current Scottish Government policy for health improvement and tackling inequalities outlined in the National Health and Wellbeing Outcomes Framework, which

highlight the importance of a drive towards a reduction in health inequalities, improved access to health services and helping people sustain and improve health.

The guidance encapsulated in Chief Medical Officer letter (2018 3), sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working, improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has been implementing the HPHS concept and ethos and working towards embedding the four HPHS outcomes across a range of work streams and programmes:

- **Outcome 1:** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

NHS Fife's Executive Lead for this work stream is the Director of Public Health, with governance and annual reporting to NHS Fife Board.

2.3 Assessment

The HPHS framework continues to drive improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing. Progress had been made in embedding the HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

Since the establishment of the new model for Public Health Scotland there has been no further communication about national refresh/guidance against this work stream and reporting requirements. It is anticipated that this now should be considered business as usual activity.

Having effectively embedded HPHS priorities within other work streams to drive desired outcomes, this seems an appropriate time to streamline reporting mechanisms by aligning them with existing processes which can help ensure consistency and reduce duplication.

The following outlines where the HPHS outcomes align with other work streams and strategies with reporting processes in place.

- **Outcome 1: *Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.***

Prevention, improving health and reducing health inequalities are fundamental pillars of public health and healthcare systems. Prevention strategies focus on addressing risk factors and promoting healthy behaviours to prevent the onset of disease and health conditions. Improving health involves addressing the social determinants of health (the conditions, in which people are born, grow, work, live, and age). Reducing health

inequalities is essential for ensuring that all individuals have access to health care services and opportunities for optimum health.

NHS Fife has been committed to embedding these priorities into organisational systems and processes to achieve better outcomes for all individuals and the wider community. This can be evidenced by the development of Fife's Population Health and Wellbeing Strategy – '*Living Well, Working Well and Flourishing in Fife*' which has a vision to prioritise health inequalities and support improvement in the health and wellbeing of all Fife citizens (see appendix1). [NHS Fife Staff Health Wellbeing Framework](#)

In addition, The Prevention and Early Intervention Strategy is nearing completion with final approval expected imminently and will be a future delivery mechanism for prevention, improving health and reducing health inequalities.

- **Outcome 2: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.**

This overarching outcome focuses on person-centred care where routine assessment for health improvement and inequalities is embedded within person-centred care planning, with onward referral to and delivery of health improvement interventions.

Person centred assessment and care is a holistic approach that focuses on individual's unique needs, preferences and goals. It involves actively involving the individual in decision-making processes, respecting autonomy and considering their values and beliefs in the care planning process. This approach fosters a collaborative and enabling relationship between the individual and their care providers, ultimately leading to more personalised, effective and meaningful care outcomes

In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, food poverty and carers' support.

This outcome aligns with the realistic medicine principles incorporating person-centred care, shared decision-making and outcomes that matter to people which are being embedded across health and social care services.

Governance reporting is through various committees such as Clinical Governance, Managed Clinical Networks, Area Clinical Forums and Acute Senior Leadership Team etc.

Similar to outcome one the key organisational strategy that supports patients health improvement needs: NHS Fife's Population Health and Wellbeing – '*Living Well, Working Well and Flourishing in Fife*' (see appendix 1) with one of the four key priorities being to 'Improve the quality of health and care services' (www.nhsfife.org/strategy).

- **Outcome 3: All staff work in an environment that promotes physical and mental health, safety and wellbeing**

This outcome focuses on improving staff health and wellbeing and reducing staff absence, with a focus on preventative action where possible.

NHS Fife is committed to providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees. NHS Fife will do all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other.

For an integrated approach NHS Fife has a Staff Health and Wellbeing Framework – ‘*Supporting Our Workforce and Their Wellbeing*’. (See Appendix 1) [NHS Fife Staff Health Wellbeing Framework](#)

NHS Fife’s Framework Aims are:

- To promote a healthy and safe working environment where our employees can thrive.
- To support the physical, mental, social and spiritual wellbeing of our employees.
- To encourage, promote and support employees to develop and maintain a healthy lifestyle.
- To support long term Health and Wellbeing through supporting sustainable measures

Staff Health and Wellbeing is coordinated through the NHS Fife Staff Health and Wellbeing Group chaired by Head of Workforce Planning and Staff Wellbeing and is responsible for the delivery of the Health and Wellbeing Action Plan. They also ensure there is compliance with Health Promoting Health Service aims and objectives.

Governance and reporting is through regular reports to the Area Partnership Forum (APF), Staff Governance Committee, NHS Board and other relevant fora to provide progress and assurance.

Additionally, the key organisational strategy that supports, promotes and protects the physical and mental wellbeing of our employees is: NHS Fife’s Population Health and Wellbeing – *Living Well, Working Well and Flourishing in Fife* (see appendix 1) with one of the four key priorities being Improving staff experience and wellbeing (www.nhsfife.org/strategy).

- **Outcome 4: *The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors***

This outcome focuses on creating a healthy hospital environment for patients, staff and visitors, by protecting and improving the health and wellbeing of all individuals whilst on our hospital sites.

NHS Fife is committed to promoting health, safety and welfare of all its staff, patients and visitors within the hospital setting. A range of policies, plans and strategies to support health and wellbeing are in place such as the achievement of smoke free hospital environments, opportunities for physical activity (including active travel), access to green space across the NHS estate, improvements in healthy eating options in canteens and vending machines etc.

The HPHS Hospital Environment strategic group led by the Health Promotion Service has not met for a number of years mainly due to progress made to successfully embed priorities within NHS Fife’s organisational policies and procedures. Such as: Greenspace Strategy, Realistic Medicine Delivery Plan, Anchor Institution Strategic Plan, NHS Fife Smoking Policy etc.

Governance and reporting was through regular progress reports via annual delivery plans to Public Health and Wellbeing Committee and NHS Fife Board.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

The work stream underpins the delivery of high Quality of Health and Care Services, including realistic medicine principles by tailoring treatments and interventions to individual needs and promotes the health and wellbeing for all individuals.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

The work stream links directly to the NHS strategic priority to Improve Staff Experience and Wellbeing

2.3.3 Financial

No additional financial costs have been identified.

Prevention and Early Intervention impacts positively on the health and prevention of disease across the life course of our population.

The work stream links directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment / Management

There are no direct risks associated with the move to incorporate oversight of the Health Promoting Health Service ambitions to other groups. There is potentially a reputational risk should a new direction be received by Scottish Government requesting a stand-alone report. This would be managed by requesting updates from those with lead responsibilities as set out in Appendix 1.

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

The HPHS programme aims to provide fair and equitable services for all individuals who come in contact with our services. Staff interactions with individuals will consider the

needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, UNCRC and the Board's Equalities Outcomes.

No impact assessment has been completed but the work will contribute to ensuring that population groups who may be disadvantaged are fully considered across the four HPHS outcomes.

2.3.6 Climate Emergency & Sustainability Impact

NHS Fife is actively working towards the aims and targets of NHS Scotland Climate and Sustainability Strategy.

Climate and sustainability initiatives can contribute to HPHS actions, especially around the hospital environment (Outcome 4).

Sustainable practices, such as promoting active travel opportunities and greens spaces can encourage physical activity and mental wellbeing among patients and staff

Reducing carbon emissions and air pollution can improve air quality and respiratory health leading to a decrease in respiratory illnesses and related hospital admissions. For example, NHS Fife are the transitioning fleet to electric vehicles and availability of electric lease cars.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- Director of Public Health
- HSCP Head of Primary & Preventative Care Services
- HSCP Health Promotion Service Manager
- NHS Fife Staff Health and Wellbeing Group Chair
- Executive Directors Group
- Public Health and Wellbeing Group

2.4 Recommendation

This paper is provided to NHS Fife Board Members for:

- **Decision** to approve the incorporation and oversight of the Health Promoting Health Service outcomes into governance groups, set out in **Appendix 1**.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, HPHS outcomes and indicators
- Appendix No. 2, [NHS Fife's Population Health and Wellbeing Living well working well and flourishing in Fife](#)

- Appendix No. 3, [Staff Health and wellbeing Framework 2022](#)

Report Contact

Kay Samson

Health Improvement Programme Manager

Email kay.samson@nhs.scot

HPHS Appendix 1

HPHS Outcomes	Indicators	Embedded within
<p>Outcome 1: Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.</p>	<ul style="list-style-type: none"> • There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements. • The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions. • Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities. • There are robust arrangements in place for monitoring and evaluating the impact of prevention, health improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit. • There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes. 	<p>NHS Fife's Population Health and Wellbeing Strategy</p> <p>Impending Prevention and Early Intervention Strategy</p> <p>Clinical Governance</p> <p>Managed Clinical Network</p>
<p>Outcome 2: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.</p>	<ul style="list-style-type: none"> • The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities. • Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice. • To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities. • Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place. • In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers' support. • The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs. 	<p>Clinical Governance</p> <p>Managed Clinical Network</p> <p>NHS Fife Staff Health and Wellbeing Framework</p> <p>Realistic medicine and Value Based Health</p>
<p>Outcome 3: All staff work in an</p>	<ul style="list-style-type: none"> • The organisation has a strategy for prevention of ill-health, health improvement and 	<p>NHS Fife Workforce</p>

<p>environment that promotes physical and mental health, safety and wellbeing.</p>	<p>inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health.</p> <ul style="list-style-type: none"> • The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health. • The organisation has an evaluation framework to support the strategy and monitor impact should be developed. • In line with national Staff Governance and Workforce 20:20 , staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc. 	<p>Strategy</p> <p>NHS Fife Staff Health and Wellbeing Framework</p>
<p>Outcome 4: The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.</p>	<ul style="list-style-type: none"> • The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices. • The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts. • The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors. • The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds. • In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain. 	<p>NHS Fife Greenspace Partnership</p> <p>Property and Asset Management</p> <p>NHS Fife Procurement Strategy</p> <p>NHS Fife Smoking Policy</p> <p>Food4Fife</p> <p>Fife's Physical Activity & Sport Strategy</p> <p>HR Policies</p>

Meeting: Fife NHS Board

Meeting date: 25 September 2024

Title: The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions

Responsible Executive: Janette Keenan, Executive Director of Nursing

Report Author: Siobhan McIlroy, Head of Patient Experience (HoPE)

Executive Summary:

- The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017(the “2017 Directions”) (Direction 15), set out that NHS Boards must publish annual reports and send copies to the Scottish Ministers, the PASS, Healthcare Improvement Scotland, SPSO, and, where appropriate, the Scottish Prison Service by 30 June each year.
- The Directors Letter DL (2024) 16 advises Chief Executives that the deadline for submission of NHS Complaints and Feedback Annual reports has been extended from 30 June 2024 to 30 September 2024. This is a permanent change such that the deadline will be 30 September each year going forward.
- In recognition of the challenges and additional pressures faced by NHS Boards since the start of, and during the NHS recovery from the pandemic, 30 September was used informally as an alternative.
- The National Complaints Personnel Association Scotland (NCPAS) has consistently advised that the timescale of 30 June proves to be unrealistic with the level of clearance required before annual reports can be finalised
- The Scottish Government has listened to this feedback indicating a permanent change to the timescale for submission of annual reports to later in the year would be welcome.
- The Quarterly Patient Experience and Feedback reports, presented to the Clinical Governance Committee, are based on the template used to capture the required information for return to HIS, NSS, Scottish Government and for publication on NHS Fife’s website.

1 Purpose

The purpose of this paper is to provide an overview of the Patient Experience and Feedback Annual Report, which requires approval by Fife NHS Board before publication on NHS Fife website.

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive
- NHS Board Strategic Priority/ies – To Improve Quality of Health & Care Services

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

- Person Centred

2 Report summary

2.1 Situation

The Annual Report must be published by 30 September each year.

2.2 Background

The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017 (the “2017 Directions”) (Direction 15), set out that NHS Boards must publish annual reports and send copies to the Scottish Ministers, the PASS, Healthcare Improvement Scotland, SPSO, and, where appropriate, the Scottish Prison Service by 30 June each year.

In recognition of the challenges and additional pressures faced by NHS Boards since the start of, and during the NHS recovery from the pandemic, 30 September was used informally as an alternative. This is a permanent change such that the deadline will be 30 September each year going forward.

2.3 Assessment

The Patient Experience and Feedback Annual Report for NHS Fife reflects a comprehensive analysis of the key performance indicators (KPIs) related to the Model Complaints Handling Procedure. The data, presented in the quarterly reports regularly presented to the Clinical Governance Committee, indicates consistent engagement with feedback mechanisms, including complaints, compliments, Care Opinion, and the Scottish Public Services Ombudsman (SPSO).

The report highlights trends in patient feedback, identifying areas where improvements have been made and where challenges persist. Positive feedback through Care Opinion

and compliments has also been evident, reflecting the quality of care provided across services. The insights provided will inform ongoing strategies to enhance patient experience and ensure robust governance of feedback processes.

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

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

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring healthcare delivery is aligned with patient needs and values, achieving the best possible health outcomes that matter to patients rather than merely providing services, ultimately leads to better health outcomes and value-based care. Measuring success based on patient satisfaction and experience can ensure that the care provided aligns with patient expectations and improves their quality of life.

By analysing data from patient experience feedback, NHS Fife can make informed decisions to enhance the quality of care and services.

2.3.2 Workforce

n/a

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

Complaints handling and learning from complaints are vitally important in reducing reputational risk as it enables the organisation to address issues proactively, improve services, communicate transparently, build trust, comply with regulations, and foster a culture of continuous improvement. Actively contributing to a positive reputation and a stronger more resilient organisation.

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

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People’s rights are respected, protected and fulfilled.
- Providers of care clearly inform people of their rights and entitlements.
- People are supported to be fully involved in decisions that affect them.
- Providers of care and support respect, protect and fulfil people’s rights and are accountable for doing this.
- People do not experience discrimination in any form.
- People are clear about how they can seek redress if they believe their rights are being infringed or denied.

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

NMAHP leadership group has been involved in discussions and improvement action planning.

2.3.8 Route to the Meeting

- Clinical Governance Committee: 6 September 2024

2.4 Recommendation

Fife NHS Board is asked to take assurance from the report and approve its publication on NHS Fife web-site

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Patient Experience and Feedback Annual Report 2023/24
- Appendix 2, Annual Report on Feedback and Complaints Performance Indicator Data collection 2023-2024

Report Contact

Siobhan McIlroy
Head of Patient Experience
Email: Siobhan.mcilroy@nhs.scot

Patient Experience and Feedback

Annual Report 2023 - 2024



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Published Month Year

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www.nhsfife.org

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Introduction

Person-centred Care

Person-centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It is about:

- Respect for patients' values, expressed needs and preferences
- Coordination and integration of care
- Communication, information, education,
- Physical comfort
- Emotional support
- Involvement of family and friends

How Do We Know We Are Getting It Right?

Defining the patient experience

Patient experience is based partly on the patients' and families' *expectations* of what is about to happen and the *cumulative evaluation* of their journey through our system. We have opportunities to delight or disappoint based on their clinical and emotional interactions with us, and their interactions with our staff, our processes, and the environment.

Measuring the experience

'Patient experience and feedback' is captured by a number of different methods, including:

- Care Opinion
- Compliments and comments
- Complaints
- Care Assurance processes, for example: Shadowing / observation; Walkarounds.
- Surveys (2023/24)
- Post discharge phone calls (2023/24)
- Social Media
- Advice & Advocacy Services

Improving the experience

It is important to analyse the data, identifying themes and any particular issues:

- Develop and share goals and targets based on data
- Lessons learned, improvement actions developed, successes celebrated
- Create an enabling infrastructure: Framework; Leadership; Education and training
- Engage staff, patients, families and carers in improvement work
- 'Warm welcome / fond farewell' (2023/24)
- 'You said... We did'
- Focus groups (2023/24)
- Initiatives, such as the Care Experience Improvement Model

Measuring the Experience

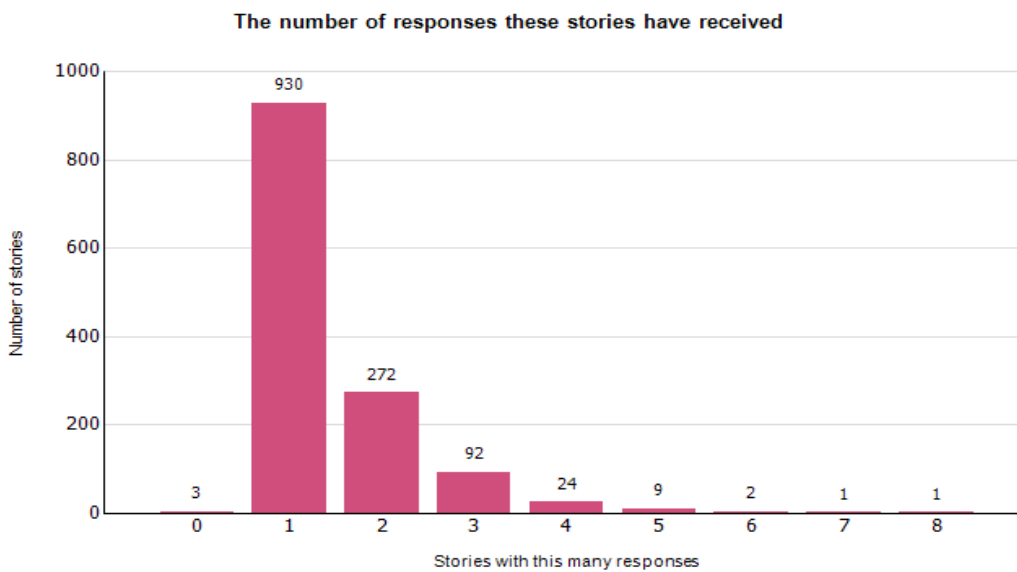
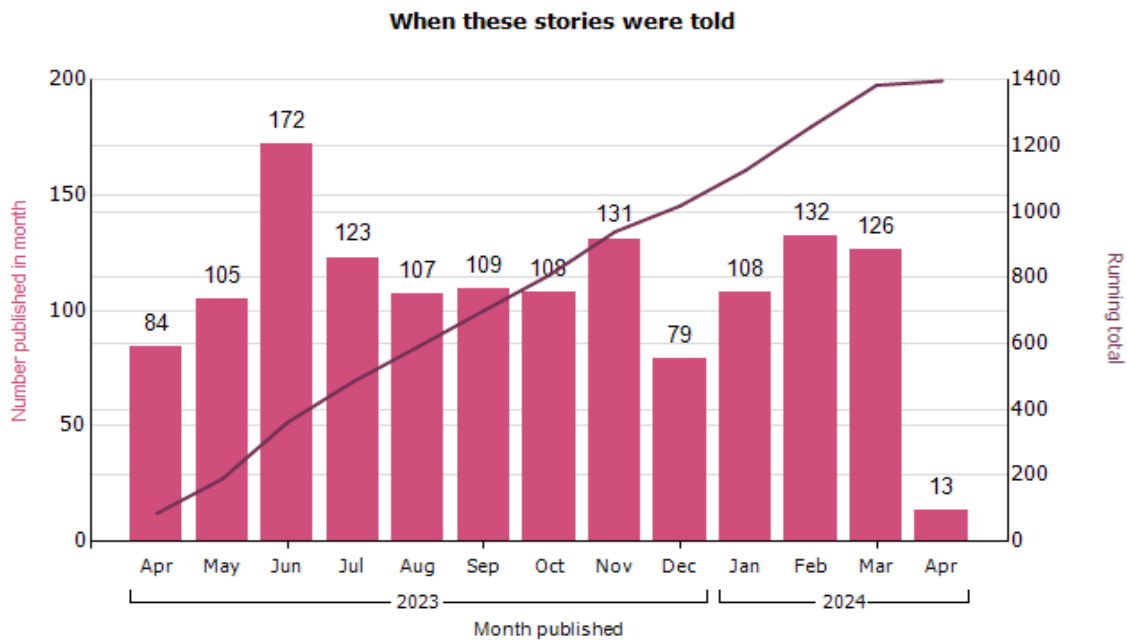


Care Opinion highlights the 25 organisations across the UK, with the highest number of staff listening, learning and making changes. NHS Fife is one of the top performing NHS Scotland Boards.

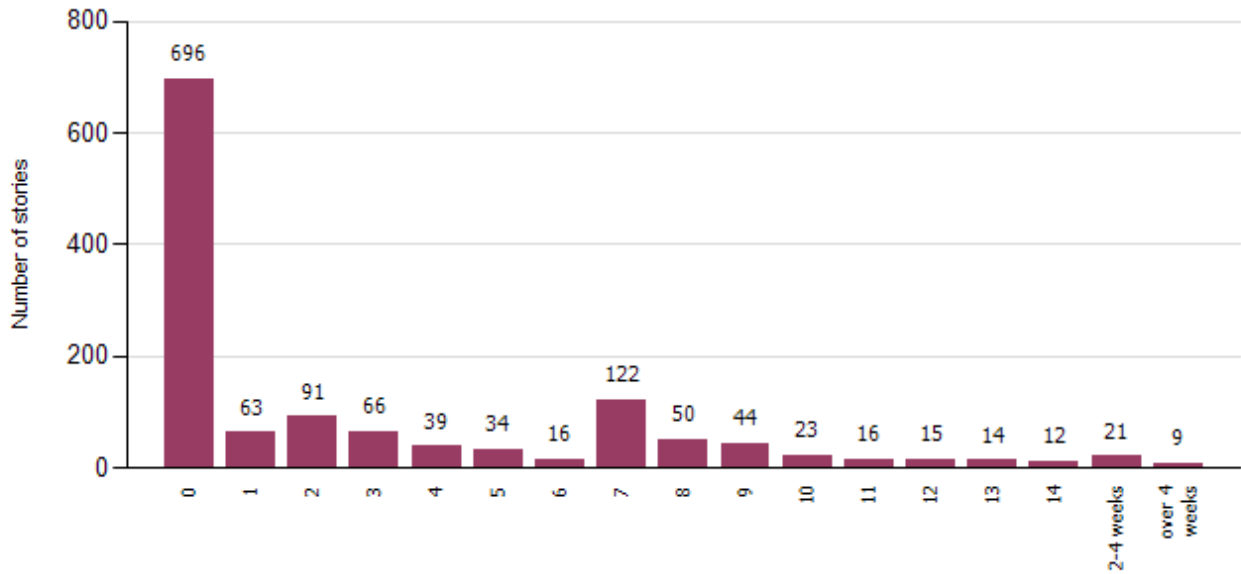
NHS Fife's Care Opinion highlights for 2023 - 2024:

- **1,397** stories, viewed **154,324** times in all
- **365** responders

The graph below shows the distribution of stories received between April 2023 and March 2024.



The number of days from publication until the first response to these stories



Number of days from publication until first response (stories with no response are not included)

In 2023/24 Care Opinion moderators rated the stories as:

- Not critical 83% (1160)
- Minimally critical 4% (53)
- Mildly Critical 9% (120)
- Moderately critical 4% (58)
- Strongly critical 0% (6)

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	430	communication	65	Thankful	202
friendly	262	staff attitude	25	grateful	196
professional	236	waiting time	25	supported	170
nurses	204	information	16	reassured	162
communication	171	appointments	15	cared for	160
helpful	162	food	13	put at ease	145
level of care	160	waiting times	11	well looked after	119
caring	156	medication	10	relaxed	116
Care	144	not being listened to	10	informed	101
nurse	120	pain relief	9	comfortable	94
reassuring	120				

These are the two most popular stories, out of all the stories included in this report

Dads stay Ward 2 Glenrothes Hospital – 633 views

Posted by squeezezy1 as a relative

My dad was admitted into ward 2 Glenrothes Hospital in January this year having spent the previous 5 months in Victoria Hospital. My dad has several co-morbidities on top of this was diagnosed with hypo delirium and was recovering from a hip fracture he was refusing to eat and take his meds.

The difference in my dad since moving to ward 2 at Glenrothes has been incredible. He no longer displays symptoms of delirium, he is able to walk with a zimmer frame, he is eating well, put weight back on and taking his meds.

I cannot thank the staff enough for the care they have gave my dad. The staff are always friendly, easy to approach and kept me updated with my dad's care.

My dad was in tears when he left the hospital as he said ' I will miss the staff'.

Thank you to all the staff for the excellent care you provided to my dad, even when he was challenging, you all deserve a medal.

Major trauma accident at work leading to 7 months in hospital - 536 views

Posted by lyrans97 a service user

I was seriously injured at my work last year. I was crushed by a concrete ceiling so I suffered a broken femur, broken pelvis, broken hip, dislocated shoulder, broken bones in face spine and torso. Also had severe chemical burns all over my body in particular my left arm. I was trapped under it and the pain I felt was unbelievable at the time, almost sending me into an immediate dream with the adrenaline. The boys I worked with first and foremost found me and helped immensely but I cannot speak highly enough of the emergency services who attended the scene and then managed to safely get me out, hose the cement off my body as best they could and then managed to somehow stable me enough to take me to the ERI.

I was in a terrible state, literally fighting for my life, but the service I got which saved my life I could not speak highly enough about. I was put in an induced coma ICU and the team working with me saved my life. They saved my eyesight by continually putting drops in and cleaning them. I got surgery to repair all my broken bones and then as the days went by I was more stable. They monitored everything exceptionally well, I had skin grafts done and was taken to St Johns. The burns were flushed and monitored as well as being woken up out of sedation. I had delirium and the nurses were amazing working with me to keep me calm and let me naturally come round whilst proving very good care and talking with family.

I was then transferred to the Vic in Kirkcaldy Ward 33. This allowed my body time to recover and rest. The team there gave me again excellent care, they were very good at working around my needs as I was bed bound and I was extremely sore and uncomfortable. They always checked in to see how I was along with visitors and made me feel safe again as going through the trauma I had, it was hard to feel safe and relaxed anywhere. I was put forward for physio and they got me out the bed into chairs using equipment and got me motivated to get better and see the long term goals that I wanted to set.

Finally I was transferred to the Queen Margaret ward 5 in Dunfermline. In my 4 months there I came on so much, the staff were truly unbelievable to me. They picked me up when I was down, kept me positive. They looked after me with the correct medication and just the all-round general care was very very good. The staff

were good at identifying any issues small or large that I may have had and they were just all round top people. The communication was very good which I was happy with and the kindness to family was great.

The physio team got me first into using aids, up on my feet and week by week I progressed reaching targets and aims set by the occupational therapy team who were also very good to me. They identified aims, they helped me with the practical basics in life and also got me the psychological help required, because as time went by I felt worse about being contained to a hospital. The physio also got my confidence up and helped reduce pain by intense stretching exercises, walking longer distances and helping me meet my goals such as being able to look after and get my bond back with my daughter. I did lots of weight training and strengthening and conditioning work, balance work and continuously walking to improve the pattern.

Then the major trauma pathway team, everyone I worked with were very good with passing information on and also looking at the best options for me. I have been discharged now and will continue to rehab with physiotherapy, plastic surgery appointments, ICAAS team and psychology. Major trauma link coordinator and my GP will also be involved with any follow up/checkup appointments.

The staff all round at Queen Margaret even the charge nurses, everyone involved in my care, made me feel as at home as possible and did everything they could to help me physically and mentally continue to recover and I am so thankful for that.

Overall I am eternally grateful for the care, help, support and work put in to get me in a position to go back home and start life again. I have a long way to go but to be up on my feet is a blessing. I put in so much hard work in this recovery but without the incredible service and staff of the NHS along the way, none of this would be possible. So thank you, I am forever blessed to have met such important people to me and my family now with the chance of a good quality of life again.

Thank you so much,

An important aspect of Care Opinion is the ability to feedback information to patients on **changes** which have been made. **Recent changes**, following patient feedback, includes:

Cataract Unit, Queen Margaret Hospital

- Look into providing drinks following surgery

Gynaecology, Queen Margraet Hospital

- Work underway to make the current reception process more comfortable for people to attend clinics

National Treatment Centre, Victoria Hospital

- Looking at solutions including a mounting a standard toilet roll onto one of the drop handles on either side of the disabled toilet which is easily reachable for the user
- Look into the potential for clearer directions for the shortest and easiest way to get from the bus stops to the NTC

Compliments:

Compliments are another vital component of patient feedback. There is a 'compliments' section in the Datix Complaints module which is not widely used, and the following table only provides a small glimpse of positive patient feedback.

It is hoped that the 'compliments' module will become more widely used as staff are encouraged to record compliments, celebrating and learning from success.

Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Compliments	296	320	277	263	1156
Learning from Excellence (Greatix)	0	0	0	0	0
Comments and Feedback	3	0	0	0	3
Total	299	320	277	263	1159

Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Planned Care & Surgery	126	138	127	76	467
Emergency Care & Medicine	30	36	37	32	135
Women Children & Clinical Services	23	5	10	40	78
Community Care Services	70	43	59	37	209
Primary and Preventative Care	22	29	27	27	105
Complex and Critical Care Services	9	13	7	6	35
Corporate Directorates	1	0	1	0	2
No value – Miscellaneous	15	56	9	45	125
Total	296	320	277	263	1156

Comments:

Emergency Care & Medicine - I would like to compliment both the Victoria hospital, I think Ward 53 and St Andrews hospital Ward 1 for the excellent care and attention given to my husband during his lengthy stay there. Staff have been so kind to him and me and to my family by allowing us to sleep over at times, bringing us cups of tea and comforting me after my husband passed. No words can explain my thanks to them.

Community Care Services Older Peoples' Services – Just wanted to say, 'Thank You'. Thanks for being wonderful! To all the amazing staff at Balgonie Ward, thank you so much for your excellent care and support. You are all marvelous! I can't actually thank you enough.

Woman and Children's – I wanted to pass on some feedback of PAU and Children's Ward. My little Giorgia was admitted septic recently requiring triple therapy. Thankfully on the mend now. I wanted to pass on how amazing the staff had been looking after her and how I genuinely could not fault the service and patient care we received. Some staff went above and beyond, two female doctors, Sonya and Ayla and Staff Nurse Catherine who was Giorgia's named nurse. The whole team are a credit to the service.

Complaints:

Trends

There are two stages to the NHS complaints procedure:

1. Early resolution
2. Investigation

Stage 1: Early resolution

The focus is on finding a solution quickly and locally if possible. If the complaint cannot be resolved at stage 1, or if the complainant is not happy with the outcome of stage 1, the complaint should be moved on to stage 2.

Most complaints should be resolved within five working days of the date the complaint is received. In some circumstances, this can be up to ten working days.

Stage 2: Investigation

Complaints might be handled at stage 2 because:

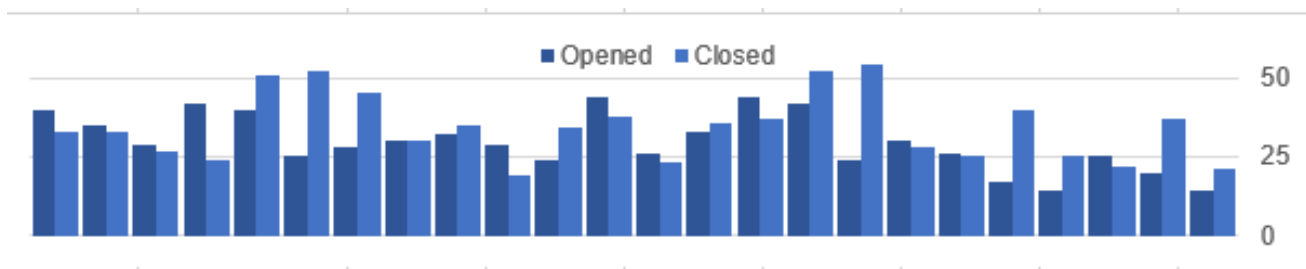
- They are complex, serious or high-risk issues and are not suitable for early resolution
- Early resolution has failed
- The complainant was unhappy with the outcome of stage 1 and asked for an investigation

The complainant should receive a written response within 20 working days.

This table presents the total number of Enquiries, Concerns, Stage 1 and Stage 2 complaints received each quarter:

Records logged in Datix Complaints module – 010422-310323	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Stage 1 Complaint	151	139	129	113	532
Stage 2 Complaint	102	87	56	65	310
Concern	124	131	121	241	617
Enquiry	189	210	163	131	693
Total	566	567	469	550	2152

Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total	23	33	37	44	51	25	24	39	23	22	36	21
Closed within timescales	6	3	6	4	4	2	6	4	1	2	5	3
% Closed within timescales	26.1%	9.1%	16.2%	9.1%	7.8%	8.0%	25.0%	10.3%	4.3%	9.1%	13.9%	14.3%



Themes

The quarterly ranking of each theme is highlighted in brackets.

	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4
1	Disagreement with treatment / care plan (26)	Co-ordination of clinical treatment (39)	Co-ordination of clinical treatment (49)	Disagreement with treatment / care plan (30)
2	Co-ordination of clinical treatment (11)	Disagreement with treatment / care plan (23)	Disagreement with treatment / care plan (44)	Co-ordination of clinical treatment (19)
3	Face to face (5)	Staff attitude (18)	Staff attitude (31)	Face to face (11)
4	Poor nursing care (5)	Unacceptable time to wait for the appointment / admission (12)	Unacceptable time to wait for the appointment / admission (15)	Lack of clear Explanation (8)
5	Staff attitude (4)	Poor nursing care (11)	Insensitive to patient needs (13)	Staff attitude (8)

The top 4 themes are:

- Coordination of clinical treatment (123)
- Disagreement with treatment / care plan (118)
- Face to face (61)
- Poor nursing care (27)

Positive and Negative Themes

Positive themes (Care Opinion)	Negative Themes (Care Opinion)	Negative Themes (Complaints)
Staff	Communication	Disagreement with treatment / care plan
Professional	Not being listened to	Staff attitude
Friendly	Waiting time/s	Co-ordination of clinical treatment
Nurse	Staff attitude	Unacceptable time to wait for the appointment
Communication	Appointments	Face to face
Caring	Access to services	Telephone
Level of care	Beside manner	Lack of support

Improving the Experience

Surveys, Focus Groups, Care Assurance Processes

ARTC Leaflets

Since April 2022, the Centre for Sustainable Delivery (CfSD) has been implementing Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) across Scottish Health Boards to enhance their use. ACRT offers an alternative to traditional clinical letters for patients who can self-manage or receive primary care support before needing secondary care. PIR allows patients to schedule follow-up reviews after discharge from secondary care based on their needs, with options for 6-month, 12-month, and lifelong reviews.

Both ACRT and PIR aim to free up clinical capacity, foster collaboration between primary and secondary care, and empower patients in their health decisions. The Patient Experience Team supports ACRT, which is condition-specific and offered in opt-in and asynchronous forms. The asynchronous pathway, commonly used in Fife, provides advice to help patients self-manage their conditions and informs primary care providers about referral appropriateness.

When patients are referred to secondary care, vetters can direct referrals to specific ACRT pathways, generating letters to GPs that outline the vetting outcomes and include essential management information for patients. Each condition has a corresponding patient leaflet, created with professional consultation, ensuring they are suitable before implementing the ACRT pathways.

NHS Fife currently offers over 75 ACRT conditions across 12 specialties, with more expected as the project progresses toward its March 2025 completion. Since May 2024, the Patient Experience Team has reviewed over 20 leaflets, with more than half now in use. The goal is to establish a Business-As-Usual model for specialties to expand their ACRT pathways, maximizing productive opportunities and empowering patients.

“The Ook Snow ALL Bed”

In December 2023, NHS Fife’s Hospice introduced their first three SNOW beds, chosen for their ability to accommodate two people comfortably. These beds enhance the experience for patients and their loved ones who can lie beside each other.

The bed has the same footprint as a standard Ward Bed, but at the touch of a button, it can widen to a double bed. It can be used for Bariatric care and is fantastic for delivering Palliative care, with the ability for family to get into the same bed as a loved one and have a cuddle or offer comfort at the most tender of times.



The SNOW beds, complemented by three extra-wide air mattresses, eliminate this issue by providing a more accommodating solution. Each bed features hand remotes, side panels for patient activation, built-in alarms, and ambient lighting for nighttime comfort.

The plan is to acquire two more beds with a goal to eventually replace all nine hospice beds with SNOW beds, ensuring that patients can be moved as needed for optimal care. The feedback from patients and families have been very positive.

Care Experience Improvement Model (CEIM)

CEIM is a simple framework that supports health and social care teams to make improvements directly related to feedback in a person-centred way. Sexual Health Fife recognised that gathering and using patient feedback can improve patient outcomes and patient and staff experience, increase trust in staff and is cost effective.

Sexual Health Fife is an integrated service encompassing sexual and reproductive health, genitourinary medicine, blood-borne viruses, gender-based violence, and health improvement, uses the Care Experience Improvement Model (CEIM) to enhance patient care based on feedback. Recognising the value of patient feedback in improving outcomes, staff experience, and cost-effectiveness, the service began using Care Opinion in 2022, making it a routine part of their operations. The feedback gathered led to a threefold increase in stories shared, with 90% rated as non-critical, allowing the team to reflect on both positive and critical feedback for improvement.

Through the analysis of Care Opinion stories, key themes emerged, such as the importance of trusting relationships, flexible access to care, and a welcoming, non-judgmental environment. These insights directly informed the redesign of sexual health services for young people in Fife. As a result, the service introduced more flexible care options, including online booking, responsive text messaging, a 100% increase in booked appointments, expanded clinic locations, and a consistent core team to ensure a uniform care experience across all sites.

Looking ahead, Sexual Health Fife plans to continue leveraging Care Opinion and CEIM to gather deeper, more comprehensive feedback. This will involve conducting discovery conversations with service users to gain a clearer picture of care experiences over time and using these insights to identify and prioritise areas for improvement, ensuring that the service remains responsive to the needs of its diverse patient population.

Physiotherapy Service

The Physiotherapy services within Fife introduced a patient/carer questionnaire about transition between children and young people Physiotherapy team and the adult learning disability Physiotherapy team. The feedback highlighted that the transition from children to adult physiotherapy services continued to be a negative experience for children and their families, especially those with a diagnosed learning disability and long-term health needs. There was already a well-established transition pathway, but it tended to happen in final year of school. All clinicians involved in the project agreed the process could be more efficient, allowing a more positive experience for patients and their families. Evidence from other areas suggests that an earlier transition from the age of sixteen could help reduce anxiety and improve the

overall transition process and experience. This was especially the case for young adults with a diagnosed learning disability. The results of this project led and feedback from patients and families led to a test of change with an alternative transition pathway for these young adults.

Children and young people's Physiotherapy service also introduce a parent advice line, established as part of the Ready to act. It aims to make services more accessible and fits the waiting well agenda. Patient feedback from users of the advice line was also sought to help develop the new project.

Improving access to NHS Fife services for British Sign Language user



All health boards have a statutory responsibility to ensure that individuals who use British Sign Language (BSL) can access services. Historically, NHS Fife relied on external companies for BSL interpretation; however, feedback from patients and staff indicated that this approach was inadequate.

To address these concerns, a review of BSL services was conducted to identify opportunities for improvement. This review included data collection on service usage and insights from patients and staff.

In January 2023, NHS Fife appointed its first dedicated BSL interpreter to enhance the experience for Deaf BSL users attending hospitals in Fife. While BSL interpreters are commonly contracted in the NHS Scotland, this new role allows for more flexible and responsive access for BSL users, ultimately resulting in cost savings amid stretched NHS resources.

The BSL interpreter collaborates with Deaf BSL users and staff across all healthcare services, including acute and community hospitals, GP practices, and home visits throughout Fife. They facilitate communication between patients and clinicians, ensuring that patients' views are clearly understood. Additionally, the interpreter signs written communications to patients before clinical procedures, delivering information in their preferred language. They also assist current and prospective staff who use BSL during meetings, training sessions, and job interviews.

Key benefits of this service include increased availability for last-minute or emergency appointments, greater usage of BSL interpretation—particularly by patients who previously avoided services due to inadequate support—positive feedback from users, and the ability for patients to consult with the interpreter via video call for appointment planning or rescheduling.

The in-house interpreter significantly reduces barriers to accessing our services, contributing to improved health and well-being for the Deaf-BSL community. They have also supported NHS Fife staff who use sign language and facilitated job interviews. Future opportunities include support for one-on-one meetings and appraisals.

This initiative demonstrates our commitment to being an exemplary employer, in line with our Anchor Ambitions, by ensuring all community members can access employment opportunities within NHS Fife. The BSL Interpretation Services are currently evaluating the impact of this in-house service and are eager to take the next steps forward.

Staff member – “Was not an easy process before. Now is much better by a country mile!”

Patient – “Great for Fife... [the interpreter] was with me and my wife last Friday... at our GP [appointment]”!

Acute Pediatrics Assessment Area

The aim of this project was to gather comprehensive information regarding patient activity within the assessment area. Initially, a similar audit was conducted that focused on the 'time to review' from the moment patients arrived in the unit. This led the team to consider the broader patient journey, beginning with their initial engagement with NHS Fife, rather than just their time in the ward.

Patients referred outside of regular hours may have prolonged waits, on hold with NHS24, additional waits for call-backs, and then further waits for appointments at Out of Hours services. Once referred to our unit, they can be informed that they may wait up to another four hours. Similarly, patients coming from A&E may spend another four to six hours in that department before reaching us.

The audit focused on the source of referral (e.g., GP, Out of Hours, A&E, or open access), time to triage, start time for treatment/investigations (including nursing staff conducting investigations prior to medical review), time to junior and senior review, time to decision regarding admission or discharge and the percentage of referrals requiring admission.

Additionally, a family experience feedback questionnaire was implemented to further assess patient satisfaction and outcomes.

The findings of the audit revealed a low overall admission rate. Family feedback indicated that while there were delays in receiving investigation results, the overall satisfaction rating was an impressive 9.5 out of 10.

Considering the low admission rate, the team have collaborated with the Accident and Emergency team to enhance their capacity to manage more paediatric presentations within the four-hour window, thereby reducing unnecessary referrals. Success has already been seen with some patient presentations and the teams continue to work closely with each other.

Additionally, the number of nurses and healthcare support workers (HCSWs) trained in venepuncture and cannulation has increased, ensuring that blood samples are collected, and results are available before the senior medical review. A rotation program for junior nursing staff in the assessment area has also been initiated, allowing them to learn and gain the necessary skills and experience to work and delivery care in this area.

A further audit will take place in November to help identify any further barriers, improvement work and learning. Identifying that patient and family participation and feedback is key to improving services.

Patient and family feedback regarding Model Complaint Handling Procedure

An electronic feedback form is used to enhance the complaint process experience for complainants. It enables patients to provide immediate responses post-complaint resolution and is distributed via Microsoft Forms or a paper version if preferred. The form is designed to capture the patient's experience, ensuring a streamlined and accessible feedback mechanism. By prioritizing patients' insights, the aim is to create a more transparent and responsive complaint handling system that fosters a sense of engagement and trust.

Scottish Public Services Ombudsman

The SPSO is the final stage for complaints about public service organisations in Scotland and offers an independent view on whether the Board has reasonably responded to a complaint. A complainant has the right to contact the SPSO if they are unhappy with the response received from the Board.

The number of SPSO cases, decisions, and outcome by quarter:

	Apr to Jun 2022	Jul to Sep 2022	Oct to Dec 2022	Jan to Mar 2023	2022/2023	Apr to Jun 2023	Jul to Sep 2023	Oct to Dec 2023	Jan to Mar 2024	2023/2024
New SPSO cases	3	13	4	5	25	8	7	8	7	30
SPSO decisions	6	4	1	3	14	5	0	3	1	9
SPSO cases upheld	1	1	0	1	3	1	0	2	1	4
SPSO cases partly upheld	3	2	N/A	N/A	5	N/A	N/A	N/A	N/A	N/A
SPSO cases not upheld	2	1	1	2	6	1	0	1	0	2
Cases not taken forward	6	1	1	0	8	3	0	1	6	10

NHS Scotland Model Complaints Handling Procedure

Empowering people to be at the centre of their care and listening to them, their carers and families about what is, and is not, working well in healthcare services is a shared priority for everyone involved with healthcare in Scotland. Scottish Ministers want to facilitate cultural change and to create an environment that uses knowledge to inform continuous improvement to services in a culture of openness without censure. [The NHS Scotland Model Complaints Handling Procedures](#) (CHP) forms an integral part of that vision.

The CHP was introduced across Scotland from 1 April 2017. The key aims are:

- To take a consistently person-centred approach to complaints handling across NHS Scotland.
- To implement a standard process.
- To ensure that NHS staff and people using NHS services have confidence in complaints handling.
- Encourage NHS organisations to learn from complaints in order to continuously improve services.

Complaints Performance Indicators

The CHP introduced nine key performance indicators by which NHS Boards and their service providers should measure and report performance. These indicators, together with reports on actions taken to improve services as a result of feedback, comments and concerns will provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

Quarterly Reports

In accordance with THE PATIENT RIGHTS (FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS (SCOTLAND) DIRECTIONS 2017 (the 2017 Directions) relevant NHS bodies have a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints. Service providers (Primary Care) also have a duty to supply this information to their relevant NHS body as soon as is reasonably practicable after the end of the three-month period to which it relates.

This quarterly report represents NHS Fife's response to the 2017 Directions and will form part of the Feedback and Complaints Annual Report for the Scottish Government. This section of the report is structured around the nine Key Performance Indicators.

Indicator One: Learning from complaints

- *A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:*

- *An action plan recommended by the SPSO highlighted a failure to use a proper lifting technique after a patient fall with a suspected hip injury. It is advised that staff be aware of the need to assess potential fractures and use safe manual handling procedures for possible fractures, including the use of flat lift equipment. Training needs for safe manual handling have been reviewed according to national guidance. Lateral Lifters are being purchased for various departments within the organisation.*
- *Within Datix, there is now a function to link the complaints module to the incident module, ensuring that learning from both is connected.*
- *The Patient Experience Team is collaborating with the Adverse Events Team and other services to streamline processes when complaints and adverse events are related. This aims to ensure that both processes, while separate, work together to provide a better person-centred approach, with the goal of improving communication and the overall experience for complainants, patients, and their families.*
- *The Urology Service recently received feedback from a patient who underwent a new procedure called the temporarily Implanted Nitinol Device (iTIND). This procedure is a minimally invasive treatment that gently reshapes the urethra, widening the opening through which urine can flow. After consulting with the Senior Charge Nurse and the operating Urology Consultant, it was decided that in addition to showing the patient a video during the consultation process, an information leaflet would also be provided for the patient to take home. Furthermore, a post-operative leaflet was created to guide patients on what to expect after the procedure. Additional post-operative medication will be provided to help reduce any pain or discomfort that may be experienced in the days following the procedure. A pre-medication will also be provided on the morning of the procedure. Additionally, there was consideration for implementing a post-operative check at day 3 or 4 with the patient. Meanwhile, patients are provided with a point of contact should they experience any issues prior to the post-operative appointment, which occurs one week after the procedure.*
- *The Patient Experience Team works collaboratively with the Adverse Events Team to streamline processes when complaints and adverse events are linked. This will ensure that both processes, although separate and working together to provide a better person-centred focused approach, aim to improve communication and overall complainant/patient/family experience. A draft flow chart has been created to map the proposed process.*
- *A patient expressed dissatisfaction with the care received in an outpatient area and felt that their concerns were not adequately addressed before going home. As a result, the patient had to be admitted overnight. In response to the complaint, the Senior Charge Nurse and Clinical Nurse Specialists are collaborating with the Practice and Professional Development team to update the training and competency framework to ensure it is comprehensive and current. Additionally, the Urology team is reviewing the monitoring of competency skills within the department."*
- *A patient and their family were hesitant to raise their concerns with the ward staff or the Patient Experience Team for support. The Senior Charge Nurse has now established a board within the ward to promote the use of patient feedback and to foster an open and safe culture that encourages feedback. This initiative provides an opportunity to identify and address areas for improvement, as well as to share positive feedback from patients, families, and caregivers. Additionally, education sessions for staff on Tissue Viability will be organised.*

- *A family faced challenges when a patient's wound needed suctioning and a dressing change. The Senior Charge Nurse (SCN) acknowledged that the nursing staff on the ward had different levels of experience and skill in caring for complex wounds. The SCN has scheduled training and education sessions with Tissue Viability to address this issue.*
- *A family encountered difficulties with their sister's stoma care. The SCN has arranged for training and education sessions with the Stoma Team.*
- *Following several incidents and complaints relating to the failures in the handover of care from acute to community settings, a new Short Life Working Group (SLWG) was created to look at developing pathways for the discharge of patients from the acute setting.*
- *A cancer diagnosis and treatment were delayed due to the failure to consider cancer as an underlying diagnosis at the outset of the patient's presentation. It was identified that earlier intervention may have avoided the difficulties the patient faced with ongoing abdominal pain, repeated hospital admissions and a delay to their surgical treatment. As a result of this complaint and Significant Adverse Event Review (SAER), discussion and learning has taken place with the wider General Surgery Team to ensure clinicians have a robust process in place to manage additional information from Radiology and for this to be communicated with their patients.*

Indicator Two: Complaint Process Experience

To Enhance the complaint process experience for complainants an electronic feedback form is used which enables patients to provide immediate responses post-complaint resolution. This form is distributed via Microsoft Forms or a paper version if this is the complainants preference and is designed to capture the patients experience, ensuring a streamlined and accessible feedback mechanism. By prioritising patients' insights, the aim is to create a more transparent and responsive complaint handling system that not only acknowledges their concerns but also fosters a sense of engagement and trust.

The data collected from these feedback forms is reviewed regularly by the Patient Experience Team. This consistent review process allows us to identify trends, pain points and areas for improvement within the complaint handling procedure. The insights gained are instrumental in driving changes where necessary, thus enhancing the overall patient experience. By employing this proactive approach, not only are individual complaints more effectively addressed but also works towards pre-emptively managing potential issues, creating a culture of continuous improvement and commitment to excellence in patient care.

- *All correspondences have been reviewed with a focus on tone, language, and overall clarity to ensure that they are always compassionate, empathetic, and easily understood. This ensures that communication is more patient-friendly, prioritizing key information that is important to them and making it clear what actions, if any, are required. These small changes reflect the commitment to patient-centred care, ensuring that communication is not only informative but also always respectful and considerate of patient and family needs.*

- *Although aware of the emotional impact of patients receiving complaint communications during sensitive times, a review of the complaint handling process and timings took place as a broader commitment to being more mindful and responsive to the emotional well-being of patients and their families, ensuring that processes are as considerate as possible.*

Indicator Three: Staff Awareness and Training

Subject Title	No. of staff	Notes
Good conversations (GC)	69	Figures provided for NHS, Social work / Fife Council, Voluntary Sector
GC Foundation Management	32	Good Conversations training is also provided as a half-day session on the 5-day Foundation Management programme
Adverse Events	-	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.
Duty of Candour	526	
Root Cause Analysis	-	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.
Human Factors	7	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.

Indicator Four: The total number of complaints received

4a. Number of complaints received by the NHS Fife Board	980
4b. Number of complaints received by NHS Primary Care Service Contractors	204
4c. Total number of complaints received in the NHS Board area	1184

NHS Fife Board - sub-groups of complaints received

NHS Board managed Primary Care services:	
4d. General Practitioner	25
4e. Dental	4
4f. Ophthalmic	0
4g. Pharmacy	0
Total - Board managed Primary Care services	29

Independent Contractors - Primary Care services:	
4h. General Practitioner	309
4i. Dental	19
4j. Ophthalmic	0
4k. Pharmacy	84

Total – Independent Contractors	412
4l. Combined total of Primary Care Service complaints	441

Indicator Five: Complaints closed at each stage

Number of complaints closed by the NHS Board (do <u>not</u> include contractor data, withdrawn cases or cases where consent not received).	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	818	73%
5b. Stage two – non escalated	245	22%
5c. Stage two - escalated	56	5%
5d. Total complaints closed by NHS Board	1119	100%

Indicator Six: Complaints upheld, partially upheld and not upheld

Stage one complaints	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	267	52%
6b. Number of complaints not upheld at stage one	178	34%
6c. Number of complaints partially upheld at stage one	72	14%
6d. Total stage one complaints outcomes	517	100%

Stage two complaints Non-escalated complaints	Number	As a % of all non-escalated complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	72	29%
6f. Number of non-escalated complaints not upheld at stage two	85	35%
6g. Number of non-escalated complaints partially upheld at stage two	88	36%
6h. Total stage two, non-escalated complaints outcomes	245	100%

Stage two escalated complaints Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	13	23%
6j. Number of escalated complaints not upheld at stage two	28	50%

6k. Number of escalated complaints partially upheld at stage two	15	27%
6l. Total stage two escalated complaints outcomes	56	100%

Indicator Seven: Average times

7a. the average time in working days to respond to complaints at stage one		13
7b. the average time in working days to respond to complaints at stage two		69
7c. the average time in working days to respond to complaints after escalation		50

Indicator Eight: Complaints closed in full within the timescales

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	193	83%
8b. Number of non-escalated complaints closed at stage two within 20 working days	30	13%
8c. Number of escalated complaints closed at stage two within 20 working days	9	4%
8d. Total number of complaints closed within timescales	232	100%

Indicator Nine: Number of cases where an extension is authorised

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	106	59%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	74	41%
9c. Total number of extensions authorised	180	100%

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

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

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

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NHS Fife

Annual Report on Feedback and Complaints Performance Indicator Data collection 2023-2024

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	980
4b. Number of complaints received by NHS Primary Care Service Contractors (<i>Territorial Boards only</i>)	204
4c. Total number of complaints received in the NHS Board area	1184

NHS Board - sub-groups of complaints received

NHS Board managed Primary Care services;	
4d. General Practitioner	25
4e. Dental	4
4f. Ophthalmic	0
4g. Pharmacy	0
Total - Board managed Primary Care services (this total should be included in 4a)	29
Independent Contractors - Primary Care services;	
4h. General Practitioner	215
4i. Dental	18
4j. Ophthalmic	0
4k. Pharmacy	69
Total – Independent Contractors (this total should be entered at 4b)	331
4l. Combined total of Primary Care Service complaints	360
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>) Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	N/A

Performance Indicator Five

5. The total number of complaints closed by NHS Boards in the reporting year (do not include contractor data, withdrawn cases or cases where consent not received).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	544	78%
5b. Stage two – non escalated	126	18%
5c. Stage two - escalated	30	4%
5d. Total complaints closed by NHS Board	700	100%

Performance Indicator Six

6. Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	278	48%
6b. Number of complaints not upheld at stage one	203	35%
6c. Number of complaints partially upheld at stage one	98	17%
6d. Total stage one complaints outcomes	579	100%

Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two (non-escalated)
Non-escalated complaints		
6e. Number of non-escalated complaints upheld at stage two	32	23%
6f. Number of non-escalated complaints not upheld at stage two	73	51%
6g. Number of non-escalated complaints partially upheld at stage two	37	26%
6h. Total stage two, non-escalated complaints outcomes	142	100%

Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Escalated complaints		
6i. Number of escalated complaints upheld at stage two	5	14%
6j. Number of escalated complaints not upheld at stage two	26	72%
6k. Number of escalated complaints partially upheld at stage two	5	14%
6l. Total stage two escalated complaints outcomes	36	100%

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	248	85%
8b. Number of non-escalated complaints closed at stage two within 20 working days	34	12%
8c. Number of escalated complaints closed at stage two within 20 working days	10	3%
8d. Total number of complaints closed within timescales	292	100%

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised* .

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	112	69%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	50	31%
9c. Total number of extensions authorised	162	100%

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

Completed by:

Name: Siobhan Mcilroy	Position: Head of Patient Experience
Tel: 01592 648154	E-mail: Siobhan.mcilroy@nhs.scot
Date: 18/09/2024	

E-mail completed template to: nhscomplaintsreports@gov.scot

By:

For any queries on completion, please contact:
Linda Kirk, Scottish Government
e-mail: linda.kirk@gov.scot

Meeting:	Fife NHS Board
Meeting date:	25 September 2024
Title:	Annual Procurement Report 2023/24
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

Executive Summary:

- To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report
- The content and presentation of the NHS Fife Annual Procurement Report aligns with the requirements prescribed by Scottish Government.
- The NHS Fife Annual Procurement Report was reviewed by the Procurement Governance Board, FP&R and was recommended for approval and submission to the NHS Board.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Delivery Plan
- Government policy/directive
- Legal requirement
- NHS Board Strategic Priorities To; Improve Health & Wellbeing, Improve Quality of Health & Care Services, Improve Staff Experience & Wellbeing and Deliver Value & Sustainability.

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

- Safe
- Effective

2 Report summary

2.1 Situation

The NHS Board is asked to review the content of the Annual Procurement Report and approve prior to publication.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Procurement Report demonstrates to our stakeholders how NHS Fife's procurement spend is being used to best effect to achieve better public services, improvements to social, economic, and environmental outcomes in the local area and aiding a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The NHS Fife Annual Procurement Report provides the reporting requirements from 1 April 2023 to 31 March 2024 as required by the Scottish Government.

Analysis of the Boards £350m Non pay spend is provided by category and geographical area.

The Report provides information on 6 contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these contracts was £2,742,597, this is a reduction in the number but an increase in value of contracts placed in 2022/23 (11 Contracts with a value of £1,991,255). The eight current anticipated regulated procurements for 2024/25 are also provided in the report.

Commentary is provided on the developments of key aspects of the Procurement strategy, including areas of work carried out to support the Boards Anchor Institution objectives.

In addition, a suite of Reporting Metrics provides data against the public body annual procurement report requirements as defined in Scottish Procurement Policy Note (SPPN) 2/2023.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The compliance of the Procurement Function detailed in the Annual Procurement Report contributes towards the service ability to deliver improved quality of care.

2.3.2 Workforce

The report highlights the procurement activities undertaken by the NHS Fife Procurement staff and reaffirms our Procurement Strategy Objectives to ensure Procurement staff can perform to their full potential and that formal and informal training will be encouraged and supported.

2.3.3 Financial

Production and publication of the Report will have no financial impact on NHS Fife. The Invoice Payment Performance Metrics are those that are disclosed in the Boards 2023/24 Annual Accounts.

2.3.4 Risk Assessment/Management

The contents of the report when published will become a public document and as such have been approved by the Head of Financial Services & Procurement.

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

The Annual Procurement Report references several of the Procurement Departments contributions towards the Boards Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration of the Procurement Department and is incorporated into consideration for regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

The content of the Annual Procurement Report has been finalised through discussion and contribution from members of the NHS Fife Procurement before presentation to the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper and the accompanying report were previously approved at the Procurement Governance Board on 31st July 2024, EDG on 15th August 2024 and FP&R on 11th September 2024.

2.4 Recommendation

- **Assurance** – This report provides a significant level of assurance for the NHS Board on the Procurement function in line with Public Procurement legislation and NHS Fife strategic priorities.
- For NHS Fife Board Approval.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Procurement Annual Report 2023/24

Report Contact

Kevin Booth

Head of Financial Services & Procurement

kevin.booth@nhs.scot



Annual Procurement Report 2023-2024

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1. Introduction

The Procurement Reform (Scotland) Act 2014 requires Public Sector bodies with a trade spend in excess £5m per annum to publish an annual report after the end of each financial reporting period which covers all regulated procurements and other information as specified by the Scottish Government.

This report covers the reporting requirements for NHS Fife from 1 April 2023 to 31 March 2024.

The procurement function forms a key part of NHS Fife in contributing to optimising the resources available for delivering health priorities and high-quality patient care. The NHS Fife Procurement Department is part of the Finance Directorate, reporting to the Director of Finance & Strategy, who is an Executive Member of the NHS Fife Board. Effective oversight is provided through the Procurement Governance Board which in turn reports to the Finance, Performance and Resources Committee.

NHS Fife have a small procurement team (headcount of 14); however this number has significantly increased from a headcount of 10 (40% increase) in 202/23, due to a strategic focus on the development, restructuring and recruitment to the funded establishment during 2023/24. The team are responsible for the full range of procurement services across the Board, including provision of support and advice to delegated procurement areas and facilitating the total non-pay spend of £350m across a combination of local and collaborative contracts.

In addition to negotiating and arranging strategically important contracts for a wide variety of goods and services, the department also provide operational procurement services, ensuring the right products get to hospitals and other healthcare settings at the right time, supporting the Board in its objective to provide Quality, Patient and Value-Based Health and Care.

To illustrate this further, over the financial year 2023/24 NHS Fife Procurement:

- **Saved NHS Fife £807k.**
- **Managed over 95,064 purchase orders.**
- **Managed over 8,177 customer interactions via our Procurement Helpdesk.**
- **Managed 1,970 suppliers.**
- **Managed 150,031 invoices.**

The Annual Procurement Report should be read in conjunction with our [Procurement Strategy](#), which details our plans for the years ahead.

2. Review of Reporting Period

Throughout 2023/24 the significant global supply chain issues and inflationary pressures have created considerable service and financial pressures for NHS Fife. As a result the Procurement Team has had to demonstrate significant flexibility and considerable resilience to support and mitigate where possible the prominent risks faced across the Board.

The achievement of the savings figures illustrated above, has required significant resource and knowledge to navigate a marketplace where price volatility continues to be widespread.

The Procurement Team continue to prioritise the investigation of any savings opportunities identified through contract renewals, whilst also undertaking additional in-depth procurement analysis to ascertain any efficiencies that may be implemented in conjunction with the service.

This section of the Procurement Report will look at some key milestones over 2023/24.

Anchor Institute

NHS Fife continues to progress its ambitions as an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can further use its influence to enhance the benefits for the population of Fife. Procurement forms a key dimension of the NHS Fife Anchor Strategic Plan that was developed in 2023/24, and the Procurement team has a significant role to play, using and increasing its considerable influence by:

- Routinely monitoring and analysing local spend, to support the enhancement where possible.
- Enabling Local SME's, social enterprises and supported businesses to submit proposals.
- Carrying out engagement with local suppliers on contract opportunities and requirements.
- Including Community Benefit clauses in all competitive tenders of £50k and above.
- Including Fair Work clauses within contract T&C's
- Consideration of wider social, health and environmental issues during procurements

Living Wage Accreditation

Procurement led on the awarding of the living wage accreditation for NHS Fife. Engaging with applicable suppliers to ascertain current employee pay status and to ensure future obligations in maintaining living wage accreditation are aligned. NHS Fife was officially accredited as a living wage employer in August 2023 by Living Wage Scotland.

Living Wage accreditation formally recognises and celebrates employers who choose to go further than the government minimum for all staff and contract workers.

The real Living Wage is an independently calculated rate based on the cost of living and is paid voluntarily by employers. The rate is calculated annually by The Resolution Foundation on an analysis of

the wage that employees need to earn in order to afford the goods required for a decent standard of living – this includes housing, childcare, transport and heating costs.

Community Benefits

Community Benefits clause ensures that the successful supplier(s) will be required to deliver Community Benefits in support of the authority’s economic and social objectives. The Procurement Reform (Scotland) Act 2014 requires the Board to ensure that for all contracts of £4m or above that they have considered whether to impose a community benefit requirement as part of the procurement.

Community groups are encouraged to submit requests that align with NHS Fife’s priority themes of, reducing health inequalities, contributing to anti-poverty work, improving health and wellbeing and responding to climate emergency.

The requirement to consider Community Benefits clauses, is extended to all relevant procurement activities, including regulated procurements of £50k or above and suppliers are encouraged to register and accept appropriate NHS Fife identified Community Benefits via the [NSS Community Benefit Gateway](#). Community Benefits delivered during 2023/24 include:

Contract	Supplier	Community Benefits
Non-Domestic Energy Efficiency Project	Asset Plus	<p>Employment & Training</p> <p>Provision of a structured development day sessions on the NDEEF programme for suitable apprentices to attend and invites to local colleges or universities for suitable attendees – minimum of 5.</p> <p>Training provision to incumbent NHS Fife maintenance teams on new ECMs installed.</p> <p>Provision of construction specific work placements (advertised with local employment projects) and liaison with local colleges or universities – Minimum of 2.</p>
Non-Domestic Energy Efficiency Project	Asset Plus	<p>Community & Education</p> <p>Fife public education sessions on the importance of improving energy efficiency of homes and adopting new energy efficient behaviours, which are key elements in reducing levels of fuel poverty.</p> <p>* Donation and demonstration on the operation and installation of Electronic Digital Timers.</p>

		* Donation and demonstration on the operation and installation of Radiator Reflectors.
Non-Domestic Energy Efficiency Project	Asset Plus	<p>SMEs & Third Sector Workshops</p> <p>Advertising contract opportunities, via 'Meet the Buyer' event held in Fife and placement of opportunities through Public Contracts Scotland as well as any local media channels as agreed with NHS Fife.</p> <p>Creation and delivery of sub-contract opportunities; Scaffolding, Painting & Decorating, H&S Audits, Insulation, ASHP maintenance, and Solar PV cleaning.</p>

Supported Businesses

A supported business is an organisation where more than 50% of the workers are disabled persons who are unable to take up work in the open labour market. Contracting Authorities may restrict participation in a regulated Procurement to a business identified as a supported business.

NHS Fife continues to review all opportunities to engage with Supported Businesses. For this period no regulated procurements have been restricted, however NHS Fife engaged with the following Supported Businesses:

Supported Business	Spend	Product/Service
Matrix	£17,754	Furniture and Re-upholstery Services

Payment Performance

Through implementation of improved invoice processes and staff development, the Procurement Team has supported a significant improvement of the Boards payment performance to suppliers, which is also a key metric for delivering our Anchor Institution ambitions. The table below demonstrates the progression between financial years 2022/23 and 2023/24:

	2023/24	2022/23
Average Number of Days credit taken	15	19
Total Number of Invoices	150,031	147,265
% of invoices paid within 30 days (Contractual Payment Policy)	92%	87%
% of invoices paid within 10 days (Aspirational Target)	81%	61%

Climate Change

During 2023/24 the Procurement Team have had a specific focus on environmental sustainability, collaborating with the Sustainability Team to introduce and embed considerations across all relevant procurement activities.

NHS Fife has been raising awareness on the impacts of climate change and what could be done to support the Boards net-zero journey. Several actions have been taken to date to introduce climate adaption measures including:

Action	Activity
Resource	<p>Established a dedicated Sustainability Team:</p> <p>Over the course of 2023, the sustainability team has expanded to three full-time staff, dedicated to addressing sustainability across the Board, including managing the net-zero journey and annual climate reporting. With plans for 2024/25 to recruit 2 interns to support implementation of an Environmental Management System.</p> <p>Procurement and Sustainability Teams:</p> <p>Developing Procurement and Sustainability Teams collaborative working approach to share relevant information around sustainability and efficient use of resource, knowledge and skills, to ensure comprehensive consideration of environmental sustainability during procurement activities.</p>
Policies & Strategies	<p>Greenspace Strategy:</p> <p>Published Greenspace Strategy and started to engage stakeholders and community organisations in the process of diversifying and transforming our green spaces into, biodiverse healing areas for patients and staff, community allotments, orchards and much more. So far, we have planted 12 oak trees across the estate, with further projects being scoped for 2024/25.</p> <p>Environment Management Policy:</p> <p>Developing an Environmental Management policy to enable the Board to take further action to limit impacts on the environment and contribution to climate change, while incorporating environmental sustainability at every level of the organisation.</p> <p>The Policy will aid the board in assessing its environmental responsibility across departments such as procurement, estates and clinical services, to facilitate delivery of a sustainable health service that achieves its legal obligations and environmental objectives.</p>
Awareness	<p>Increasing awareness across the organisation:</p> <p>Sustainability officers have worked with the Communications department to raise awareness about schemes and events such as</p>

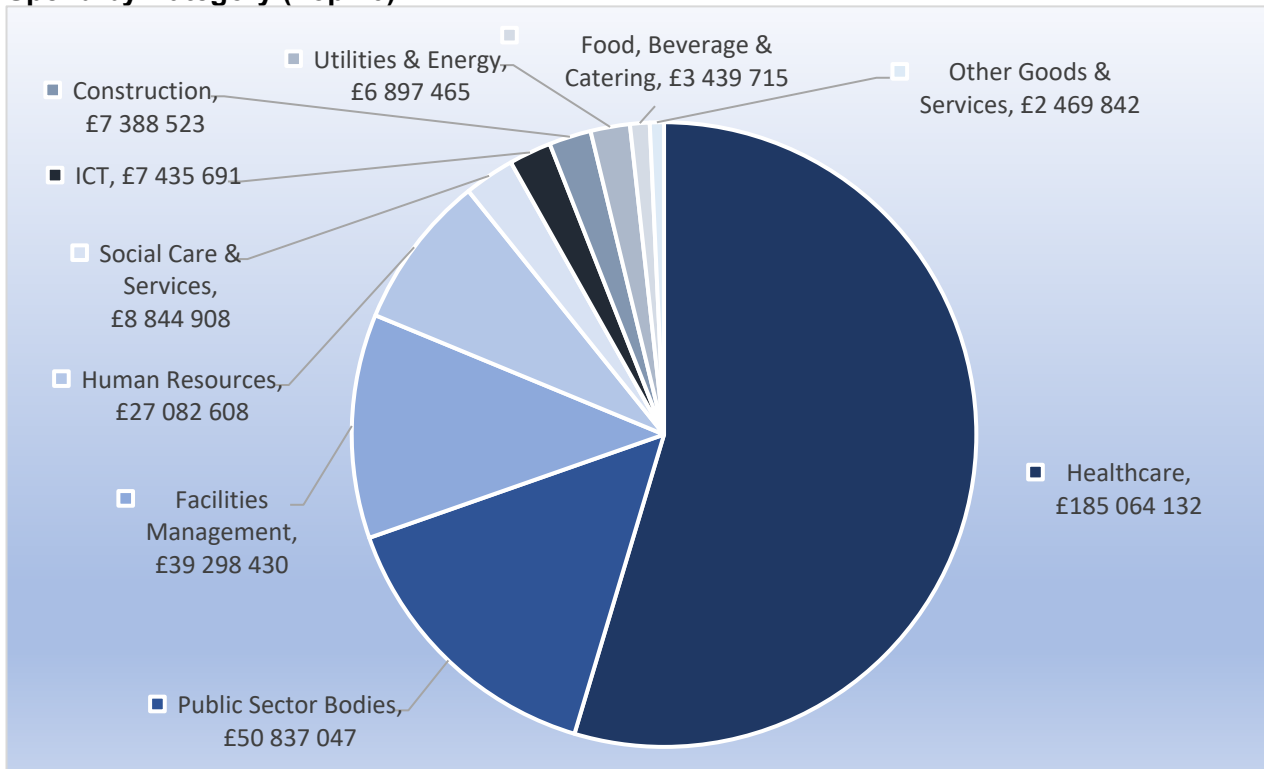
	<p>earth day and promoting active travel to employees. This information is sent in regular updates to all employees and on the staff website Blink.</p> <p>A Sustainability Hub section has been created on blink which is updated monthly and provides information on sustainability related news for staff based on the key areas in the NHS Scotland climate emergency and sustainability strategy.</p> <p>All relevant Procurement staff have completed the Scottish Governments Climate Literacy training to enhance knowledge and skills.</p>
Specific Projects	<p>Mobility Ways Partnership:</p> <p>Our partnership with Mobility Ways provides access to the UK’s largest car-share platform - Lift Share and gives staff personalised travel plans that are sustainable and to help lower emissions.</p> <p>LED Lighting:</p> <p>We invested £500,000 on the purchase and installation of LED lighting across NHS Fife.</p>
Circular Economy	<p>Warp-It:</p> <p>Warp-it was rolled out across NHS Fife in 2023/24 to support a circular economy approach and provide financial and environmental benefits associated with such an approach. During 2023/24 the following benefits were identified by repurposing and reusing products rather than purchasing new:</p> <p>CO2 Saved (kg) – 5465</p> <p>Waste Diverted (kg) – 2277</p> <p>Trees Planted (equivalent) – 2</p> <p>Admin Costs Saved – £2,850</p> <p>Replacement Costs Saved – £8,768</p> <p>Waste Costs Saved – £182</p> <p>Total Saved – £11,800</p>

3. Spend

In 2023/24, NHS Fife had a total non-pay spend of £350 million. Driving best value from this expenditure is through a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

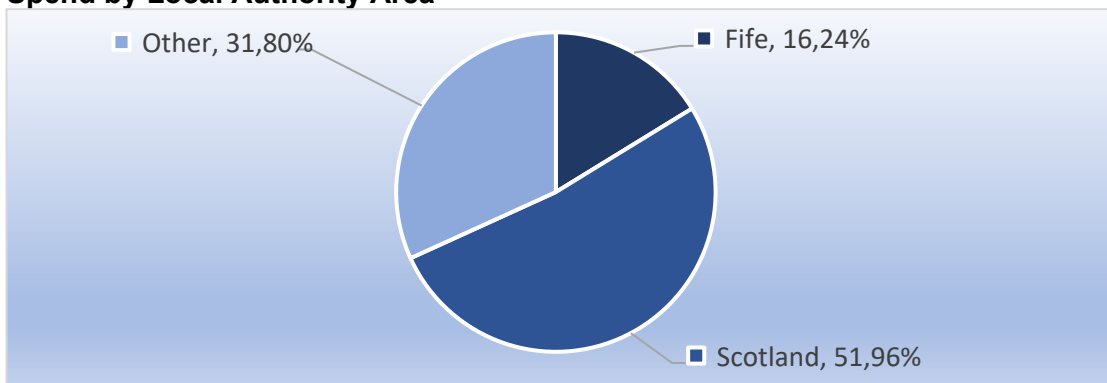
The majority of the non-pay spend is procured through public sector frameworks and contracts already carried out nationally on the Boards behalf and these include National Procurement, Scottish Government and Crown Commercial Services Frameworks.

Spend by Category (Top 10)



What is spent is as important as where it is spent. The Procurement Team, carry out the procurement activities for products and services out with national contracts, giving consideration where relevant the principles of an Anchor Institute, to harness the power of Procurement and to support the health and wellbeing of the Fife population.

Spend by Local Authority Area



4. Reporting

Annual Report

This Annual Procurement Report and the Procurement Strategy are required to be published on the NHS Fife website as set out in the Procurement Reform Act 2014.

This Annual Procurement Report has been prepared by the Head of Procurement and reviewed by the Procurement Governance Board for approval by the NHS Fife Board after endorsement from the Finance, Performance and Resources Committee.

Communication

The Annual Procurement Report and Procurement Strategy are shared with all members of the Procurement Team, in addition to being published on the NHS Fife website as set out in the Procurement Reform Act 2014.

Ownership

The Annual Procurement Report and Procurement Strategy are owned by the Head of Financial Services & Procurement.

5. Regulated Procurements

In accordance with the Procurement Reform (Scotland) Act 2014, any public contract (other than a public works contract) of £50k or greater and public works contract of £2m or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements. All regulated procurements are required to be published on the Public Contracts Scotland Portal.

Completed Regulated Procurements (2023/24)

A summary of the regulated procurements completed for NHS Fife in 2023/24 along with the prior year comparison are shown below:

Regulated Procurements	2023/24	2022/23
Number of contracts awarded	6	11
Total Contract Value	£2,742,597	£1,991,255

Details of the regulated procurements completed for NHS Fife in 2023/24 are included below:

Title	Value	Supplier
Dental Chairs	£1,559,280	Wrights Dental
GP Services (Three Medical Practices)	£500,000	AMG
Alterations to Path House Medical Centre	£368,964	Ashwood Scotland Limited
Liberty Portal Contact Centre & Subscription Service	£150,283	Netcall Technology Limited
Cameron Estates Minor Works Package	£104,070	Hatrick Bruce Limited
Refinancing - Legal Services	£60,000	CMS Cameron McKenna Nabarro Olswang LLP

Future Regulated Procurements (2024/25)

The following table sets out the regulated procurements which are expected to be undertaken by NHS Fife in 2024/25:

Title	Estimated Value	Estimated Start Date
Urgent Care Response Unit Transport Services	£1,600,000	August 2024
GP Services (Four Medical Practices)	£500,000	March 2025
Translation Services	£250,000	TBC
Bed/Mattress Hire	£199,000	TBC
Renal & Discharge Transport Services	TBC	TBC
Security Systems	TBC	TBC
Orthotic Services	TBC	TBC
Coffee Equipment and Sundries	TBC	TBC

6. Reporting Metrics

1. Organisation and report details

- a) Contracting Authority Name
- b) Period of the annual procurement report
- c) Required by s18 Procurement Reform (Scotland) Act 2014 to prepare an annual procurement report? (*Yes / No*)

NHS Fife
2023/24
Yes

2. Summary of Regulated Procurements Completed

- a) Total number of regulated contracts awarded within the report period
- b) Total value of regulated contracts awarded within the report period
- c) Total number of unique suppliers awarded a place on a regulated contract awarded during the period
- i) how many of these unique suppliers are SMEs
- ii) how many of these unique suppliers are Third sector bodies

6
£2,742,597
6
6
0

3. Review of Regulated Procurements Compliance

- a) Number of regulated contracts awarded within the period that complied with your Procurement Strategy
- b) Number of regulated contracts awarded within the period that did not comply with your Procurement Strategy

6
0

4. Community Benefit Requirements Summary

Use of Community Benefit Requirements in Procurement:

- a) Total Number of regulated contracts awarded with a value of £4 million or greater.
- b) Total Number of regulated contracts awarded with a value of £4 million or greater that contain Community Benefit Requirements.
- c) Total Number of regulated contracts awarded with a value of less than £4 million that contain Community Benefit Requirements

0
0
1

Key Contract Information on community benefit requirements imposed as part of a regulated procurement that were fulfilled during the period:

- d) Number of Jobs Filled by Priority Groups (Each contracting authority sets its own priority groups)
- e) Number of Apprenticeships Filled by Priority Groups
- f) Number of Work Placements for Priority Groups
- g) Number of Qualifications Achieved Through Training by Priority Groups
- h) Total Value of contracts sub-contracted to SMEs
- i) Total Value of contracts sub-contracted to Social Enterprises
- j) Total Value of contracts sub-contracted to Supported Businesses
- k) Other community benefit(s) fulfilled

Not Recorded
Not Recorded
Not Recorded
Not Recorded
Not Recorded
Not Recorded
Not Recorded
Not Recorded
7 (see section 2)

5. Fair Work and the real Living Wage

- a) Number of regulated contracts awarded during the period that included a Fair Work First criterion.
- b) Number of unique suppliers who have committed to pay the real Living Wage in the delivery of a regulated contract awarded during the period.
- c) Number of unique suppliers who are accredited Living Wage employers and were awarded a regulated contract during the period.

6
6
2

6. Payment performance

- a) Number of valid invoices received during the reporting period.
- b) Percentage of invoices paid on time during the period (“On time” means within the time period set out in the contract terms.)
- c) Number of regulated contracts awarded during the period containing a contract term requiring the prompt payment of invoices in public contract supply chains.
- d) Number of concerns raised by sub-contractors about the timely payment of invoices within the supply chain of public contracts.

150,031
92%
6
Not Recorded

7. Supported Businesses Summary

- a) Total number of regulated contracts awarded to supported businesses during the period
- b) Total spend with supported businesses during the period covered by the report, including:
- i) spend within the reporting year on regulated contracts
- ii) spend within the reporting year on non-regulated contracts

0
£17,754
0
£17,754

8. Spend and Savings Summary

- a) Total procurement spend for the period covered by the annual procurement report.
- b) Total procurement spend with SMEs during the period covered by the annual procurement report.
- c) Total procurement spend with third sector bodies during the period covered by the report.
- d) Percentage of total procurement spend through collaborative contracts.
- e) Total delivered cash savings for the period covered by the annual procurement report
- f) Total non-cash savings value for the period covered by the annual procurement report

£350,459,044
£68,499,169
£1,007,637
52%
£807,067
0

9. Future regulated procurements

- a) Total number of regulated procurements expected to commence in the next two financial years
- b) Total estimated value of regulated procurements expected to commence in the next two financial years

7-10
TBC

COMMUNITIES & WELLBEING PARTNERSHIP

(Meeting on 9th September 2024)

The Partnership (CWP) received a report on the Community Learning and Development Plan for 2024-2027. Opportunities for partner and community engagement were highlighted. The report was well received and the Partnership committed to receive further report in 6 months time.

The Partnership discussed the recent review of partnership arrangements by Fife Partnership Board (FPB) and the CWP delivery plan report delivered to FPB in August. In line with this significant agenda items identified two key areas for specific collaborative work.

- Developing a whole population approach to hazardous and harmful drinking in Fife
- Developing a Whole Systems Approach to physical activity in Fife

Work has already begun to explore a way forward with both these areas and it was agreed they would be priorities. Key partners and individuals were identified to continue progress. FPB will be considering reporting arrangements in the near future. At the next meeting in Nov/Dec the CWP will consider how we should develop a refreshed delivery plan in light of the new priorities and any reporting arrangements required.

No issues were raised for escalation to the Board.

Unconfirmed

Communities & Wellbeing Partnership
Monday 9th September 2024, Fife House, Glenrothes
Note

Present: Fraser MacKenzie (joining on Teams), Jo-Anne Valentine, Julie Dickson, Kenny Murphy (Teams), Lucy Denvir (chair), Paul Vaughan, Ruth Bennett, Sarah Roxburgh (Teams)

Attending: Elizabeth Butters, Gill Musk, Tricia Ryan

Apologies: Christine McLean, Emma Walker, Helen Rorrison

1. Welcome and introductions

Lucy welcomed all and invited introductions. Apologies were noted as above.

2. Note of last meeting on 5th June

Note approved as an accurate record. Matters arising not covered by the agenda:

- Work between the ADP and FSLT on overdose awareness training for FSLT staff and ADP input into FSLT safeguarding policy - *ongoing*
- Explore possibility of mandatory Council e-learning module in overdose awareness – *deferred til after a change in HR / Health & Safety Policy expected later this year*
- Link Elizabeth and CLD Partnership – *done*
- ADP provide input into FSLT’s safeguarding policy – *ongoing*
- Discussion on a coordinated comms campaign for young people around drugs / DRDs – *being taken forward by a Rapid Action Group reporting to other structures*
- Capturing experiences of staff delivering the Recovery Outdoors programme – *to be done following delivery of autumn and spring programmes*
- Explore potential collaboration with Protective Services on advertising / food provision – *contact made and discussions ongoing*

3. CWP and Leadership Group reports to Fife Partnership Board, 6th August

The link to FPB papers had been circulated with the agenda. Lucy gave an overview, noting that the CWP paper included the final report on the 2022-2024 Health & Wellbeing Delivery Plan. The report had been well received. Thanks were noted to all who contributed to this overview of work being done towards Plan for Fife ambitions 3 and 7.

The Board had agreed that CWP now take forward collaborative work in a small number of priority focus areas, two of which were included in the agenda for this meeting. A new delivery plan is needed, which will go to the Plan for Fife Leadership Board for sign-off. Reporting requirements are currently under discussion and will be confirmed.

Members welcomed the focus on collaborative projects and agreed that further discussion on development and delivery should take place later in the agenda.

Unconfirmed

4. CLD Plan 2024-27

An update paper had been circulated with the agenda and copies of the draft CLD Plan were distributed to members present.

Tricia introduced the draft Plan and invited feedback. Julie acknowledged the significant work that had gone into producing a clear and succinct Plan.

Discussion included the challenges of meaningful Fife-wide reporting (local CLD activity is reported to Area Committees); membership of the CLD Partnership; synergies with H&SCP Participation & Engagement work; and linkages to the Plan for Fife recovery and renewal priorities.

Members were supportive of the draft Plan and agreed that a short informal update in six months would be useful.

ACTION:

- Gill to include CLD Plan update on work programme for March 2025

5. Developing a whole population approach to hazardous and harmful drinking in Fife

Elizabeth presented the context and rationale for this proposed area of work. A recent Needs Assessment carried out by Public Health had identified seven key recommendations for addressing harms caused by alcohol. Most are being taken forward by ADP groups but the recommendation to develop a whole population approach to reduce hazardous and harmful drinking in Fife, given its breadth and contribution to preventing ill health, sits logically within CWP's remit.

Elizabeth provided information around the scale of the problem in Fife and results of some initial mapping of evidence-based whole population approaches which can be led locally.

Members welcomed proposals to focus on this area of work and agreed there should be further exploration and engagement to develop collaborative projects in areas where evidence shows that local intervention can have most impact. A number of specific suggestions were made and offers to join a working group.

(Kenny left the meeting.)

ACTIONS:

- Ruth to make link with Workplace Health team
- Elizabeth & Gill to follow up offers made

6. Systems-based approach to physical activity

Slides from Public Health Scotland had been circulated with the agenda. There was little time left on the agenda for this item. Sarah gave a brief introduction.

Public Health Scotland are already working with a number of other local authority areas, using their framework to develop a systems-based approach to increasing participation in physical activity, and have offered support in Fife. This is an opportunity to move on our work on the new Physical Activity & Sport Strategy.

Unconfirmed

(Sarah left the meeting.)

Paul noted that a lot of work has already been done on physical activity in Fife, but there are gaps.

The national strategy will be launched in early October.

A small working group of Council and FSLT colleagues will do further work on a proposal and involve wider partners.

ACTION:

Sarah to provide further update at next meeting

7. Any other business

No issues were raised.

8. Date of next meeting

It is proving difficult to find a date for the winter meeting. Rather than trying to identify an alternative, members agreed that one of the dates included in the poll should be chosen, even if some members cannot attend, and the length of meeting extended by 30 mins. Preference is for another face-to-face meeting with hybrid option.

FIFE HSCP INTEGRATION JOINT BOARD

Meeting on 31 May 2024

No issues were raised for escalation to the Board.



CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 31 MAY 2024 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) Graeme Downie (GD) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Janette Keenan (JK), Director of Nursing, NHS Fife Lynne Parsons (LP), Employee Director, NHS Fife Debbie Fyfe (DF), Joint Trades Union Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Jennifer Rezendes (JR), Principal Lead Social Work Officer Lynn Barker (LB), Associate Director of Nursing
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Vanessa Salmond (VS), Head of Corporate Governance Clare Gibb (CG), Communications Adviser Carol Notman (CN), Personal Assistant (Minute)

No	TITLE	ACTION
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1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	
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Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting and noted that Item 8.1 has been removed from the agenda and an Extraordinary Meeting to review the financial situation will be organised in due course.

Arlene Wood congratulated Nicky Connor on her new appointment of Chief Executive within NHS Tayside but noted that the IJB were very sad to say goodbye and wished to thank Nicky for her leadership over the last 5 years.

Apologies have been received from Joy Tomlinson, Chris McKenna, Christine Moir, Rona Laskowski, Jillian Torrens.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and

responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

Arlene Wood asked Board Members if there were any interests to declare which have not already been submitted.

Rosemary Liewald advised that she was an appointed Trustee for STAND which is the subject of the Lived Experience Presentation it was confirmed by the Standards Office that there was no conflict of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 MARCH 2024

The Minute and Action Note were both approved as an accurate record.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor who provided the Chief Officer update noting the briefing issued to IJB members yesterday highlighted the celebration of nurses on International Nurses Day and celebrated nurses across all sectors.

Nicky paid tribute to all who supported her during her time as Chief Officer and was leaving confident that Team Fife will continue to flourish.

Arlene on behalf of the Board thanked Nicky and wished her well in her new role in Tayside and noted that the Board is looking forward to supporting Fiona McKay as she takes on the role of Interim Chief Officer.

5 COMMITTEE CHAIR ASSURANCE REPORTS

Arlene Wood advised that these reports are being presented to enhance governance arrangements by providing assurance to the IJB on Committee Business noting that agreement on the principles of these reports have been discussed at the Strategic Planning Group on 2 May 2024, the Quality and Communities Committee on 10 May 2024, Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented these reports advising that these were the first iteration of the chair reports and these will be further developed following feedback to strengthen the governance process.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All agreed that the reports were helpful summaries. Graeme Downie advised that there had been one item from the Strategic Planning Group that was being escalated regarding local housing update as it is anticipated there could be impact to IJB Services going forward, but it was noted that the service is not directly delivered by the IJB. Dave Dempsey noted that the Audit and Assurance Committee had some concerns that the risk score trajectories would require to change if

target dates were to be met.

Arlene Wood queried where there have been escalations around the financial information whether this will impact the risk register. Audrey Valente advised that the risk score has just been revised and will be brought back through the governance committees to a future meeting.

The Board were assured that the Standing Committees are discharging their functions and remit and escalating any issues appropriately.

6 STRATEGIC PLANNING & DELIVERY

6.1 Digital Strategy

This report was discussed at the Strategic Planning Group on 2 May 2024, the Quality and Communities Committee on 10 May 2024 and Finance, Performance & Scrutiny Committee on 15 May 2024.

Arlene Wood introduced Audrey Valente who presented this report advising that this was the first Digital Strategy which highlights the digital priorities for the Partnership.

Arlene Wood invited in turn Graeme Downie, Chair of Strategic Planning Group, Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. All agreed that the Strategy was an excellent document and Graeme Downie noted that the Strategic Planning Group had commended the Officers who had developed the model for the Strategy.

There was discussion around infrastructure concerns and access to reliable Wi-Fi connectivity in rural areas. Audrey Valente confirmed that this was outwith the remit of the Partnership and that Fife Council would be responsible for the roll-out of digital coverage but would discuss and raise the concerns of the Board with Fife Council's Business Technology Services.

Concern was raised with those who do not wish to engage with digital. Nicky Connor noted that although the Strategy focusses on 'Digital First' it is acknowledged that digital will not be appropriate for everyone and that the delivery of care will always be person centred.

The Board approved the Digital Strategy.

6.2 Workforce Strategy Action Plan Year 2: Update

This report was discussed at the Local Partnership Forum on 14 May 2024 and the Finance, Performance & Scrutiny Committee on 15 May 2024.

Arlene Wood introduced Roy Lawrence who presented this report noting that the report was the 6-month update for the Workforce Strategy Action Plan and was being brought to the Board for assurance.

Arlene Wood then invited in turn Nicky Connor, Co-chair of the Local

Partnership Forum and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Nicky Connor noted that the action plan was very well supported by the Local Partnership Forum and Alastair Grant agreed the Finance, Performance & Scrutiny Committee had been impressed with the level of detail and the comprehensive work that has been undertaken by the team.

There was discussion around succession planning and the importance of continually growing the talent which is already within Fife which has been highlighted by the recent changes within the Senior Leadership Team.

Following in-depth discussion, the Board was assured that the work underway to deliver the Year 2 Action Plan is responsive to change, innovative, varied and being delivered at pace to ensure the Plan achieves its ambitions to Plan, Attract, Employ, Train and Nurture the existing and future workforce.

7 LIVED EXPERIENCE & WELLBEING

7.1 Lived Experience – Early Onset Dementia

Arlene Wood introduced Lynn Barker who presented the lived experience video highlighting the significant impact that the STAND Group have in supporting individuals and their friends and family who have been diagnosed with early onset dementia. Arlene Wood advised that the link for the video would be issued to members following the meeting for those who experienced technical issues.

VS

8 INTEGRATED PERFORMANCE

8.1 Finance Update

Item deferred to be discussed at future Extraordinary IJB Meeting.

8.2 Performance Report – Executive Summary

This report has been discussed at the Finance, Performance & Scrutiny Committee on 15th May.

Arlene Wood introduced Fiona McKay who presented this report advising it was the regular summary that is submitted to the IJB and wished to highlight that the waiting times for Care at Home is the lowest it has been for quite some time. In addition, the Partnership has been contacted by Audit Scotland who would like to highlight Fife's Care at Home Collaborative in their Annual Report.

Arlene Wood invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alistair confirmed there were no issues raised from the Committee meeting.

In my notes i have written that further narrative to supplement the data and performance trajectories is needed to provide the Board with necessary assurances around the actions taken in response to the

performance data, also highlighted that the metrics needed to evolve to include mental health

The Board were assured that the full report has been discussed at the Finance, Performance & Scrutiny Committee and had no further comment. I don't think we are being assured about the report being discussed we are taking assurance from the performance ??

9 GOVERNANCE & OUTCOMES

9.1 Recruitment for Director of HSCP

This report has been discussed with the Chair and Vice Chair and Joint Trade Union Leads and the Chief Executives of Fife Council and NHS Fife.

Arlene Wood introduced David Miller who presented this report and advised that the recruitment for the Chief Officer rotated between Fife Council and NHS Fife, and it was the responsibility of NHS Fife to support the recruitment on this occasion, however a similar process as previously undertaken by Fife Council would be followed as outlined in the paper. Following approval, the Recruitment Agency, Eden Scot, who have recent experience of recruiting to Chief Officer positions, will be appointed.

Arlene Wood advised that both she and Graeme Downie have met with Chief Executives of both NHS Fife and Fife Council and confirmed all interested parties were keen that there is no delay with commencing the recruitment process.

The Board approved the process outlined for the appointment of an Interim Director as set out in this report. The Board agreed the recruitment and selection process for a permanent appointment which closely mirrors previous CO appointments. The Board noted the appointment panel will consist of 4 NHS and 4 Fife Council members inclusive of the Chair and Vice Chair of the IJB and will be supported by an Independent Professional Advisor. The Board were assured that an element of the interview process would include an opportunity for stakeholder engagement.

9.2 Governance Committee Assurance Statements

This report was discussed at the Quality and Communities Committee on 10 May 2024, Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented this report advising, as per the established governance process, that these Statements confirm to the IJB that adequate governance is in place.

Arlene Wood invited in turn Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All Chairs confirmed that the reports were supported by the committees.

The Board took assurance that good governance is in place across the partnership.

9.3 Revised Directions Policy

This report was discussed at the Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented this report who advised that this report is seeking support for the implementation of a revised Directions Policy to provide clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions.

Arlene invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All confirmed that the report was supported by the governance Committees.

The Board approved the Revised Directions Policy.

9.4 NHS Fife Annual Duty of Candour Report 2022/2023

This report was discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Helen Hellewell who presented this report and highlighted that the 33 events noted within the report were for NHS Fife wide. Helen provided clarity that the General Practitioners noted within the report were part of the 2C Practices which are managed by NHS Fife therefore not Independent Practitioners.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that there were no issues raised at the Committee.

There was discussion around what systems were in place across the Partnership to ensure that learning and actions are completed and sustainable. Confirmation was provided that Services follow the appropriate policies in place such as the Adverse Event Policy and issues are discussed at the Quality Matters Assurance Group (QMAG) for shared learning.

The Board confirmed that they had been assured that NHS Fife and Fife Health and Social Care Partnership comply with their duties relating to Duty of Candour for 2022-23.

9.5 Fife Council Duty of Candour Report 2022/2023

This report was discussed at the discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Jennifer Rezendes who presented this report noting that it was for assurance and similar to the NHS Fife report the Fife Council report included all Fife Council Services that have a requirement to report on Duty of Candour.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that there were no issues raised at the Committee.

The Board confirmed that they had been assured that Fife Council and Fife Health and Social Care Partnership comply with their duties relating to Duty of Candour for 2022-23.

10 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

10.1 Risk Management Annual Report

This report was discussed at the Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Audrey Valente who presented this report noting it was for discussion and decision. Audrey advised following the IJB agreeing the Risk Management Policy and Strategy in March 2023 a Short Life Working Group had been set-up to ensure the actions from the delivery plan were progressed. An updated delivery plan is provided in Appendix 1 of the report.

Carol we asked about risk appetite and levels of assurance around risk and risk mitigation can you check and add this in thanks

Arlene Wood invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. Dave confirmed that the Committee had looked in detail to the report and endorsed the report.

The Board confirmed that they approved the Risk Reporting Framework, the Risk Management Process and Guidance and the Risk Management Training Resources.

10.2 United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024

This report was discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Lisa Cooper who presented this report noting that it was for assurance that the Partnership was complying with its duties of UNCRC and following royal assent it will become an Act in July 2024.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that the Committee were content with the Partnership readiness for the implementation of UNCRC.

There was discussion around how the work linked with the IJB Strategic Risk to ensure that any risks are incorporated. Questions were asked about the action plan for implementation, risks, reporting structures etc. Lisa Cooper advised that the action plan had been presented at the Qualities and Communities Committee and wished to provide assurance that the Action Plan and Risks would be brought to a future cycle of the Governance Committees and will include the IJB.

The Board confirmed that they were assured that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP

The minutes of the following Governance Committees were provided for information:

- Audit and Assurance Committee – 15 March 2024
- Finance, Performance & Scrutiny – 12 March 2024
- Quality & Communities Committee – 8 March 2024
- Local Partnership Forum – 13 March 2024
- Strategic Planning Group – 7 March 2024

11 AOCB

As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming dates of the next meetings.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 21 JUNE APRIL 2024 (Visit details to be confirmed prior to IJB Meeting)

INTEGRATION JOINT BOARD – FRIDAY 26 JULY 2024

FIFE PARTNERSHIP BOARD
(Meeting on 06 August 2024)

FPB received a presentation on the poverty and health theme from the Executive Director Communities and welcomed that this would continue to be a priority theme.

Fife Strategic Assessment was discussed. FPB noted the findings and agreed to use this evidence as the basis for future collaborative planning over the next Plan for Fife period 2024-2027.

The Child Poverty Report to the Scottish Government and the Fife Childrens Services Plan Annual Report 2023/24 were both received and endorsed.

The Communities and Wellbeing Partnership Report was received and the challenges and progress were noted. The future priority themes were agreed.

The Recovery and Renewal Leadership Group presented the proposed approach for the Plan for Fife 2024-2027 including refreshed governance and partnership arrangements. FPB approved this along with the approach for developing the new Plan for Fife from 2027.

No issues were raised for escalation to the Board.

Unconfirmed

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

6 August 2024

10.00 am - 11.30 am

PRESENT: David Ross (Convener), David Alexander and Linda Erskine; Ken Gourley, Chief Executive, Fife Council; Carol potter, Chief Executive, Joy Tomlinson, Director of Public Health, Patricia Kilpatrick, Chair of NHS Fife Board, Lucy Denvir, Consultant in Public Health, NHS Fife; Fiona McKay, Interim Director of Health and Social Care Partnership; Lorna Rogvie, DWP Customer Service Leader, Department of Work and Pensions; Chief Superintendent Derek McEwan, Police Scotland; Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St Andrews University; Alison Taylor, Place Director, Scottish Government; Kenneth Barbour, Area Commander, Scottish Fire and Rescue Service; Kenny Murphy, Chief Executive, Fife Voluntary Action and Jim Metcalfe, Principal and Chief Executive, Fife College.

ATTENDING: Michael Enston, Executive Director – Communities, Coryn Barclay, Research Manager, Sinead O'Donnell, Policy and Delivery Manager, Sheena Watson, Team Manager, Community Investment, Gill Musk, Policy Officer, Communities and Neighbourhoods Service; Carol Connolly, Executive Director Place; Stuart Booker, Quality Improvement Officer, Education Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

ALSO IN ATTENDANCE Lisa Cooper, Head of Service, Primary and Preventative Care Services, Fife Health and Social Care Partnership.

57. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 21 May 2024.

Arising from the minute of 21 May 2023 (2024 FPB 22), paragraph 51 (2) Plan for Fife- Three Year Review should read “2024-2027”.

Decision

The Board agreed to approve the minute.

58. PRESENTATION INPUT - POVERTY & HEALTH THEME

The Board considered a presentation by the Executive Director- Communities asking partners to consider the talking points drawn from the review of the two recent cost of living programmes and lessons learned.

Unconfirmed

Decision

The Board noted the significant challenges and welcomed that further discussions on poverty and health would continue to be a priority theme.

59. FIFE STRATEGIC ASSESSMENT

The Board considered a report by the Executive Director - Communities bringing forward the findings from the Fife Strategic Assessment 2024.

Decision

The Board: -

- (1) noted the findings from the Fife Strategic Assessment 2024;
- (2) considered the report as a 'can-opener' to prompt and inform discussion and encourage new thinking about current service delivery, partnership approaches, community engagement and priorities for change; and
- (3) agreed to use the evidence from the Fife Strategic Assessment to plan collaboratively with partners for 2024-2027.

60. LOCAL CHILD POVERTY REPORT FOR SCOTTISH GOVERNMENT 2023/24

The Board considered a report by the Executive Director - Communities reporting on tackling poverty and preventing crisis for the period 2023/24.

Decision

The Board: -

- (1) noted the progress to date on tackling poverty and preventing crisis; and
- (2) endorsed the Local Child Poverty Report set out in Appendix one and in line with the reporting for the Child Poverty (Scotland) Act 2017.

61. FIFE CHILDREN'S SERVICES PLAN ANNUAL REPORT 2023/24

The Board considered a report by Angela Logue, Co-Chair of Children in Fife presenting to partners the Fife Children's Services Annual Report for 2023-2024. The report provided an overview of the progress of the Fife Children's Services plan for 2023-2036 and approval of the report would enable the statutory requirement for reporting on children's services to be completed.

Unconfirmed

Decision

The Board agreed to approve the Fife Children's Services Annual Report for 2023-24.

62. COMMUNITIES & WELL-BEING PARTNERSHIP REPORT

The Board considered a report by Lucy Denvir, Public Health Consultant, NHS Fife and Chair, Communities and Wellbeing Partnership updating partners on progress since the last report in August 2023 and proposed next steps.

Decision

The Board: -

- (1) noted the progress and challenges outlined in Section 2.0 and Appendix 1 of the report; and
- (2) agreed on the suggested priority themes detailed in section 3.0 of the report.

63. RECOVERY & RENEWAL LEADERSHIP GROUP REPORT: PLAN FOR FIFE 2024-2027

The Board considered a report by the Executive Director- Communities asking partners to agree on the next steps for the Plan for Fife 2027.

Decision

The Board approved: -

- (1) the Plan for Fife approach for 2023-2027;
- (2) the improved governance delivery arrangements in Section 2.0 and as detailed in Appendix 1 of the report; and
- (3) the preparation approach for the Plan for Fife reset in 2027.

64. DATE OF NEXT MEETING

Decision

The next Board meeting would take place on 6 November 2024.

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 20 JUNE 2024 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Cllr Graeme Downie, Non-Executive Member
Anne Haston, Non-Executive Member
Aileen Lawrie, Non-Executive Member
Kirstie Macdonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Andrew Ferguson, Senior Audit Manager, Azets
Barry Hudson, Regional Audit Manager
Pat Kilpatrick, Board Chair (*observing*)
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Alan Mitchell, Thomson Cooper (*item 5.11 only*)
Carol Potter, Chief Executive
Dr Shirley-Anne Savage, Associate Director of Risk & Professional Standards
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Pat Kilpatrick, Board Chair, who had joined the meeting to observe.

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

1. Apologies for Absence

Apologies were received from attendee Andy Brown, Principal Auditor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 16 May 2024

The minute of the last meeting was **agreed** as an accurate record.

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates on the Action List.

5. ANNUAL ACCOUNTS

5.1 Final Audit & Risk Committee Annual Assurance Statement 2023/24

The Board Secretary advised that the statement provides a summary of activity over the previous year, and that the draft statement was considered at the previous Audit & Risk Committee meeting, with no substantive changes made since then as a result of comments received.

The Committee **approved** the Final Audit & Risk Committee Annual Statement of Assurance 2023/24, for submission to the Board.

5.2 Committee & Directors' Annual Assurances for 2023/24

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Public Health & Wellbeing Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Executive Directors' Assurance Letters**

The Board Secretary advised that the Executive Directors' Assurance Letters form part of the Chief Executive's Accountable Officer year-end review process, to provide assurance that the delegated powers to the other Executive Directors are operating effectively and to help inform the content of the Governance Statement.

It was reported that the Committee Annual Assurance Statements appropriately reflect the work carried out throughout the year by each of the Board's Standing Committees and these provide a sufficient level of detail on which members could take assurance on.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2023/24.

5.3 Letter from Chief Officer - Fife Integration Joint Board (IJB)

The Board Secretary advised that, due to the timeframe for the completion of the IJB's Annual Accounts process, it was not possible at this date to provide the Committee with the outcome of the IJB internal audit review and annual report for 2023/24. The letter provided is an interim measure, pending the finalisation of the IJB annual internal audit report, which will be provided to the Committee in September, after the audit report has progressed through the IJB governance structure. The Chief Internal Auditor clarified that it is often normal practice to receive an assurance letter such as this, due to the different year-end timetables of NHS Boards and local authorities.

There was some concern raised that the letter did not provide the required level of detail to provide assurance to the Committee, particularly around financial controls.

Following discussion, and due to the late change in the IJB financial position and the additional brokerage sought from the Scottish Government as a result of late identification of the overspend, it was agreed that an independent review is required for the Committee to take adequate assurance around the IJB internal systems of financial control. This is due to members' concerns that the IJB position has comprised the Board's financial arrangements. It was agreed that further scrutiny is required to ensure that effective systems and processes are in place. The Chief Executive agreed to request an independent review via the Chief Officer on the recent events, and that this review should include appropriate involvement/liaison with the CFO, the NHS Fife Director of Finance and the Fife Council Director of Finance.

Action: Chief Executive

5.4 Internal Audit Annual Report 2023/24

The Chief Internal Auditor discussed the main points and key themes in the report, noting the overall positive assessment of NHS Fife internal control arrangements. It was reported that the report reflected the financial position at time of writing, and that the position had since changed due to the additional brokerage required to meet the IJB overspend. The report includes 3 recommendations, an overview of the management responses was provided on each.

An update was provided on the planning process for the internal audit plan for 2024/25, and it was reported that work is ongoing. The draft plan has been mapped to the strategic risk register, and to the Re-form, Transform, Perform workstreams, for alignment. It was advised that the Executive Directors' Group will consider and endorse the plan, before it is emailed to Members in July for comment, with the final plans presented at the September Audit & Risk Committee for approval.

The Chief Internal Auditor highlighted Internal Audit's opinions from the report that:

- The Board has adequate and effective internal controls in place; and
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

The Committee took **assurance** from this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

5.5 Service Auditor Reports on Third Party Services

The Head of Financial Services & Procurement spoke to the paper and confirmed that there were four reports this year. The NHS Ayrshire & Arran Financial Ledger Services had come back as unqualified this year. The NSS IT Services and NSS Practitioner & Counter Fraud Services reports had both come back with minor qualifications and not an adverse opinion. An overview was provided on the NSS Payroll Services report, with it being advised that the description fairly presents NSS's payroll services for the Boards, including NHS Fife, and that the controls described in relation to the control objectives were suitably designed.

The Head of Financial Services and Procurement confirmed that the Third Party Service Audit Reports were now all received and had been shared with Azets as part of the Annual Accounts process.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by NHS National Services Scotland (NSS) and by NHS Ayrshire & Arran on behalf of NHS Fife.

5.6 External Annual Audit Report 2023/24

C Brown, Head of Public Sector Audit (UK) at Azets, presented the draft report, noting that an unqualified opinion is intended. An update was provided on the audit adjustments, with it being reported that the SPPA disclosures issue was a national issue. An overview was provided on the five adjustments that have been made through the course of the audit, and the two unadjusted misstatements that were identified within the accounts. C Brown also advised that a debrief on the process this year with both Azets and the Finance team would take place to agree improvements to the audit process for next year.

It was reported that the Board's accounting systems and internal controls have been assessed as having no material weaknesses or significant deficiencies.

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

5.7 Draft Letter of Representation

C Brown, Head of Public Sector Audit (UK) at Azets, provided a verbal update on the letter of representation. It was advised that the purpose of the Letter of Representation from NHS Fife to the Auditors is to confirm that all relevant information has been submitted as part of the audit. The report and letter will go to the June 2024 Board meeting for formal approval.

The Committee took **assurance** from the verbal update.

5.8 Governance Statement

The Chief Executive advised that the Governance Statement is a key part of the Annual Accounts. The key points from the Governance Statement were outlined, including detail on the 'Re-form, Transform, Perform' Framework introduced during the last quarter of the financial year; the review of the first year of the Board's Population Health & Wellbeing Strategy. The Chief Executive also highlighted a specific disclosure within the Governance Statement which related to an Information Governance & Security breach, for which the Board has received a formal reprimand from the Information Commissioner's Office. An appropriate action plan is in place to fully respond to this matter.

The Committee took **assurance** from the Governance Statement content.

5.9 NHS Fife Annual Accounts for the Year Ended 31 March 2024

The Director of Finance & Strategy introduced the accounts and highlighted the following points.

The statutory Revenue Resource Limit target of break-even was achieved, however this was materially supported through the receipt of additional UK consequential funding of £10m and an increased level of brokerage of £14m. The increase in the latter from £11m to £14m was due to the late notification of an unexpected deterioration of the IJB position which is referenced in the governance statement and specifically reference is also made to the lessons learned exercise underway.

The Director of Finance & Strategy also noted that the statutory Capital Resource Limit target was delivered in line with plan with no issues to report in that regard.

The Director of Finance & Strategy further advised that the preparation of the accounts was delivered in line with the agreed timetable, however, a number of adjustments were made which required adjustment and restatement. This included two national issues; the first in relation to the treatment of VAT on PFI provider energy costs and a second involving SPPA pension calculations. Both issues impacted nationally and were not limited to NHS Fife. Two further local issues were noted. One in relation to the calculations required under the newly introduced PFI/IFRS accounting standard and a second in relation to late adjustments required to disclose the change to the IJB outturn position. Both were resolved and adjusted in the financial statements.

The Head of Financial Services & Procurement highlighted some of the key financial performance aspects of the financial statements, including figures from the remuneration report.

The Head of Financial Services & Procurement also described the contingent liability note in relation to one aspect of the A4C pay deal. This relates to the future, but as yet unquantified costs associated with any successful re-gradings in relation to Band 5 to Band 6 nursing staff.

The Director of Finance & Strategy concluded by thanking the finance team and both internal and external audit teams for their support and professional approach throughout the year and particularly through the audit process.

The Audit & Risk Committee:

- **Reviewed** the draft Annual Accounts for the year ended 31 March 2024.
- **Recommended** to the Board that they adopt the Annual Accounts for the year ended 31 March 2024.
- **Recommended** to the Board to authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board.
- **Approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate.
- **Noted** that the accounts are not in the public domain until they are laid before Parliament.

5.10 Annual Assurance Statement to the NHS Fife Board 2023/24

The Committee **agreed** the content of the statement, to be reflected in the final signed version submitted to the Board for assurance purposes.

5.11 Patients' Private Funds – Receipts and Payments Accounts 2023/24 & Audit Report

The Chair welcomed A Mitchell, Thomson Cooper, who joined the meeting and provided an independent assessment on the Patients' Private Funds audit. There were no significant findings to report, and an overview of minor matters that were identified during the assignment was provided. Thomson Cooper were content with the management responses provided to resolve these. It was advised that there had been an improvement in the number of findings identified for the Patients' Private Funds accounts during 2023/24, and the importance of containing sound financial control was highlighted.

The Audit & Risk Committee:

- **Reviewed** the Patients' Private Funds Accounts and Audit completion memorandum.
- **Recommended** that the Patients' Private Funds Accounts be approved by the NHS Board and that the attached Letter of Representation be signed by the authorised signatories and provided to the Auditors.

8. Delivery of Annual Workplan 2023/24

The Board Secretary highlighted that the Annual Risk Management Report 2023/24 and Risk Management Strategic Framework have been deferred to the next meeting, until the Board risk appetite work has been complete. Also deferred is the Internal Audit Annual Plan 2024/25, which will come to the September Audit & Risk Committee for formal approval.

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

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to NHS Fife Board that the Committee had requested further assurances from the IJB around their systems of financial control, to be considered at the Committee's next meeting in September.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 12 September 2024 from 2pm - 4pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 12 JULY 2024 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health (*part*)

In Attendance:

Jo Bennett, Non-Executive Member (*observing*)
Gemma Couser, Associate Director of Quality & Clinical Governance
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP) (*part*)
Jocelyn Lyall, Chief Internal Auditor (*items 1 – 5 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Fiona McKay, Interim Director of Health & Social Care (*deputising for Nicky Connor*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, a new Non-Executive Member of the Board, who is observing today's meeting, prior to joining as a committee member from 1 August 2024.

A warm welcome was also extended to Fiona McKay, who is replacing Nicky Connor as a regular attendee, in her new role as Interim Director of Fife Health & Social Care.

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

1. Apologies for Absence

Apologies were received from members Sinead Braiden (Non-Executive Member), Kirstie Macdonald, (Non-Executive Whistleblowing Champion), Aileen Lawrie (Area Clinical Forum Representative), Liam Mackie (Area Partnership Forum Representative), Carol Potter (Chief Executive) and routine attendees Nicky Connor (Director of Health & Social Care), Claire Dobson (Director of Acute Services), Fiona Forrest (Acting Director of Pharmacy & Medicines), Alistair Graham (Director of Digital & Information), Neil McCormick (Director of Property & Asset Management), Kirsty McGregor (Director of Communications), Margo McGurk (Director of Finance &

Strategy) and Dr Shirley-Anne Savage (Associate Director for Risk & Professional Standards).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 May 2024

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

The Committee noted the updates and also the closed items on the Action List. It was agreed to keep action no. 8 open, with an extended deadline date of September 2024, to take into account the work that is underway in relation to significant adverse event reviews.

Action: Board Committee Support Officer

4.1 Adverse Event Process for Drug-Related Deaths

The Medical Director introduced the verbal update on the process for current adverse events for drug-related deaths.

It was reported that there are two different processes: NHS adverse event process, and the multi-disciplinary approach that is managed through the Health & Social Care Partnership. Assurance was provided that cases are monitored through the governance process within the Health & Social Care Partnership. It was advised that a plan has been put in place to address case reviews that are outstanding, which includes understanding the themes and exploring how services can be improved upon to avoid drug related deaths, and to take on lessons learned. It was also advised that discussions are ongoing at both local and national levels, for a joined-up approach.

The Committee agreed that a written update be provided at the next meeting to include reporting and escalation structures and review processes.

Action: Medical Director

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

5. ACTIVE OR EMERGING ISSUES

There were no active or emerging issues to be discussed.

6. GOVERNANCE MATTERS

6.1 Internal Audit Annual Report 2023/24

The Chief Internal Auditor was welcomed to the meeting and spoke to the report. It was advised that the Audit & Risk Committee considered the report as part of their wider portfolio of year-end governance assurance, and that the report is being presented to all the July Standing Governance Committees for information, particularly on the audit opinion related to each Committee's remit area.

It was highlighted that the report provides an overall significant level of assurance that there are effective and adequate internal controls in place within NHS Fife. Agreement has been made to address two internal controls that have been assessed as moderate and one that merits attention. The Chief Internal Auditor's opinion is provided within the report. It was advised that context has been provided on the internal and external environment, and that the report focuses on improvement work and delivering savings. An overview was provided on the clinical governance aspects of the report.

An update was provided on the recommendations from the previous Internal Control Evaluation report, with it being advised that steady progress is being made, with some slippage. An overview was provided on the current follow-up position. It was confirmed that agreement was made at the Public Health & Wellbeing Committee on 1 July 2024, that future iterations of the Internal Control Evaluation Report and Annual Report, will include a section on population health & wellbeing as related to its area of remit, and that specific audits will be included within the Internal Audit Plan for 2024/25.

The Associate Director of Quality & Clinical Governance agreed to cross reference the clinical governance elements of the report with the committee work plan and also the Clinical Governance Oversight Group work plan, to ensure that all clinical governance actions are incorporated.

Action: Associate Director of Quality & Clinical Governance

The Medical Director highlighted the significant improvements and developments and congratulated everyone for all their hard work.

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

6.2 Clinical Governance Oversight Group Assurance Summary from 18 June 2024 Meeting

The Associate Director of Quality & Clinical Governance reported that levels of assurance will be added to the report going forward. An overview was provided on the key matters from the summary, including the improvement actions for adverse events; an update that was provided to the group from the Health & Social Care Partnership and Acute Services Division; and the quarterly deteriorating patients report.

Following a question, it was advised that the adverse events trigger list was presented and approved in April 2024, and that the trigger list is aligned to the national framework. It was noted that the improvement plan was presented to the Clinical Governance Oversight Group in June 2024. It was agreed an update on progress against the overall improvement plan will be provided to the Committee towards the end of the year along with an overview of the adverse event trigger list and reporting schedule. A summary report reflecting National Audits outlined in our Clinical Governance Framework will also be developed to provide assurances to the Clinical Governance Oversight Group and to the Clinical Governance Committee.

Action: Associate Director of Quality & Clinical Governance

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

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported that there were no significant changes, and no movement, in relation to any of the risks aligned to the Committee.

In terms of the Optimal Clinical Outcome risk, it was highlighted that a Committee Development Session was held on this risk, and that an update is expected to be presented to the Committee in September 2024, once the Risk & Opportunities Group have had an opportunity to review and revise this risk. It was noted that significant changes are expected, in particular, how effective the larger programmes of work are in mitigating the risk and how some of the performance metrics impact upon quality and safety, for example, waiting times.

It was reported that further work is required in relation to the Organisation Learning Group and that increased levels of assurance on how that group functions and improves quality & safety was required. It was advised that further detail on the work of the group will be included in future iterations of the report.

Potential new risks for pandemic preparedness and biological threats were reported, and it was advised that work is ongoing for developing those risks, and that consideration is being given to mirror the direction that the National Risk Register takes forward. It was noted that early indication is that these risks would sit under the Public Health & Wellbeing Committee.

In terms of the Digital and Information risk, it was agreed to include the clinical implications of the risk and impact of changes to digital programmes within the risk report.

The Cyber Resilience risks to include the risk mitigation within the update.

The Medical Director agreed to take forward with the Director of Digital & Information.

Action: Medical Director

It was agreed to recommend to the NHS Fife Board, to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk, given that it is well managed.

Action: Medical Director

It was questioned how the clinical aspects of the corporate risks that sit within the Finance, Performance & Resources Committee are aligned to the Clinical Governance Committee in terms of the clinical risk consequences. Members supported those risks being presented to this Committee on a yearly basis, for assurance on the clinical aspects.

Action: Medical Director/Board Committee Support Officer

Following concern around the level of assurances for each of the risks, it was agreed that the clinical impact on performance of the risk mitigation be brought back to Committee, through the Committee workplan.

Action: Medical Director/Associate Director of Quality & Clinical Governance

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

6.4 Delivery of Annual Workplan 2024/25

It was agreed to add ‘Patient Story’ to each meeting of the Committee, as opposed to an ad-hoc item.

Action: Board Committee Support Officer

It was agreed to add the Reform, Transform, Perform workstreams to the Committee workplan, following discussion with the Chair, Medical Director, Associate Director of Quality & Clinical Governance and Director of Reform & Transformation and further discussion at the Board at the end of the month.

Action: Medical Director/Board Committee Support Officer

The Committee took **assurance** from the tracked workplan and **agreed** to add any outstanding actions from the internal audit report.

7. STRATEGY / PLANNING

7.1 Corporate Objectives 2024/25

The Medical Director reported that the corporate objectives have been agreed and developed through the Executive Directors’ Group and Associate Director of Culture & Development. It was advised that the corporate objectives have been aligned to the Reform, Transform, Perform programme and the Population Health & Wellbeing Strategy.

It was reported that the corporate objectives had been considered at the recent Remuneration Committee and are being presented to the Standing Governance Committees before formal sign off by NHS Fife Board in July 2024. It was noted that individual Directors’ personal objectives will also be presented to the Remuneration Committee.

The Committee took a **“significant” level of assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health & Wellbeing Strategy and Reform, Transform & Perform Framework.

7.2 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Medical Director advised that the appendix to the letter describes the strategic intent to reform Scotland’s NHS, and that collaboration and discussion at various Director levels across Scotland has been undertaken in relation to reforming the way we work.

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

7.3 Annual Delivery Plan Scottish Government Response 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan was submitted to the Scottish Government on 24 March 2024, and subsequently, feedback was received on 8 May 2024, advising that the Scottish Government were satisfied that NHS Fife broadly meet the requirements for the Medium-Term Annual Delivery Plan.

It was explained that there is, at present, a limited level of assurance relating to uncertainty over the delivery of the Annual Delivery Plan actions in the current financial circumstances. The Quarter 1 Annual Delivery Plan report will clarify the position of these actions and the Reform, Transform and Perform actions will be included in this update.

The Committee took a **“limited” level of assurance** from the paper.

7.4 Annual Delivery Plan 2023/24 Quarter 4 Report

The Associate Director of Planning & Performance advised that the report reflects the progress made against each of the Annual Delivery Plan recovery drivers, the actions that were completed in 2023/24, actions that were still on track to be delivered, those at risk of not being delivered and those expected not to be delivered. It was highlighted that there were a number of actions at risk, of not being completed, relating to Quality & Care: Primary Care & Community; Urgent Care & improving flow in Victoria Hospital, pathways around prostate & bladder cancer; and the implementation of Hospital Electronic Prescribing & Medicines Administration (HEMPA).

Assurance was provided that any outstanding actions are carried forward, and that any risks which would change our corporate risks, would be raised with the Committee as an exception. It was advised that performance risks will be highlighted to the Committee in future iterations of the report.

The Committee noted that the Annual Delivery Plan Quarter 4 update provides the status of Annual Delivery Plan actions for the year 2023/24 and provides a **“moderate” level of assurance**.

7.5 Clinical Governance Strategic Framework Delivery Plan 2024/25

The Associate Director of Quality & Clinical Governance advised that the plan for 2024/25 contains specific actions to deliver the Clinical Governance Strategic Framework, and that any new and emerging priorities will be added. It was reported that varying levels of assurance are aligned to the various programmes stated within the delivery plan. A refresh of the strategic framework will commence in September 2024, and will involve a range of engagement across the organisation.

Discussion followed, and suggestion was made for flash reports to be provided to the Committee, to provide assurance on the position of the audits being carried out in relation to quality & safety. An explanation was provided on the significant issues that would be escalated to the Committee, and it was noted that the process for escalation and tracking progress of the framework, and the national clinical audits, is included within the strategic framework. The role of the Clinical Governance Oversight Group and Clinical Governance Committee in terms of the requirements from the Health & Social Care Partnership’s perspective around quality & safety was highlighted, and it

was agreed that a discussion would take place with the Chair, outwith the meeting, on clear escalation and reporting to Committee.

Action: Medical Director/Associate Director of Quality & Clinical Governance

The Associate Director of Quality & Clinical Governance agreed to review the quality & improvement training aspects for the next iteration of the delivery plan. It was advised that the delivery plan does not cover all aspects of the strategic framework, and that the plan has been devised to ensure it is achievable with prioritised actions.

The Chair commended the Clinical Governance Strategic Framework Delivery Plan 2024/25.

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

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Director of Nursing provided an update on the clinical governance aspects of the report. It was noted that pressure ulcers have been the most reported incident, followed by cardiac arrests and in-patient falls. It was reported that work is underway through two delivery groups within Acute Services and the Health & Social Care Partnership, to review performance and improvement initiatives in relation to in-patient falls.

In terms of major or extreme adverse events, it was reported that the Significant Adverse Events Review panel’s sign-off structure has provided an opportunity to identify thematics.

It was advised that the Ward of the Week programme has provided a continuous focus on pressure ulcers, through enhanced education, dedicated review time, and the trial of new pressure reducing equipment. It was reported that there has been a significant improvement across the orthopaedic ward. It was further reported that our Allied Health Professionals are actively supporting the completion of the skin bundle, which is presenting positive outcomes.

It was reported that the Health & Social Care Partnership are developing their Tissue Viability Group and are working closely with district nurses to complete a number of quality improvement projects.

A new national tool that is being piloted around the quality of care review and care assurance visits, was also noted.

The Director of Nursing also highlighted that NHS Fife was in upper quartile benchmark for CDI, ECB and SAB.

The Associate Director of Quality & Clinical Governance agreed to provide an updated position in the next iteration of the report, relating to using a Red, Amber, Green (RAG) status for numbers of major extreme adverse events. Members noted that the RAG statuses for this metric were not helpful. Also, it was agreed that information relating to the major/extreme adverse events categorised as ‘other’ will be provided at the next meeting.

Action: Associate Director of Quality & Clinical Governance

The implications of not closing extreme adverse events were raised, and an explanation was provided on the challenges of closing these events on the system, with it noted that improvement actions have been put in place for ensuring that extreme adverse events are followed up and closed off in a timely manner.

The Chair requested further detail around mental health incidents in terms of the most common themes. A further request was made for the detail around the reducing restrictive practice improvement work and the impact this work has on use of restraint, physical violence and self-harm.

Action: Interim Director of Health & Social Care

The Committee took a **“moderate” level of assurance** and examined and considered the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and noted that surgical site infections surveillance is currently still paused. An update was provided on the outbreak of infection data and the cleaning & healthcare environment, and it was also noted that there had been no further hospital inspections since the last Committee meeting.

A comment was made in relation to not being fully assured on the data around hand hygiene, and it was advised that work is underway to explore an electronic system. Meantime, LANQIP is available for wards/departments to enter their monthly compliance data, following hand hygiene audits. The Director of Nursing highlighted that any infection prevention and control issues, for example SAB, would also trigger a review of hand hygiene in the service area.

In terms of the cleaning & healthcare environment data remaining consistently high, it was reported that this area is internally validated, with individual actions taken. It was also noted that there are various elements that are looked at during the audit process. It was reported that the Infection, Prevention & Control Team have no outstanding concerns, and that the improvement work being carried out is positive. The Director of Nursing agreed to provide further detail on how the audits are carried out, for the next Committee meeting.

Action: Director of Nursing

Following a question, the Director of Nursing advised that as part of outbreak reporting, COVID-19 associated deaths are reported to Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland and are also summarised in the National Records of Scotland.

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

8.3 Ionising Radiation (Medical Exposure) Regulations Inspection Report 2024

The Medical Director advised that the Ionising Radiation (Medical Exposure) Regulations Inspection Report 2024 was not included within the papers, and will be circulated after the meeting.

It was reported that Healthcare Improvement Scotland (HIS) carried out an inspection in relation to our nuclear medicine facilities, and that the outcome was very positive, with it being noted that the facilities were assessed as being of extremely high quality. An overview was provided on the two recommendations from the inspection. It was advised that audits are carried out at service level and then reported to the Ionising Radiation (Medical Exposure) Regulations Board.

The Committee took a “**significant**” **level of assurance** from the contents of the HIS IR(ME)R inspection report as reassurance that appropriate governance is in place for managing the use of radioisotopes in NHS Fife.

8.4 Neonatal Mortality Review Response

The Director of Nursing advised that the report had been reviewed by the Women and Childrens Clinical Governance Committee and escalated to the Acute Services Clinical Governance Committee and also the Clinical Governance Oversight Group, prior to submission to the Clinical Governance Committee. The report is from MBRRACE-UK: Mothers and Babies Reducing Risk through Audits and Confidential Enquiries and is a surveillance report for births in 2022.

Questions were raised around deprivation, ethnicity and racial bias and it was agreed further information be provided outwith the meeting.

Action: Director of Nursing

The Medical Director advised that a further HIS report relating to Neonatal Mortality Review will be presented to the next Committee meeting.

Action: Medical Director / Board Committee Support Officer

The Committee took a “**significant**” **level of assurance** from the paper.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Story

The Director of Nursing presented on a patient’s story in relation to organ donation.

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

9.2 Patient Experience & Feedback Report

The Director of Nursing reported that the new patient experience dashboard and new weekly reporting format provides a deeper level of detail, which supports services to manage the complaints process. It was noted that work is being carried out to further enhance the dashboard.

An overview was provided on the complaints position, and it was noted that there had been some delays in responding to stage one complaints, due to staff absence within the Patient Experience Team, and that those complaints were escalated to stage two. It was advised that all services engage in weekly meetings with the Patient Experience Team to review open complaints and explore new ways of working, and that a more detailed meeting takes place on a monthly basis with Acute Services to review delayed responses to complaints and quality improvement initiatives within the

service. It was highlighted that NHS Fife is one of the top performing Health Boards in terms of the care opinion work.

An overview was provided on the work that is underway to ensure that staff absence does not affect the timing of responding to complaints, resulting in complaints moving from a stage one to a stage two.

An explanation was provided on the complexity scoring tool, and the Director of Nursing agreed to take forward with the team, more detail on complaints that have been identified through the complexity scoring tool as taking an extreme length of time to respond to.

Action: Director of Nursing

A question was raised regarding the 17 complaints with SPSO and if this was in part related to the challenges in responding to and putting things right for people who have reason to complain. It was advised that complaints that are escalated to the Scottish Public Services Ombudsman are often returned with no further action required. The Director of Nursing agreed to provide more information in the quarterly reports.

Action: Director of Nursing

It was agreed that consideration be given to providing the Staff Governance Committee with elements of the reports, in terms of the staffing issues.

Action: Director of Nursing

The Chair acknowledged all the hard work the teams across the service provide.

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

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Clinical Advisory Panel Annual Report 2023/24

The Medical Director provided an overview on the contents of the report and explained that there has been a significant financial increase, mainly in relation to outsourcing mental health patients.

The Committee took a **“significant” level of assurance** that a fair and transparent process is adopted across NHS Fife to consider requests for exceptional, high cost and very specialist referrals for individual patients and out of area referrals.

10.2 Fife Child Protection Annual Report 2023/24

The Director of Nursing advised that the Fife Child Protection Annual Report for 2023/24 was also presented to the Public Health & Wellbeing Committee at their July 2024 meeting. An overview was provided on the contents of the report, and it was advised that the report outlines performance and reflections on the continued work to improve services, particularly due to the changing landscape over the previous year to prepare for the changes to the child protection in Scotland national guidance.

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

10.3 Radiation Protection Annual Report 2023/24

The Medical Director advised that the report details all the activity to ensure that safe and high quality standards are maintained in relation to ionising radiation. It was noted that close working is carried out with the Radiation Protection Advisors, Medical Physics experts and Senior Managers in each area that use ionising radiation. An overview was provided on the contents of the report.

The Medical Director agreed to clarify outwith the meeting the recommendation to justify the use of different activities to those detailed in the Administration of Radioactive Substances Advisory Committee (ARSAC) Notes for Guidance, under the Ionising Radiation (Medical Exposure) Regulations section of the report.

Action: Medical Director

The Committee took a **“significant” level of assurance** from the contents of the Radiation Annual report that appropriate governance is in place for managing the use of ionising radiation in NHS Fife.

10.4 Transport of Medicines Audit Report

The Committee **noted** the **“reasonable” assurance** audit opinion following the internal audit of this area.

10.5 Medicines Assurance Audit Programme Short Life Working Group Audit Report

The Committee **noted** the report and the input from internal audit in devising the programme of audit.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and the escalations to the Committee.

11.1 Area Medical Committee held on 9 April 2024 (unconfirmed)

11.2 Area Radiation Protection Committee held on 9 May 2024 (unconfirmed)

11.3 Cancer Governance & Strategy Group held on 21 March 2024 (confirmed) & 30 May 2024 (unconfirmed)

The Committee **noted** that an SBAR will be presented to a future meeting of the Committee on the rapid cancer diagnostics services. The Board Committee Support Officer to add to the workplan.

Action: Board Committee Support Officer

11.4 Clinical Governance Oversight Group held on 18 June 2024 (unconfirmed)

11.5 Digital & Information Board held on 9 May 2024 (unconfirmed)

The Committee **noted** that a briefing on the NHS Dumfries and Galloway cyber incident will be presented to the Committee at a future meeting. The Board Committee Support Officer to add to the workplan.

Action: Board Committee Support Officer

- 11.6 Fife IJB Quality & Communities Committee held on 8 March 2024 (confirmed) & 10 May 2024 (unconfirmed)
- 11.7 Health & Safety Subcommittee held on 7 June 2024 (unconfirmed)
- 11.8 Infection Control Committee held on 5 June 2024 (unconfirmed)
- 11.9 Medical & Dental Professional Standards Oversight Group held on 11 June 2024 (unconfirmed)
- 11.10 Research, Innovation & Knowledge Oversight Group held on 14 May 2024 (unconfirmed)
- 11.11 Resilience Forum held on 13 March 2024 (unconfirmed)

The Committee **noted** that the Health Emergency Preparedness, Resilience & Response (EPRR) Training & Exercise plan for 2024/25 is to be shared with Clinical Governance Committee. The Board Committee Support Officer to add to the workplan.

Action: Board Committee Support Officer

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

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

It was agreed to escalate the corporate risks aligned to the Clinical Governance Committee, in terms of further actions. It was also agreed to escalate that a limited level of assurance was taken from the Committee around complaints, and that NHS Fife is one of the top performing Health Boards around care opinion.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

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

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 6 September 2024 from 10am – 1pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JULY 2024 AT 10AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Aileen Lawrie, Area Clinical Forum Representative
Sinead Braiden, Non-Executive Director	Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director	Joy Tomlinson, Director of Public Health

In Attendance:

Ben Hannan, Director of Reform & Transformation
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Miriam Watts, Surgical Directorate General Manager (*for Claire Dobson*)
Fiona McKay, Interim Director of Health & Social Care (*for Nicky Connor*)
Jocelyn Lyall, Chief Internal Auditor (*item 5.1*)
Susan Fraser, Associate Director of Planning & Performance (*item 6.2 & 6.3*)
Jane Anderson, Interim General Manager of Women, Children & Clinical Services (*item 6.5*)
Patricia Kilpatrick, NHS Fife Chairperson
Jo Bennett, Non-Executive Member (*observing*)
Kerrie Donald, Executive Assistant (*minutes*)

Chair's Opening Remarks

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from members Alistair Grant (Non-Executive Director), Janette Keenan (Director of Nursing) and Carol Potter (Chief Executive), and attendees Claire Dobson (Director of Acute Services) and Nicky Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 7 May 2024

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2023/24

The Chief Internal Auditor presented the Annual Internal Audit report. A summary of the main conclusions in the report was given and the positive opinion on the Board's internal control environment was confirmed.

The Chair thanked the Chief Internal Auditor for the report, noting it highlights the challenges NHS Fife has and continues to face, and focuses the importance of the governance role the Finance, Performance & Resources Committee has over its areas of remit.

The Committee took a significant level of **assurance** from report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, advising that work is ongoing to complete a refreshed risk appetite for the Board, which will conclude in the following months, with a report being brought back to the Committee for assurance. It was further noted that the financial risks have been refreshed with a new description to redefine both risks and to highlight the mitigation. It was further noted ongoing discussions regarding whole-system capacity risk are taking place with the Executive Team, to determine whether it should remain as a risk or be removed or redefined as the level of pressure on the system represents business as usual for NHS Fife. An update on the refreshed position will be reported at the September Committee.

Action: Director of Finance & Strategy

Following a query from J Kemp, Non-Executive Director, the Director of Finance & Strategy noted Risk 13 relates to the current financial year and in-year financial balance, whereas Risk 14 relates to how NHS Fife are to deliver sustainable medium-term recovery of the financial position.

A Lawrie, Area Clinical Forum Representative, noted that in relation to whole-system capacity, while it may feel business as usual given the duration of the demand pressures, the risk should remain given the level of clinical and financial pressure this situation brings. The Director of Reform & Transformation clarified that the whole-system capacity risk is written as an indicator of where NHS Fife was two years ago. It was noted the action is now to review the risk, observing how NHS Fife maps against

pre-pandemic capacity. Assurance was provided to the Committee that the risk will not disappear fully, as new, individually-detailed risks would replace it.

Following a query from the Chair, the Director of Digital & Information noted that whilst the Risk & Opportunities Group are involved with Reform, Transform, Perform (RTP) proposals within their professional managerial roles, the risk management for RTP sits within each of the RTP schemes.

The Committee took a reasonable level of **assurance** from the information presented, noting that all actions, within the control of the organisation, were being taken to mitigate these risks as far as possible.

5.3 Delivery of Annual Workplan 2024/25

The Committee **approved** the tracked workplan.

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Director of Finance & Strategy presented the paper, noting the 2024/25 Corporate Objectives are set for the Executive Team, with three specific objectives aligning to improving value and sustainability. It was noted each Director will have a monthly meeting with the Chief Executive to review their specific areas and discuss any actions required.

The Chair noted the corporate objectives show a clear strategic line to individual Executive objectives, with effective monitoring and governance structures in place.

The Committee took a reasonable level of **assurance** from the Corporate Objectives, noting their approval by the Remuneration Committee.

6.2 Annual Delivery Plan 2024/25 – Scottish Government Response

The Associate Director of Planning & Performance presented the report, noting the plan was approved by Scottish Government, and that the deliverables and targets within are appropriate to the current challenges facing NHS Scotland.

Following a query from S Braiden, Non-Executive Member, the Associate Director of Planning & Performance noted the SBAR has indicated a limited level of assurance at this time. It is hoped that, as the plan develops further and the financial position of NHS Fife improves due to the ongoing RTP work, the level of assurance can be increased for the Board.

The Committee took a limited level of **assurance** from the report.

6.3 Annual Delivery Plan Performance Report Quarter 4 2023/24

The Associate Director of Planning and Performance presented the report.

Following a query from the Chair, the Associate Director of Planning & Performance noted RTP actions will be tracked alongside the Annual Delivery Plan deliverables.

The Committee took a moderate level of **assurance** from the quarter 4 report.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work Letter

The Director of Finance & Strategy highlighted sections of the letter, highlighting NHS Fife must have planning at the front and centre of all discussions and decisions.

Following discussion, the Director of Reform & Transformation clarified there will be no new national clinical strategy, however, target operating models and a framework of how services could be run in the future, nationally, regionally and locally is currently being developed and will be discussed at the private session of the NHS Fife Board meeting on 30 July 2024.

The Committee **noted** the letter.

6.5 Scheduled Care 2024/25 Plan

The Surgical Directorate General Manager provided an in-depth review of the Scheduled Care 2024/25 plan, noting the original plan was submitted in March 2024. However, following receipt of additional funding which facilitates the ability to increase capacity, a second plan was resubmitted in July 2024.

Following a query from J Kemp, Non-Executive Member, the Surgical Directorate General Manager noted that whilst funding has been received to put on additional outpatient clinics to reduce waiting lists, there is a limited supply of appropriate staffing which adds further challenge to delivery. Mitigating actions are however in place to ensure additional clinics can be run with the appropriate level of staff.

The Interim General Manager of Women, Children & Clinical Services further highlighted the greatest risk for the diagnostic team is the availability of capital equipment funding, noting a significant level of equipment is currently beyond its ten-year lifespan as reflected in the Capital Equipment Replacement Programme, as well as the risk register.

Following a query from the NHS Fife Chairperson, the Surgical Directorate General Manager noted a paper will be brought back to the Committee at the end of Quarter 2 to evidence if the scheduled care trajectories are on target.

Action: Director of Acute Services

Following comments from the NHS Fife Chairperson regarding the pace of change within the organisation, the Director of Reform & Transformation noted evidence of productive opportunities was discussed at the previous Board Development Session, highlighting that a detailed paper on the 15 box grid and productive opportunities will be presented during the private session of the NHS Fife Board meeting on 30 July 2024.

The Committee took a moderate level of **assurance** from the paper.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Interim Director of Health & Social Care provided an update on delayed discharge, noting work is ongoing with the Red Cross to ensure patients are fit and able to return home rather than moving to an assessment bed.

The NHS Fife Chairperson praised the team on the new IPQR format, however noted the length of narrative text within the document could be reviewed further and potentially reduced.

The NHS Fife Chairperson queried how local targets are set, highlighting that these targets should not be lower than national targets, as it creates a misleading position with regards to trajectories. It was also stated that these local targets have not been approved by the Board. Following discussion, it was agreed that the Director of Finance & Strategy would review this position and provide an update at the next Committee

Action: Director of Finance and Strategy

Following discussion, the Chair advised that the Committee took limited **assurance** on the non-financial elements of the IPQR, as the local targets are unclear when measured against the national performance targets.

7.2 Financial Performance Report

The Director of Finance & Strategy provided an in-depth review of the report, noting additional information has been added to the report to illustrate a clear link to the financial plan, as approved by the Board at the end of March 2024.

The Chair praised Finance colleagues for the report, noting the level of detail provided was beneficial for the Committee.

Following a query from J Kemp, Non-Executive Member, the Director of Finance & Strategy noted a paper regarding Service Level Agreement cost reduction in relation to RTP could be brought back to the Committee at a later date. It was further highlighted ongoing discussions are being held with IJB colleagues on the financial position

The Deputy Director of Finance highlighted that the draft Quarter 1 position is currently being reviewed and will be submitted to Scottish Government on 19 July 2024. Data on the Agenda for Change pay costs has been identified and a high-level assessment has been created. It was further noted a paper on SLAs is being prepared for discussion at the Corporate Finance Network meeting, which will request an increase of up to 5%.

The Committee took a limited level of **assurance** from the report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:-

8.1 Fife Capital Investment Group held on 29 May 2024 (unconfirmed)

8.2 Procurement Governance Board held on 24 April 2024 (unconfirmed)

8.3 IJB Finance, Performance & Scrutiny Committee held on 15 May 2024 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

The Committee agreed the reporting of local targets within the IPQR should be reported to the Board, as it was not clear whether these have not been reviewed or approved by the Board.

The Committee further noted the pace of change on the financial position should be escalated to the Board, highlighting the pace of delivery must be increased in order to achieve the financial performance required by year end.

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

There were no issues to escalate to the Board.

10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

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

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 10 September 2024** from 10am – 12.30pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 1 JULY 2024 AT 10AM VIA MS TEAMS

Present:

Pat Kilpatrick, Chair (*from agenda items 5.2.1 onwards*)
Arlene Wood, Non-Executive Member (*Acting Chair for agenda items 1 – 5.2*)
Lynne Parsons, Employee Director
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Chris Conroy, Clinical Services Manager (*agenda item 8.2 only*)
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Nicky Connor*)
Esther Curnock, Consultant in Public Health Medicine (*agenda item 8.2 only*)
Lucy Denvir, Consultant in Public Health (*observing and agenda item 6.5*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
John Kemp, Non-Executive Member (*observing*)
Jocelyn Lyall, Chief Internal Auditor (*agenda item 1 - 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (*deputising for Nicky Connor*)
Fay Richmond, Executive Officer to the Chair & Chief Executive
Nicola Robertson, Director of Nursing, Corporate (*deputising for Janette Keenan*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to John Kemp, Non-Executive Member who is observing today's meeting, prior to taking on the Chairing role from 1 August 2024.

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

1. Apologies for Absence

Apologies were received from member Alistair Morris (Non-Executive Member), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and regular attendees Nicky Connor (Director of Health & Social Care) and Kirsty MacGregor (Director of Communications & Engagement).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 13 May 2024

The following updates/additions were made to the previous minutes, as follows:

- Item 5.1 – The Equalities & Human Rights Steering Group Annual Assurance Statement will be circulated to members for comment via email.
- Item 6.4 – The Committee **agreed** with the principles outlined in the draft strategy, however concern was raised around the status of the document.
- Item 7.2 - A request was made to include a tracker which outlined the new trajectory for Child & Adolescent Mental Health Services from April 2024 – January 2025.

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

4. Matters Arising / Action List

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

The Director of Public Health highlighted that an initial meeting is scheduled to discuss the Committee's Terms of Reference on 9 July 2024, and that the discussion will also include future Development Sessions and how those are progressed.

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2023/24

The Chief Internal Auditor was welcomed to the meeting and spoke to the report. It was advised that the Audit & Risk Committee considered the report as part of their wider portfolio of year-end governance assurance, and that the report will be presented to all the July Standing Governance Committees for information.

It was highlighted that the report provides an overall significant level of assurance that there are effective and adequate internal controls in place. Agreement has been made to address two internal controls that have been assessed as moderate and one that merits attention. It was reported that context has been provided on the internal and external environment, and that the report focusses on improvement work and building on the governance arrangements already in place.

An update was provided on the Internal Control Evaluation report, with it advised that steady progress is being made, with some slippage. The key themes in the report, in relation to elements that are vital for future success, were highlighted, including the continued implementation of the Population Health & Wellbeing Strategy and maintaining a focus on public health measures; investing in preventative measures and implementing service reforms to ensure services are sustainable in the future, as detailed in the NHS Audit Scotland 2023 Report; and reference to the role of NHS Scotland and investing in public health interventions and prevention.

An overview was provided on the other key elements of the report, and in terms of the Reform, Transform, Perform work, it was reported that the first month's reporting has been presented through the governance structures, and performance will be continually monitored. The Chief Internal Auditor highlighted the timely completion of the Blueprint for Good Governance self-assessment, and the Scottish Government's agreement on the action plan. A move in the financial position, since the time of writing the report, was also highlighted, which was advised as being due to the late change in the Integrated Joint Board's financial position and the additional brokerage sought from the Scottish Government as a result of late identification of an overspend. It was noted that performance will continue to be challenging and progress will be monitored through the Integrated Performance & Quality Report.

The Chief Internal Auditor confirmed that public health will be more prominent within the 2024/25 report, albeit specific audits in relation to public health are currently unknown.

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

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported on the four corporate risks aligned to the Committee, noting that an update is provided within the paper. The work underway for the Reform, Transform Perform work, was highlighted, which will contribute to transformation and support delivery of the Population Health & Wellbeing Strategy. The health inequalities risk was also highlighted, and it was advised that there is an opportunity for more deliberate actions through the Fife Partnership, which has agreed to scope a Marmot place approach building on, work already underway within Plan For Fife.

It was reported that work continues to evolve and review the Corporate Risk Register, and that the Risk & Opportunities Group are progressing work around emerging risks.

A request was made to strengthen the level of assurance that all actions are being taken for the Population Health & Wellbeing Strategy risk, particularly in relation to the focus on monitoring. A request was also made to strengthen the risk oversight using new metrics within the Integrated Performance & Quality Report. It was advised that there is delegated responsibility within the frameworks underpinning the Strategy and metrics which are embedded in these. The Director of Public Health agreed to take forward an action to enhance visibility of the mitigating actions for the Population Health & Wellbeing Strategy risk.

Action: Director of Public Health

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

5.2.1 Primary Care Services Risk Update

The Head of Primary and Preventative Care Services was welcomed to the meeting and provided an update on the Primary Care Services risk. Background detail was provided, and it was advised that a moderate risk level target was agreed for the Primary Care Services risk the previous year. It was reported that a further review on the position of the risk has been carried out, along with identifying actions to manage this risk, which are detailed within the report. The external factors were highlighted, in relation to managing the risk, and an explanation was provided on the rationale for the current risk rating of high.

It was reported that the Primary Care Strategy was approved by both the Integrated Joint Board and NHS Fife Board in July 2023, and that it provides a focus on recovery of primary care, improving the quality of primary care services and making primary care systems sustainable. An overview was provided on the governance routes for oversight on delivery of the strategy, and it was reported that a Performance & Assurance Framework has been approved, which will support providing assurances around improving performance and delivery of the strategy.

Discussion followed, and it was highlighted that there is effective working in place, between the Health & Social Care Partnership delegated responsibilities within Primary Care Services, and the Medical Director's overarching responsibilities, which was noted as an improved position from earlier in the year. It was reported that the use of regular locums is helping with risk management alongside professional oversight. The Strategic Implementation Group have confirmed that actions from year-one of delivery of the strategy are on track and will be provided within the Primary Care Services Annual Report, for assurance.

Challenges in understanding the metrics relating to access were outlined, particularly in relation to identifying the number of patients accessing dentists, accessing General Practice, and waiting times for those services. It was reported that the Performance & Assurance Framework will be presented to the next Committee meeting and will provide further detail. It was also reported that the vision is to reduce the reliance on Board managed general practices. It was also noted that access is a particular challenge for dental services. An overview was provided on dental registration and accessing preventive services if not registered, it was noted that there are limitations locally in what we can change. Assurance was provided that close working is being carried out with the Scottish Government and Chief Dental Office to improve access, which forms part of the strategy. It was noted that recommendations have been made to the Chief Dental Officer and a response is awaited, and the Chief Executive agreed to advise the Scottish Government at the Chief Executives' meeting the following week.

Action: Chief Executive

The risks associated with 2C General Practitioners were highlighted, and it was advised that a Primary Care Oversight Group has been established to manage those risks.

The Committee took a **“moderate” level of assurance** from the actions being taken noting delivery of these will be closely monitored.

5.3 Delivery of Annual Workplan 2024/25

The Director of Public Health advised that the Implementation of the Promise National Strategy; Prevention & Early Intervention Strategy; No Cervix Exclusion Audit; and

Adult Support & Protection Annual Report 2023/24, have been deferred, and that potential Development Sessions, as noted on the workplan, will be taken forward following a fundamental review of the Committee's Terms of Reference.

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

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Chief Executive reported that the corporate objectives had been considered at the recent Remuneration Committee and are being presented to the Standing Governance Committees before formal sign off by NHS Fife Board in July 2024.

The challenges in linking the 'Improve Health & Wellbeing' high-level corporate objectives from a committee perspective were raised. It was reported that the Remuneration Committee have been provided with the granular detail, and taken assurance, and that the objectives are also contained within Directors' personal objectives. Furthermore, the Prevention & Early Intervention Strategy will provide the detailed actions being taking forward. It was noted that the 'Deliver Value & Sustainability' objective is also aligned to this Committee.

The Committee took a **"significant" level of assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

6.2 Annual Delivery Plan Scottish Government Response 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan was submitted to the Scottish Government on 24 March 2024, and subsequently, feedback was received on 8 May 2024, advising that the Scottish Government were satisfied that NHS Fife broadly meet the requirements for the Medium-Term Annual Delivery Plan. The quarter 1 update will provide a response to the queries within the feedback letter.

Discussion followed, and it was advised that the plan includes a focus on what can and cannot be delivered, within available funding, and that this will be explored further to assess what can be achieved. It was advised that assurance has been provided to the Scottish Government that the plan reflects the Scottish Government's priorities.

It was reported that there are national issues with Child & Adolescent Mental Health Services, and that improvement plans are being developed. An overview was provided on the work being carried out to explore different models and working with third sector organisations within schools. It was highlighted that there has been significant improvement in this area, particularly for those on the lower level of the waiting list. Further detail can be provided to the committee on specific details, if required.

It was requested that any queries in relation to the Scottish Government's feedback, within the recovery drivers' section, are submitted to the Director of Planning & Performance, who will provide a written response to each of the comments within the

quarter 1 report, to enable the Committee to have a fuller understanding on the implications within Fife.

Action: Non-Executive Members

The Committee took a **“limited” level of assurance** from the paper.

6.3 Annual Delivery Plan 2023/24 Quarter 4 Report

The Director of Planning & Performance introduced Annual Delivery Plan 2023/24 Quarter 4 Report.

Further detail in relation to the deliverables with a status of amber or red was requested and the actions in place for mitigation. The Director of Planning & Performance agreed to take this forward as an action and feedback to the Committee. It was noted that any actions from the previous year which are not complete, are carried over to the following year.

An update was provided on the Mental Health Strategy, and it was advised that a draft version is currently going through the relevant governance routes, with the final approved version expected in September 2024. It was advised that the strategy will include an improvement plan. The formulation of the strategy was described, and it was noted that consideration is underway in terms of including the Suicide Prevention Improvement Plan. It was also noted that the strategy is required to be aligned to other strategies, such as the Prevention & Early Intervention Strategy, and that it will be linked to the Reform, Transform, Perform work. It was confirmed that the Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 will be presented to the Committee in January 2025.

It was noted that the management actions for the amber risk relating to the national variant and mutation plan can now be addressed following receipt of an allocation to Boards from Scottish Government last month. An update paper is being prepared in relation to the East Region Health Protection service and this will include an update on the variant mutation plan and will be brought back to the Committee. Assurance was provided that this area is being monitored through the Annual Delivery Plan.

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

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chief Executive advised that the letter will be presented to the NHS Fife Board in private session at their July 2024 meeting, and that it is provided to the Committee for information and awareness. An overview was provided on the contents of the letter, with it noted that there is a strong emphasis on Acute Services. Discussion took place on how the Scottish Government’s framework will influence the development of NHS Fife’s Reform, Transform, Perform programme of work, and the Chief Executive agreed to feedback NHS Fife’s perspective into national discussions.

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

6.5 Update on Plan for Fife and Shared Ambitions

The Director of Public Health introduced this item, which was tabled following discussion at the March meeting, to set out progress made through the 10 year Plan4Fife and highlighted the benefits of being part of the community planning partnership (Fife Partnership).

The Consultant in Public Health highlighted the key areas from the 10-year Plan4Fife and advised that, since the last review in 2021, a further review has been carried out and a Recovery & Renewal Leadership Group was established with three priorities of economic recovery, tackling poverty and addressing the climate emergency. It had been agreed that the 13 ambitions still stand, and that greater focus was required around those three priority areas. An update was provided on the process to review governance arrangements.

It was reported that the draft strategic assessment, produced by Fife Partnership is currently out for consultation, and some proposals have been developed from initial findings. It was advised that Fife Partnership are progressing discussions to become one of three national Marmot Places pilot sites in Scotland. The Marmot Places will have a common Framework will support a focus on tackling health inequalities, and that there is a commitment from the Scottish Government to have a national perspective in this area. Discussion took place on the Marmot Framework, and suggestion was made to consider a Development Session, to ensure that all the preparatory work is ready, should Fife be included in one of the three pilots. It was agreed that external discussions should be carried out around the Marmot Framework to support and influence our application as part of Fife Partnership. The Director of Public Health agreed to take this forward as action.

Action: Director of Public Health

A proposal for a programme for collaborative working was highlighted, and the Committee **discussed** how best to support and take opportunities to collaborate in partnership working to support the Plan for Fife.

6.5.1 Food4Fife Strategy & Action Plan 2024-2029

The Director of Public Health advised that the Food4Fife Strategy & Action Plan 2024-2029 provides a complementary update on the Plan for Fife and highlights the benefits of collaborate working. It was noted that the Good Food Nation (Scotland) Act 2022 created a requirement for public bodies to create good food nation plans, and that an extensive programme of engagement with Fife Council and producers has been undertaken to develop the strategy. Committee members discussed the next steps for the strategy and noted the increasing concerns about food poverty. The Director of Public Health explained that a detailed delivery plan will be developed as the next stage and will include detail on achieving safe, affordable, healthy food and this will also include actions to address food poverty in Fife. The delivery plan will be brought to the Committee, once developed.

Action: Director of Public Health

The Committee took a **“significant” level of assurance** that completion of the Food4Fife strategy fulfils the requirement for NHS Fife to put in place a Good Food Nation plan.

6.6 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

The Head of Primary and Preventative Care Services advised that the paper provides background to development of the plan and is in line with the national suicide action plan. It was reported that the plan will be delivered in partnership across the whole system. It was further reported that development of the plan commenced in February 2024, and that a conference was held with representatives from 50 organisations. Robust oversight of the plan will be carried out through the Mental Health Strategy Implementation Group, and an assurance framework will be developed.

The committee welcomed the plan and noted the detailed actions set out within it which would benefit from sharing with the Board. Chair agreed to consider a Board Development Session on suicide prevention, alongside mental health.

Discussion followed and the impact on successful completion of the actions was questioned. It was noted that those not accessing mental health services will also be targeted, using a prevention and early intervention approach. In terms of the level of assurance, it was advised that this is difficult to assess, due to the small numbers of completed suicides and inevitable fluctuation in the data as a result. It was noted the importance is on evidence-based interventions that will in the longer-term lead to suicide reduction and fewer attempted incidents. The risk factors were queried, and it was reported that Fife is comparable at a national level, with some nuances, such as areas of deprivation.

Assurance was provided that the governance arrangements are being reviewed.

The Director of Public Health highlighted that the Health Promotion Team received a Health & Wellbeing Celebrating Success Award last year, as a result of their suicide prevention work with Scottish Fire and Rescue Service who had experienced a suicide within their workforce. An overview was provided on the large amount of awareness raising that has been undertaken within the team. It was also highlighted that a national confidential inquiry is undertaken for all suicides where individuals are in contact with mental health services.

Members complimented the report, and the Health Promotion Team who have led this work, were thanked for all their hard work.

The Committee took a **“significant” level of assurance** from the action plan.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Head of Strategic Planning, Performance and Commissioning provided an update and advised that there is an issue has been identified in relation to the smoking cessation data, and that an update will be presented at the September Committee meeting. It was noted though, that significant work has been undertaken, particularly within maternity, however, overall, the position is below the trajectory. It was also reported that there is further work to be carried out within the Child & Adolescent Mental Health Services, and that there are still staffing issues within Psychological Therapy services. The Director of Public Health provided an overview on the immunisation data.

Discussion followed and it was advised that detail around the Mental Health Primary Care is being reviewed to ensure it is not sitting as a separate area. It was reported that the majority of alcohol brief interventions are delivered through General Practice, and that work is underway in terms of understanding why these continue to outperform, and the areas of focus were outlined.

An update was provided on the expansion of public health indicators, and it was advised that it is expected that by September 2024, a decision will be made on public health indicators to include within the IPQR. The Head of Strategic Planning, Performance and Commissioning and Associate Director of Planning & Performance were thanked for progressing the additional mental health indicators at pace. The Chief Executive provided an update on the proposal for reporting public health metrics within the IPQR at Board level.

The Head of Strategic Planning, Performance and Commissioning agreed to discuss mental health learning disabilities delayed discharge, with the Chair, outwith the meeting.

Action: Head of Strategic Planning, Performance and Commissioning

The Committee discussed, examined and considered the NHS Fife performance, as summarised in the IPQR, and to take a **“moderate” level of assurance** from the report.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Fife Child Protection Annual Report 2023/24

The Head of Primary and Preventative Care Services advised that this is the second annual report provided by the Child Protection Team and provides a comprehensive summary of all the activities undertaken by the team throughout 2023/2024, including challenges and successes within delivery of its function. It was noted that the majority of work for the team was around the planning for implementation of the refreshed guidance for child protection. The review of the education & training plan was also highlighted, and how the plan will support the workforce across health & social care in terms of delivery of child protection. Further work being undertaken to refresh the team in terms the vision was also highlighted.

Clarification was provided that the report is provided for NHS Fife and delegated services contribution to child protection, and that the Child Protection Committee have oversight of all the multi-agency groups.

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

8.2 Annual Immunisation Report, including Immunisation Strategic Framework 2024 – 2027

The Clinical Services Manager advised that the report provides an overview on the vaccine preventable disease surveillance and vaccine uptake data in terms of vaccine in Fife and an overview of the work completed under the previous Fife Immunisation Strategic Framework for 2021 - 2024. It was advised that the strategic framework has

been reviewed and refreshed, in line with the requirements for 2024 – 2027, and it was noted that the priorities within the revised framework are aligned to the areas of improvement, which are highlighted within the report. It was further advised that the Community Immunisation Services Programme Board continue to provide scrutiny.

Discussion followed, and it was reported that as part of the development for the strategic framework, a workforce plan was created, and that continues to be scrutinised through the Immunisation Board to ensure viability within funding streams. It was advised that a restructure of delivery, and the addition of workstreams, will ensure the clear alignment of key areas and localities. It was advised that no risks, including financial, have been identified as a result of the proposed structural changes.

It was reported that there has been a decline in Scotland for immunisation, which is mirrored across Scotland and the UK. Vaccination programmes are becoming more complex, in terms of the different vaccines being offered and changes to the schedule are challenging to accommodate. National research has been carried out which has highlighted the importance of community engagement in increasing uptake, and this compliments the findings from the childhood immunisation review which was carried out in Fife.

The committee discussed specific points within the annual immunisation report. An explanation was provided on the change to the shingles programme delivery, which resulted in lower uptake over last year. It is anticipated that the issues have now resolved. There was discussion about the improvement work underway to increase uptake of HPV, and it was reported that an improvement programme was put in place over the Spring 2024, with additional clinics offered in the summer. Initial activity suggests that this has had a positive impact on uptake for girls. The Area Immunisation Steering Group are reviewing sexual health data as part of their workplan, and they are seeking to understand uptake amongst people who attend sexual health services.

The Committee **noted** the findings of the NHS Annual Report and **noted** the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a “**moderate**” level of assurance.

9. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

9.1 Public Health Assurance Committee held on 17 April 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

It was agreed to highlight that the Committee have requested that the suicide prevention strategy work be included within the mental health strategy and highlighted at a future Board development session.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

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

12. ANY OTHER BUSINESS

It was advised that John Kemp, Non-Executive Member, will take on the role of Chair from 1 August 2024.

Date of Next Meeting - Monday 9 September 2024 from 10am – 12.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 09 JULY 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (Chair)
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Executive Director of Nursing
Kirstie Macdonald, Non-Executive Whistleblowing Champion
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Belinda Morgan (*deputising for Claire Dobson*)
Susan Fraser, Associate Director of Planning & Performance (*deputising for Margo McGurk*)
Lynne Garvey, Head of Community Care Services, H&SCP (*deputising for Nicky Connor*)
Pat Kilpatrick, Chair, NHS Fife (*part*)
Brian McKenna, Workforce Planning Lead (*for Item 6.4 only*)
Neil McCormick, Director of Property & Asset Management
Jackie Millen, Interim Learning & Development Manager (*deputising for Jenni Jones*)
Jocelyn Lyall, Chief Internal Auditor (*for Item 5.1 only*)
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:

Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current workforce pressures.

The Chair reiterated the importance of meeting papers being submitted to the secretariat timeously, noting that there had been a late circulation of the meeting pack. In cases where errors or omissions in reports were minor in nature, it was requested that report authors highlight these at the meeting, rather than submit amended papers, to allow the Committee sufficient time for review of the meeting pack prior to attending the meeting.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1. Apologies for Absence

Apologies for absence were received from members Sinead Braiden (Non-Executive Member and Equality & Diversity Champion), Wilma Brown (Interim Co-Chair Health & Social Care Partnership LPF), and attendees Margo McGurk (Director of Finance & Strategy), Claire Dobson (Director of Acute Services), Nicky Connor (Director of Health & Social Care), Jenni Jones (Associate Director of Culture, Development & Wellbeing) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Tuesday 14 May 2024

The minutes of the meeting held on 14 May 2024 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2023/2024

The Chair invited Jocelyn Lyall, Chief Internal Auditor, to speak to the report. The Committee noted that the report had been considered by the Audit & Risk Committee in June as part of the wider portfolio of year-end governance assurances and was now being presented to all the Board Standing Committees.

It was advised that, overall, the report provided a 'significant' level of assurance, with management's agreement to address two 'moderate' and one 'merits attention' recommendations. Additionally, evidence of a genuine determination from the Board to deliver savings improvements, as well as effective implementation of actions to address recommendations, was also recognised.

Highlighting key themes of the report, reference was made to the continuing audit focus and monitoring of the Reform, Transform, Perform (RTP) framework from a progress, governance and assurance perspective and the unprecedented financial and workforce challenges facing the organisation.

Furthermore, as reflected in the Committee's 2023/24 Annual Statement of Assurance, the progress on actions taken to address the Scottish Government's feedback on the Staff Governance Annual Monitoring Return and the Committee's improved governance arrangements with regard to its Terms of Reference, oversight of Workforce Planning, increased focus on strategic rather than operational detail, and the concerted attention to agenda management, were also described as positive improvements.

With regard to Workforce Planning, reference was made to the 2023 Audit Scotland Report, which stated that the NHS and its workforce are unable to meet the growing demands for healthcare services. To this end, the Committee was informed that the three significant and three moderate Workforce Planning recommendations detailed in the May 2023 Internal Audit Report would be followed up during the year.

An overview of the opportunities and challenges detailed in the report was also provided. The Board's impressive performance in iMatter engagement (reported as being the highest among all Territorial Boards), progress made in the reporting of Whistleblowing concerns and the publishing of the Staff Health & Wellbeing Action Plan for the period 2023 to 2025 were described as encouraging milestones. The reduction in Supplementary Staffing costs for 2023/24 as compared to the previous year was also noted as a positive achievement. In terms of challenges, the acute nature and impact of workforce pressures, as reflected in the Workforce and Staff Health and Wellbeing Risks were underscored. It was reiterated that the work being undertaken to rationalise utilisation of Bank & Agency Staff would take longer to realise savings than originally anticipated and that the completion of PDPR and Mandatory Training remained below expectation, despite management agreement to support improvement actions.

The importance of good governance in navigating the severe and numerous pressures currently being faced by all Public Sector organisations was emphasised.

The Director of Workforce acknowledged the report as being a fair assessment of the Board's current position and the areas to be focussed on moving forward, particularly in relation to Staff Governance.

The Committee **considered** the narrative in relation to Staff Governance in the Internal Audit Annual Report 2023/24 and took a '**Significant**' level of **assurance** from the report.

5.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to present the report, which detailed the risks related to Workforce Planning & Delivery and Staff Health & Wellbeing (both of which were rated as high risk) and the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (HCSA), which was rated as a moderate risk.

The Director of Workforce highlighted significant milestones in the mitigation of Workforce Planning & Delivery risks, including the newly established EMERGE programme (in conjunction with Levenmouth Academy, Fife College and NES), which offered opportunities to pupils interested in health-related careers, as well

as the progress that had been made with ScotCom, facilitated by the signing of a partnership agreement between NHS Fife and the University of St Andrews. The Medical Director affirmed the opportunity afforded by such collaboration and its positive impact on potential future recruitment for the Board.

The Committee was also apprised of the recent positive feedback from the Scottish Government in relation to the Board's progress on the Implementation of the HCSA.

In response to a question from J Kemp, Non-Executive Member, seeking clarity on the wellbeing support for Doctors and Dentists in Training, the Head of Workforce Planning & Staff Wellbeing described ongoing work in this area, such as rota management compliance, recommendations to improve Junior Doctors' facilities in line with staff wellbeing hub facilities at other sites (particularly on the Victoria Hospital site), and a review of the food provision for staff working overnight, amongst other initiatives.

Whilst echoing the importance of ensuring good governance with regard to rota management compliance, the Medical Director emphasised as an imperative the need for employing a holistic approach towards creating and maintaining a positive and well-rounded experience for this employee cohort at NHS Fife.

The Chair welcomed the offer of feedback to the Committee at the September meeting in relation to the wellbeing efforts being employed to support this staff group and any other updates as appropriate.

Action: Head of Workforce Planning & Staff Health & Wellbeing

The Committee took a '**Moderate**' level of **assurance** that all actions within the control of the organisation are being taken to mitigate the risks outlined in Appendix 1 of the report, as far as it is possible to do so.

5.3 Attendance Management Update

The Head of Workforce Resourcing & Relations spoke to the paper, which highlighted that there had been a reduction in the Board's reported sickness absence rates from 7.35% in April to 7.11% in May 2024.

The Committee was advised of the work being progressed through the Attendance Management Oversight Group, with particular attention to the efforts being explored to address staff mental health (reported as the most prominent reason for staff absence at 28.97%), by way of an externally provided mental health support web application.

B Morgan, General Manager, Medical Directorate, and L Garvey, Head of Community Care Services, H&SCP, each provided comprehensive updates on the wide-ranging mitigations being employed to address staff absence in their respective areas of operation.

The Employee Director commended the consistent approach being utilised towards the application of attendance management policies and the scrutiny of the Review & Improvement Panels from a continuous improvement perspective. The

proven benefits of involving staff side in these key initiatives was also underscored.

Robust deliberations took place on a varied number of issues related to staff absence, including the estimated cost of sickness absence and the work being undertaken by the newly established People & Change Board to effect improvements in this area. The importance of improved internal communications to dispel any misconstrued perceptions of a recruitment freeze within the Board, and the reasons for considering an external service provider to support staff mental health by way of a web application, were also discussed.

The Committee took a **'Moderate'** level of **assurance** from the report and updates provided in relation to Attendance Management.

5.4 Delivery of Annual Workplan 2024/2025

The Chair invited the Director of Workforce to speak to the report, which noted self-explanatory updates to the Annual Workplan 2024/25 since it was last presented to the Committee on 14 May 2024.

It was confirmed that the Nursing & Midwifery Deep Dive, which was required to be removed from the Committee's agenda due to late stakeholder apologies, would be tabled at the September meeting. It was also advised that a date was currently being sought to reschedule the June Staff Governance Development Session, which had been cancelled due to the number of apologies received.

The Committee took a **'Moderate'** level of **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2024/25

The Chair invited the Chief Executive to speak to the paper, which the Committee noted had been presented to the Remuneration and Public Health & Wellbeing Committees respectively and was due to be presented to the July NHS Fife Board meeting for approval.

It was advised that the objectives sought to summarise and capture the Board's priority actions aligned to its Population Health & Wellbeing Strategy and the RTP Programme.

The Committee was informed that the Corporate Objectives had informed the development of the Executive Cohorts' personal objectives for 2024/25, including the Chief Executive's objectives. Further discussion on these would take place at the Remuneration Committee.

The Committee took a **'Significant'** level of **assurance** from the 2024/25 Corporate Objectives.

6.2 Annual Delivery Plan 2024/25: Scottish Government Response

The Chair invited the Associate Director of Planning & Performance to speak to the report, which noted the Scottish Government's feedback affirming its approval that the 2024/25 Annual Delivery Plan (ADP) broadly meets the mandated requirements and provides appropriate assurances in the context of the current operational landscape, particularly the challenging financial climate.

It was advised that the report was due to be presented for final approval at the July Board Meeting and that quarterly progress reports would also be brought back to the Committee.

The Committee took a '**Limited**' level of **assurance** from the content of the Annual Delivery Plan 2024/25.

6.3 Annual Delivery Plan 2023/2024: Quarter 4 Performance Report

The Chair invited the Associate Director of Planning & Performance to speak to the report, which provided an update on the progress against deliverables in the 2023/2024 Annual Delivery Plan, as at March 2024.

An overview of the overall status of deliverables was given. In relation to Workforce, the Committee was informed of the seven 'Completed' actions, 10 'On Track' actions which will be transferred to the 2024/25 ADP and one 'At Risk' action in relation to e-rostering, which will continue to be reported on through quarterly progress updates.

The Director of Workforce clarified that the 'Business As Usual' posts to support the delivery of e-rostering had been approved by the Vacancy Control Panel and that considerable progress had also been made in relation to the consolidation of Bank & Agency utilisation.

The Committee took a '**Moderate**' level of **assurance** from the report.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chair invited the Chief Executive to speak to the letter from the Scottish Government, which provided an overview of the Programme of Reform planned in relation to the future delivery of Healthcare Services in Scotland. It was advised that a further update would be brought back to the Committee as plans in this area progressed. The Chief Executive assured the Committee that every effort would be made to ensure that the voice of the people of Fife was heard in any relevant engagement forums.

The Committee took **assurance** from the proposed approach to the Letter from the Scottish Government: Reforming Services and Reforming the Way We Work.

6.4 Workforce Planning Update

The Chair invited Brian McKenna, Workforce Planning Lead, to speak to the report. The Committee was informed that the first meeting of the combined former NHS Fife Strategic Workforce Planning Group and Operational Workforce Planning Groups had taken place in May 2024.

An overview of the discussions that took place at the meeting was provided to the Committee. It was advised that feedback had been sought from attendees via questionnaires, to ensure that the agenda and pitch of the meeting were relevant.

The Committee noted that the Revised National Workforce Planning Guidance, which would inform Workforce Planning for 2025 and beyond, and the final piece of guidance regarding the implementation of the Reduced Working Week aspect of the 2023/24 Pay Award (expected later this month), was yet to be received from the Scottish Government.

Resource challenges associated with the processing of applications for the Band 5/6 Nursing Review, as well as implementation of other aspects of the 2023/24 Pay Award and the mitigations being employed, were discussed by the Committee. A Verrecchia, Co-Chair, ASD & Corporate Directorates LPF, underscored the importance of ensuring that the provisions of the Reduced Working Week were consistently applied across the organisation.

The Director of Workforce and the Director of Nursing acknowledged the magnitude of work involved in the implementation of the Non-Pay elements of the 2023/24 Pay Award and extended their sincere thanks to the Workforce Planning Lead and all other stakeholders engaged in this effort.

The Committee took a '**Moderate**' level of **assurance** from the Workforce Planning Update.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

Introducing the IPQR, the Director of Workforce invited J Millen, Interim Learning & Development Manager, to speak to the PDPR aspect of the report, noting that sickness absence had been discussed earlier in the meeting.

It was highlighted that Appendix 1 of the paper reflected a decline of 0.4% in PDPR metrics as compared to the previous month, reaching 43.7% as at May 2024. This was attributed to ongoing service pressures. For the 2024/25 period, it was advised that the engagement target in this area had been reduced to 60%, in order to drive momentum towards pursuing a more realistic goal. It was emphasised that the ambition thereafter would be to return to the previously agreed 80% compliance target. The Employee Director, whilst affirming understanding and support for the rationale for reducing the 2024/25 PDPR target, expressed the expectation that this should only be for the short-term.

In response to a question from J Kemp, Non-Executive Member, the Head of Workforce Planning & Staff Wellbeing clarified that the decision to implement changes in the HEAT (Health Improvement, Efficiency, Access & Treatment) standards to locally agreed targets (for both sickness absence and PDPR) had been made in accordance with guidance issued by the Planning & Performance Team. The Chair emphasised the importance of ensuring that any governance processes associated with implementing changes in performance targets were duly adhered to. Acknowledging responsibility for this, the Associate Director for

Planning & Performance assured the Committee that, moving forward, any changes to HEAT standards would be clearly communicated across all relevant governance structures.

The Director of Workforce advised that the revised performance targets for Sickness Absence and PDPR were also reflected in the 2024/25 Corporate Objectives, which had been approved by the Remuneration Committee.

The chair emphasised the need to ensure that Local targets are also measured/monitored against National targets to ensure the Board and Governance Committees are aware of NHS Fife position in relation to others.

The Committee **examined** and **considered** NHS Fife performance as summarised in the IPQR and took a '**Moderate**' level of **assurance** from the report.

8. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

8.1 Appropriately Trained: Core Skills / Mandatory Training and Protected Learning Time

The Chair invited J Millen, Interim Learning & Development Manager, to speak to the report.

The paper highlighted a 6% drop in overall training compliance as at May 2024, reported to be due to a decrease in engagement across seven of the nine Core Skills topics. Improvements in training uptake of one and two percent respectively were, however, noted in the areas of Resuscitation and Information Governance. It was acknowledged that the level of assurance provided by the report was limited and that further actions needed to be taken to improve Core Skills/Mandatory Training compliance.

The Committee was provided with a comprehensive overview of current and future initiatives to support managers in this area. These included the roll out of enhanced Manager reporting to support training compliance monitoring, Protected Learning Time (PLT) Lunchtime sessions, which had so far been attended by 51 managers, ongoing work with the national eESS team to develop a dashboard report identifying outstanding Core Skills, engagement in the Acute Services Division & Corporate Directorates LPF, and the establishment of a Short Life Working Group of Core Skills training providers to identify how engagement could be increased. The Committee was also advised of the intent to introduce a revised Core / Mandatory Training Programme from April 2025. The Employee Director, Director of Property & Asset Management and the Head of Corporate Governance commended the efforts being employed to drive improvements in this area, noting that a range of offerings can help support staff to complete their training.

The Committee took a '**Limited**' level of **assurance** from the report.

8.2 Staff Governance Standard Overview: Improved and Safe Working Environment

The Chair invited Neil McCormick, Director of Property & Asset Management, to speak to the report, which provided an update on the ongoing activity being undertaken to provide staff with a continuously improving and safe working environment.

An overview of the governance structures and technical groups in place to facilitate oversight of the implementation of this standard, such as the Health & Safety Sub Committee and the Local Partnership Forums within Acute Services and the Health & Social Care Partnership, among others, were highlighted to the Committee.

The Committee was also provided with a summary of the incident statistics detailed in the report, along with examples of ongoing efforts to facilitate a safe working environment for staff. The continuing requirement to ensure policies and procedures were up to date, as well as the provision of mandatory training (particularly manual handling), were described as key challenges in the delivery of this standard. The importance of promoting the recording and reporting of 'near miss' incidents from a learning perspective was acknowledged.

It was unanimously agreed that it would be beneficial for regular updates on the implementation of this standard to be brought back to the Committee.

The Committee took a **'Moderate'** level of **assurance** from the update provided.

8.3 Staff Governance Annual Monitoring Return 2023/24 Update

The Chair invited the Head of Workforce Resourcing & Relations to speak to the paper, which noted that the Scottish Government, with approval from the Scottish Workforce and Staff Governance Committee, had made the decision to pause the Staff Governance Monitoring exercise for 2023/2024.

The Committee took a **'Significant'** level of **assurance** from the paper, noting that that the Staff Governance Annual Monitoring Return for 2023/2024 is currently paused.

8.4 Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and the Board's Wellbeing Champion, to provide an update on this area of work.

J Kemp applauded the overall efforts of the Staff Health & Wellbeing Group, particularly recognising that some members this group were engaging on a voluntary basis and in addition to their substantive roles.

The Committee noted J Kemp's feedback obtained from conversations with staff at the recently held Staff Health & Wellbeing Group meeting that actions taken in relation to the closure of the Board's administration buildings, in particular, the pace at which such closures had been implemented, had resulted in staff feeling less valued. Information obtained from this stakeholder group also revealed that

Staff Wellbeing Hubs were well received across the Board and that there was strong support for frequent staff-focussed communications in relation to the RTP programme.

The Committee **noted** the update provided by the Board's Wellbeing Champion.

8.5 Equality & Diversity Champion Update

The Chair invited the Head of Workforce Planning & Staff Wellbeing to share any relevant updates, in light of apologies to the meeting given by Sinead Braiden, Non-Executive Member and the Board's Equality & Diversity Champion.

The Committee was encouraged to note that the recently held Fife Pride Event had been well attended. Additionally, the Head of Workforce Planning & Staff Wellbeing affirmed confidence in the approach that had been adopted to implement the self-managed network set up to support the LGBTQ+ staff cohort.

The Committee also noted that the first scheduled meeting of this group was due to be held shortly, following on from the planning meeting that had recently taken place. It was hoped that engagement and activity from this group would help inform the currently paused Diverse Ethnicity Network.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing.

8.6 Whistleblowing Champion Update

The Chair invited Kirstie Macdonald, Non-Executive Member and the Board's Whistleblowing Champion, to provide an update.

The Committee was apprised of the Scottish Government's priority of listening to the 'staff voice', particularly in the context of a whole-system transformation, as communicated at a recently held National Whistleblowing Champions' meeting. Ensuring that staff views were actively sought in relation to any transformation efforts was also affirmed as an imperative.

The Committee noted that the Whistleblowing Oversight Group, which had been established as part of the Board's new governance structure, was due to meet for the second time on 31 July, where, amongst other matters, plans for the September 2024 'Speak Up' Week would be discussed, in collaboration with the Communications & Engagement Team.

The Committee **noted** the update provided by the Board's Whistleblowing Champion.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 9.1 Area Partnership Forum held on 22 May 2024 (unconfirmed)
- 9.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 25 April 2024 (unconfirmed)

- 9.3 Health & Social Care Partnership Local Partnership Forum 13 March 2024 and 14 May 2024 (confirmed)
- 9.4 Health & Safety Sub Committee held on 7 June 2024 (unconfirmed)
- 9.5 Workforce Planning Group held on 23 May 2024 (unconfirmed)
- 9.6 Medical & Dental Professional Standards Oversight Group held on 11 April 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters identified for escalation to the NHS Fife Board.

11. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 30 July 2024

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

12. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

12. DATE OF NEXT MEETING

Tuesday 3 September 2024 from 10.00 via MS Teams.