Fife NHS Board

Thu 30 January 2025, 10:00 - 16:00

Boardroom, Victoria Hospital, Kirkcaldy

NHS Fife

Chairperson - Pat Kilpatrick

10:00 - 10:10
10 min

1.
CHAIRPERSON'S WELCOME AND OPENING REMARKS

PK

10:10 - 10:10
0 min

2.
DECLARATION OF MEMBERS' INTERESTS

PK

10:10 - 10:10
0 min

3.
APOLOGIES FOR ABSENCE - S Braiden, A Lawrie, C McKenna, J Tomlinson

PK

10:10 - 10:10
0 min

4.
MINUTE OF PREVIOUS MEETING HELD ON 26 NOVEMBER 2024

(enclosed)   PK

📄 Item 4 - Minutes 20241126 Final.pdf (15 pages)

10:10 - 10:10
0 min

5.
MATTERS ARISING / ACTION LIST

(enclosed)   PK

📄 Item 5 - Action List.pdf (2 pages)

10:10 - 10:20
10 min

6.
CHAIRPERSON'S REPORT

6.1.
Chairperson's Update

(verbal)   PK

6.2.
Board Development Session - 17 December 2024

(enclosed)   PK

📄 Item 6.2 - Board Development Session Note 20241217.pdf (1 pages)

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

7.1.

Chief Executive Up-date

(verbal)   CP

7.2.

Patient / Staff Story

(verbal)   CP

10:40 - 11:15	**8.**
35 min	**PERFORMANCE**

8.1.

Integrated Performance & Quality Report - November 2024 Position

(enclosed)   CP

📄 Item 8.1 - SBAR IPQR Board January 2024 v1.0.pdf (9 pages)
📄 Item 8.1 - IPQR Position at November 2024 v1.0.pdf (37 pages)

8.2.

Finance Performance Report at November 2024

(enclosed)   MM

📄 Item 8.2 - SBAR Financial Performance Report.pdf (25 pages)

8.3.

Reform, Transform, Perform Performance Report - November 2024

(enclosed)   BH

📄 Item 8.3 - Reform, Transform, Perform Report SBAR V1.0.pdf (6 pages)
📄 Item 8.3 - Nov RTP Report V1.1.pdf (33 pages)

11:15 - 11:25	**9.**
10 min	**PLANNING**

9.1.

Business Continuity and Essential Investment Infrastructure Plan

(enclosed)   NM

📄 Item 9.1 - SBAR NHSF - Business Continuity & Essential Investment Infrastructure Plan (BC&EIIP) - Jan 25 - R.2.pdf (5 pages)
📄 Item 9.1 - Appendix 1 NHSF - BC&EIIP - Dec. 24 - R.2.pdf (18 pages)
📄 Item 9.1 - Appendix 2 NHSF - BC&EIIP Funding Template - Dec. 24 - R.1.pdf (1 pages)
📄 Item 9.1 - Appendix 3 NHSF - Property Risk and Prioritisation Tool - Dec. 24 - R.0.pdf (3 pages)

10.
STANDING COMMITTEE REPORTS

10.1.
Governance Committee Chairs' Assurance Reports:

PK

10.1.1.
Audit & Risk Committee Report and Minute dated 12 December 2024 (unconfirmed)

(enclosed)   *AG*

📄 Item 10.1.1 - Unconfirmed Audit & Risk Committee Chair's Assurance Report 20241212.pdf (3 pages)
📄 Item 10.1.1 - Audit & Risk Committee Minutes (unconfirmed) 20241212.pdf (7 pages)

10.1.2.
Clinical Governance Committee Report and Minute dated 17 January 2025 (unconfirmed)

(enclosed)   *AW*

📄 Item 10.1.2 - CGC Chair's Assurance Report 20250117.pdf (4 pages)
📄 Item 10.1.2 - Clinical Governance Committee Minutes (unconfirmed) 20250117.pdf (10 pages)

10.1.3.
Finance, Performance & Resources Committee Report and Minute dated 14 January 2025 (unconfirmed)

(enclosed)   *AM*

📄 Item 10.1.3 - FPR Chair's Assurance Report Presented to NHS Fife Board on 30 January 2025.pdf (2 pages)
📄 Item 10.1.3 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20250114.pdf (5 pages)

10.1.4.
Public Health & Wellbeing Committee Report and Minute dated 13 January 2025 (unconfirmed)

(enclosed)   *JKemp*

📄 Item 10.1.4 - PH&WC Chair's Assurance Report 20250113.pdf (3 pages)
📄 Item 10.1.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20250113.pdf (9 pages)

10.1.5.
Staff Governance Committee Report and Minute dated 7 January 2025 (unconfirmed)

(enclosed)   *CG*

📄 Item 10.1.5 - SGC Chair's Assurance Report (to be presented to NHS Fife Board 30.01.25.pdf (2 pages)
📄 Item 10.1.5 - Staff Governance Committee Minutes (Unconfirmed)_07.01.25.pdf (10 pages)

11.
GOVERNANCE

11.1.
Health and Care (Staffing) (Scotland) Act 2019: Quarter 2 Report 2024/25

(enclosed)   *DM*

📄 Item 11.1 - Fife NHS Board Health and Care (Staffing) (Scotland) Act 2019 Quarter 2 Report 2024-2025 30.1.25.pdf (11 pages)

12.

10 min **RISK**

12.1.
Revised Risk Management Framework

(enclosed)   *MM*

📄 Item 12. 1- SBAR Revised Risk Management Framework NHS Fife Board 30 January 2025.pdf (4 pages)
📄 Item 12.1 - Draft Revised Risk Management Framework as at 15012024.pdf (37 pages)

12:00 - 12:10 **13.**
10 min **ANNUAL REPORT**

13.1.
Annual Climate Emergency & Sustainability Report 2023/24

(enclosed)   *NM*

📄 Item 13.1 - SBAR Annual Climate Report 2023 24 (NMcC).pdf (4 pages)
📄 Item 13.1 - Annual Climate Emergency and Sustainability Report 2023 24 (NMcC) V2.pdf (35 pages)

12:10 - 12:15 **14.**
5 min **MINUTES - OTHER / APPROVED MINUTES**

14.1.
Communities & Wellbeing Partnership dated 28 November 2024 (unconfirmed)

(enclosed)

📄 Item 14.1 - CWP Minute Cover 281124.pdf (1 pages)
📄 Item 14.1 - CWP note of meeting 28112024 unconfirmed.pdf (3 pages)

14.2.
Fife Health & Social Care Integration Joint Board dated 27 September 2024

(enclosed)

📄 Item 14.2 - IJB Minute Cover.pdf (1 pages)
📄 Item 14.2 - Minute of IJB 270924 confirmed.pdf (14 pages)

14.3.
Fife Partnership Board dated 6 November 2024 (unconfirmed)

(enclosed)

📄 Item 14.3 - Minute Cover FPB 2024-11-06 Mtg PH.pdf (1 pages)
📄 Item 14.3 - FPB Minute 2024-11-06 unconfirmed.pdf (3 pages)

14.4.
Audit & Risk Committee dated 12 September 2024

(enclosed)

📄 Item 14.4 - Audit & Risk Committee Minutes (confirmed) 20240912.pdf (7 pages)

14.5.
Clinical Governance Committee dated 1 November 2024

(enclosed)

📄 Item 14.5 - Clinical Governance Committee Minutes (confirmed) 20241101.pdf (13 pages)

14.6.
Finance, Performance & Resources Committee dated 12 November 2024

(enclosed)

📄 Item 14.6 - Finance, Performance & Resources Committee Minutes (Confirmed) 20241112.pdf (7 pages)

14.7.
Public Health & Wellbeing Committee dated 11 November 2024

(enclosed)

📄 Item 14.7 - Public Health Wellbeing Committee Minutes (confirmed) 20241111.pdf (11 pages)

14.8.
Staff Governance Committee dated 5 November 2024

(enclosed)

📄 Item 14.8 - Staff Governance Committee Minutes (Confirmed)_05.11.24.pdf (13 pages)

12:15 - 12:15
0 min

15.
ANY OTHER BUSINESS

12:15 - 12:15
0 min

16.
DATE OF NEXT MEETING: Tuesday 25 March 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 26 NOVEMBER 2024 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL

PAT KILPATRICK
Chairperson

Present:

P Kilpatrick **(Chairperson)**
C Potter, Chief Executive
A Grant, Non-Executive Director
C Grieve, Non-Executive Director
A Haston, Non-Executive Director
J Keenan, Director of Nursing
J Kemp, Non-Executive Director
M Lockhart, Non-Executive Director

K Macdonald, Non-Executive Director
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
L Garvey, Director of Health & Social Care
A Graham, Director of Digital & Information
B Hannan, Director of Reform & Transformation
K MacGregor, Director of Communications & Engagement
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
D Miller, Director of Workforce
V Turner, Senior Charge Nurse (items 1 – 6.2)
P King, Corporate Governance Support Officer (Minutes)

1. **CHAIRPERSON'S WELCOME AND OPENING REMARKS**

    The Chair welcomed everyone to the meeting, in particular Cllr M Lockhart, Fife Council representative, who joined the Board on 1 November as a new Stakeholder Board Member, L Garvey, the newly appointed Director of Health & Social Care, and V Turner, Senior Charge Nurse, who was attending the beginning of today's meeting for the Staff Story. A welcome was also extended to a colleague from the media who joined today's public session.

The Chair advised that M McGurk, Director of Finance & Strategy, is retiring on 4 April 2025, and she paid tribute to her contributions during her time in Fife. It was noted that recruitment for a new Director of Finance, and the role of Director of Planning & Transformation, is underway and interviews will take place in December 2024.

It was further advised that K Macdonald, Non-Executive Whistleblowing Champion, had also intimated her intention to leave the Board at the end of the year, due to her increasing external work commitments. The Chair thanked K Macdonald, on behalf of the Board, for the considerable work she had undertaken to improve whistleblowing processes within NHS Fife. K Macdonald thanked the Board for their support and noted that she was pleased at the progress made to promote whistleblowing across the organisation, ensuring the process gives staff appropriate support and protection to feel confident in raising concerns if they see something wrong.

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:

- All the nominees and winners at the NHS Fife Staff Awards, which took place at the Glen Pavilion in Dunfermline on 4 October 2024. The event was a huge success and celebrated the exceptional work, dedication and skill of teams and individuals from across the organisation. The Chair thanked the Director of Communications & Engagement, and her team for the professional organisation of the event.

- Karlie Whittle, who won the Support Worker Award at the Scottish Health Awards, which celebrates individuals and teams who go above and beyond to deliver compassionate, high-quality health and social care. Congratulations were also offered to our six other local finalists who were shortlisted.

- The NHS Fife Infection Prevention & Control Team, who won the silver award for the Nurturing Infection Prevention Control Talent category at the 2024 Infection Prevention Society Impact Awards.

- Dr Frances Notman who has been designated a Fellow of the Royal Pharmaceutical Society, for distinction in the profession of pharmacy.

The Chair also advised that, following a successful 'Travel Day' event, NHS Fife had been awarded the 'Cycling Friendly Employer Award' for joint efforts with Greener Kirkcaldy in supporting staff cycling to work and creating a cycling-friendly environment for 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 Non-Executive Directors J Bennet, S Braiden and A Lawrie.

4. MINUTE OF PREVIOUS MEETING HELD ON 25 SEPTEMBER 2024

Approval of the previous meeting's minute of 25 September 2024 was **proposed** by A Morris, Non-Executive Director, and **seconded** by A Wood, Non-Executive Director.

5. MATTERS ARISING / ACTION LIST

There were no matters arising.

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

6. CHAIRPERSON'S REPORT

6.1. Chairperson's Update

The Chair provided an update on recent meetings she had participated in over the past two months, including an update on discussion from the Board Chairs' meeting in relation to the new planning guidance, which is one of the main reasons that NHS Fife has decided to recruit a new Director of Planning & Transformation. This investment in planning for the future will ensure services in Fife are protected and properly planned for. The Board Chairs' Group had also met with the Cabinet Secretary for Health & Social Care to discuss the financial agenda and the sustainability of services going forward. The Chair also continued to be involved in meetings with other territorial Board Chairs and within the East of Scotland Board Chairs' Group.

It was advised that several new groups had been established at a national level around Improving Population Health, Digital & Information, Workforce and Finance, Performance & Sustainability and these groups would link up with similar groups involving Board Chief Executives. The Chair had been asked to lead the Finance, Performance & Sustainability Group.

It was noted that regular meetings continued to be held with local MPs/MSPs and the next meeting will take place at Queen Margaret Hospital. Meetings of the Remuneration Committee, Discretionary Points Committee and individual meetings with each of the Non-Executive Directors to undertake their performance appraisals had also taken place since the last Board meeting.

The Chair reported on discussions with the Health & Social Care Partnership (HSCP) and Fife Council on the Integration Joint Board (IJB) financial recovery plan, noting that constructive conversation had taken place. She was grateful to the Chief Executive, Director of Health & Social Care and the current and previous Chairs of the IJB for setting a culture of openness and transparency in dealing with such challenging issues.

The Chair highlighted two Ministerial Visits that had taken place. Ivan McKee, Minister for Public Finance, visited Queen Margaret Hospital on 19 November to find out more about the work to maximise productivity in planned surgical care, followed by a visit from Jenni Minto, Minister for Public Health & Women's Health, on 20 November to see the High-Risk Pain Medicines Programme. Thanks were given to the Communications Team for their organisation of the visits.

The Chair and Non-Executive Directors had recently visited Stratheden Hospital to get a real insight into how well staff provide services to patients in challenging circumstances, and the difficulties for patients themselves, given the built estate and its facilities are not at a standard we would wish for our patients. It was noted that plans are being developed to improve services and she emphasised the importance of having robust mental health services accommodated in good facilities for the population of Fife. This is and will continue to be a key area focus for the Board and further discussion will take place at the Board Development Session in December.

Finally, the Chair thanked those Board Members who laid poppy wreaths on behalf of NHS Fife at various Remembrance Sunday ceremonies held across Fife.

The Board **noted** the update.

6.2.   Ministerial Annual Review 2024 – Follow Up Letter

The Chair referred to the largely positive letter received following the Ministerial Annual Review held on 30 September 2024 and she thanked everyone for their input on the day. The Board **noted** the letter and took **significant assurance** from the successful conclusion of the Annual Review and the key discussion points covered in the Minister's meetings during the day.

6.3.   Board Development Session – 29 October 2024

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

7.   CHIEF EXECUTIVE'S REPORT

7.1.   Chief Executive's Update

The Chief Executive highlighted some of the meetings she had been involved in since the last Board meeting, notably an informal meeting with the Director General & Chief Executive for Scotland around the financial position, which was helpful and allowed her to provide an update on work that is being progressed this year in relation to the Re-form, Transform, Perform (RTP) Framework. Productive discussion had also taken place with the Director of Health & Social Care Finance and his team at Scottish Government on this topic.

The Chief Executive provided a summary from recent meetings with Scottish Government colleagues and other Board Chief Executives and advised that there had been discussion in relation to challenges across Scotland around delayed discharge, dental provision, unscheduled care and planned care. Productive discussion had also

been held with representatives from the Hospice sector around the role they play in supporting the NHS. Positive meetings had been held with Scottish Government colleagues in relation to reform work linked to the Darzi Report published for NHS England and any learning that NHS Scotland could take as a result and also around business transformation to consider what could be done as a group of Health Boards thinking differently about support systems and common ways of working.

As stated by the Chair, the Chief Executive referred to the regular meetings with MPs/MSPs, noting that that the next meeting in December will be the first in-person meeting since before the Covid-19 Pandemic. A detailed briefing on Mental Health services will be provided.

It was noted that informative discussion had been held with the Director of Health & Social Care and others in the HSCP at a recent Mental Health Summit, again highlighting the priority the Board is taking on this important aspect of our services.

The Chief Executive reported on recent meetings with colleagues at the University of St Andrews and Fife College, where discussion took place on the partnership agreements with each institution and how these can be practically developed to forge closer and more collaborative working. Workshops will be arranged separately in the New Year with both organisations.

The Chief Executive expressed her appreciation at being asked to perform the keynote address at the recent Fife College Graduation ceremony, where it had been a privilege to see the young people celebrating the success of their efforts.

Further information on the visit by Ivan McKee, Minister for Public Finance, to Queen Margaret Hospital on 19 November 2024 was provided. It was noted that Mr McKee has a particular interest in productivity across the public sector and he visited the Ophthalmology Service to see the innovative 'Jack and Jill' cataract unit, which enables a single surgeon to work simultaneously across two adjoining theatres. This has helped to minimise waiting times for cataract surgery and enabled more patients to be seen during each session. The Minister also visited Day Surgery, Urology and Endoscopy. The Chief Executive expressed her gratitude to the clinicians and senior staff who gave up their time to show Mr McKee around the facilities. A briefing is being prepared to follow-up on the visit to advise what more can be done in NHS Fife to ensure patients are able to stay local rather than travel elsewhere for their treatment.

The Chief Executive had also visited Ward 5, Queen Margaret Hospital, following several complaints that had now been addressed, and she was pleased to hear from the staff about the improvement work being carried out and to be shown examples of positive feedback from Care Opinion.

Finally, the Chief Executive confirmed she had undertaken all the Mid-Year Reviews for the Director cohort and had been meeting with some of the candidates interested in the new Director roles. Productive conversations had also been held with her counterparts in NHS Lothian and Borders about further collaborative working across NHS East Scotland, which will be followed up by a workshop in the New Year with the Chairs of these Boards, hosted by NHS Fife, to showcase Queen Margaret Hospital and all the good work that is undertaken there.

7.2. Staff Story

The Chair introduced Val Turner, Senior Charge Nurse (SCN), to provide the staff story. V Turner provided an overview of her career and experience of leading change as a Senior Charge Nurse, particularly in relation to the integrated acute respiratory unit, and its challenges and successes.

The Chair thanked SCN Turner for attending the meeting today and for the inspirational leadership style she has adopted to embrace change and develop and improve respiratory services for the population of Fife.

The Chief Executive, Medical Director and Director of Nursing all paid tribute to the qualities shown by SCN Turner and for her attitude, honesty, candour and commitment to NHS Fife.

The Board **noted** the information provided in the staff story.

8. PERFORMANCE

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

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

Quality & Care
The Director of Nursing advised there are 15 metrics reported through the IPQR in relation to Quality & Care. An update was provided on the key issues around Adverse Events, noting a number of process changes that have been identified to try and improve the completion time for Significant Adverse Event Reporting, In-patient Falls, Pressure Ulcers, Healthcare Acquired Infections (including the staphylococcus aureus bacteraemia, c.difficile and e-coli bacteraemia rate), and Complaints. The Director of Nursing highlighted the good work underway across Fife to reduce falls, noting in particular work being done in wards 43 and 53 to provide decaffeinated drinks and the associated impact of that on the level of falls in hospital.

Operational Performance
The Director of Acute Services provided an update on performance in relation to the 4-hour Emergency Access target, Cancer Waiting Times, the Patient Treatment Time Guarantee, New Outpatient performance and a positive performance around Diagnostics, particularly related to ultrasound.

It was advised that the prostate pathway remained challenging, with most of the breaches due to demand for robotic surgery. However, it was further advised that discussions were being held with NHS Lanarkshire to learn about improvement work they have been doing around the prostate pathway.

6

In response to a question from the Non-Executive Directors, the Director of Acute Services confirmed that the Acute site is already under significant pressure, particularly at the front door, due to unscheduled care demand. The highest OPEL score ever recorded was triggered a couple of weeks ago. Teams are working hard to run a full and busy hospital with additional areas open to support the level of demand. The focus remains on patient safety and ensuring patients get treated in the right place at the right time.

The Director of Health & Social Care provided an update on Delayed Discharges performance, which continued to be reviewed weekly with Scottish Government colleagues, noting there were no concerns to be reported. Significant improvement work continues to support both complex patient and system-level factors that are contributing to the challenging picture in relation to standard delays and to keep the demands on the services to a sustainable level.

In response to a query from the Chair, the Medical Director confirmed that although the Mental Health indicators have been incorporated into the IPQR, work is underway to review and determine appropriate trajectories and advised these will be presented to the Clinical Governance Committee and Board at the meetings in January 2025. A Wood, Mental Health Champion, reiterated that the current indicators in the IPQR had been identified as part of the national indicator set and work is in progress to determine appropriate local trajectories. Further queries were raised around Average Length of Stay in Psychiatry and postnatal care for patients requiring mental health support and these were responded to by the Director of Health & Social Care.

Workforce
The Director of Workforce provided an update on the three metrics around workforce, noting the positive performance in relation to sickness absence, work underway to improve compliance around Personal Development Plan & Review (PDPR) and vacancies.

Given the decreased performance in relation to PDPR, the Employee Director emphasised the need to ensure that conversations with staff take place and that these are recorded, highlighting the importance for staff to be well trained and developed to ensure safe working practices and safe environments for staff to work in. Further discussion would take place outwith the meeting with a view to setting specific targets for the Board to see improvement in this area. The importance of also having assurance around the connection of PDPR to mandatory training and safe environments of care was also highlighted.

Action: Director of Workforce

It was noted that open discussion had taken place at the Area Partnership Forum on PDPR performance, with a recognition that there was a collective responsibility to improve performance in this area and ensure an achievable target.

Public Health & Wellbeing
The Director of Public Health reported that a full overview of performance related to the national screening programmes was provided to the Public Health & Wellbeing Committee at its last meeting, noting that this information is only provided on an annual basis. She provided an overview of performance related to childhood immunisation

for the 6-in-1 and MMR2, noting that the latest published data was for quarter ending June 2024, and she referred to an ongoing programme of quality work to raise awareness and promote uptake in relation to MMR2.

Members discussed the need to tackle uptake levels for national screening progammes in the most deprived communities to reduce the incidence of patients presenting with advanced cancer disease, particularly for bowel and breast cancer. It was reported that all Health Boards are expected to have a Screening Equalities Plan, and Fife's Plan has been accepted by Scottish Government. Dedicated resource has also been established to deliver more targeted work in this area.

The Director of Public Health drew attention to narrative in the report, noting that NHS Fife continued 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.

The Director of Health & Social Care provided an update on the performance around Smoking Cessation, Child & Adolescent Mental Health Services (CAMHS), Psychological Therapies, Mental Health Re-admissions and Flu/Covid vaccinations, noting that Fife was the best performing of all Scottish Boards for overall uptake of these vaccinations.

The Director of Health & Social Care was pleased to highlight that the Fife CAMHS is on target to meet and sustain the trajectory submitted to Scottish Government by February 2025. Regarding performance on Psychological Therapies, she also highlighted that although the longest wait categories have complex problems, all patients on that list are contacted regularly and signposted to other services as appropriate.

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

8.2. Financial Performance Report at 30 September 2024

The Director of Finance & Strategy introduced the detailed paper highlighting the challenging financial position for 2024/25. The paper outlined the mid-year position and provided an early warning of the challenge for the remaining months of this financial year. Attention was drawn to the Executive Summary of the report, which set out the key points related to the financial position as at the end of September 2024.

It was advised that there is a reasonable level of confidence that £23.3m of the 3% efficiency target will be achieved and the Executive Team are looking at all options to bridge the projected gap of £1.7m. A formal assessment is also being taken to confirm the split between recurring and non-recurring elements of the efficiency target. This is likely to identify a significant level of savings delivered on a non-recurring basis in 2024/25 which will require to be added to the opening financial challenge for 2025/26.

There was discussion on the deteriorating overspend position of the IJB, and the fact that this will trigger a risk-share situation for both NHS Fife and Fife Council. The Director of Finance & Strategy emphasised the positive working relationships with

colleagues in Fife Council and the IJB, including discussions on what each partner organisation can do to support the difficult position that has emerged in the IJB, and she agreed that it would not be acceptable to have a repeat of the situation that occurred at the end of the last financial year. The Director of Health & Social Care acknowledged the different reporting arrangements between NHS Fife and Fife Council, giving assurance that the IJB Finance, Performance & Scrutiny Committee was now meeting monthly to receive regular updates on the IJB Recovery Plan. Discussions were also being progressed on the budget-setting process for 2025/26. The Director of Finance & Strategy highlighted that although there had been a significant focus on the IJB financial position, it should also be noted that a similar level of financial challenge exists within Acute Services, where the forecast year-end overspend is £20m.

Whilst members commended the detailed paper, it was suggested that a diagram for the HSCP, similar to that presented under section 2.2 for Health Board Retained Services, would be helpful in providing a clear understanding of the position.

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

8.3. Re-form, Transform, Perform Performance Quarter Two (Q2) 2024/25 Report

The Director of Reform & Transformation provided an update of progress covering Q2 performance on the 13 schemes within the 3% savings target, which was complementary to the Financial Performance Report. The report detailed for each scheme the planned deliverables, progress to date and planned activity. The report also sets out current assurance rating, as well as an update on the financial position. It was advised that a further update would be provided as part of the afternoon session.

The Board took a **moderate level of assurance** regarding delivery of RTP, cognisant of the timing in-year and further work to be developed regarding bridging actions.

9. PLANNING

9.1. Annual Delivery Plan (ADP) 2024/25 Quarter Two Update

The Director of Finance & Strategy introduced the Q2 report, which had been updated to incorporate some of the helpful observations made at the committee meetings. She reiterated that the report is designed by Scottish Government as a high-level check-in against the deliverables agreed with Scottish Government as part of the ADP. However, the Executive Team is now considering some triangulation between the ADP, IPQR and the corporate objectives, to improve the read-across going forward.

Non-Executive members welcomed further consideration of the presentation of the report, highlighting the difficulty in identifying priorities, due to the large scale and number of deliverables within the report. There was also a need to consider risks for deliverables that are unlikely to meet target given the collective responsibility of the Board in relation to risk and to give due consideration to how quickly areas at risk can move back on track. The Director of Finance & Strategy advised that the areas at risk of not being delivered this year were a mixture of financial funding availability and

workforce limitations, but she confirmed that the report would continue to be further reviewed and refined.

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

9.2. Fife Joint Health Protection Plan 2024/26

The Director of Public Health presented the NHS Fife and Fife Council Joint Health Protection Plan covering the period 1 April 2024 to 31 March 2026, which summarised the collaborative approach to health protection in Fife that supports both Local Authority and Health Board priorities. The Director of Public Health highlighted key points from the Plan, notably the overview of communicable diseases which shows the most frequently occurring problems and changes in patterns over the time period. Also highlighted were significant health protection incidents, including the impact of Covid-19 and the impact of pausing some of the inspections on food premises. The report also set out the local priorities and the workforce element, which shows the totality of the health promotion workforce.

It was advised that the Plan will be submitted through Fife Council to ensure that assurance mechanisms are in place for the respective elements of both the Local Authority and Health Board.

The Board took a **significant level of assurance** and **endorsed** the updated Joint Health Protection Plan 2024/26.

10. STRATEGY

10.1. Prevention & Early Intervention Strategy

The Director of Health & Social Care presented the Prevention & Early Intervention Strategy, approved by the IJB, which will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches to try to enable everyone to live an independent healthy life. It was advised that a long-term approach is necessary to embed a sustained cultural shift and the importance of listening and engaging with the communities of Fife to establish what matters to them was highlighted, so that the right services can be commissioned to suit the population of Fife. A delivery plan and action plan with objectives to achieve the ambitions in the Strategy had also been developed.

The Board welcomed the Prevention & Early Intervention Strategy and emphasised the importance of engaging with the people of Fife to understand what it is they want from their health service. It was also important to recognise what is realistic and how can we help people to take responsibility for improving their health.

Discussion took place on how to report back to the Board on progress in relation to this Strategy, recognising the volume of reports and information that is already presented to the Board. The Chief Executive highlighted that due consideration will be given to how to bring that information together in a more streamlined way, reflecting the various strategies in the process of being delivered, so that the organisation is

clear on its priorities and the progress it is making to achieve those priorities between now and the end of the financial year.

Action: C Potter

The Board offered its thanks to the Head of Service, Primary and Preventative Care Services, for the good work in developing the Prevention & Early Intervention Strategy.

The Board **recognised** the whole system approach taken across Health and Social Care and with wider stakeholders to design and agree the strategy and deliverables, with a focus on shifting the balance of care and improving health and wellbeing for the people of Fife; took a **moderate level of assurance** in regard to delivery of the strategic ambitions of the plan over a three-year programme of work, reflecting the risks identified to delivery; **supported** the innovation required to deliver and achieve the ambition of the strategy with oversight provided by the Prevention & Early Intervention Strategy Implementation Group; and **noted** the strategy's intent in supporting NHS Fife's Population Health & Wellbeing strategic priority of prevention and early intervention.

10.2. Population Health & Wellbeing Strategy 2024/25 Mid-Year Report

The Director of Finance & Strategy advised that the report details the mid-year progress made for the second year of the implementation of the strategy.

Discussion took place on the reporting timeline going forward and further consideration would be given to what reports will be submitted to the Board and by when, in conjunction with the action described above under item 10.1.

The Board took a **moderate level of assurance** that the identified risks associated with the ongoing monitoring of the implementation of the Population Health & Wellbeing Strategy continued to be mitigated and **endorsed** the Mid-Year Report for publication.

10.3. Digital & Information Strategy Review

The Director of Digital & Information referred to the report, which provided a comprehensive assessment of delivery on the Digital & Information Strategy 2019/2024 at the end of the strategy period and outlined the approach being developed to deliver a new Digital Framework, with this work expected to conclude during the remainder of this financial year.

A query was raised in relation to the digital pathology project that had been delayed, noting that the main challenge was around surgical access. It was however noted that the digital pathology project would enable an improvement in the turn-around times and would help with workforce challenges.

The Chair highlighted the importance of digital innovation and technology, noting this would be a key priority for the Board, and she would update on discussions from any of the national working groups around digital.

The Board took a **moderate level of assurance** over delivery of the Digital Strategy 2019/24 and **noted** the outline and timeline associated with the development of the Digital Strategic Framework 2025/2028.

10.4. Sustainability & Greenspace Update Report

The Director of Property & Asset Management presented the report, which showed the significant progress being made to embed sustainability across our operations. He highlighted some of the ongoing efforts to integrate sustainable practices within our operations, in particular around pharmacy and medical gases, active travel, increasing staff engagement and training, and the positive work with partners. He noted that there are challenges in relation to capital resources required to make the bigger changes, and although NHS Fife is on track to meet the 2025 targets, the 2030 targets would be more difficult and there is a need to understand the national picture going forward.

A Haston, Non-Executive Director and Sustainability Champion, welcomed the report which was far-reaching and highlighted the great engagement with staff, particularly in terms of the Sustainability Ambassador Programme and provision of environment and sustainability training.

Comment was made about the Carbon Literacy for Healthcare Toolkit with Fife Council which looked impressive, and members commended the work being done particularly with the resources available.

The Board took a **significant level of assurance** from the information within the report.

11. STANDING COMMITTEE REPORTS

11.1. Governance Committee Chairs' Reports

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

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board from the meeting held on 1 November 2024, and she highlighted the work around the East Region Neonatal Services and Orthopaedic Hip Fracture Audit in NHS Fife.

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 12 November 2024, and he highlighted the positive progress, development and delivery of the Bed Modelling planning tool.

J Kemp, Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board from the meeting held on 11 November 2024. He highlighted the further work to be undertaken around smoking cessation, which had already been discussed earlier in the meeting.

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 5 November 2024.

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

12. GOVERNANCE

12.1. Review of Public Health & Wellbeing Committee's Terms of Reference

J Kemp, Chair of the Public Health & Wellbeing Committee, presented the updated Terms of Reference following discussion at the Public Health & Wellbeing Committee.

. The Board **approved** the proposed changes to the Committee's remit.

12.2. Mid-Year Report from Area Clinical Forum (ACF)

A Lawrie, Chair of the Area Clinical Forum, joined the meeting and presented the second assurance report to the Board from the ACF. She highlighted that the main focus for the ACF during 2024/25 was to improve engagement with clinicians and raise the profile of the Forum.

An overview was provided on the key points from the Assurance Statement including the work undertaken with the Chair of the Area Partnership Forum (APF) in relation to questions/queries around proposed changes and adaptations to care pathways, providing feedback from the front line around vacancies, recruitment and succession planning in relation to the Health & Care Staffing Act. There had also been close working with the Equalities Lead to take forward specific quality outcomes for NHS Fife going into 2025, mostly focused on the maternity area and work around RTP.

The Chair thanked Ms Lawrie and the ACF for its work, noting the importance of engaging with the clinical body and ensuring the voice of the clinical body is heard at Board level.

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

A Lawrie, Chair of the ACF, left the meeting.

12.3. Mid-Year Report from Area Partnership Forum (APF)

L Parsons, Co-Chair of the Area Partnership Forum, presented the first assurance report from the APF to the Board, which provided assurance that the APF has fulfilled its remit to date. She advised that the report confirms the scope of business considered by the APF and highlighted some key points.

The Chief Executive, as Co-Chair of APF, also supported the report. She referred also to the Ministerial Annual Review Follow-Up letter, which described the Minister's meeting with the APF, drawing out the positive comments, and acknowledged the personal contribution of the new Employee Director in getting to that position.

The Board took a **significant level of assurance** that the APF has delivered on its remit in this mid-year report and commended the successful and positive report.

12.4. Whistleblowing Quarter Two 2024/25 Report

The Board Secretary spoke to the report, which provided the performance data for Q2 on Whistleblowing Concerns raised and under investigation: one concern had been raised during the previous quarter, which remains under investigation but is now close to resolution. Additionally, two anonymous concerns have been raised during the second quarter and there have been no articles within the local press highlighting new issues of a Whistleblowing nature. Key points in the Quarter 2 report were highlighted, including the recent activities of the Whistleblowing Oversight Group and the start in post of the new Speak Up Co-ordinator to help support outreach work.

The Board Secretary personally thanked the Whistleblowing Champion for her work and support. K Macdonald, Whistleblowing Non-Executive Director, commended the work done by everyone involved to improve the whistleblowing process, noting the difference this will make for staff wanting to raise concerns, and she expressed confidence that robust systems were now in place to ensure compliance with the National Whistleblowing Standards.

The Board took a **moderate level of assurance**, reflecting the fact that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up.

13. RISK

13.1. NHS Fife – Risk Appetite Statement

The Director of Finance & Strategy highlighted key points from the report, and asked members to consider three questions: does the high-level statement describe the current approach taken by the Board in relation to the management of risk? does the Board agree the four levels of risk appetite; and does the Board agree the proposed mapping of the Corporate Risk Register risks to these levels are appropriate?

Members also discussed the proposition that the Board "will not accept risks with an assurance level of less than moderate", noting that this would require a higher level of scrutiny to be applied to the risk and associated mitigation plan where the level of assurance is none or limited, until a minimum of moderate assurance is agreed (tolerate moderate assurance).

The Board **approved** the risk appetite statement.

14. ANNUAL REPORT

14.1. Pharmaceutical Care Services Report 2023/24

The Acting Director of Pharmacy & Medicine presented the Annual Pharmaceutical Care Services Report 2023/24 published in accordance with the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011. It was advised that the report

provides updates on both core and additional services delivered through community pharmacies. Prior to Board consideration, the report has been out to public consultation and responses have been considered.

The report provides a comprehensive look back over 2023/24 and outlines the significant contribution made by the 86 contracted community pharmacies in Fife to both improve the health and wellbeing of the people of Fife and to support delivery of a range of Board and HSCP strategies. An overview on the contents of the report was provided. The report also assessed any unmet need and gaps in provision of the core services of the Community Pharmacy contract. In relation to this area, the report recommended that there is no unmet need within NHS Fife currently.

The Chair welcomed the report and highlighted the opportunity she had recently to see some of the excellent initiatives underway within the service on the visit earlier in the month.

The Board took a **significant level of assurance** regarding the provision of pharmaceutical care services in Fife.

15. 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.

15.1. East Region Programme Board dated 26 April 2024 (unconfirmed)
15.2. Fife Health & Social Care Integration Joint Board dated 26 July 2024

Approved Minutes:
15.3. Clinical Governance Committee dated 6 September 2024
15.4. Finance, Performance & Resources Committee dated 10 September 2024
15.5. Public Health & Wellbeing Committee dated 9 September 2024
15.6. Staff Governance Committee dated 3 September 2024

16. ANY OTHER BUSINESS

None.

17. DATE OF NEXT SCHEDULED MEETINGS

Tuesday 28 January 2025 at 10.00 am in the Boardroom, Victoria Hospital, Kirkcaldy

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

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

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	28/05/24 25/09/24	**Proposed new risk on drugs-related deaths**	New risk on drugs-related deaths to be added to the Corporate Risk Register	**JT/LG**	The Public Health & Wellbeing Committee (PHWC) discussed proposed new Substance Related Mortality & Morbidity risk and Deep Dive at their meeting on 13/01/25. The PHWC accepted inclusion of this risk onto the Corporate Risk Register. A recommendation was made to capture primary prevention within the management actions. The risk descriptor will be reviewed in one year's time.	January 2025
2.	30/07/24	**IPQR – diagnostic performance trajectory**	Trajectory for Diagnostics performance to be changed to meet the target of 95% of patients seen within 6 weeks	**CD**	The trajectories are remaining as were set. Additional national funding was stopped.	January 2025
3.	26/11/24	**IPQR – mental health indicators**	Review and determine appropriate trajectories for Mental Health indicators to be presented to Clinical Governance Committee and Board in January	**LG**		January 2025
4.	26/11/24	**IPQR – PDPR performance**	Discussion to take place outwith Board with a view to setting specific targets to see improvement in PDPR performance	**DM**	Recovery plan taken to EDG and Staff Governance in January 2025 to ensure improvement in PDPR and mandatory training.	January 2025
5.	26/11/24	**Financial Performance Report at 30.10.24**	Consider including a diagram for the HSCP, like that presented under section 2.2 for Health Board Retained Services, to help provide a clear understanding of the position	**MM**		
6.	26/11/24	**ADP Q2 Update**	Executives to consider triangulation between the ADP, IPQR and corporate objectives to improve the read-across going forward. Also continue to review / refine presentation of report (include risks for deliverables that are unlikely to meet target and how quickly areas at risk can move back on track)	**Exec. Directors**	Items 6-8 will be addressed as we look ahead to the plan and performance reporting in 2025/26. This will be an action through to the start of the new year.	May 2025

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1/2

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
7.	26/11/24	**Prevention & Early Intervention Strategy (volume of strategies / reports)**	Report back to the Board on progress on the Strategy, recognising the volume of reports / info already presented to the Board, consider how to bring info together in a streamlined way, reflecting the various strategies in the process of being delivered, so that the organisation is clear on its priorities and progress it is making to achieve those priorities between now and end of financial year	**CP**	As above	May 2025
8.	26/11/24	**Population Health & Wellbeing Strategy 2024/25 Mid-Year Report**	Consider what reports will be submitted to the Board and by when, in conjunction with the action described above	**CP/MM**	As above	May 2025

NHS Fife

Report to the Board on 30 January 2025

BOARD DEVELOPMENT SESSION – 17 December 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.

December Development Session

4.   The most recent Board Development Session took place in the Boardroom, Victoria Hospital, Kirkcaldy on Tuesday 17 December 2024. There were two main topics for discussion: Draft Financial Plan 2025/26 – 2027/28 and a Deep Dive of Mental Health Services.

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
30 December 2024

NHS Fife

NHS SCOTLAND

Meeting:	NHS Fife Board
Meeting date:	30 January 2025
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 is moderate assurance for the overall IPQR: however, limited assurance should be taken for Financial and Workforce sections.

There are 16 metrics reported via the IPQR relating to Quality and Care, of which, 3 (relating to Adverse Events, SAERs Report Approved and HSMR) have no defined trajectory/target.
- For all metrics utilising SPC methodology, current position is 'within control limits'.
- Targets for Oct-24 were achieved for:
  - HAI indicator for SAB.
- Stroke Care Bundle has been added as a new metric with performance being below target, having been at or above target for the previous 4 months.

There are 14 metrics reported via the IPQR relating to Operational Performance.
- VHK 4-hour performance in Nov-24 did not achieve trajectory/national target but remains within control limits and just below the 24-month average.
- Trajectories/Targets for Delayed Discharges (Acute/Community and MH/LD) were not achieved in Nov-24, though remain within control limits.
- 31-day Cancer performance achieved trajectory in Oct-24, just below target of 95%. 62-day Cancer performance increased, not achieving trajectory/target for Oct-24, but remains within control limits and on par with 24-month average.
- As at the end of Oct-24, performance for Acute Waiting Times did not achieve national targets but did achieve local trajectories for: New Outpatients 12-week performance; New Outpatients 12-week waits; and Diagnostics 26-week performance. Trajectories against national targets are being reviewed.

There are 2 metrics reported via the IPQR relating to Finance. Position as at Nov-24 for Revenue and Capital is presented.

There are 5 metrics reported via the IPQR relating to Workforce, of which, 3 (relating to Vacancies) have no defined trajectory/target.

- Sickness Absence in Oct-24 did not achieve reduced trajectory, having increased slightly from month previous.
- PDPR compliance is not achieving trajectory and saw very little change from month previous.

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

- CAMHS achieved 90% target in Oct-24: this is the 3rd month in a row that the standard has been achieved.
- Psychological Therapies performance in Oct-24 achieved local trajectory but did not achieve national target and was outwith SPC control limits above the upper control limit.

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

The period covered by the performance data is generally up to the end of Oct-24, although some are available up to the end of Nov-24. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland: these are tabled in Appendix 1 – Table of Metrics and Data Lag

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

The following metrics are based on quarterly or annual data and therefore have not been updated this month, though the service narrative has been updated

- Breast Screening
- Bowel Screening
- AAA Screening

We continue to report on the suite of National and Local Targets including Annual Delivery Plan agreed trajectories. A summary of targets to be achieved by end of March 2025 are tabled in Appendix 2 – Trajectories to end of 2024/25.

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

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

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

2.3 Assessment

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

Highlights of November 2024 IPQR
A summary of the status of the metrics is shown in the tables below.

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

Quality & Care	Current Position	Reporting Period	Planned Trajectory	Target
Adverse Events	31	Oct-24	-	-
SAER – Median days to Report Approved	231	QE Sep-24	-	-
HSMR	0.96	YE Jun-24	-	-
Stroke Care Bundle	62.9%	Sep-24		80%
Inpatient Falls	7.91	Oct-24	-	6.95
Inpatient Falls with Harm	1.67	Oct-24	-	1.44
Pressure Ulcers	1.03	Oct-24	-	0.89
Ligature Incidents (MH)	1.74	Oct-24	-	0.76
Incidents of Restraint (MH)	8.52	Oct-24	-	6.44
Incidents of Physical Violence (MH)	9.57	Oct-24	-	7.04
Incidents of Self Harm (MH)	1.57	Oct-24	-	0.78
SAB (HAI/HCAI)	10.2	Oct-24	-	18.8
C Diff (HAI/HCAI)	17.0	Oct-24	-	6.5
ECB (HAI/HCAI)	47.5	Oct-24	-	33.0
Complaints (S1)	76.5%	Nov-24	-	80%
Complaints (S2)	20.0%	Nov-24	25%	60%

Operational Performance	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	72.8%	Nov-24		95%
4-Hour Emergency Access (ED)	64.5%	Nov-24	72%	75%
Delayed Discharges (Acute/Comm)	51.2	Nov-24	45	39
Delayed Discharges (MH/LD)	13.6	Nov-24	10	10
Antenatal Access	91.2%	QE Sep-24		80%
Cancer 31-Day DTT	94.3%	Oct-24	94%	95%
Cancer 62-Day RTT	73.5%	Oct-24	85%	95%
Patient TTG % <= 12 weeks	43.5%	Oct-24	44%	100%
Patient TTG waits > 52 weeks	678	Oct-24	645	0
New Outpatients % <= 12 weeks	39.8%	Oct-24	35%	95%
New Outpatients waits > 52 weeks	5034	Oct-24	5631	0
Diagnostics % <= 6 weeks	82.2%	Oct-24	30%	100%
Diagnostics > 26 weeks	57	Oct-24	0	0
FOI Requests	85.3%	Nov-24		85%

Workforce	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	7.36%	Oct-24	7.0%	6.5%
PDPR	43.1%	Nov-24	52.5%	60%
Vacancies (Medical & Dental)	3.3%	Sep-24	-	-
Vacancies (Nursing & Midwifery)	2.7%	Sep-24	-	-
Vacancies (AHPs)	4.0%	Sep-24	-	-

Public Health & Wellbeing	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	97	Jul-24	157	473
Alcohol Brief Interventions (2024/25)	103%	QE Jun-24	-	80%
Drugs & Alcohol Waiting Times	94.5%	QE Jun-24	-	90%
CAMHS Waiting Times	92.5%	Oct-24	90.0%	90%
Psychological Therapies Waiting Times	82.9%	Oct-24	73.0%	90%
Mental Health Readmissions within 28 days	5.8%	QE Jun-24	-	-
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	66.2%	2YTD Apr-23	-	60%
AAA Screening	87.3%	YTD Mar-23	-	85%
Infant Feeding	36.4%	Jun-24	-	-
Child Developmental Concerns	19.4%	QE Jun-24	-	-
Immunisation: 6-in-1 at Age 12 Months	94.0%	QE Sep-24	-	95%
Immunisation: MMR2 at 5 Years	85.7%	QE Sep-24	-	92%
Flu Vaccination (Winter, Age 75+)	78.2%	Nov-24	-	80%
COVID Vaccination (Winter, Age 75+)	75.4%	Nov-24	-	80%

This report provides the following Level of Assurance:

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

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

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Governance Committees next meet in March 2025 and extracts of the overall Position at January 2025 IPQR will be formally presented and discussed.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 20 December 2024
- **Staff Governance Committee**, 07 January 2025
- **Public Health and Wellbeing Committee**, 13 January 2025
- **Finance, Performance and Resource Committee**, 14 January 2025
- **Clinical Governance Committee**, 17 January 2025

2.3.9 Issues for Escalation to the NHS Fife Board

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

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

- IPQR Position at November 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
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Appendix 1 – Table of Metrics and Data Lag

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

Appendix 2 – Trajectories to end of 2024/25

Metric	To achieve by YE Mar-25	
SAER Median days to close	TBC	Median days from SAER commissioned to report approved
Inpatient Falls	6.95	Rate to reduce by 15% to compared to baseline (YE Sep-21) [rate: number of Inpatient Falls per 1,000 Occupied Bed Days]
Inpatient Falls with Harm	1.44	Rate to reduce by 10% compared to baseline (YE Sep-21) [rate: number of Inpatient Falls with Harm per 1,000 Occupied Bed Days]
Pressure Ulcers	0.89	Rate to reduce by 20% compared to baseline rate (FY 2022/23) [rate: number of pressure ulcers per 1,000 Occupied Bed Days]
Ligature Incidents (Mental Health)	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 – C Diff	6.5	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – ECB	33.0	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
Healthcare associated infection – SAB	18.8	Rate to be achieved [rate: number of infections per 100,000 Total Occupied Bed Days]
S2 Complaints Closed in Month on Time	60%	Percentage of Stage 2 complaints to be completed within 20 working days
4-Hour Emergency Access (ED)	75%	Percentage of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer
Delayed Discharges (Standard) Acute/Comm	39	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Acute and Community settings to reduce
Delayed Discharges (Standard) MH/LD	10	Average number of Bed Days Lost per day due to people in delay (excluding Code 9) within Mental Health settings to reduce
Cancer 31-Day DTT	95%	Percentage of patients waiting no more than 31 days from decision to treat to first cancer treatment
Cancer 62-Day RTT	85.4%	Percentage of patients referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (National Standard 95%)
Patient TTG % <= 12 Weeks	44%	Percentage of patients to be treated (inpatient or day case setting) within 12 weeks of decision to treat
Patient TTG waits > 52 weeks	669	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
New Outpatients % <= 12 Weeks	35%	Percentage of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
New Outpatients waits > 52 Weeks	6334	Number of patients waiting 52 weeks or more for first outpatient appointment to reduce
Diagnostics % <= 6 Weeks	30%	Percentage of patients to wait no longer than 6 weeks from referral to key diagnostic test

Diagnostics > 26 Weeks	0	Number of patients waiting 26 weeks or more for diagnostic appointment is to reduce
Freedom of Information Requests	85%	Percentage of requests to be closed on time
Sickness Absence	6.5%	Percentage of staff sickness hours
Personal Development Plan & Review (PDPR)	60%	Percentage of PDPRs completed
Vacancies (Medical & Dental)	N/A	Number of vacancies to be reduced
Vacancies (Nursing & Midwifery)	N/A	Number of vacancies to be reduced
Vacancies (AHPs)	N/A	Number of vacancies to be reduced
Smoking Cessation 40% SIMD (2024/25)	473	Number of successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas
Alcohol Brief Interventions	80%	Deliver 80% of Alcohol Brief Interventions in Priority Settings (Primary Care, A&E and Antenatal)
Mental Health Readmissions within 28 days	TBC	Readmission rate for Mental Health Specialties within 28 days of discharge to reduce
CAMHS Waiting Times	90%	Percentage of young people to commence treatment for specialist CAMH services within 18 weeks of referral
Psychological Therapies	73%	Percentage of patients commencing Psychological Therapy based treatment within 18 weeks of referral (National Standard 90%)
Drugs & Alcohol Waiting Times	90%	Percentage of clients to wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
Breast Screening	80%	Percentage of uptake of females between age of 50-70
Bowel Screening	60%	Percentage of all people between age of 50-74 (invited to participate) to have a final outright test result
AAA Screening	85%	Percentage of men screened before reaching age 66
Immunisation: 6-in-1 at Age 12 Months	95%	Percentage of children to receive 6-in-1 vaccinations by 12 months of age
Immunisation: MMR2 at 5 Years	92%	Percentage of children to receive MMR2 vaccination by the age of 5
Immunisation: Covid	80%	Percentage of population aged 85+ to receive vaccination by end of Dec-24
Immunisation: Flu	80%	Percentage of population aged 85+ to receive vaccination by end of Dec-24
Infant Feeding	TBC	Proportion of infants exclusively breastfed at 6-8 weeks
Developmental Concerns	TBC	Percentage of children with one or more developmental concerns recorded at the 27-30 month review

Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at November 2024
Produced in December 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. All charts with SPC applied will be formatted consistently based on the following;

——— 24-month Average	- - - - Control Limit	● Outlier

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

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

C1. Quality & Care	C2. Operational Performance & Finance	C3. Workforce	C4. Public Health & Wellbeing

MARGO MCGURK
Director of Finance & Strategy
17 December 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	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	5	1	-	-	◀▶	Moderate
Total	19	14	5	0	0		

Risk Key

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

Movement Key

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

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.

The updated risk appetite was agreed at EDG and approved by The Board at the November meeting. It will be taken to the December Audit and Risk Committee for consideration. The December report will reflect the new risk appetite.

B. Indicator Summary

Quality & Care

Indicator	Current	Previous	Change	Indicator	Current	Previous	Change	Indicator	Current	Previous	Change
SAER - Median Working Days to Report Approved	231	254	▲	HSMR	0.96	0.96	—	Stroke Care Bundle	62.9%	81.0%	▼
Inpatient Falls	7.91	7.28	▼	Pressure Ulcers	1.03	1.38	▲	Ligature Incidents (Mental Health)	1.74	2.11	▲
Incidents of Restraint (Mental Health)	8.52	7.05	◆	Incidents of Physical Violence (Mental Health)	9.57	9.69	◆	Incidents of Self Harm (Mental Health)	1.57	1.59	◆
SAB HAI	10.2	10.5	◆	C Diff HAI	17.0	14.0	▼	ECB HAI	47.5	41.9	◆
S1 Complaints Closed in Month on Time	76.5%	59.4%	▲	S2 Complaints Closed in Month on Time	20.0%	6.9%	▲				

Operational Performance

Indicator		Current	Previous	Change	Indicator		Current	Previous	Change	Indicator		Current	Previous	Change
Emergency Access	A&E	72.8%	74.3%	▼	Delayed Discharges (Standard)	Acute/Comm	51.2	60.0	▲	Cancer	31-day DTT	94.3%	94.7%	◆
	ED	64.5%	66.6%	▼		MH/LD	13.6	14.3	◆		62-Day RTT	73.5%	71.4%	◆
Patient TTG	% <=12weeks	43.5%	46.3%	▼	New Outpatients	% <=12weeks	39.8%	40.0%	◆	Diagnostics	% <=6weeks	82.2%	78.4%	▲
	>52 weeks	678	698	▲		>52 weeks	5034	4933	▼		>26 weeks	57	71	▲

Finance

Indicator	Current	Change	Indicator	Current	Change
Revenue Resource Limit Performance	(£28.488m)		Capital Resource Limit Performance	£3.104m	

Workforce

Indicator	Current	Previous	Change	Indicator	Current	Previous	Change	Indicator		Current	Previous	Change
Sickness Absence	7.36%	7.07%	▼	Personal Development Plan & Review	43.1%	43.1%	◆	Vacancies	Medical & Dental	3.3%	2.8%	◆
									Nursing & Midwifery	2.7%	3.5%	◆
									AHPs	4.0%	5.0%	▲

Public Health & Wellbeing

Indicator		Current	Previous	Change	Indicator		Current	Previous	Change	Indicator		Current	Previous	Change
Smoking Cessation	40% Most Deprived	97	75	—	Alcohol Brief Interventions		103%	96%	—	Drugs & Alcohol		94.5%	93.1%	◆
CAMHS		92.5%	93.2%	◆	Psychological Therapies		82.9%	79.9%	▲	Mental Health Readmissions within 28 days		5.8%	6.0%	◆
Breast Screening		73.4%		—	Bowel Screening		66.2%		—	AAA Screening		87.3%	86.8%	▲
Infant Feeding		36.4%	29.4%	▲	Childhood Immunisation	6-in-1 @ 12 months	94.0%	94.5%	▼	Winter Vaccination	Influenza	40.6%		—
Child Development		19.4%	18.5%	▼		MMR2 @ 5 years	85.7%	85.7%	◆		Covid	39.2%		—

Key

- ▲ Improved performance from previous period
- ◆ No significant change from previous period
- ▼ Reduction in performance from previous period

Variation in previous performance is analysed to define tolerance levels for improvement/reduction (apart from annual metrics). Tolerance levels will therefore vary.

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	31	Month	Oct-24			○	▲	▲		○	
SAER - Median Working Days to Report Approved	231	Quarter	Sep-24			●	▲	—		○	
HSMR	0.96	Year to	Jun-24			○	—	—		○	
Stroke Care Bundle	62.9%	Month	Sep-24		80%	●	▼	◆		○	
Inpatient Falls	7.91	Month	Oct-24		6.95	○	▼	▼		○	
Inpatient Falls with Harm	1.67	Month	Oct-24		1.44	○	◆	▲		○	
Pressure Ulcers	1.03	Month	Oct-24		0.89	○	▲	▲		○	
Ligature Incidents (Mental Health)	1.74	Month	Oct-24		0.76	○	▲	▲		○	
Incidents of Restraint (Mental Health)	8.52	Month	Oct-24		6.44	○	◆	▲		○	
Incidents of Physical Violence (Mental Health)	9.57	Month	Oct-24		7.04	○	◆	◆		○	
Incidents of Self Harm (Mental Health)	1.57	Month	Oct-24		0.78	○	◆	▲		○	
SAB - Healthcare associated infection	10.2	Month	Oct-24		18.8	○	◆	◆		●	YE Jun-24
C Diff - Healthcare associated infection	17.0	Month	Oct-24		6.5	○	▼	▼		●	YE Jun-24
ECB - Healthcare associated infection	47.5	Month	Oct-24		33.0	○	◆	◆		●	YE Jun-24
S1 Complaints Closed in Month on Time	76.5%	Month	Nov-24		80%	○	▲	◆		●	2022/23
S2 Complaints Closed in Month on Time	20.0%	Month	Nov-24	25%	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

C1. Quality & Care

Data Analysis

There were 31 **Major/Extreme adverse events** reported in Oct-24 out of a total of 1,470 incidents.

69% 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 (263) followed by 'Cardiac Arrest' (64 incidents), and then ' ther Clinical vents' (42 incidents).
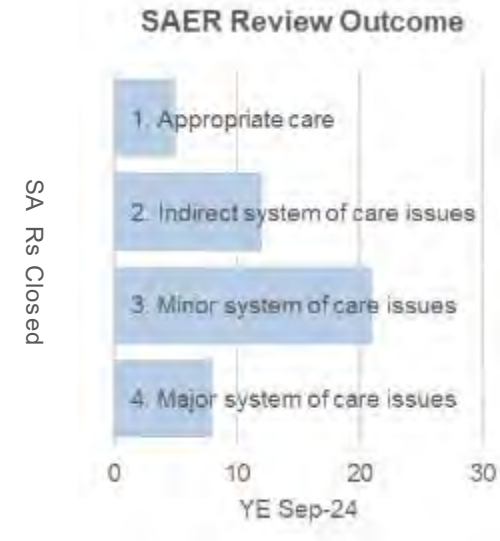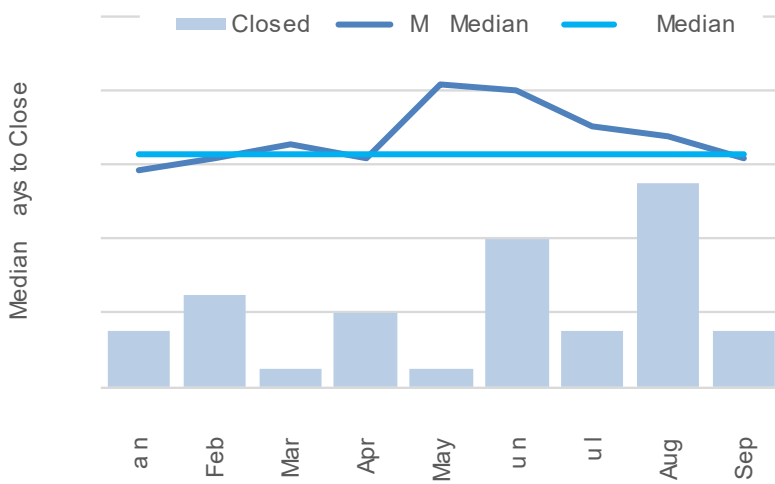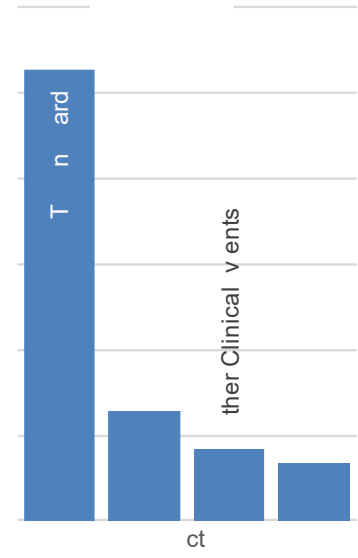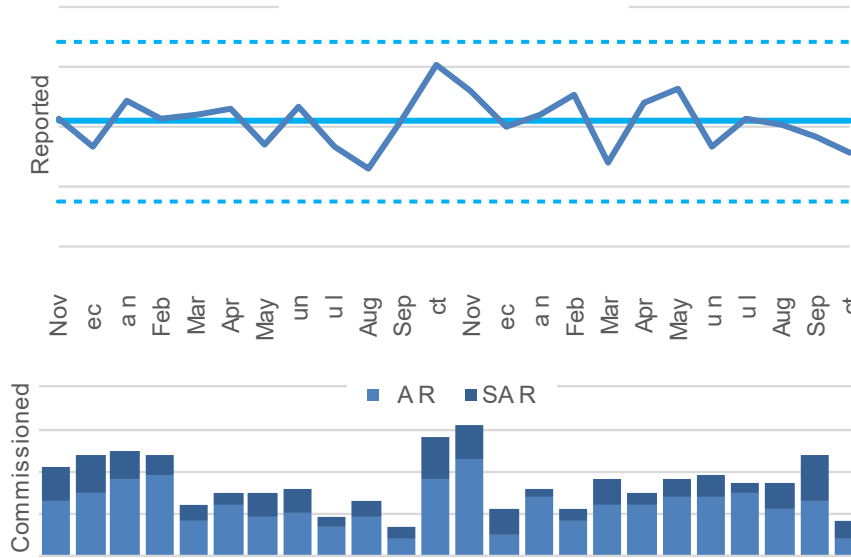
There were 4 **SAERs** commissioned in Oct-24 and 46 (4.6 on average a month) in 2024 so far. In comparison, there were 5 SAERs commissioned on average per month in 2023, 64 in total.

There were 47 SAER reports approved in the 12 months to Sep-24 with median working days, from commissioned date, of 236 days. For the latest 3 months ending Sep-24, there were 17 reports approved with median days, from commissioned date, of 231 days: this is the fourth consecutive month to see a reduction in the 3-month median (for the 3 months ending May-24, median days was 305).

Achievements & Challenges

Improvement work has commenced to reduce the median time to complete SAERs. The first stage of the improvement process is to understand our data. A fortnightly Key Performance Indicator analysis will be carried out by the Clinical Governance team and discussed at the newly established SAER Oversight Group. This group will progress immediate remedial action with escalation where required.

By March 2025, this group will define a Terms of Reference and escalation protocol which will be included within the Adverse Event Policy and Procedure. The data analysis will break down the stages of review from commissioning a SAER to completion of an improvement plan on conclusion of the SAER report. This data will allow a greater understanding of where, in the overall process, the delays and blockages are and inform discussion and collaboration with services to continue towards a reduction in the time taken to complete the SAER process.

SAER Review Outcome

HSMR
Hospital Standardised Mortality Ratio

Number of observed deaths within 30 days of admission divided by the number of deaths that were predicted.

0.96

C1. Quality & Care

Data Analysis

HSMR is the number of observed deaths within 30 days of admission divided by the number of deaths that were predicted for a particular hospital.

Value less than one, means the number of deaths is fewer than predicted. Greater than one means the number of deaths is more than predicted.

For the Period Jul-23 to Jun-24 there were 1,897 predicted deaths with 1,814 observed deaths from 38,882 patients. This gives a crude rate of 4.7% and an HSMR of 0.96, which is within observed limits and below the rate of 1.00 for Scotland.

Looking at Quarterly crude mortality within 30 days of admission data, it can be seen that Fife tends to be above the figure for Scotland.

The rate for the last quarter Apr-Jun 24 has fallen to 2.9% from 3.2% (Jan-Mar 24).

Challenges & Achievements

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

NHS Fife has a well-established and systematic process in place to review every cardiac arrest, meaning that every unexpected death is reviewed. Learning and themes from reviews are collated and an improvement plan is implemented. This is evidenced in the quarterly Deteriorating Patient Report.

Avoidable deaths are a very small fraction of all the deaths that occur in hospital. So although extremely important to ensure measures are in place to stop avoidable deaths, reducing any avoidable deaths will not necessarily change the HSMR significantly.

HSMR for deaths within 30-days of admission

VHK
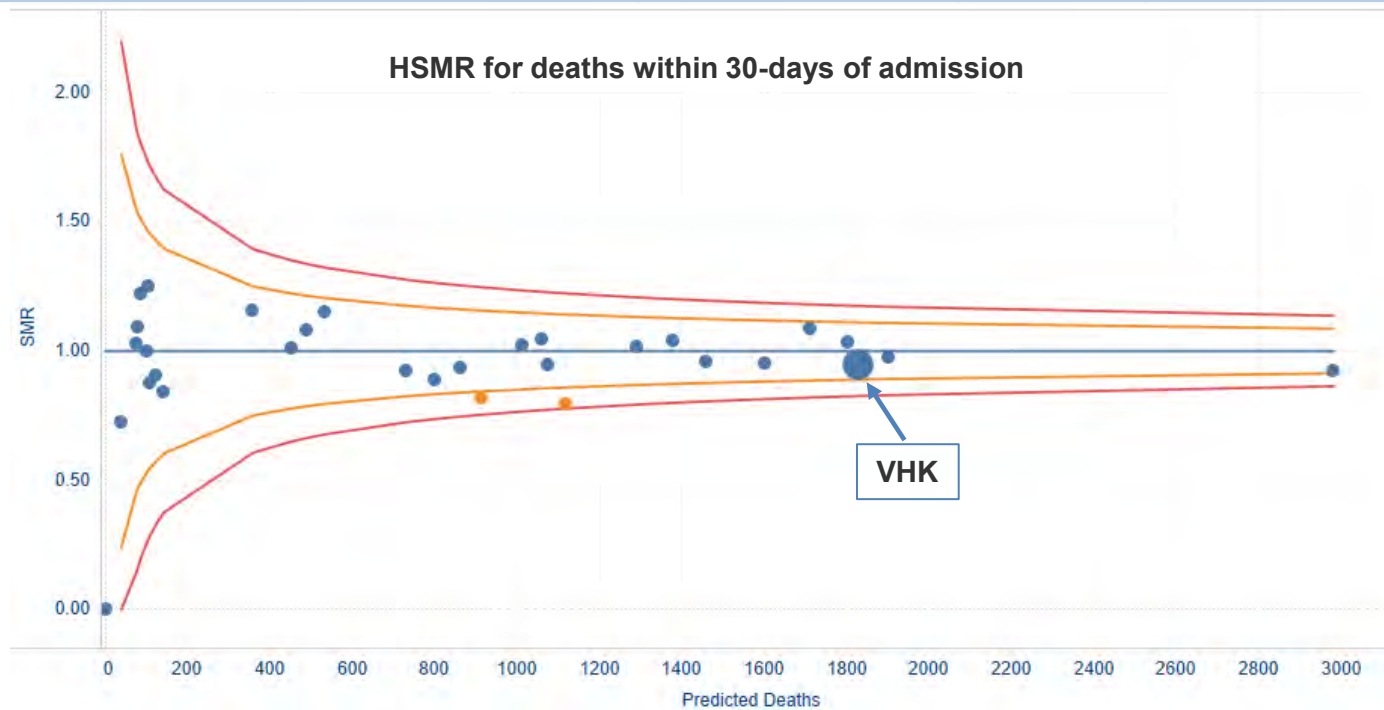
Quarterly crude mortality within 30-days of admission: NHS Fife

Scotland — Selected location
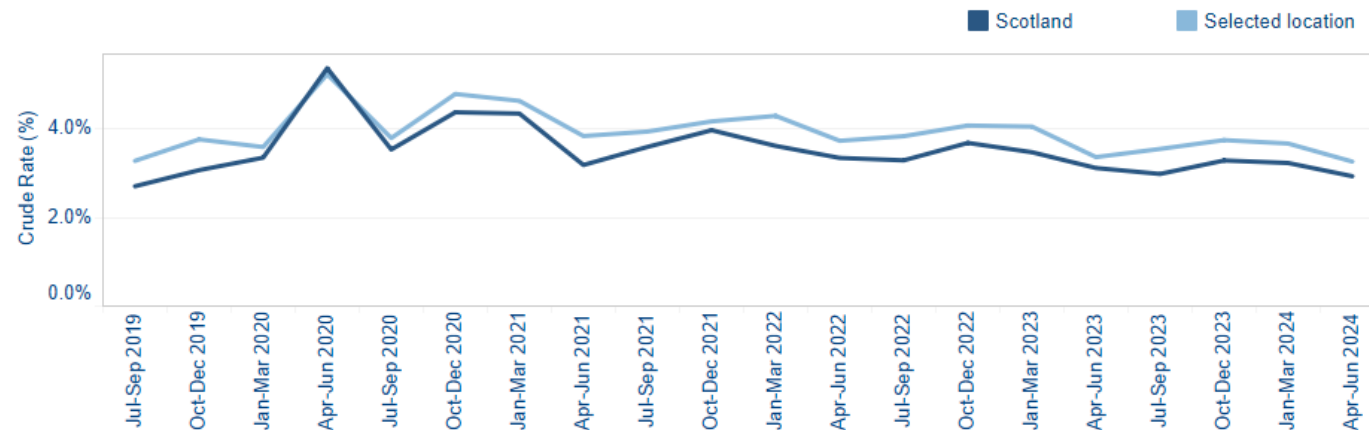
National Standard: 80% of patients to receive appropriate Stroke Care Bundle

62.9%

C1. Quality & Care

Data Analysis

Care bundle performance decreased from 81.0% in Aug-24 to 62.9% in Sep-24, the lowest level since Mar-24 this is comparable to the same month in previous year. This is below the 80% target for the first time since May-24.

Performance for QE Sep-24 was 74.6% down from 78.1% previous QE Jun-24.

Aspirin – 100% of patients met this standard for the 2nd consecutive month. It has remained above the 95% standard for the last 5 months.

Performance for QE Sep-24 was 99.0% up from 96.0% previous QE Jun-24.

Brain Imaging – 96.8% of patients met standard and has remained unchanged in last 3 months. It has remained above the 90% standard for the last 12 months.

Performance for QE Sep-24 was 96.8% up from 96.2% previous QE Jun-24.

Swallow Screening – 77.4% of patients met standard the lowest level since Mar-24. It has not met the 100% standard for the last 12 months.

Performance for QE Sep-24 was 84.3% down from 86.7% previous QE Jun-24.

Admitted to a stroke unit within 1 day of admission– 84.0% of patients met standard the lowest level since Apr-24 and the 3rd fall in successive months. It is below the 90% standard for first time since Apr-24.
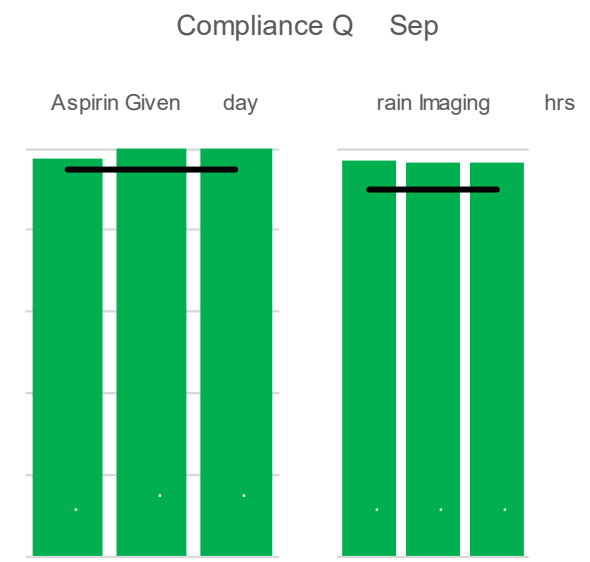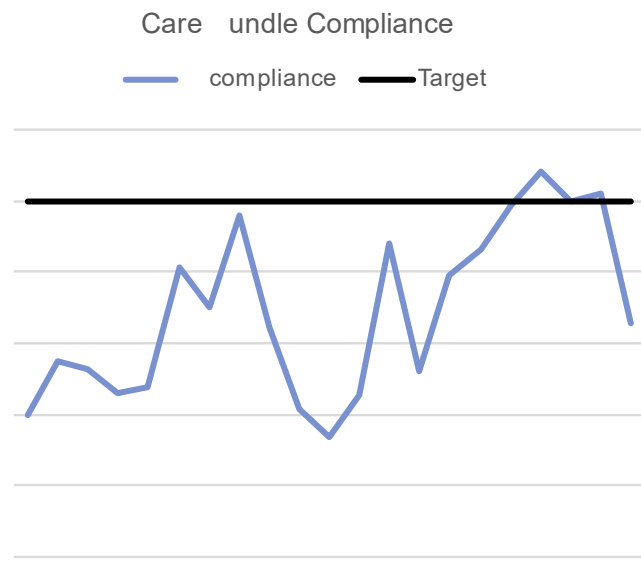
Performance for QE Sep-24 was 89.1% up from 88.9% previous QE Jun-24.

Achievements & Challenges

Delivering 100% compliance with swallow screening continues to be a challenge, although it has been identified that there is an issue with documentation of screening so the actual number of patients receiving their screening within 4 hours is likely to be higher than stated. Within acute receiving areas there has been a focus in training Healthcare Support Workers to complete the swallow screening to help improve compliance.

Admission to the stroke unit has also been historically variable and affected by the current requirement for MHDU post thrombolysis; work is ongoing to consider options to address this.

From December 2024 the Quarterly Stroke Standards Report will be reported to the Clinical Governance Oversight Group providing assurance and visibility of work ongoing to improve and develop the stroke service in NHS Fife.

Care Bundle Compliance — compliance / Target

Care Bundle Compliance — Appropriate bundle of care / Initial diagnosis of stroke

Compliance Q Sep — Aspirin Given day / Brain Imaging hrs / Swallow Screen hrs / Stroke Unit day
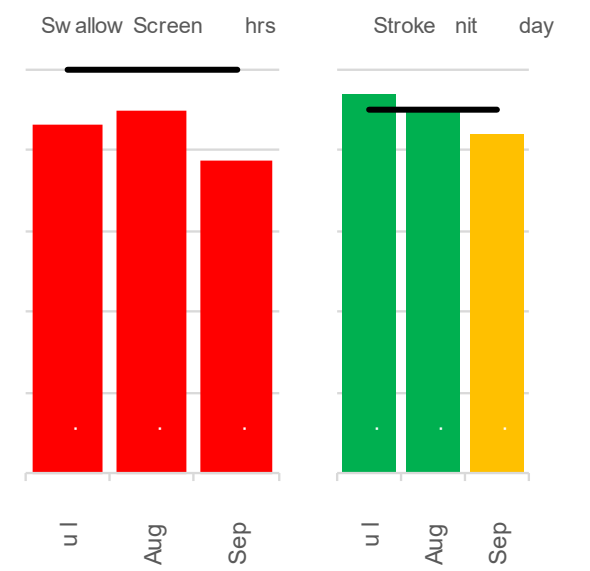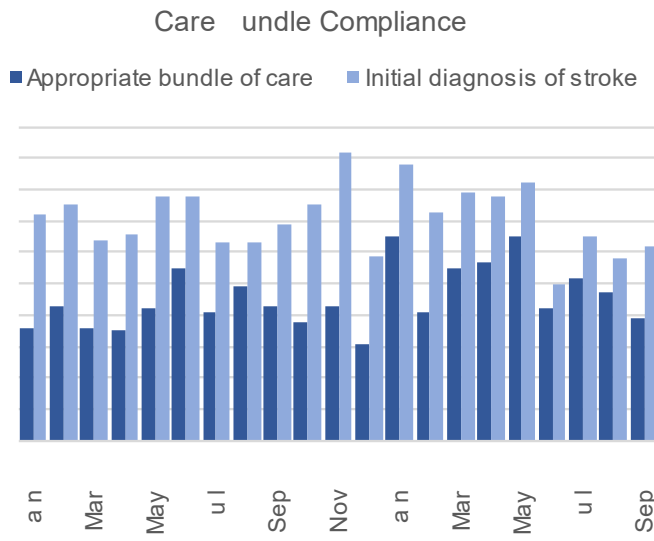
Inpatient Falls

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

7.91

28 ⬇ Trajectory achieved as of Oct-24

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

1.67

7 ⬇ Trajectory achieved as of Oct-24

C1. Quality & Care

Data Analysis

In Oct-24, there were 223 Inpatient Falls in total: an average of 7.2 falls per day (more than month previous; slightly more than year previous; and 3rd consecutive monthly increase). This equates to a rate of 7.91 falls per 1,000 Occupied Bed Days (OBD): an increase on the 7.28 seen the month previous. Performance has therefore has not achieved the target of < 6.95 and is above the 24M average but remains within control limits.

The number of inpatient Falls 'with Harm' was 47 in Oct-24 (24-month average of 45). This equates to a rate of 1.67 falls per 1,000 OBD: the same as the month previous. Performance has therefore not achieved the target of < 1.44 and is above the 24M average but remains within control limits.

Average total rate was 1.48 for YE Oct-24 compared to 1.64 for YE Oct-23.

Acute Services saw an increase in All Falls rate compared to month previous (28 more falls, rate of 8.56); whereas HSCP saw a decrease in All Falls rate over the same period (6 fewer falls, rate of 7.27).

For QE Oct-24, Falls classified as 'Major/Extreme Harm' accounted for 3.9% of Falls with Harm, compared to 3.3% for QE May-24.

Achievements & Challenges

Falls Prevention

We continue to make progress in falls prevention, with collaboration across nursing and allied health professionals. The recent Fife Wide Link Practitioner meeting was very successful, with excellent attendance and engagement, demonstrating the commitment of staff to reducing falls.

Current initiatives include:

- **Auditing and Compliance Reviews**: We are actively reviewing and auditing the falls documentation across Fife. The findings will guide further quality improvement work to enhance compliance and outcomes.
- **Innovative QI Project**: On Ward 54, we are trialling decaffeinated drinks to assess their impact on reducing falls, demonstrating a willingness to explore new evidence-informed approaches.
- **Review & Reporting:** New CCR review template being developed for Falls with harm.

C1. Quality & Care
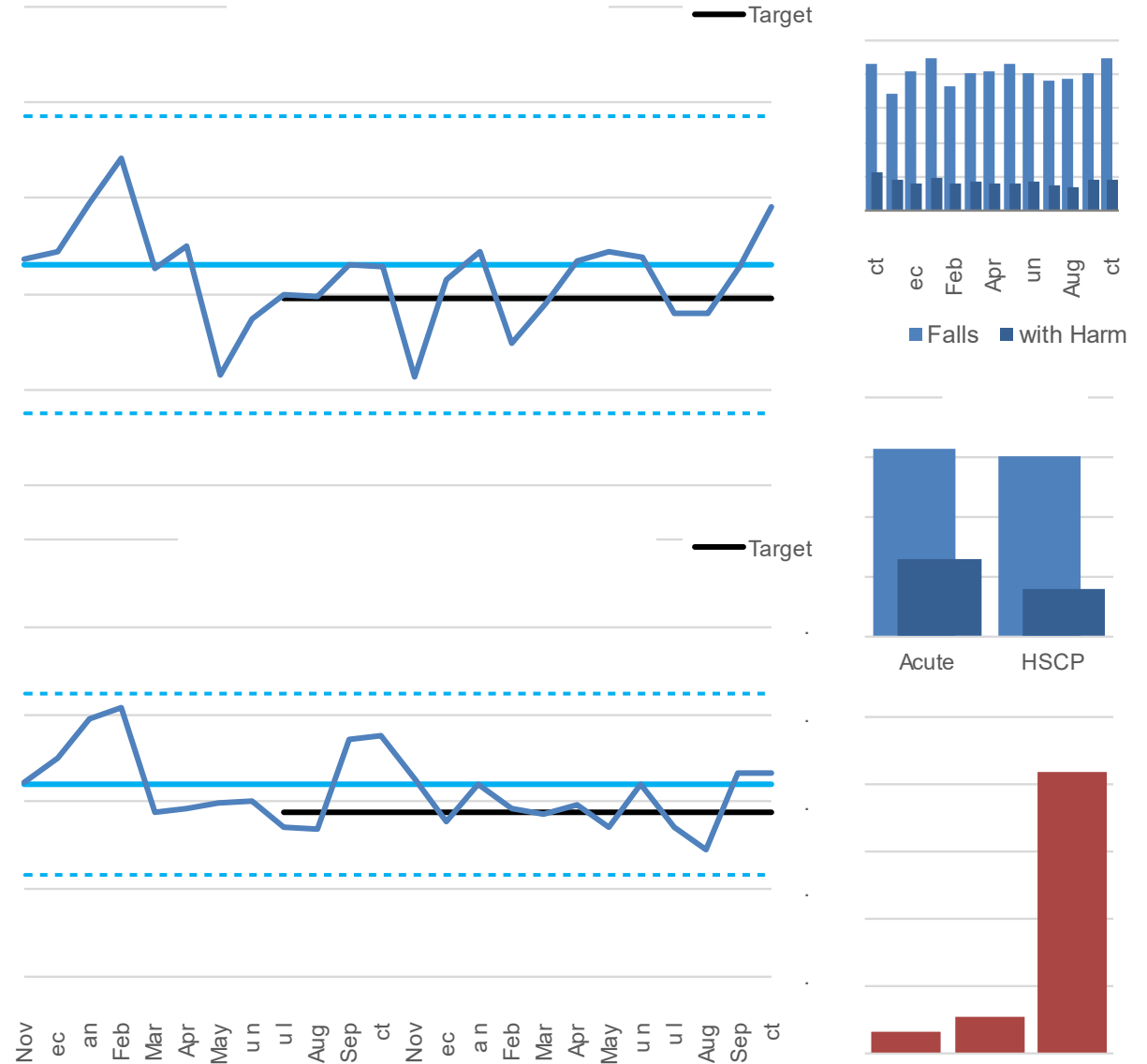
Data Analysis

The total number of Pressure Ulcers in Oct-24 was 29, an improvement on the month previous (38). This equates to a rate of 1.03 per 1,000 Occupied Bed Days (OBD). Four fewer incidents would have resulted in Performance for Oct-24 having reached the target of < 0.89 per OBD.

The number of pressure ulcers in Acute Services in Oct-24 was 23, 4 fewer than in Sep-24 (rate decreased from 2.01 to 1.66). For YE Oct-24, the average number of pressure ulcers was 29 (rate 2.11); whilst the average number in YE Oct-23 was 24 (rate 1.82).

In HSCP, the average number of pressure ulcers for YE Oct-24 was 7 (rate 0.50); whilst the average number in YE Oct-23 was 6 (rate 0.40).

Most pressure ulcers continue to be in Acute Services with 83 recorded in QE Oct-24; there were 23 recorded in HSCP in the same period. Of all Pressure Ulcers recorded in QE Oct-24, Grade 2 accounted for 40% of the total; with Grades 3 & 4 accounting for 8%.

Achievements & Challenges

Acute Services had 23 pressure ulcers in October '24, this was a reduction from 27 in September and improvement from 35 in October '23.

Focus remains on education and supporting TV Link Practitioner's to increase confidence in clinical areas with pressure ulcer identification and grading.

Acute TV team attended and presented at dedicated training/education day for Admissions Unit 1 staff –There was good attendance and engagement from staff.

Within the HSCP there was an increase community acquired PU and a reduction in Hospital acquired PU for October 24, this still remains higher than October 2023 with an increase of 6 incidents overall. There has been targeted work within HSCP for areas with a higher incidence of pressure ulcer incidence, The tissue viability teams are linking with podiatry to deliver training to our inpatient areas.

HSCP and Acute TV services have delivered training to the Newly qualified practitioners as part of a welcome to Fife event, the teams continue to work together and deliver training.

Legend: Acute Services, HSCP
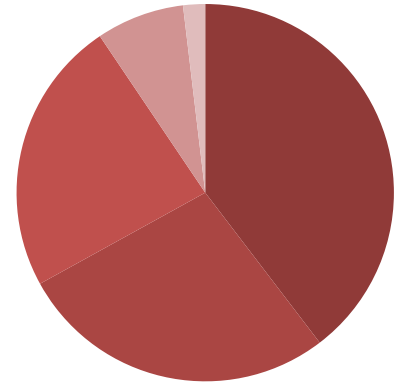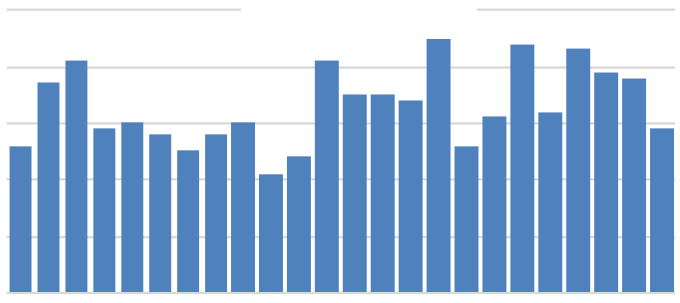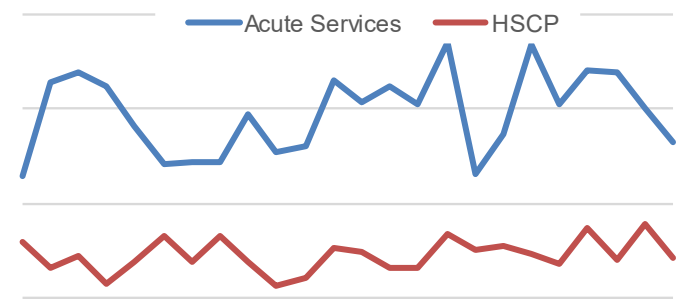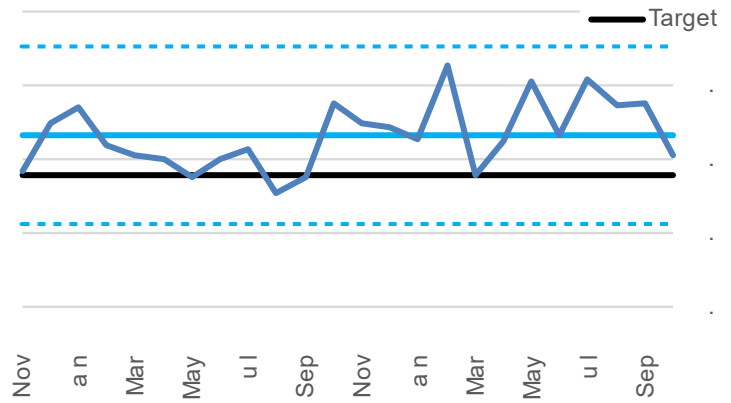
Pie chart legend: Grade, Multiple, Suspected, TI, Grades, ngradeable
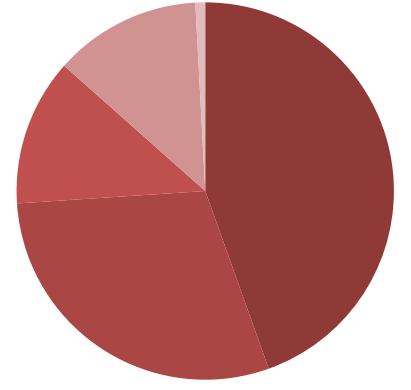
Mental Health Quality Indicators

Indicator	Value
Reduce **Ligature** Incidents (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25	**1.74**
Reduce incidents of **Self Harm** (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25	**1.57**
Reduce Incidents of **Restraint** (rate per 1,000 Occupied Bed Days) - 20% reduction by Mar-25	**8.52**
Reduce Incidents of **Physical Violence** (rate per 1,000 Occupied Bed Days) – 20% reduction by Mar-25	**9.57**

C1. Quality & Care

Data Analysis

There were 255 incidents reported in relation to Mental Health wards in Oct-24, an increase from 246 previous month and remains above 24-month average of 256 per month. There were 10 Ligature incidents reported in Oct-24, with rate above 24-month average after for the 3rd month. The number of incidents of self-harm was 9 in Oct-24 with no change from previous month, rate above 24-month.

Rate of Restraint has increased to 8.52 per 1,000 Occupied Bed Days in Oct-24 (7.05 previous month), was below 24-month average in Jul-24 but above in every other month in 2024 apart from Jan-24. 55 incidents of Physical Violence were reported in Oct-24, with no change from month prior, equating to a rate of 9.57 per 1,000 Occupied Bed Days. Rate was below the 24-month average twice so far in 2024, Jan-24 and Jul-24.
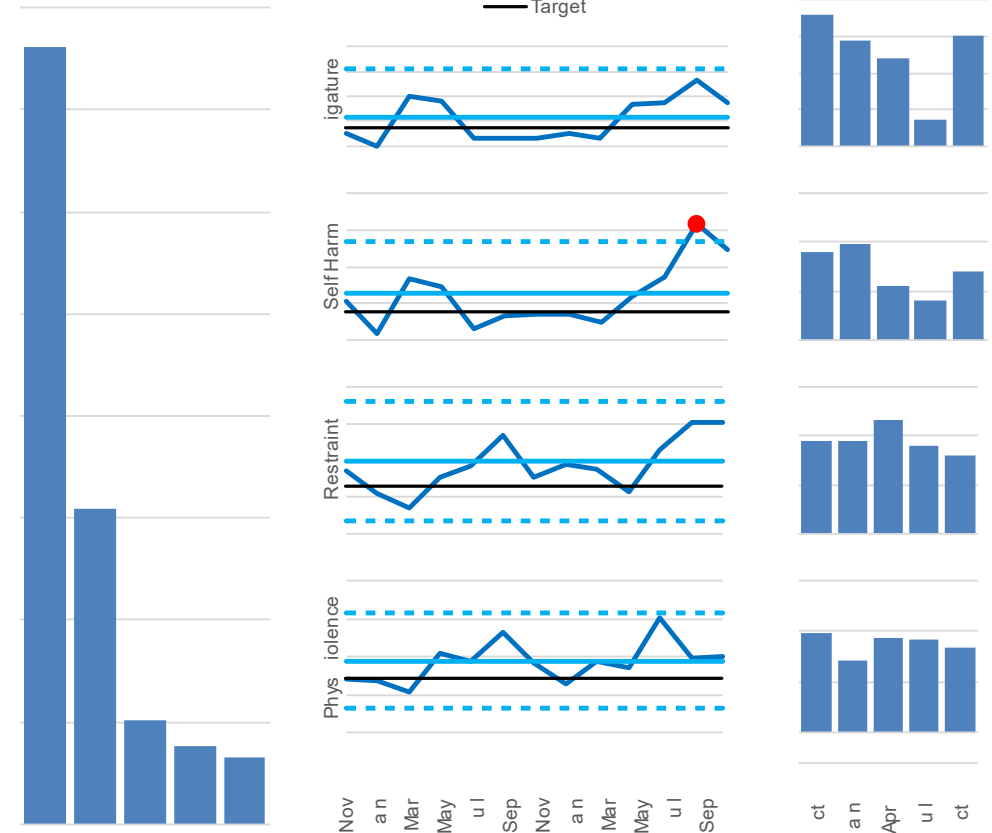
Achievements & Challenges

Work continues with W3 QMH development and decant of wards to provide an improved anti-ligature environment. Design of ward is being developed with clinical input and reporting to the ligature board. Whilst this work is ongoing all staff within inpatient areas remain vigilant for any ligature concerns and managing individual patients based on need and risk assessments.

The ligature operational group is up to date with all H&S Environmental Ligature Risk Assessments and mitigation plans and any appropriate escalations to ligature board. The Ligature policy for NHS Fife and Fife HSCP has been completed and approved at Fife Policy and Procedure group.

Incidents of self-harm have remained the same and overall remain low with no concentrated work on reducing self-harm. The risk of self-harm continues to be managed with all staff being vigilant and aware of individual need, risk and care planning.

Reducing Restrictive Practice Group (RRPG) has moved to a new focus around seclusion, Scottish Patient Safety Programme and observation and intervention Subgroups for each of these areas have been developed and looking to identify key strategies to progress on these workstreams.

Healthcare Associated Infections

CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days — **17.0** — 4 ⬇ infections to achieve target

ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days — **47.5** — 5 ⬇ infections to achieve target

SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days — **10.2** — Target achieved

C1. Quality & Care

The **CDI HAI/HCAI** rate increased to 17.0 in Oct-24. The cumulative total of HCAI infections for past 12 months (n=31) is lower than the same period previous year (n=39), The number of recurring infections has also decreased.

The Q3 ending Oct-24 shows 18 cases against previous Q2 of 17.The year ending Oct-24 showed an improvement of -2% in the number of cases.

There has been a significant rise in the number of CAI cases, resulting in ARHAI Scotland issuing NHS Fife with an `Exception Report` for Q2 2024. Some of the resultant actions include raising awareness of the situation with GPs, healthcare managers and community pharmacists, advising GPs and community pharmacists to review Protein Pump Inhibitor medication and encouraging prudent use of antibiotics.

The **ECB HAI/HCAI** rate increased to 47.5 in Oct-24 with number of healthcare infections increasing from 12 in Sep-24 to 14 in Oct-24. The cumulative number of HCAI infections over last 12 months (n=149) is higher than the same period previous year (n=108).

Q3 ending Oct-24 shows 74 cases against previous Q2 of 73.

The year ending Oct-24 showed an increase of 20% in the number of cases.

There has been a reduction in the number of CAUTI related infections (YE Oct-24, n=23), when compared to the previous year (YE Oct-23, n=27). Complex Care Reviews continue to be carried out on each CAUTI related case, and the findings are discussed at the monthly CCR meeting. The Urinary Catheter Improvement Group (UCIG) is next due to meet in Dec-24. The aim of this group is to establish improvement work to minimise catheter usage and enhance management around catheter care. Work is in progress (via the 'eCatheter bundle group') to create pathways for catheter insertion and maintenance systems for both the acute and HSCP, and for the bundles to be available on Patientrak.

The **SAB HAI/HCAI** rate was 10.2 in Oct-24. Of the 45 HCAI cases reported in the last 12 months, 13 have been categorised as ' ascular Access Devices (A) ' with 7 ' ther' or 'Not Known' and 3 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=45) was lower than during the same timeframe the previous year (n=48).

The Q3 ending Oct-24 shows 16 cases against previous Q2 of 26.

The year ending Oct-24 showed an improvement of -5% in the number of cases.

There has been an increase in the number of PVC related cases YE Oct-24 (n=5) compared to YE Oct-23, when there was just 1 case. A Complex Care Review is carried out for each case to ascertain any learning identified, which will influence future practice. However, it is encouraging to see that there have been less dialysis line related cases YE Oct-24 (n=5) than during the previous year (YE Oct-23, n=8).

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

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

76.5%	1 ⬆	closed on time to achieve target
20.0%	1 ⬆	closed on time to achieve trajectory

C1. Quality & Care

Data Analysis

There were 21 Stage 1 complaints received in Nov-24, with 17 closed. Of those closed, 13 (76.5%) were within timescales. 66.7% of 21 complaints that were due in the month, were closed on time.

There were 36 Stage 2 complaints received in Nov-24, 35 acknowledged within timescales, with 25 closed. 22.2% of 27 complaints that were due in the month, were closed on time.

There are currently 5 S2 complaints over 100 days: there are 2 outliers at 201 and 300 days. There are 15 S2 complaints between 50 and 100 days, with 26 (37.1%) awaiting action from the Service, 5 (7.1%) with PET. At the end of Nov-24, the average number of days to close S2 complaints was 44 days, the lowest it has been in 24/25.

The average response time for S2 Complaint responses has reduced to 39 days in Nov-24, the lowest this year. The performance for Stage 2 complaints has not met the target of 25% for the last 2 months.

Achievements & Challenges

There has been a continued focus on reducing the number of Enquiries, Concerns and Stage 1 complaints. This has significantly improved over the last several months. In mid-October 2024, the re-introduction of escalating Stage 1 complaints to Stage 2 on days 6 & 11, has emphasised a focus on achieving verbal resolutions at the frontline, resulting in significantly improved response times. As this process continues to be embedded, we hope to see further improvement with the closure of Stage 1's on time. There was only 1 Stage 1 complaint in November 2024 that was over 11 days.

In terms of Stage 2 complaints, efforts are ongoing across all workstreams to address older complaints and reduce backlogs, as demonstrated by the data, with only 5 Stage 2 complaints over 100 days. One is out for comment and soon to be signed off, and the other is with the Chief Executive for sign off. The Patient Experience Team (PET) is currently focusing on completing Stage 2 drafts within 5 working days of receiving statements, facilitating timely complaint processing. Additional fields have been added to Datix to allow reporting and monitoring of these timescales which will allow further analysis of data, to implement improvements.

Starting in early 2025, the PET will participate in Care Assurance Walk Arounds, which will support the enhancing of the overall patient experience and create opportunities for learning. Additionally, the PET will be engaging and offering complaint training session in the new year and for the flying start programme. All training materials are currently under review and a training plan for 2025/26 is being developed. This will support staff in effective communication in complaint management and early resolution.
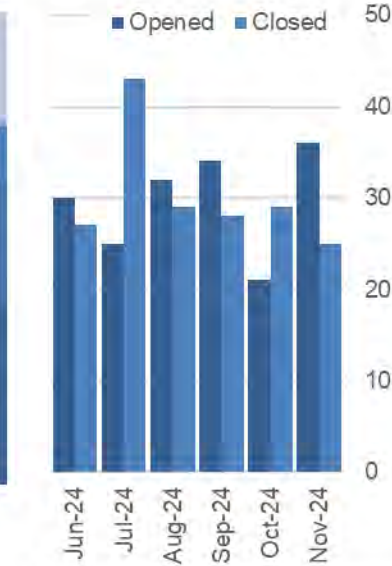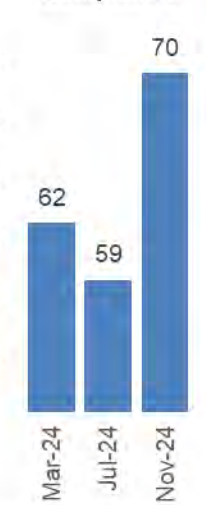
Although not meeting the Stage 2 target of 25%, as the longest complaints are being closed this is having a positive impact on the average response times for Stage 2 complaints, which is 39 days the lowest it has been in 24 months.
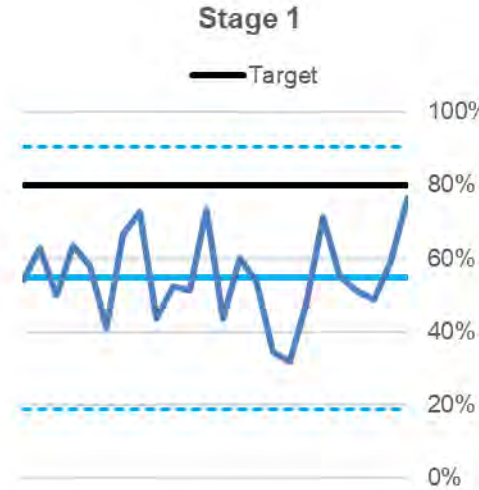
Stage 1 — Target

Open Stage 1 Complaints — 31, 35, 8
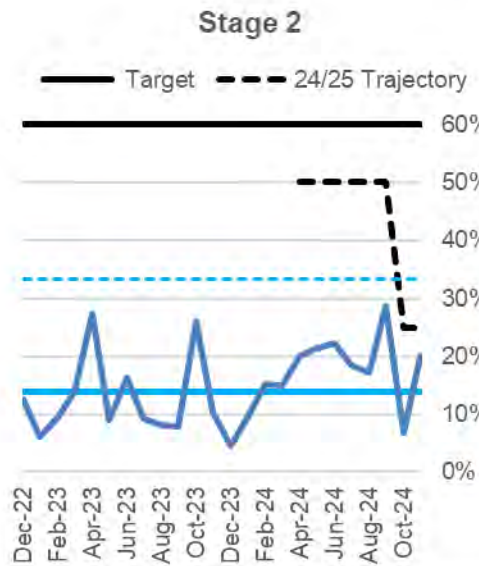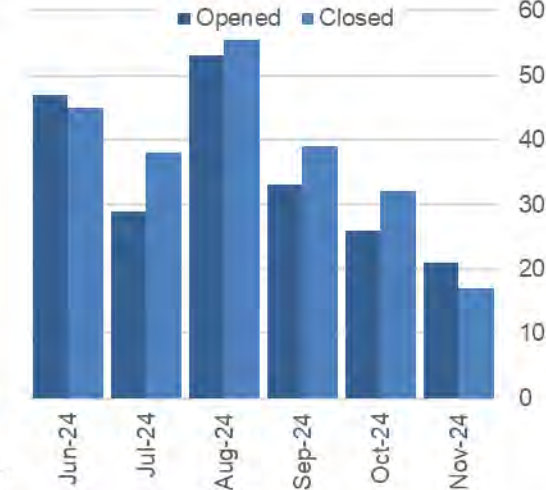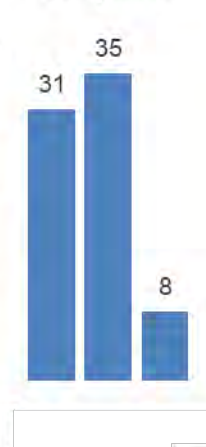
Opened / Closed (Jun-24 to Nov-24)

Stage 2 — Target, 24/25 Trajectory

Open Stage 2 Complaints — 62, 59, 70

Other 23%
FR out for Approval 27%
Awaiting Statements 37%

Opened / Closed (Jun-24 to Nov-24)

C2. Operational Performance

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
4-Hour Emergency Access (A&E)	72.8%	Month	Nov-24		95%	◯	▼	▼		●	Oct-24
4-Hour Emergency Access (ED)	64.5%	Month	Nov-24	72%	75%	◯	▼	▼		●	Oct-24
Delayed Discharges (Standard) Acute/Comm	51.2	Month	Nov-24	45	39	◯	▲	▲		●	Oct-24
Delayed Discharges (Standard) MH/LD	13.6	Month	Nov-24	10	10	◯	◆	◆		●	Oct-24
Antenatal Access	91.2%	Quarter	Sep-24		80%	●	▼	▼		●	CY 2022
Cancer 31-Day DTT	94.3%	Month	Oct-24	94%	95%	◯	◆	▲		●	QE Jun-24
Cancer 62-Day RTT	73.5%	Month	Oct-24	85%	95%	◯	◆	▼		●	QE Jun-24
Patient TTG % <= 12 Weeks	43.5%	Month	Oct-24	44%	100%	●	▼	▼		●	QE Sep-24
Patient TTG waits > 52 weeks	678	Month	Oct-24	645	0	●	▲			●	
New Outpatients % <= 12 Weeks	39.8%	Month	Oct-24	35%	95%	●	◆	▼		●	QE Sep-24
New Outpatients waits > 52 Weeks	5034	Month	Oct-24	5631	0	●	▼	▼		●	
Diagnostics % <= 6 Weeks	82.2%	Month	Oct-24	30%	100%	●	▲	▲		●	QE Sep-24
Diagnostics > 26 Weeks	57	Month	Oct-24	0	0	●	▲	▲		●	
Freedom of Information Requests	85.3%	Month	Nov-24		85%	●	▼	▼		●	

Finance

Indicator	Current Position	Reporting Period				SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Revenue Resource Limit Performance	(£28.488m)	Month	Nov-24			●	—	—		●	
Capital Resource Limit Performance	£3.104m	Month	Nov-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

Benchmarking Key

● Upper Quartile

● Mid Range

● Lower Quartile

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

72.8%

1,582 ⬆ within 4 hours to achieve Standard

Local Target: 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

64.5%

409 ⬆ within 4 hours to achieve trajectory

C2. Operational Performance

Data Analysis

For A&E (Emergency Department and Minor Injury Units), performance in Nov-24 was 72.8%, below National Standard, a decrease from month prior and a decrease on year previous (74.1%). ED performance decreased to 64.5%, which is below the local ME trajectory of 72%. There were 7,123 unplanned attendances in Nov-24, equivalent to 237 per day: this is the lowest daily figure since Jan-24; and is similar to Nov-23 (232). There were also 481 planned attendances, with 57% of these occurring at MIUs. There were 493 8-hour breaches recorded in Nov-24 (+9% on month prior; +30% on year prior) and 141 with a wait longer than 12 hours (twice as many as Nov-23). Breach reasons 'Wait for Bed' accounted for 39% of all breaches and ' ait for 1st Assessment' accounted for 32% (both increases on month prior). The most recent publication from Public Health Scotland, for month of Oct-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish averages for A&E (+7.7%) and ED (+3.6%).

Achievements & Challenges

Attendance has remained high with 7695 unplanned attendances in October and 7123 in November, slightly decreased from the peak in May of 8591 (highest unplanned attendance rate recorded) but remained higher than last year. 8-hour breaches ED have increased to 493 in November and 12-hour breaches have also increased to 141 in November, reflective of site pressures. Staffing models reviewed within ED, ensuring senior clinical decision maker presence; successful appointment of a dedicated ED CNM continues to ensure appropriate leadership and support. Continued focus on Right Care, Right Place, as we approach the challenges of winter. Review of front door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP. We are utilising Call Before you Convey and have additional Consultant cover to support ANP decision making in Flow & Navigation, during afternoons when GP demand is higher and to support flow.
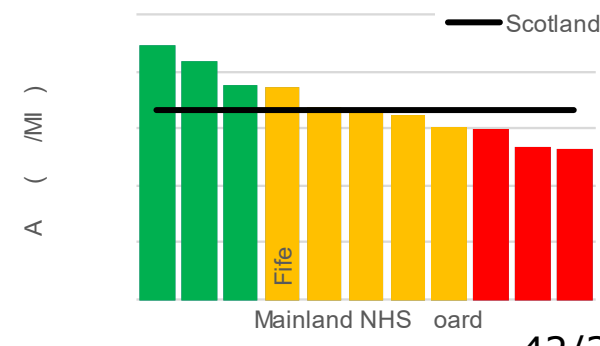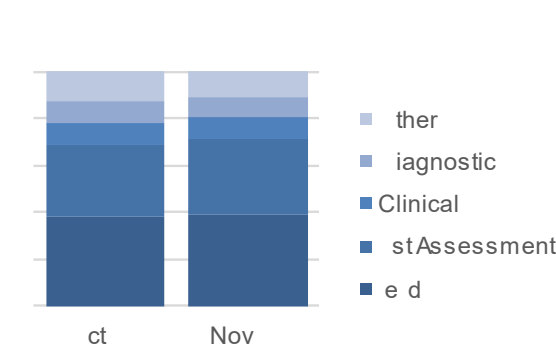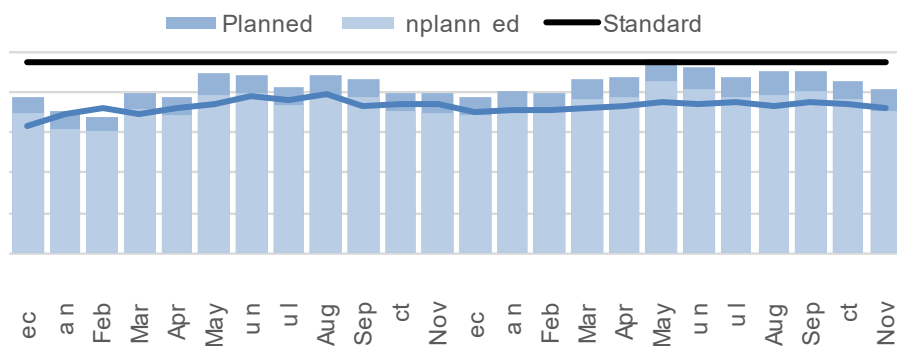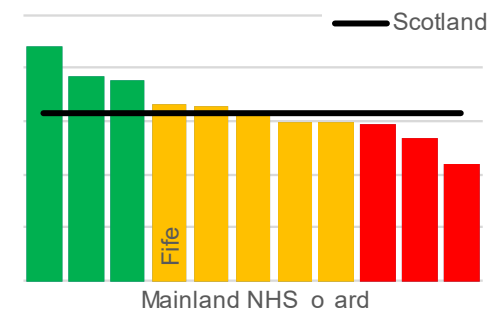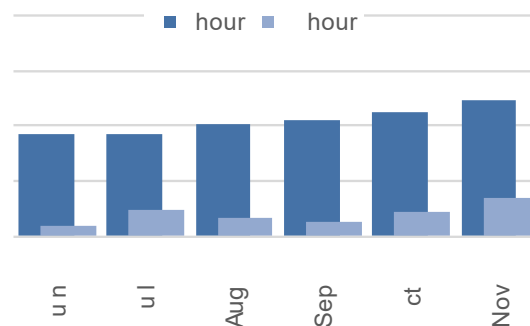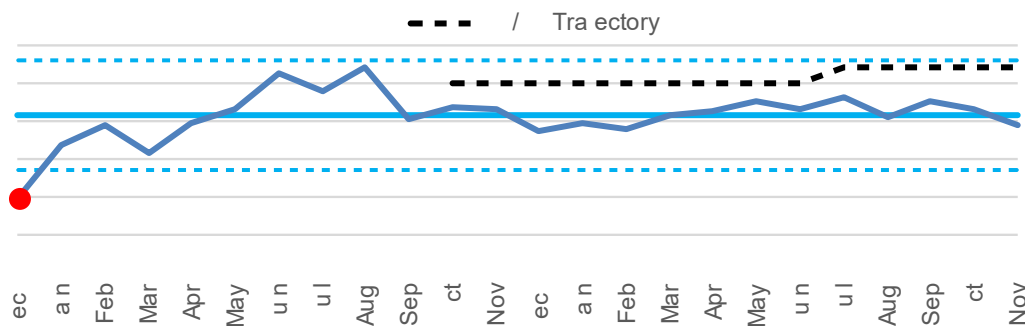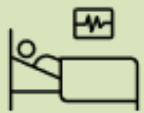
Delayed Discharges

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

51.2

6.2 ⬇ beds occupied to achieve trajectory

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

13.6

3.6 ⬇ beds occupied to achieve trajectory

Data Analysis

Bed Days lost to **'Standard' delays:** in Acute & Community, the average daily number decreased to 51.2 in Nov-24 (from 60.0 in Oct-24) with 96% of these delays being attributable to Community. This is above the local trajectory of 45 (which increased in Oct-24) though remains within control limits. In MH/LD services, the average daily number decreased to 13.6 in Nov-24 (from 14.3 in Oct-24). This is above the monthly target of 10 but remains within control limits.

Bed Days lost to **'Code 9' delays:** in Acute & Community, the average daily number remained at 27.7 (as it was in Oct-24). At Nov-24 Census, there were 81 patients in delay (48 Standard delays; 33 Code 9 delays), a decrease from 96 seen in Oct-24. For MH/LD services, the average daily number in Nov-24 was 18 (an increase of 7 since Sep-24). The most recent monthly publication from Public Health Scotland, for data up to end of Oct-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 28 delays for Fife against a Scottish average of 34.

Achievements & Challenges

There has been significant progress in reducing Bed Days Lost (BDL) associated with standard delays, with a decrease from 60.0 in October 2024 to 51.2 in November. This positive trend indicating we are still on track to achieve the target of 39 by March 2025.

However, this will be closely monitored over the coming months due the fact that several significant challenges continue to impact on flow. We anticipate the Health and Social Care system will continue to be under pressures, with a high volume of emergency attendances, which strains capacity and resources. This includes anticipated rise in winter infection outbreaks—such as respiratory and gastrointestinal illnesses—which will result in the temporary closure of wards. Compounding these issues is the presence of a large number of patients with complex needs who require Guardianship process, which adds further complexity to patient management.

Despite these challenges, we have maintained a strong discharge profile, even amidst a significant increase in referrals across both social care and social work sectors. Efforts to streamline care pathways have been effective in reducing unnecessary hospital stays, leading to a greater number of patients being discharged in alignment with their Patient Day of Discharge (PDDS). Moreover, standard delays are being managed within an improvement trajectory, and the continuous collaboration with the Red Cross has enabled the establishment of alternative pathways for assessment beds.

The Day of Care audit was recently undertaken to provide a comprehensive assessment of key markers aligned to the mental health inpatient population, including delayed discharge which will be analysed alongside existing data and collation processes. Challenges continue to exist in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi-agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings.
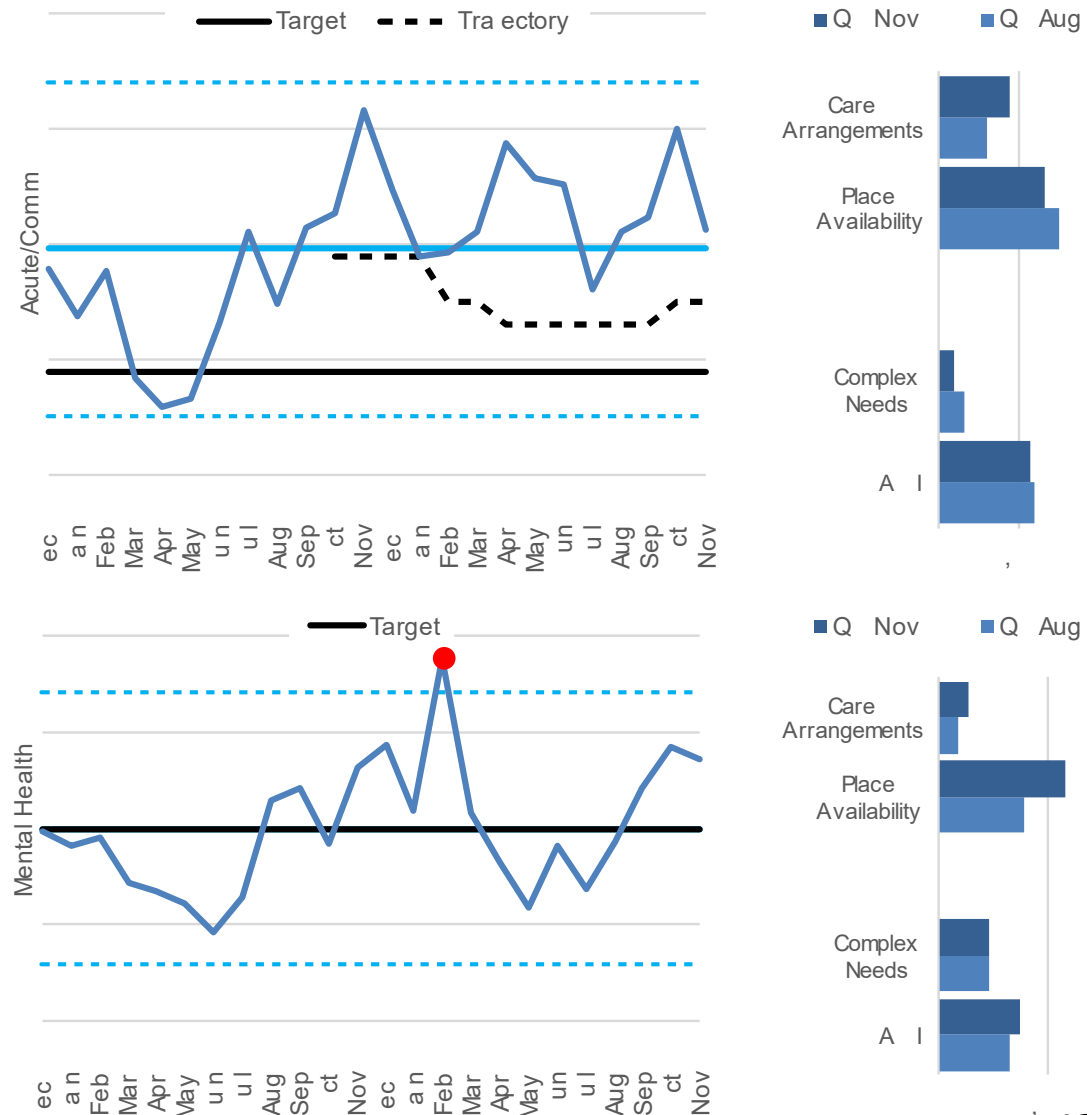
Cancer Waiting Times

In 2024/25 94.5% of all patients should wait no more than 31 days from decision to treat to first cancer treatment (**National Standard** 95%)

94.3%

In 2024/25 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard** 95%)

73.5%

Trajectory achieved as of Oct-24

8 ⬆ Treated to meet Standard

C2. Operational Performance

Data Analysis

31 day - Monthly performance decreased from 94.7% in Sep-24 to 94.3% in Oct-24, remaining on trajectory of 94%. Eligible referrals decreased from 131 to 106. There were 6 breaches all within Urology (1 other, 1 Bladder and 4 Prostate).

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 95.9% above Scotland rate of 95.5%.

62 day – Monthly performance increased from 71.4% in Sep to 73.5% in Oct-24 this remains below local trajectory of 85.0%. Eligible referrals decreased from 91 to 68. There were 18 breaches 12 of which were within Urology (11 Prostate) the other breaches were 2 Colorectal, 1 Head & Neck, 1 Ovarian and 1 Upper GI.

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% below Scotland rate of 73.2%.

Achievements & Challenges

31 – day All 6 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue.

Range for breaches 7 – 117 days with an average of 45 days (an increase from 38 days in August but remains a decrease from 54 days in May).

62 day - Urgent suspected cancer referrals remain stubbornly high, particularly in Breast, Colorectal, Lung and Urology. Urology remains our biggest performance challenge with 11 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Work is ongoing Nationally to look at Board capacity for Robotic Prostatectomy to attempt to reduce waits.

Prostate breach range: 4 – 177 days, average 75 days (a significant increase from 45 days in May and 55 days in August).

A further 7 breaches were seen; 1 Cervical, 2 Colorectal, 1 Head & Neck, 1 Ovarian, 1 Urology Other and 1 Upper GI. Breast and Colorectal were affected by staffing issues over the summer period, and Head and Neck and Cervical breaches were due to lack of resources for synchronous chemoradiotherapy and diagnostic biopsy respectively.

Range for all breaches: 4 – 177 days, average of 53 days (an increase from 48 days in August but still a significant reduction from 115 days in December 2023).

New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients.

A Lung CNS Best Supportive Care clinic is running and working well.
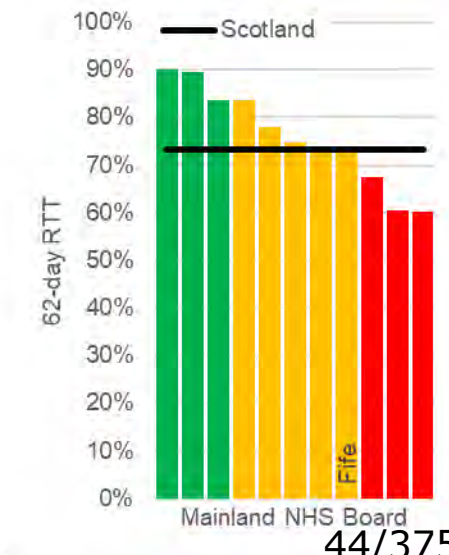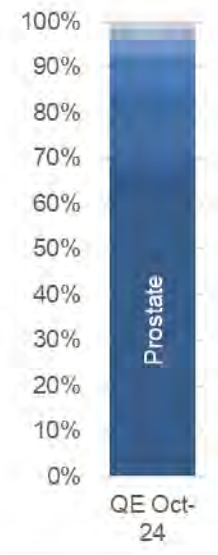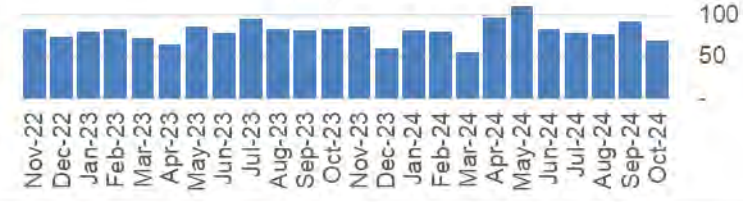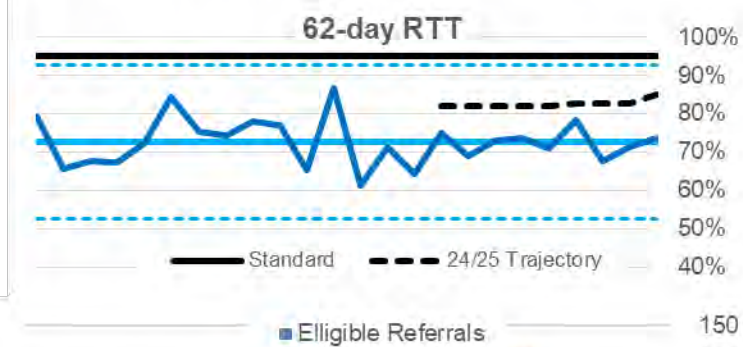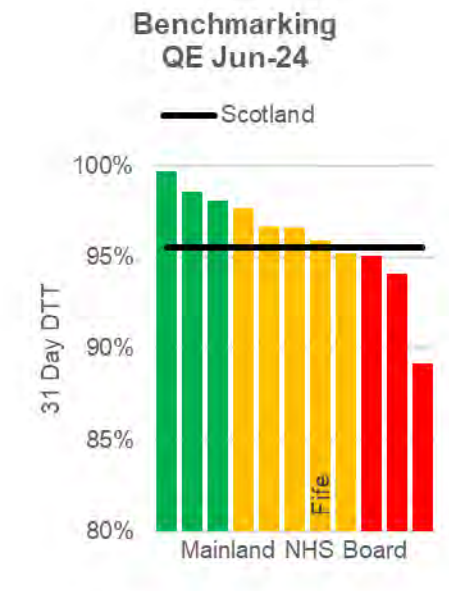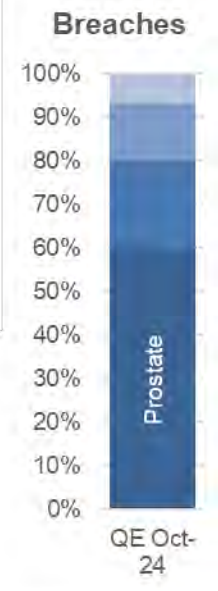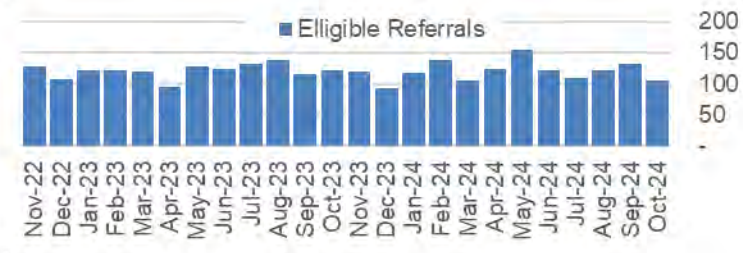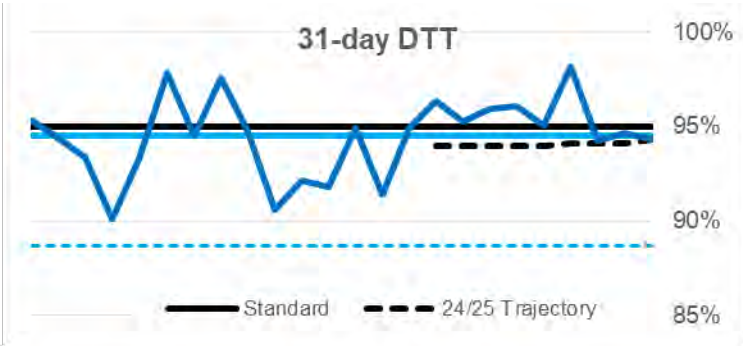
C2. Operational Performance

Treatment Time Guarantee

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

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

43.5%

678

7 ⬆ Waits to meet Target

33 ⬇ Waits to meet Target

Data Analysis

Monthly performance decreased to 43.5% in Oct-24, with 41.0% of ongoing waits within 12 weeks, which is the same as previous month. Waiting list numbers for waits of 'over 12 week' increased to 4811 in Oct-24. Waits 'over 26 weeks' decreased to 2619, waits 'over 52 weeks' decreased to 678. The majority of over 52 weeks lie within Orthopaedic (323), Urology (128) and Ophthalmology (201) the latter having increased from178 month previous.

Waits 'over 104 weeks' decreased to 21 above projected figure (20), most are within Orthopaedic (12).

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

Achievements & Challenges

Against the projections for 24/25 we delivered 103% of projected activity. Performance in October '24 fell slightly short of the 44% target, however actual activity for the month was 117 cases higher that previous month and 284 cases higher than projected activity.

There has been a successful outcome to the ongoing urogynaecological long waits following clinical pathway review.

Orthopaedic surgery waits over 104 weeks are all NHS Lothian patients, however, numbers are reducing in line with trajectories set against NTC additional funding.

We anticipate a reduction in urology numbers in the coming months as service redesign will optimise current provision, whilst prioritising Urgent Suspicion of Cancer referrals.

Ophthalmology remains a concern as the GJNH pathway remains a challenge and capacity within the cataract service is limited having utilised all of the allocated additional waiting times funding for this specialty.
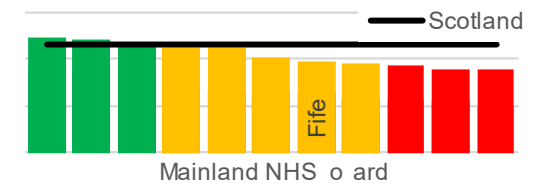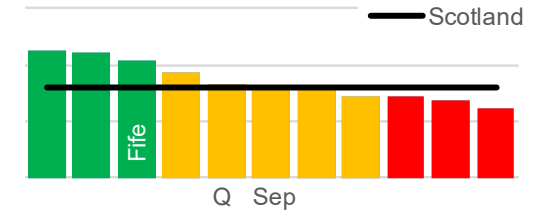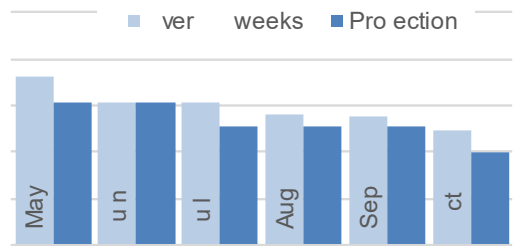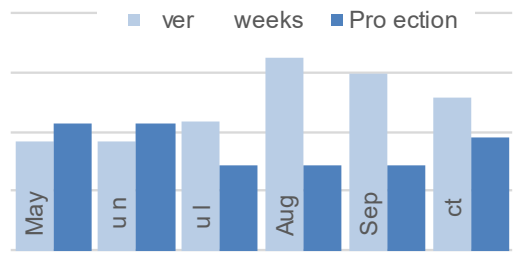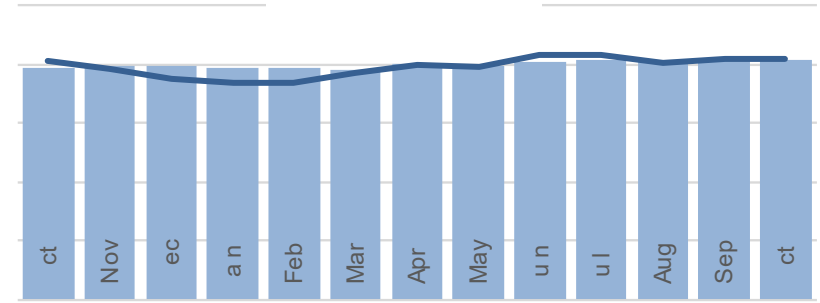
New Outpatients

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

39.8%

5034

Trajectory achieved as of Oct-24

Trajectory achieved as of Oct-24

C2. Operational Performance

Data Analysis

Monthly performance decreased to 39.8% in Oct-24. The overall waiting list decreased to 32,806 patients in Oct-24 with waits over 12 weeks decreasing to 19,439.

Waits for 26, 52, 78 and 104 weeks all increased 11854, 5034,1071,105 respectively). Waits over 78 weeks increased from 857 to 1,071.

ENT over 78 weeks saw the largest increase of 200% from 69 to 207. The largest number of over 78 weeks waits are in Neurology (230) & ENT (207).

Benchmarking for the QE Sep-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 39.4%, above the Scotland average of 39.0%

Achievements & Challenges

Against the projections for 2024/25, in October we delivered 99.2% of projected capacity. Demand was as expected, however there still remains a gap between capacity and demand of approximately 500 appointments for October. The biggest gaps remain in ENT, Ophthalmology and Orthopaedics. The ENT position is anticipated to improve on commencement of a specialty doctor in December, but referral remain high despite full engagement with ACRT and PIR programmes.

Overall list size is ahead of trajectory with 105 patients waiting over 104 weeks, however, 60% of referrals are waiting over 12 weeks. Actual activity in October was 101% of projected.

Waiting times continue to be monitored weekly with focussed work continuing to validate lists and continual use of ACRT. Focus continues to be on urgent suspicion of cancer and urgent patients. We continue to engage with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals.

New Outpatient Waiting Times
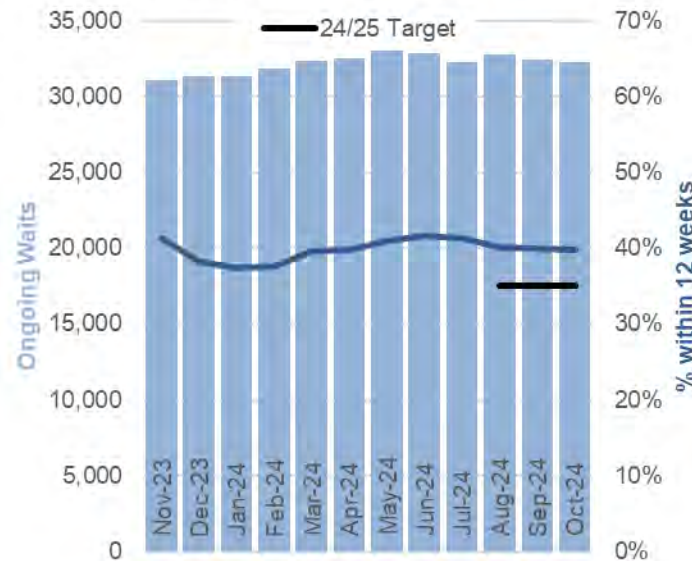
New OP Long Waits
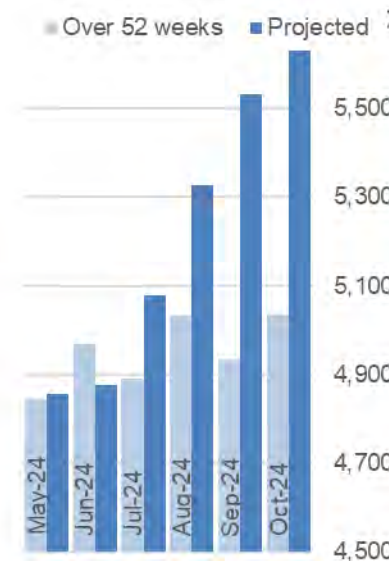
Benchmarking
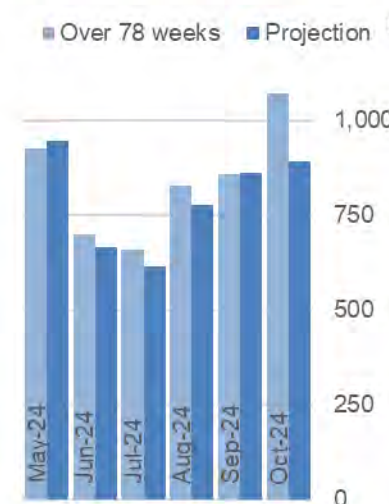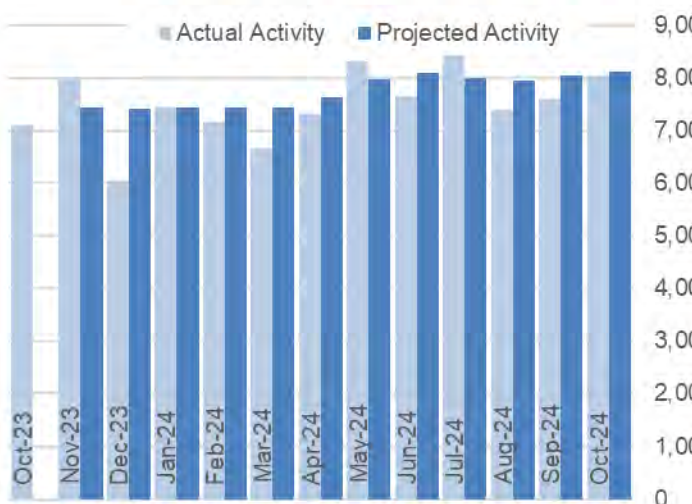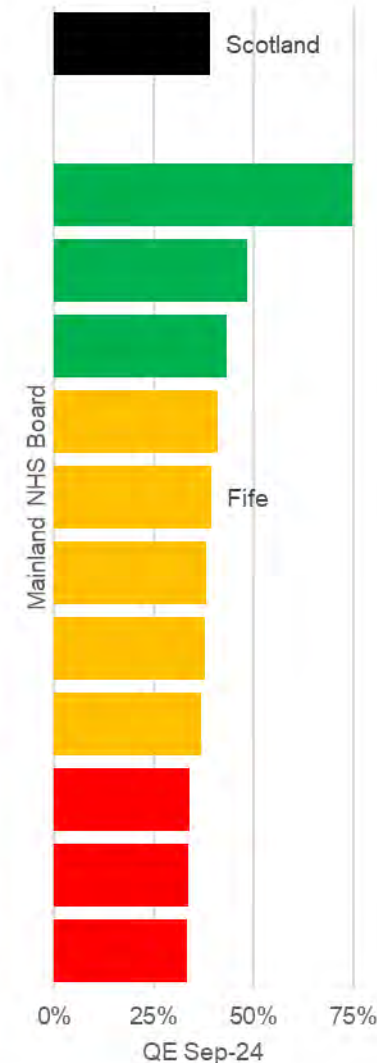
Diagnostics

C2. Operational Performance

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

82.2%

57

Trajectory achieved as of Oct-24

57 ⬇ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased from 78.4% in Sep-24 to 82.2% in Oct-24, remaining above local trajectory of 30%. Scope performance increased from 57.8% in Sep-24 to 61.0% in Oct-24 with Imaging increasing from 81.2% to 85.1%.

In terms of waiting list numbers, this decreased to 4,699. Scope list decreased from 598 to 588.

The number waiting over 6 weeks decreased to 838, above projection of 522, there was decrease in waits over 26 weeks (71 - 54). There is 1 patient waiting over 52 weeks.

Benchmarking for the QE Jun-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 62.8%, above the Scotland average of 50.0%.

Achievements & Challenges

Urgent Referrals: The focus on urgent referrals remains strong, with all three imaging modalities consistently meeting turnaround targets despite a high volume of urgent cases.

Ultrasound: Routine waiting times have decreased significantly to 11 weeks. 75% of patients are seen within six weeks. Contributing factors include locum activity, an increased scanner footprint, and improvements in the booking process. Withdrawal of SG waiting time funding is being mitigated by prioritising activity against other funding streams to maintain current position.

CT: In-house additional activity, supplemented by quarterly mobile scanner visits, has maintained CT waiting times within target, with 100% of requests completed within six weeks. Additional SG-funded activity has been confirmed for the rest of the year.

MRI: MRI services continue to be supported by SG-funded mobile scanners, achieving 100% of requests completed within six weeks. Funding has been approved for "deep resolve" software improvements, which should reduce reliance on expensive mobile scanners.

Overall new patient list size at its lowest level since Nov 2023 mainly due to reduction in Ultrasound (5950 to 2430).

Upper Endoscopy waits have improved significantly over the past month with all other diagnostics maintaining their position. Clinical validation remains a regular task to ensure the longer waiting patients do not come to harm. Pre assessment continues and has reduced the DNA rate to 1%.
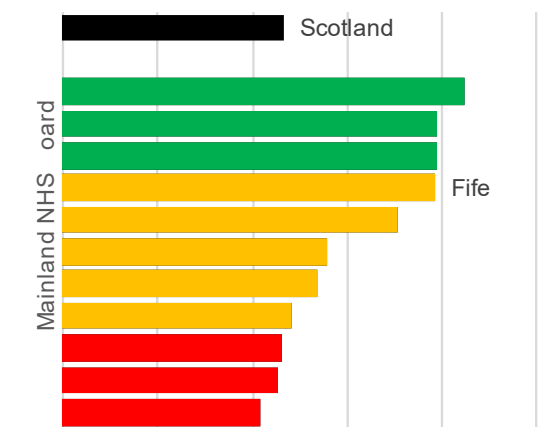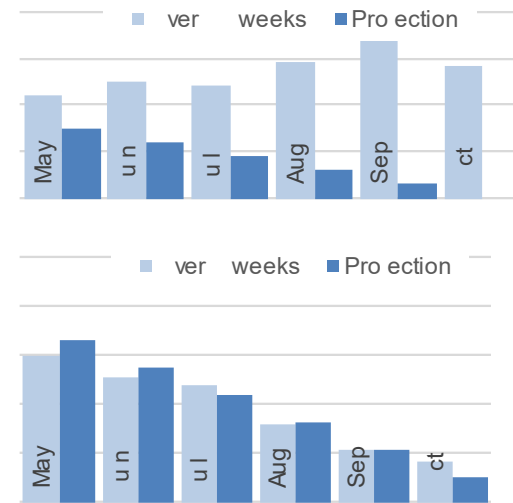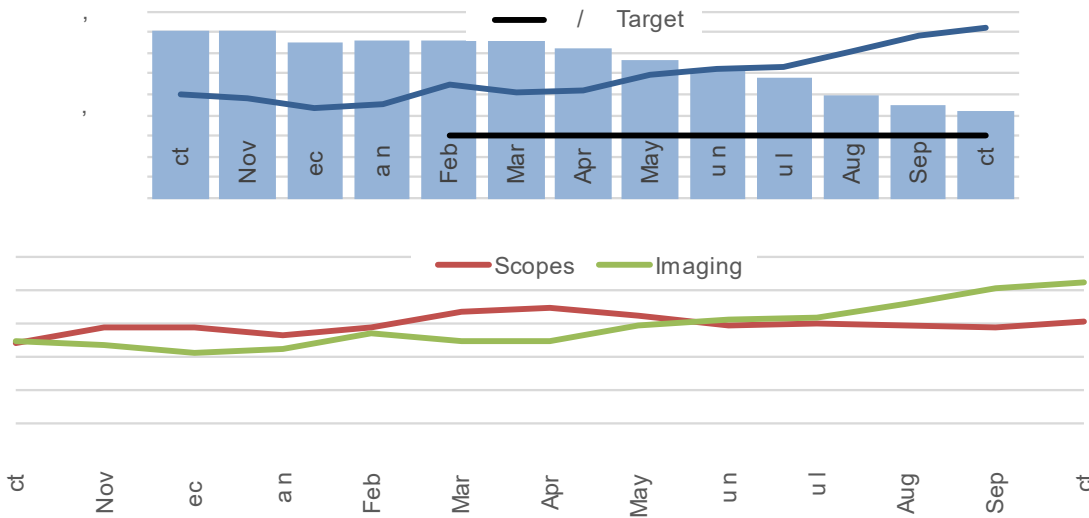
Expenditure

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

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

| £28.488m | overspend at M8 |
| £3.104m | actual spend to M8 |

Finance

TABLE 1A Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	307,542	209,006	219,188	-10,182
IJB Non-Delegated	10,144	7,000	6,554	446
Non-Fife & Other Healthcare Providers	99,406	66,459	70,634	-4,175
Non Clinical Services				
Estates & Facilities	98,781	64,100	64,047	53
Board Admin & Other Services	97,583	66,061	65,290	771
Other				
Financial Flexibility	35,614		-59	59
Income	-38,926	-25,688	-26,218	530
TOTAL HEALTH BOARD RETAINED SERVICE	**610,144**	**386,938**	**399,436**	**-12,498**
Health & Social Care Partnership				
Fife H & SCP	438,600	292,732	308,722	-15,990
TOTAL HEALTH DELEGATED SERVICES	**438,600**	**292,732**	**308,722**	**-15,990**
TOTAL	**1,048,744**	**679,670**	**708,158**	**-28,488**

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure £'000
Statutory Compliance	2,442	1,239	2,442
RTP.Clinical Prioritisation Contingency	833	408	833
Capital Equipment	1,074	254	1,074
Digital & Information	1,847	623	1,847
Mental Health Estate	1,000		1,000
Capital Staffing Costs	368	248	368
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	332	944
Anticipated Funding - MRI upgrades	192	0	192
Anticipated capital to revenue transfer	-250	0	-250
Capital Repayment	-200	0	-200
Total confirmed CRL	**9,173**	**3,104**	**9,173**

Review of Financial Performance & Reporting

Revenue Budget

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024. There is a reasonable level of confidence we will achieve £23.5m of the 3% efficiency target and a further push is now on to bridge the £1.5m gap in projected delivery in the final months of the year.

At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan. This improvement is however limited to the health board retained budget position. Whilst the run rate overspend is improving, further sustained improvement is necessary in the remaining months of the financial year to move as close to a break-even position as possible.

The IJB health delegated position has deteriorated significantly in-year and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated further which presents a significant additional challenge to the overall NHS Fife board forecast position. The level of the level of overspend reported at the end of November 2024 is tracking at 94% of the full year forecast outturn which signals that run rate must be contained and savings targets must deliver to align outturn to forecast.

The forecast position reported is £37.057m overspend and is unchanged from the October position. The increase to the IJB risk-share forecast being offset by an improvement in the health board retained forecast position. The level of IJB overspend is materially impacting on our ability to reduce the overall forecast Board level deficit. If the IJB can improve their forecast position by evidencing the delivery of the recovery plan and other savings the forecast level would reduce.

Capital Budget

Capital expenditure for the 8 months of the financial year due is £3.104m. The Capital Resource Limit (CRL) is £7.764m as adjusted for anticipated allocations for: HEPMA; Medical Education; and MRI upgrades totalling £1.859m; along with capital to revenue funding transfer of £0.250m; and capital repayment of £0.2m resulting in a total budget of £9.173m. 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. As we move through the remainder of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit.

The Financial Performance Report to end of November 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.

| | 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	7.36%	Month	Oct-24	7.0%	6.5%	○	▼	◆		● YE Oct-24
Personal Development Plan & Review (PDPR)	43.1%	Month	Nov-24	52.5%	60%	●	◆	▲		●
Vacancies (Medical & Dental)	3.3%	Quarter	Sep-24			●	◆	▲		●
Vacancies (Nursing & Midwifery)	2.7%	Quarter	Sep-24			●	◆	▲		●
Vacancies (AHPs)	4.0%	Quarter	Sep-24			●	▲	▲		●

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

● Upper Quartile
● Mid Range
● Lower Quartile
● Not Available

Sickness Absence

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

7.36%

4861

Hrs to achieve local trajectory as of Oct-24

Data Analysis

Sickness absence increased from 7.07% in Sep-24 to 7.361% in Oct-24.

Both short- and long-term absence increased in October to 3.35% and 4.01% respectively (from 3.31% & 3.76%).

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 30.6% of all absences).

Within HSCP, both Community Care and Complex & Critical Care have an absence rate above 8%. Within Acute the Medical Directorate also has an absence rater above 8% .

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

Achievements:

- The Attendance Management Group continues to meet regularly and is working towards established an action plan with short-, medium- and long-term activity.
- Attendance Management benchmarking exercise is complete, and a number of recommendations will be presented to the Attendance Management Oversight group.
- Promoting Attendance Panels process has been reviewed and a revised focus and purpose approved.

Future/Ongoing:

- Following a multifactorial review, Preventative & Primary Care colleagues within the H&SCP are seeking to implement a test of change which includes establishing an effective Sub-Group with a positive focus on attendance rates; Improve Knowledge and Understanding of attendance management; encourage networking and supportive platforms for discussion; build positive relationships and authenticity to support best practice and shared learning in a safe space. This requires formal approval. Outcomes will be monitored and fed back to the Oversight Group.
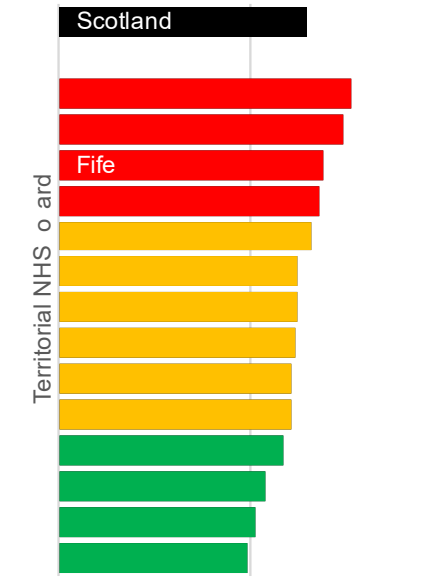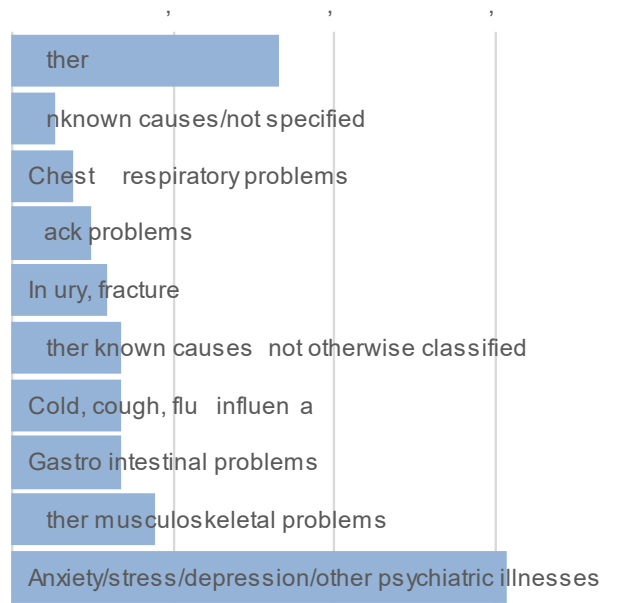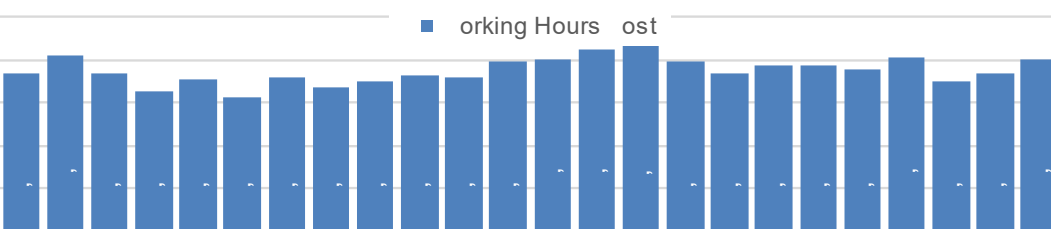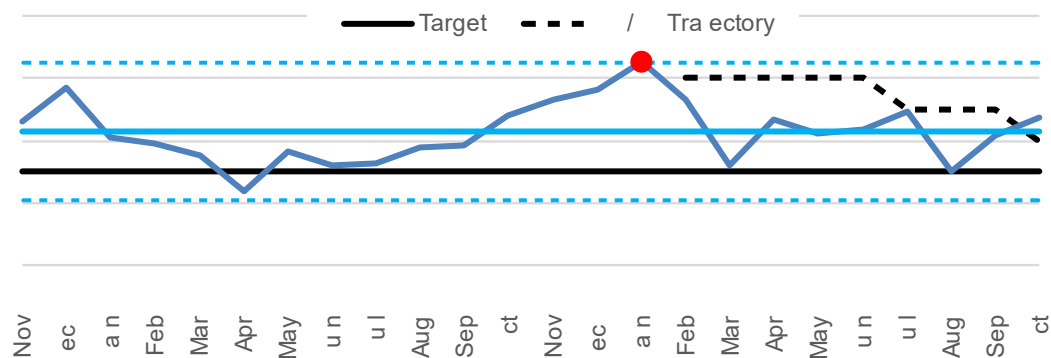
PDPR
Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

43.1%

9.4% ⬆ To achieve trajectory as of Oct-24

Data Analysis

Compliance was 43.1% in Nov-24, an increase of 0.2% from the previous month and but an increase of 0.5% on the same month in 2023. This is below the locally agreed trajectory of 52.5%.

The number of reviews held in Nov-24 decreased by 16.4% to 260 from 311, so far in 2024/25 there have been 2,527 reviews held (Apr – Nov) compared to 2,554 in same period in 2023/24.

Compliance was highest in HSCP at 46.4%, Primary & Preventative Care has highest compliance within the Partnership with 50.3% with Complex & Critical Care lowest at 41.1%, the latter decreased by 0.6% on previous month. Corporate Services compliance is 41.4%, a decrease of 0.4% from month prior and 9.0% higher than year previous, Acute Services 40.3%., both WCCS Directorate and Surgical Directorate have increased compliance to 53.0% and 51.9% respectively, Medical Directorate has decreased 20.6% its lowest level in financial year 2024/25.

Achievements & Challenges

To support achievement of the 60% target by 31st March 2025, a PDPR recovery plan has been initiated, setting out a range of key actions to improve engagement in PDPR conversations over the next 4 months. Recognising winter challenges in clinical areas, the recovery plan outlines the aim to reach full compliance in Corporate Directorates and for HSCP and AS Directorates to improve engagement where opportunities allow.

Online Turas Appraisal training provision will be increased to accommodate any increase in demand for this resource with additional support offered to areas where PDPR engagement levels are currently below 50%.
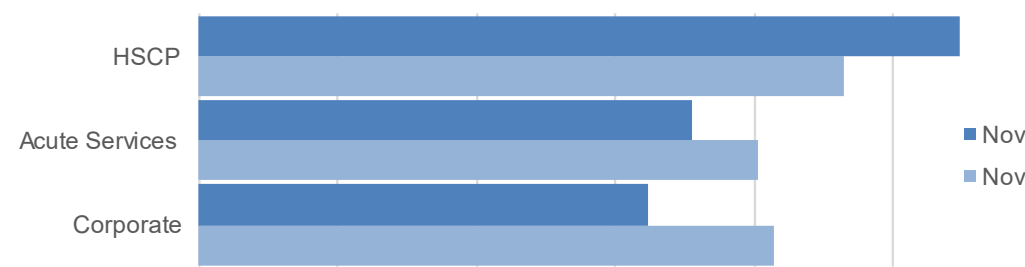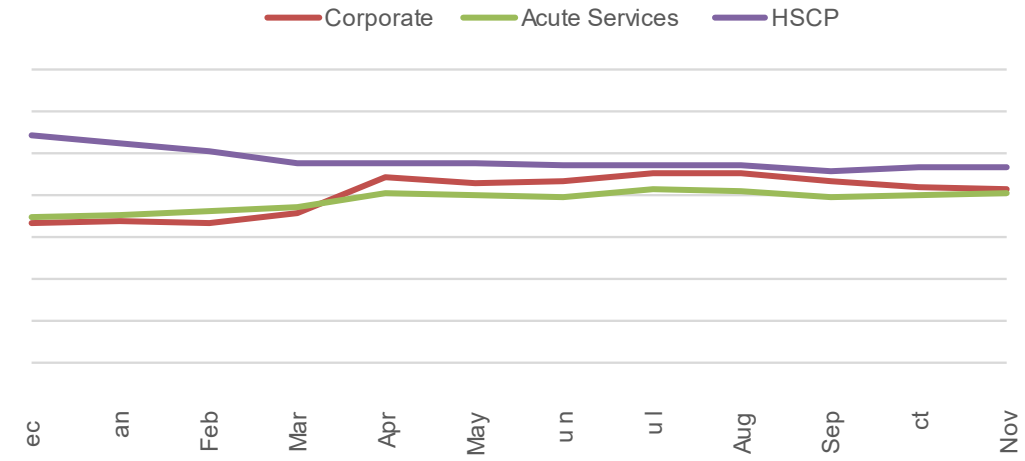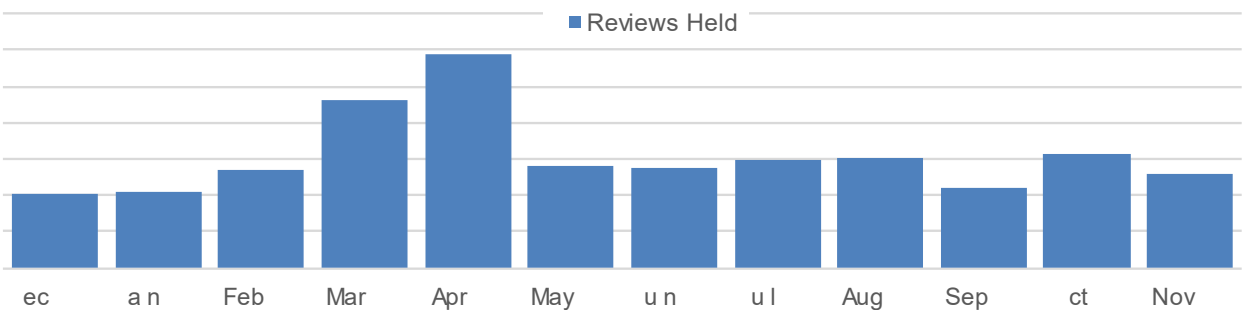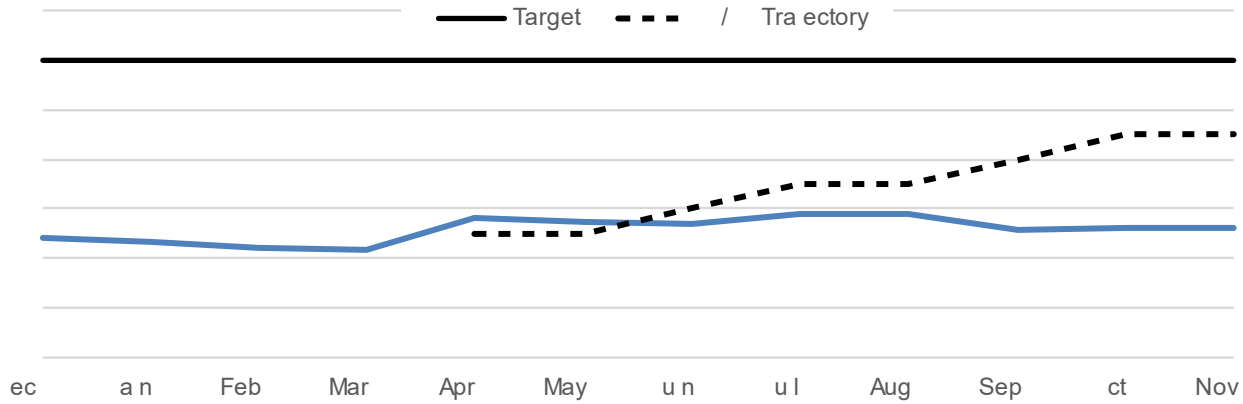
Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	**3.3%**
Nursing & Midwifery (N&M)	**2.7%**
Allied Health Professionals (AHPs)	**4.0%**

Medical & Dental

WTE vacancies saw increase from the Jun-24 figure to 10.2 in Sep-24. The vacancies are spread evenly amongst Anaesthetics, Neurology, Orthodontics, Rehab Medicine, Trauma & Orthopaedics, Urology and Vascular Surgery.

No appointments made for Orthodontics or Rehab. Medicine. Neurologist and Vascular Surgeon recruited; Urology at interview stage.

Some services are considering international recruitment which would allow candidates to work towards portfolio CCT with GMC and to then be eligible to apply when readvertise substantive posts are re-advertised.

Vacancies shown are only those that are actively being recruited to.

Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 147.2 WTE to 116.9 WTE. 84.0% of vacancies are for qualified staff Bands 5 to Band 7+.

The decrease reflects this year's intake of newly qualified practitioners (NQPs) in the Autumn of 2024.

AHP

WTE vacancies have fallen to 29.2 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 61.6% of all vacancies.

Again, the reduction reflects this year's intake of AHP NQPs. Some contraction is anticipated within the AHP professions aligned to RTP plans

Medical & Dental Vacancy Rate

Nursing & Midwifery Vacancy Rate

AHP Vacancy Rate
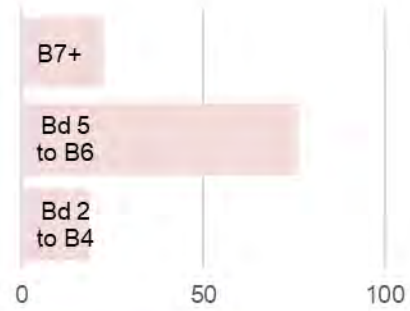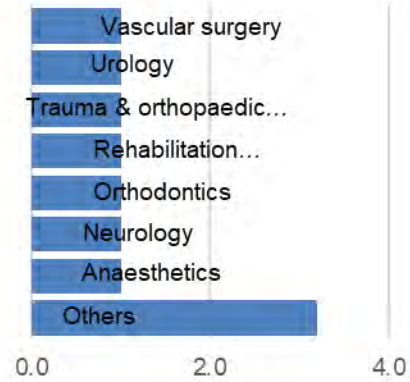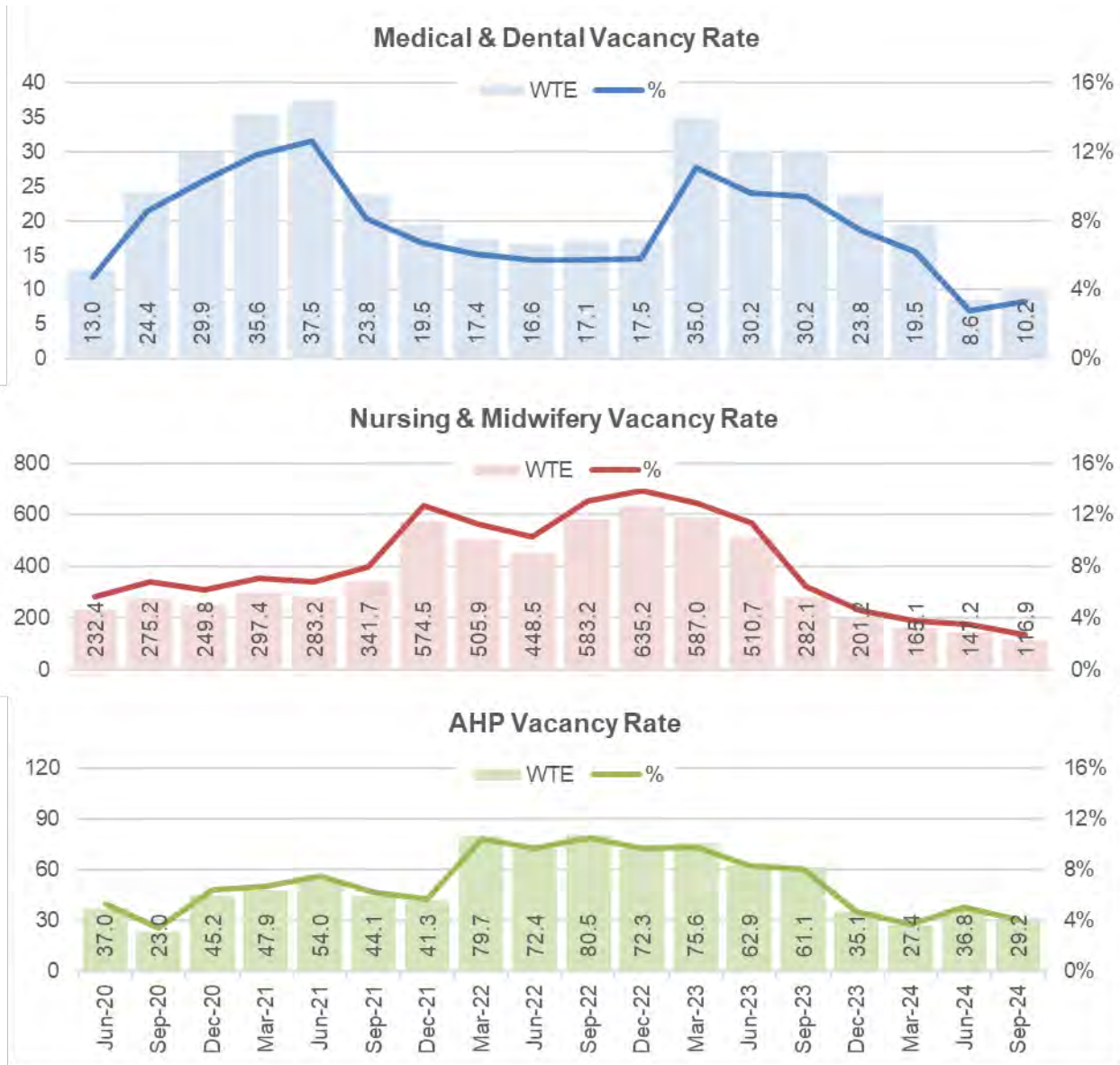
To improve health and wellbeing | 5 | 3 | 2 | - | - | ◀▶ | High

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Smoking Cessation (2024/25)	97	YTD	Jul-24	157	473	⬤	—	—		🟠	QE Mar-24
Alcohol Brief Interventions (2024/25)	103%	YTD	Jun-24		80%	⬤	—	—		⚪	
Drugs & Alcohol Waiting Times	94.5%	Quarter	Jun-24		90%	⬤	🔶	🔺	⤴	🟠	QE Jun-24
CAMHS Waiting Times	92.5%	Month	Oct-24	90.0%	90%	◯	🔶	🔺	⤴	🟠	QE Jun-24
Psychological Therapies Waiting Times	82.9%	Month	Oct-24	73.0%	90%	◯	🔺	🔺	⤴	🔴	QE Jun-24
Mental Health Readmissions within 28 days	5.8%	Quarter	Jun-24			⬤	🔶	🔻	⤴	🟢	YE Jun-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	⬤	—	—		🔴	2021-23
Bowel Screening	66.2%	2-YTD	Apr-23		60%	⬤	—	—		🔴	2022-23
AAA Screening	87.3%	YTD	Mar-23		85%	⬤	🔺	🔺		🟢	2022/23
Infant Feeding	36.4%	Month	Jun-24			◯	🔺	🔺	⤴	🟠	QE Jun-24
Child Developmental Concerns	19.4%	Quarter	Jun-24			◯	🔻	🔻	⤵	🔴	QE Jun-24
Immunisation: 6-in-1 at Age 12 Months	94.0%	Quarter	Sep-24		95%	◯	🔻	🔶	⤵	🟠	QE Jun-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter	Sep-24		92%	◯	🔶	🔻	⤵	🔴	QE Jun-24
Flu Vaccination (Winter, Age 75+)	78.2%	Week to	01-Dec		80%	⬤	—	—		🟠	ME Nov-24
COVID Vaccination (Winter, Age 75+)	75.4%	Week to	01-Dec		80%	⬤	—	—		🟠	ME Nov-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 2024/25)

97 quits
61.8%
(to Jul-24)

60 ↑ successful quits were required to achieve Trajectory for Jul-24

C4. Public Health & Wellbeing

Data Analysis

There were 22 successful quits in Jul-24 for the 40% most deprived SIMD areas, which is 17 short of the monthly target. Achievement against trajectory is 61.8% for Apr-Jul 2024 (compared to 56.7% for Apr-Jul 2023).

For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: and total quit success rate for Apr-Jul 2024 (22%) was better than in Apr-Jul 2024 (18%).

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Mar-24 (Q4), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 61.8% against a Scottish average of 73.8%.

Achievements & Challenges

The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There remains no movement on the national review of all board's standards which was expected to begin in 2024.

Fife have been invited to take part in a working group led by Scottish Government to Embed Prevention for Nicotine Dependency in Pregnancy. The aim & ambition of the group is to create an action plan on a Once for Scotland basis that will support pregnant smokers. We are pleased to contribute to this national group and in turn use the opportunity to improve access and successful quits for pregnant smokers and their friends/family. We have a dedicated clinic in both QMH & VHK maternity units weekly.

Following the presentation of the Stop Smoking Service deep dive paper and SBAR we have progressed recommendations and increased our outreach & promotional events/stalls to continue to raise awareness of the support available in our most deprived areas. We are promoting clear and consistent messaging directly to FHSCP services and other key external partners at locality level.

Specialist clinic provision across Fife has changed to meet the demand and needs of people seeking support & in response to feedback. We have increased the outreach schedule to 12 sessions, alongside the 38 static clinics in NHS & community sites per week. These clinics continue to offer an individualised approach of support including telephone and video sessions.

In the last quarter we have delivered training events to colleagues across FHSCP networks on Vaping & Young People, Cost of Smoking and IMPACT. These have been well received and supported colleagues to have a greater understanding of how to refer to the service. We are waiting to finalise the new data report for smoking cessation, local data presented is to end of July 2024, and national benchmarking up to March 2024.

27/37

54/375

National Standard: 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

92.5%

Trajectory achieved
As of Oct-24

C4. Public Health & Wellbeing
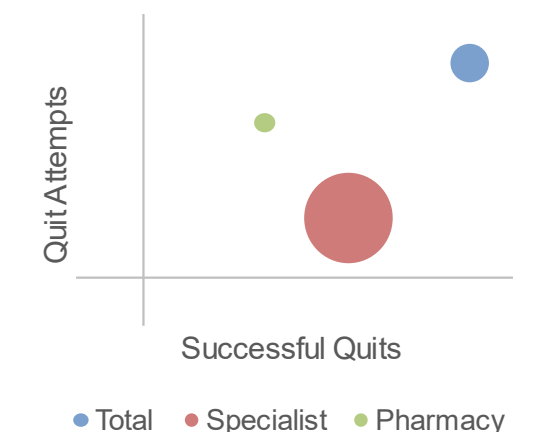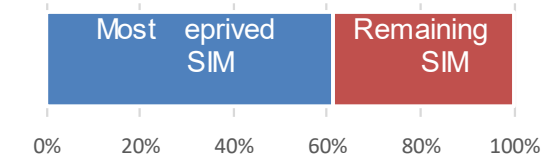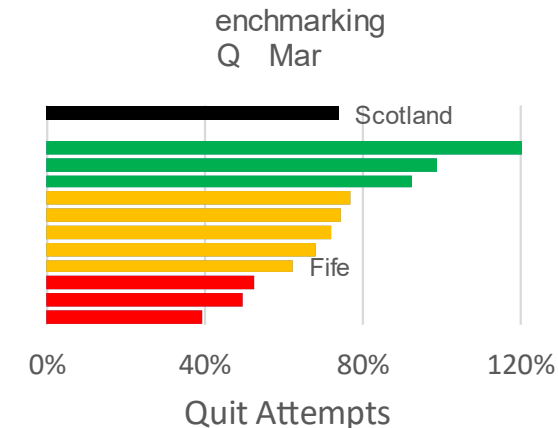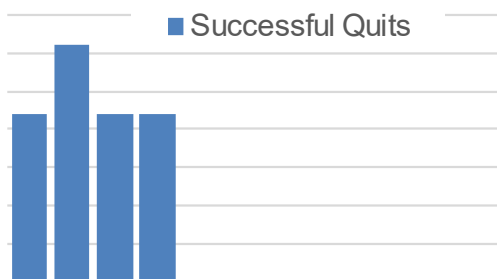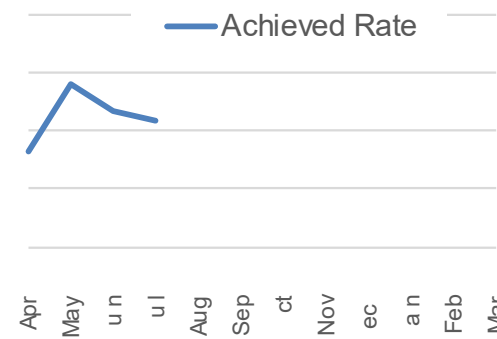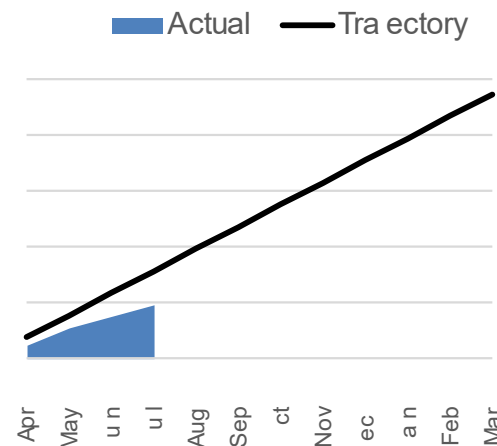
Data Analysis

Monthly performance decreased from 93.2% in Sepl-24 to 92.5% in Oct-24 which remains above local trajectory.

In Oct-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 1 in Oct-24 from 5 month prior.

The percentage of those waiting less than 18 weeks increased in Oct-24 to 98.1%.

The number of referrals received in Oct-24 was 183, a decrease from Sep-24 and lower than same month in 2023 .

The overall waiting list decreased to 54 the lowest number in the last 24 months.

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

Achievements & Challenges

The average trend over the past year shows a decrease in the total number of referrals, with the number of accepted referrals holding steady.

The service has identified and adopted many positive strategies to reach this point of success and the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for five consecutive months, June to October 2024.

To ensure we sustain the progress made on both the reduction in waiting list and meeting RTT for three months, it is imperative that vacancies are filled, and capacity is not further reduced.
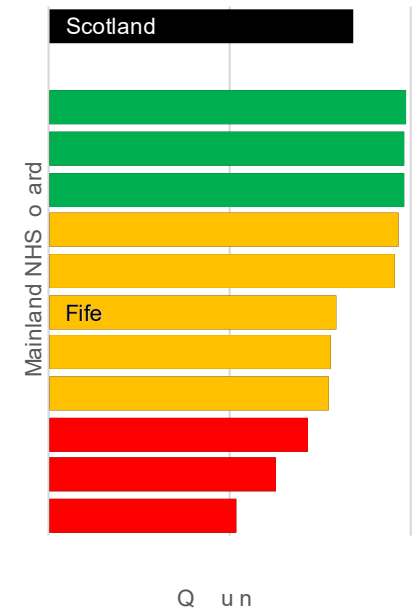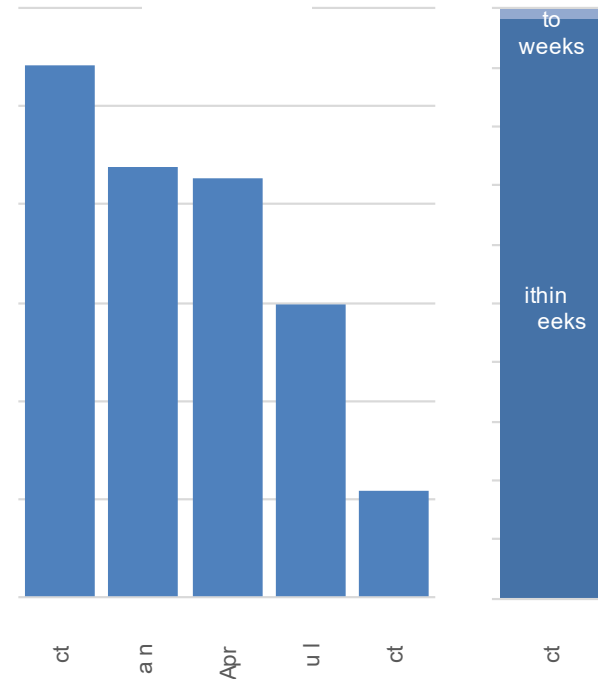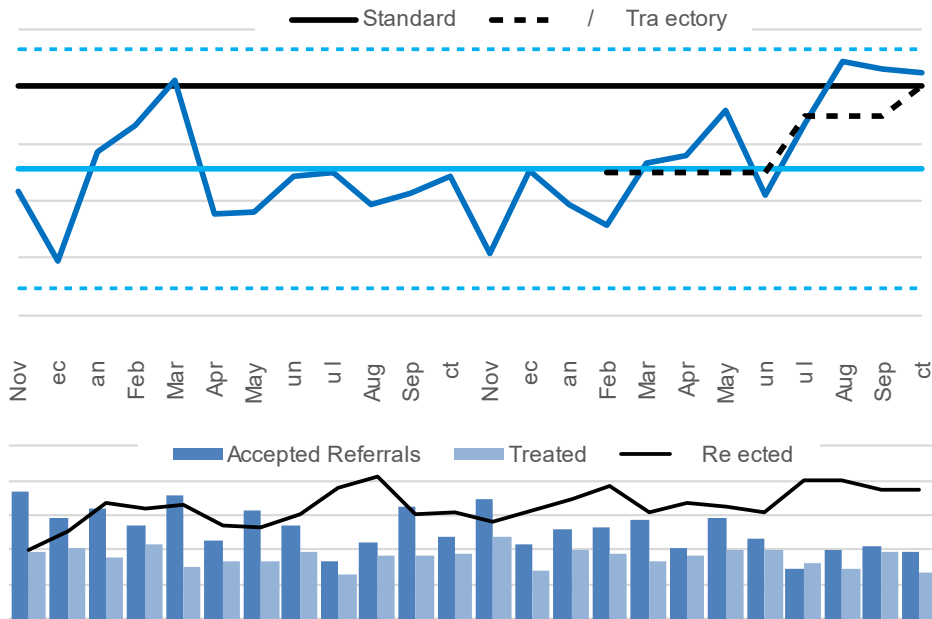
Psychological Therapies

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

82.9%

Trajectory achieved as of Oct-24

Data Analysis

In Oct-24 537 patients started therapy, this was less than the 650 in Jul-24, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks remained static (445) compared to Sep (449), but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 82.9%, which is above local target for 2024/25.

The overall waiting list has increased to 2309 from 2268 in previous month, with the number waiting over 18 weeks increasing to 933 and the number over 52 weeks increasing to 179.

Referrals for all ages decreased by 22 (892) from month prior.

The % of referrals that were rejected in Oct-24 was 11.1% which is less than the previous 2 months of>13%

NHS Fife was in the low-range of NHS Boards as of the last quarterly PHS for the QE Jun-24 and was below the Scottish average (67.8% compared to 80.4%).

Achievements & Challenges

More first appointments for therapy were offered in the 12 months to October 2024, compared to previous 12 months. This is one indicator that access to PTs continues to improve. Performance on the waiting times target hit the local trajectory in August and has been above it for the past two months. However, there has been no reduction in the number of patients waiting over 52 weeks since July 2024, with October showing an increase in these waits. Referral rates for adults with complex problems remains higher than capacity for provision of highly specialist PTs. It is too early to say whether this month's increase in those waiting over 52 weeks is a substantive indicator of the impact of this capacity gap. The service continue to monitor this.

Service redesign and evaluation is on-going. In addition, the Psychology Service is working closely with colleagues from the Scottish Government's PT implementation support team with a focus upon more detailed trajectory modelling. The service continues to progress improvements in line with the SG Psychological Therapies and Interventions specification.

Mental Health Readmissions

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

5.8%

' etter' than Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.8%, increasing from 3.7% in QE Mar-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.3 per month for the first three months of 2024/25. Average length of stay has been increasing since QE Nov-23 and was 93.7 days for QE Jun-24.

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

On average, to year ending (YE) Dec-23, there was 10.3 readmissions per month within 133 days. Rate for QE Dec-22 was 12.9% with 33 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.5% with 47 readmissions.

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

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. The Complex Cases Panel and the Complex Delays Discharge planning group are multi-agency meetings developed to ensure that either packages of care in the community fit individual needs or individualised packages of care are in place prior to discharge to ensure appropriate support is in place and readmission is minimised. Daily ward based, Multi-disciplinary clinical reviews promote care that is least restrictive and aim to address barriers to discharge and identify supports that will minimise future readmission.

Community teams continue to promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible. A reduction in surge beds across all adult acute MH admissions wards has reduced the capacity from 89 to 77. This requires services to ensure discharge packages of care are established within appropriate time scales that reflect individual need to maximise flow through the inpatient system and are sufficiently robust to ensure re-admission rates remain low.

Breast Screening

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

73.4%	**6.6%** ⬆	To achieve target

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

63.2%	**6.8%** ⬆	To achieve Minimum Standard

C4. Public Health & Wellbeing

Data Analysis

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

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

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

Achievements:

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

Challenges:

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

Uptake %

Uptake % by SIMD

Benchmarking
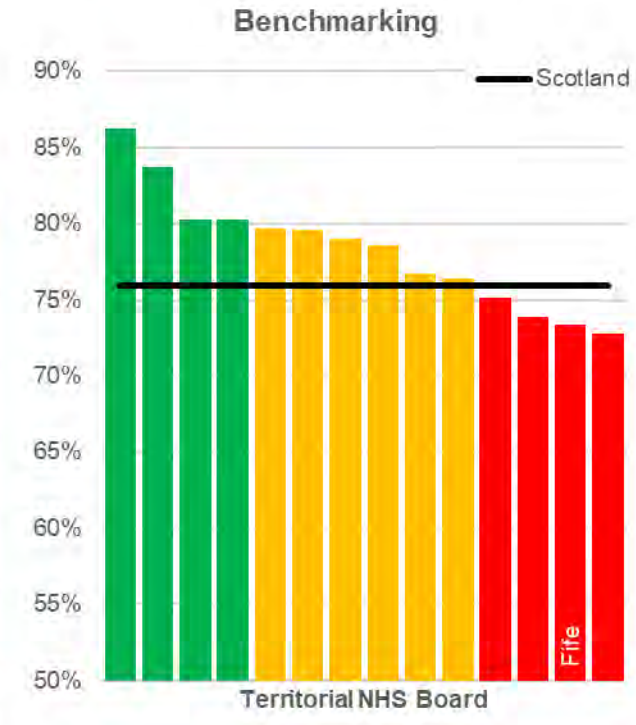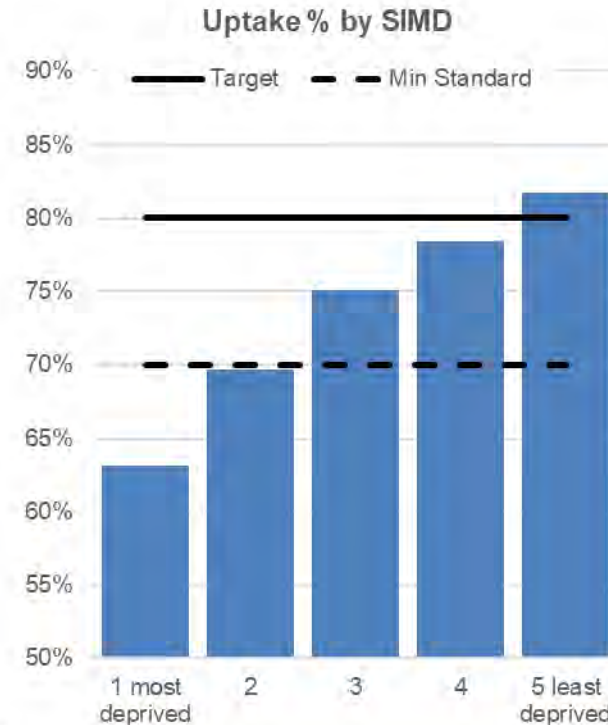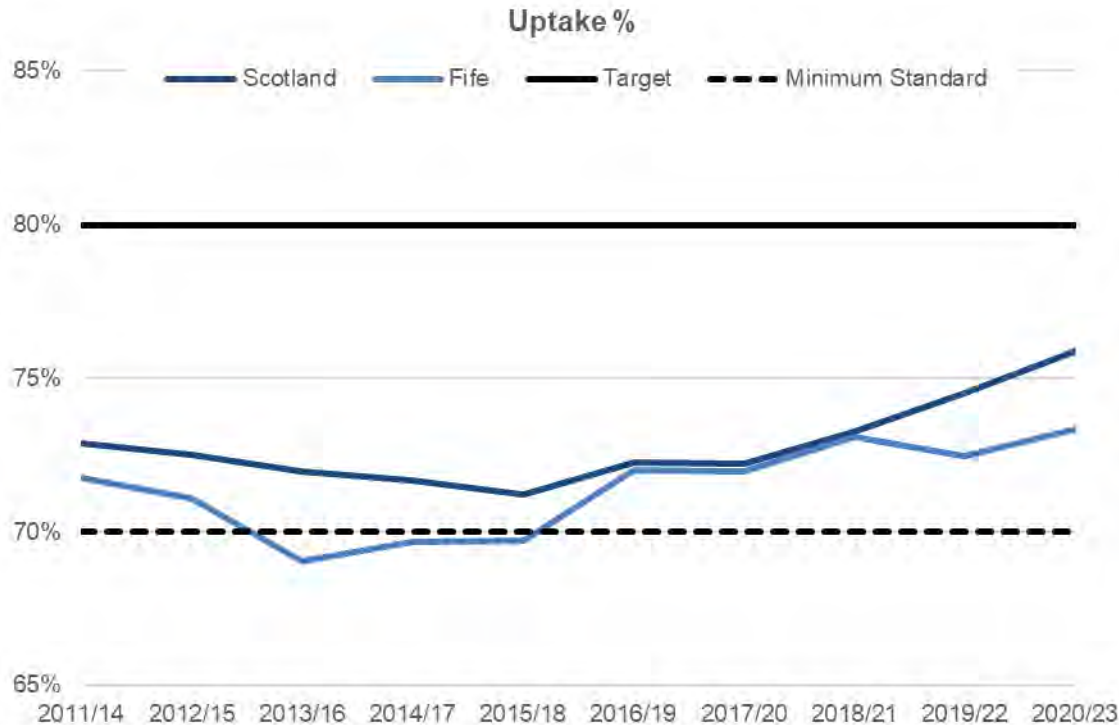
Bowel Screening

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

Target achieved for May-21 to Apr-23

4.6% ↑ to achieve target for all persons

Data Analysis

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

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

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

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

Achievements:

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

Challenges:

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

Uptake %

Fife: Males 64.1%, Females 68.3%, All persons 66.2%
Scotland: Males 63.6%, Females 68.6%, All persons 66.1%
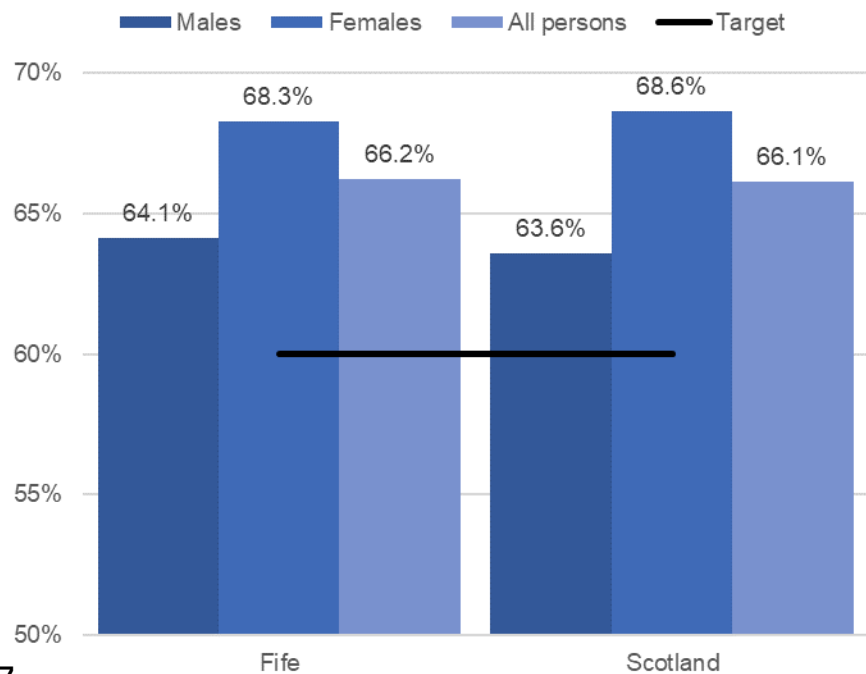
Uptake % by SIMD
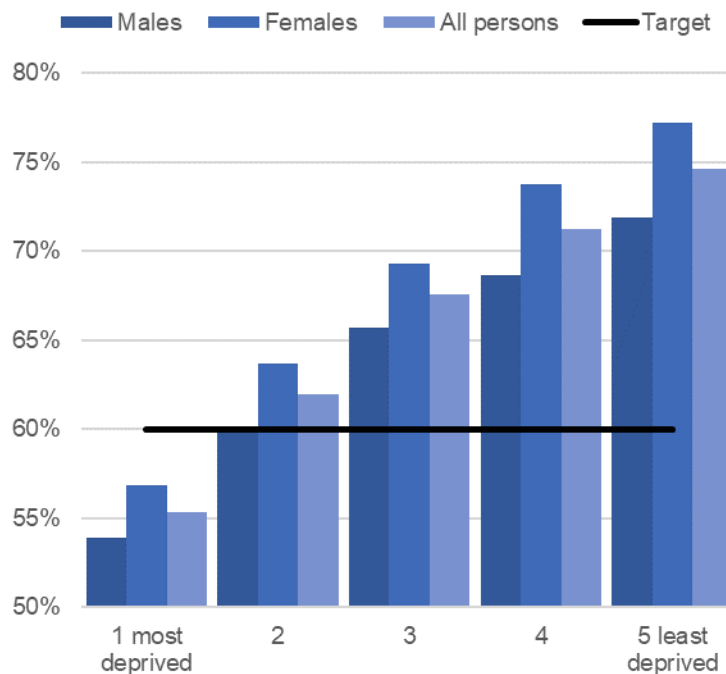
Benchmarking
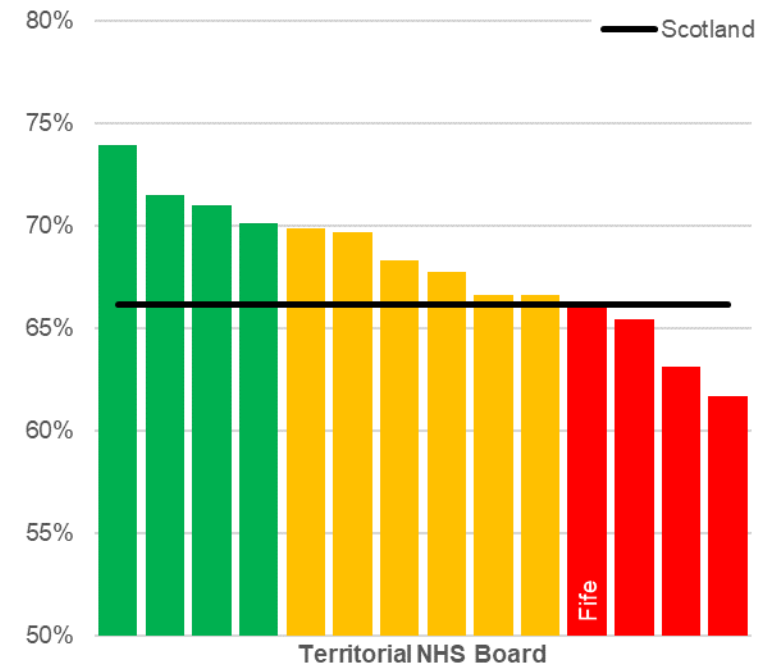
AAA Screening

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

C4. Public Health & Wellbeing

Data Analysis

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

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

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

Achievements:

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

Challenges:

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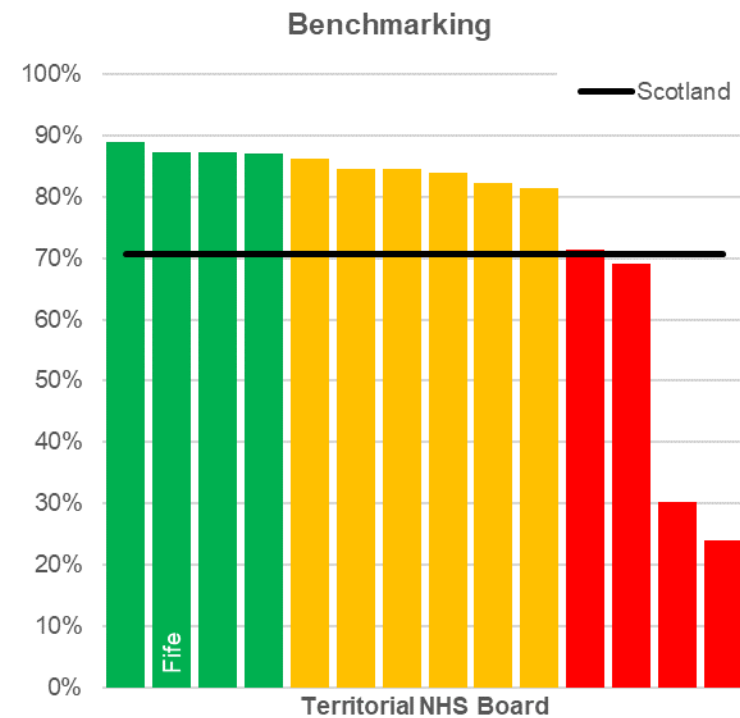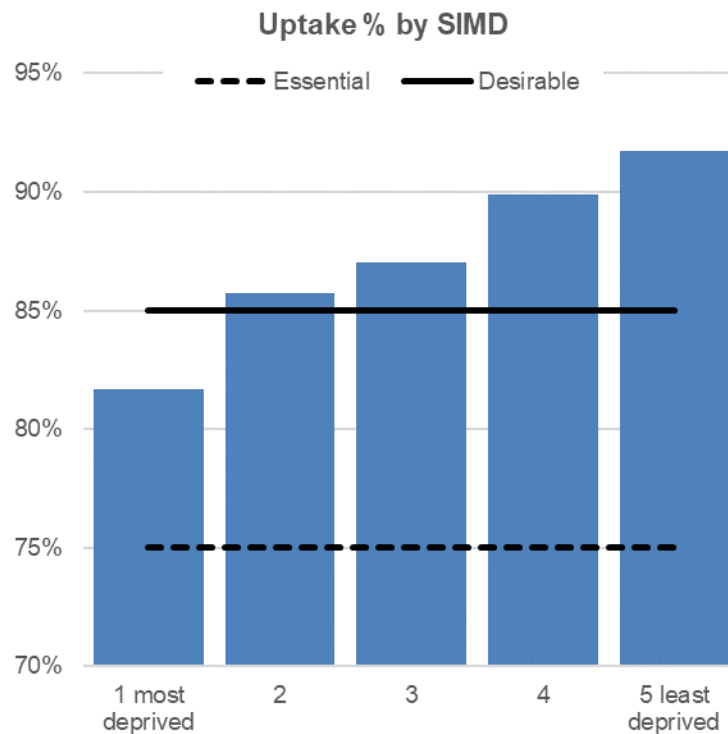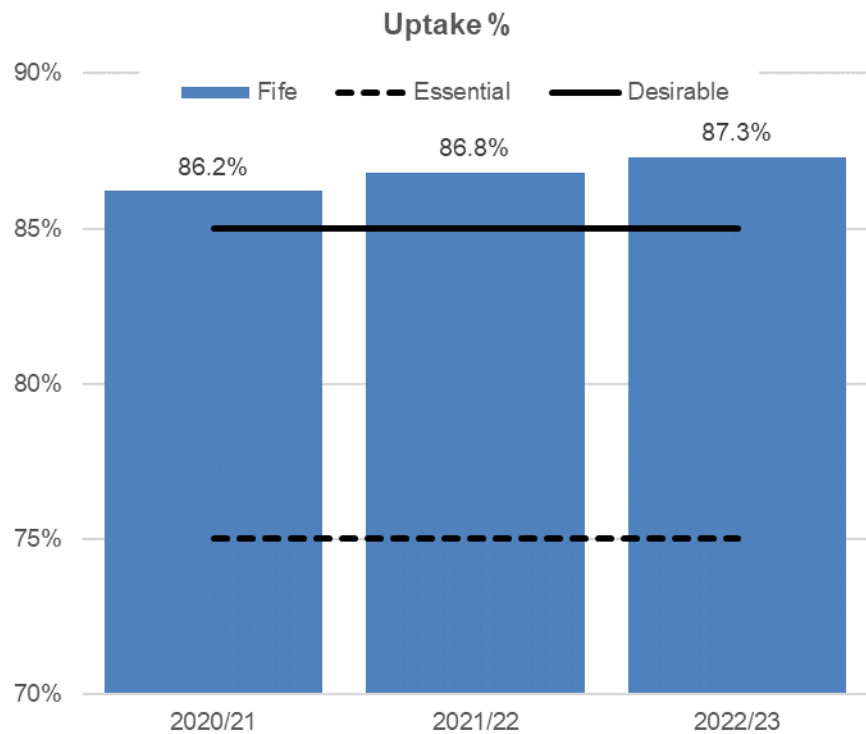
Uptake %

Uptake % by SIMD

Benchmarking

C4. Public Health & Wellbeing

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Jun-24 was 36.4%, an increase of 7.0% from month prior. The % that had Ever Breastfed increased to 71.7%.

Exclusively Breastfed at First Visit decreased from 41.8% in May-24 to 36.9% in Jun-24 with a slight reduction in % Ever Breastfed to 66.2% from 68.5% month prior.

Comparing Year Ending (YE) Jun-23 to YE Jun-24, there was improvement in both First Visit and 6-8 Week Review in all infant feeding categories except for % Ever Breastfed.

NHS Fife remains in the Mid-range compared to mainland NHS Boards in Jun-24 for % Exclusively Breastfed for both First Visit (NHS Fife 36.9%; highest 52.8%) and 6-8 Week Review (NHS Fife 36.4%; highest 51.2%).

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

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

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

HV/FN/Breastfeeding Support across Community Children's Services received UNICEF baby friendly Gold Award.

Fife has a successful breastfeeding pump loan scheme and has just purchased 50 new pumps

Challenges: Increased long term sickness absence rates within Breastfeeding team impacting on support available for complex feeding issues.
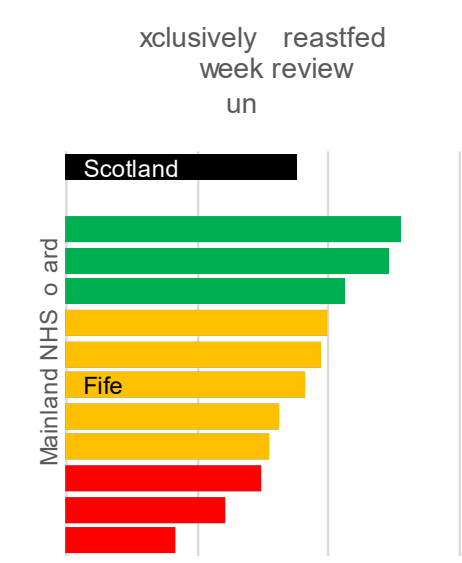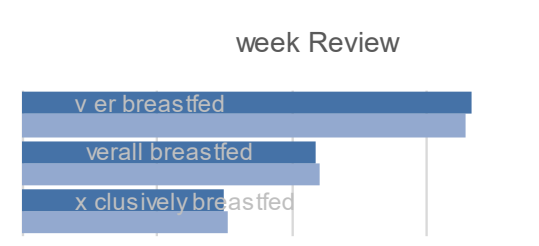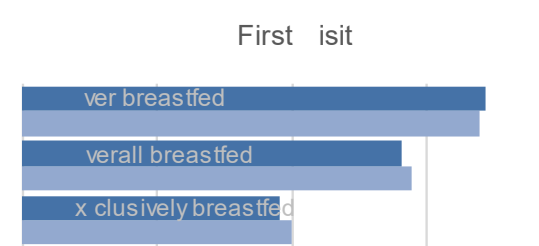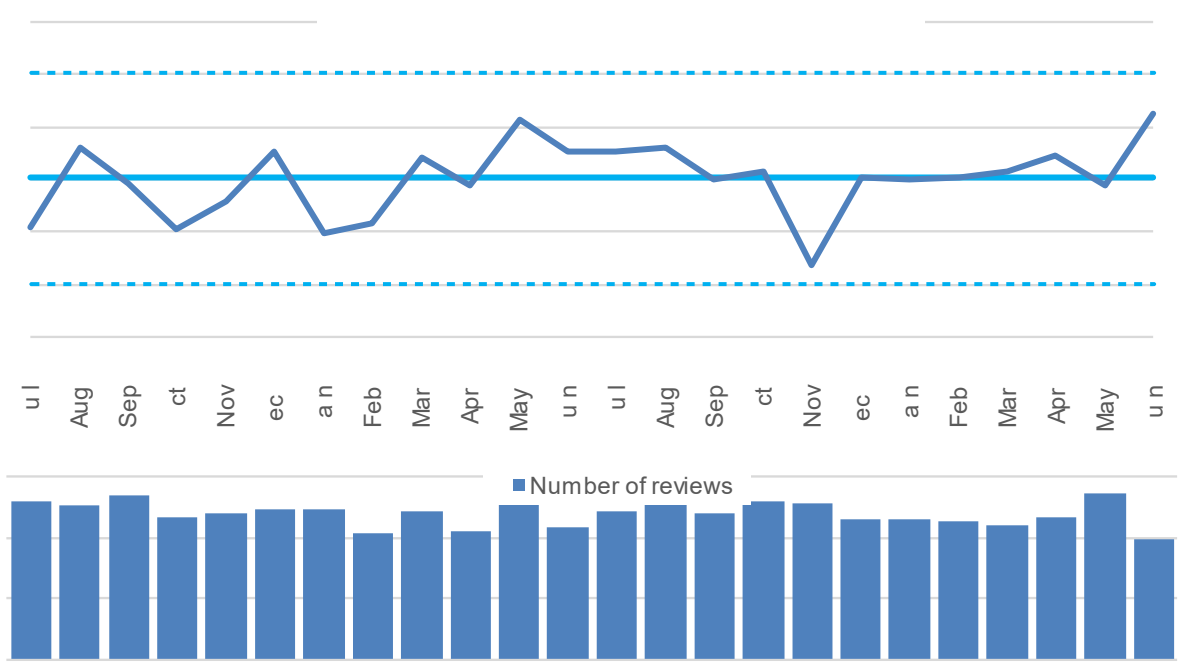
Developmental Concerns

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

19.4%

'worse' than Scottish Average

C4. Public Health & Wellbeing

Data Analysis

For quarter ending (QE) Jun-24, the % of children with one or more development concerns at 27-30 month review has increased to 19.4%. This is an increase of 4.4% since QE Dec-23 and highest % since Dec-22 (19.5%). There were 715 reviews in QE Jun-24, 13% less than in QE Mar-24.

NHS Fife is in the lower-quartile of all Mainland NHS Boards (best performing was 11.3%). From 678 reviews carried out at 13-15 months, 16.4% of children had one or more development concerns. This has gradually decreased since QE Mar-23.

From 1144 reviews carried out at 4-5 years, 13.9% of children had one or more development concerns. This is a relatively low percentage, but number of reviews was high and % of meaningful reviews was low.

Achievements: HV Service delivery of Universal Health Visiting Pathway across Fife by HVs.

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

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

Face to face reviews with children within the home setting.

Early intervention strategies supported by CNN.

Challenges: CNNs utilised to support developmental reviews. Difference of skill set between HV and CNNs.

There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.
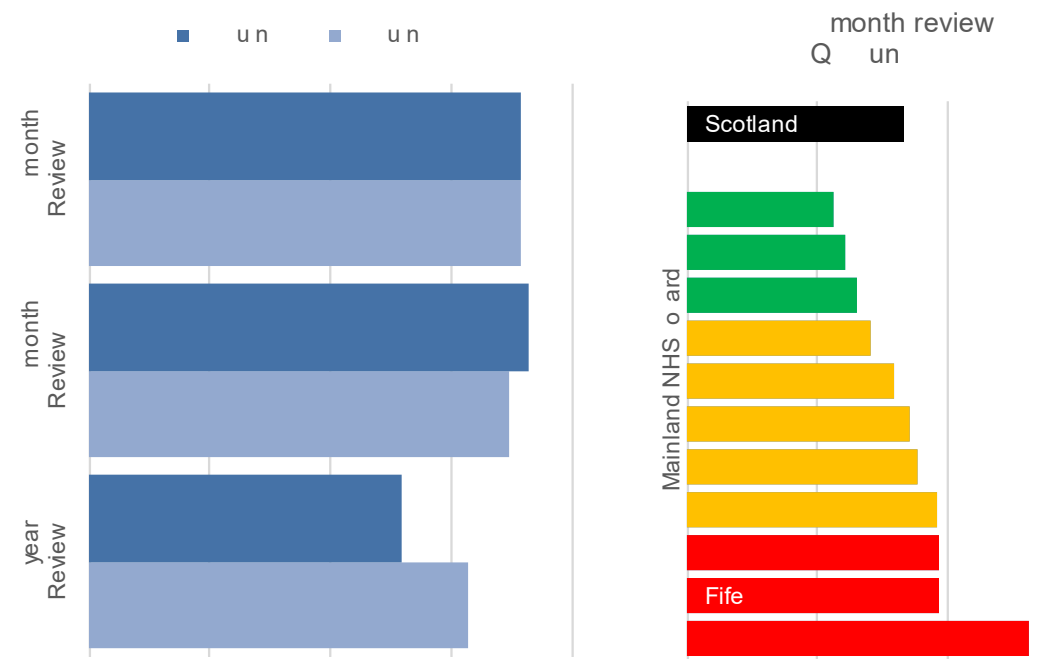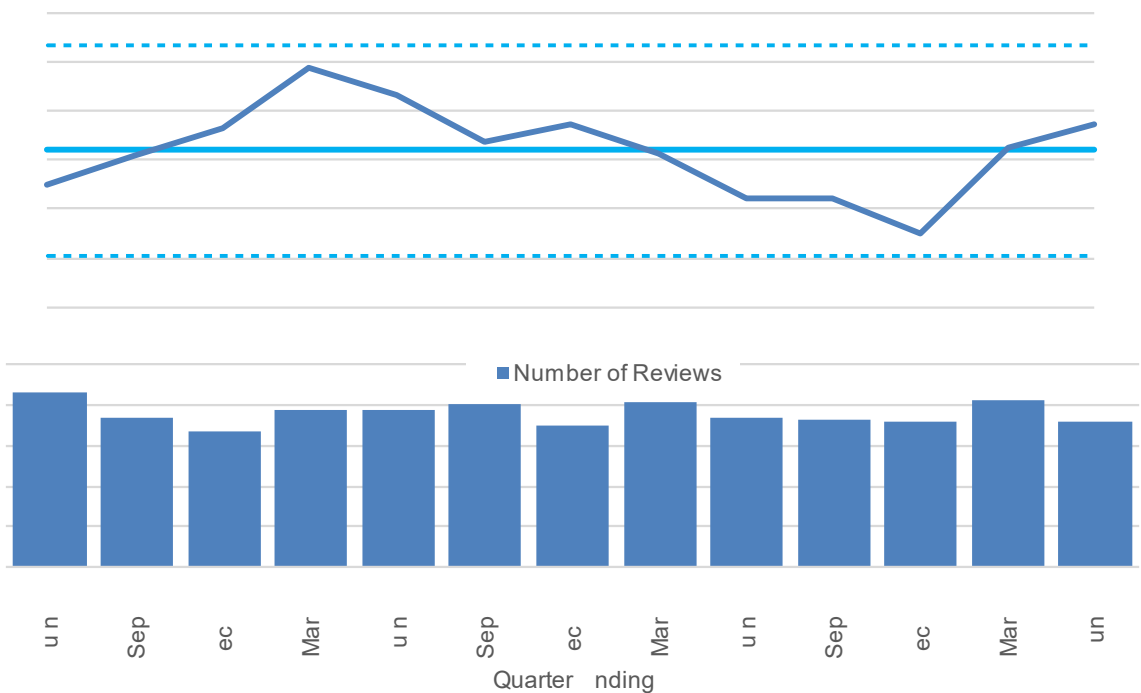
95% of children will receive their 6-in-1 vaccinations by 12 months of age

94.0%

8 ⬆ to achieve target

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

85.7%

60 ⬆ to achieve target

C4. Public Health & Wellbeing

Data Analysis

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

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

Service Narrative

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

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

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

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

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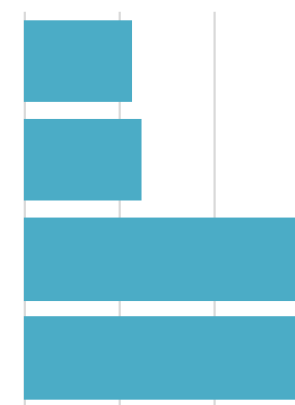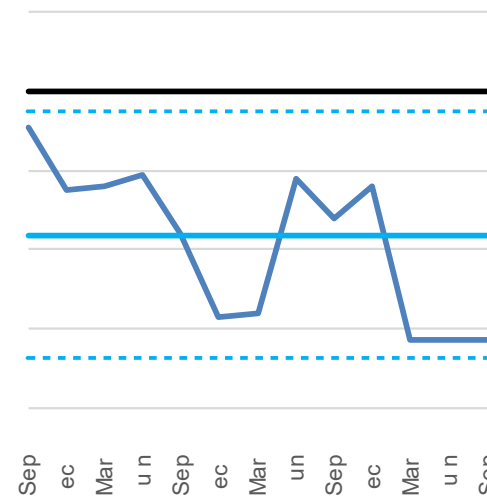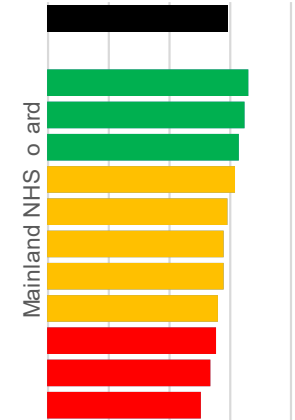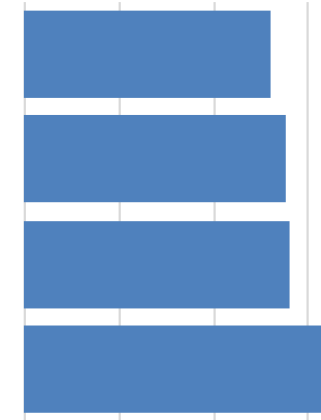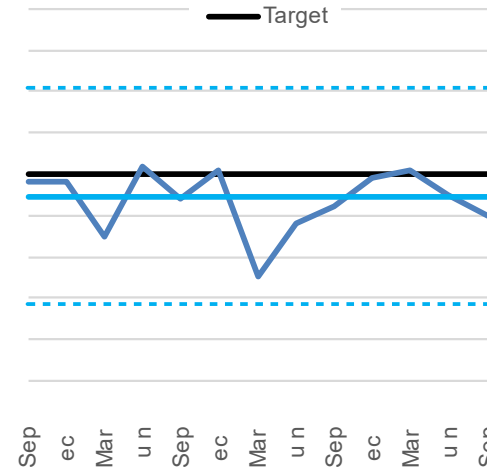
Influenza/Covid Vaccinations

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

78.2%

' e tter' than Scottish Average

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

75.4%

' e tter' than Scottish Average

C4. Public Health & Wellbeing

Data Analysis

Influenza: As of 01 Dec-24, uptake for Influenza vaccination in Fife for ages 75+ was 78.2% with numbers plateauing. Care Home residents are the priority group with the highest uptake at 78.2%. Uptake for all Health Care Workers was 23.8%. Fife is in the mid-range of all Scottish boards for overall uptake at 48.2% (Scottish average 44.4%).

Uptake for Children overall was 45.6% with the highest uptake being the Primary cohort at 64.7%.

Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 75.4% and numbers had plateaued but have seen a slight increase recently. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 78.2%. Uptake for Frontline Health Care Workers is 15.4%. Fife is in the mid-range of all Scottish boards for overall uptake at 44.3% (Scottish average 40.4%).

Achievements & Challenges

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalization and death.

All eligible citizens have been offered an appointment by the 8th December as per guidance and agreement. Mop up and drop activity now continues until the end of January for Covid vaccination and the end of March for Flu vaccination

Staff have been able to access flu vaccination via local Pharmacy, dropping in to any of the Community Clinics and Peer vaccination was also offered this year. Key focus has been on Flu uptake for this cohort. Some targeted work is ongoing to optimize flu uptake for healthcare workers, including roving clinics at VHK and QMH.

High school pupils were given an appointment time this year as part of a test of change, school mop up continues the week of the 9th December and uptake will be fully evaluated following this.
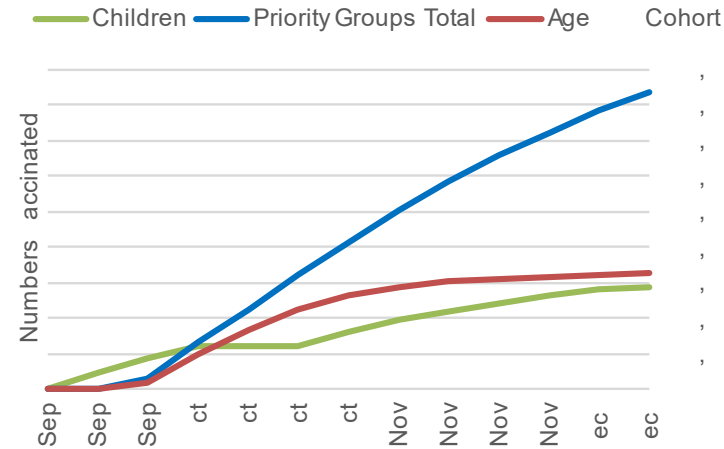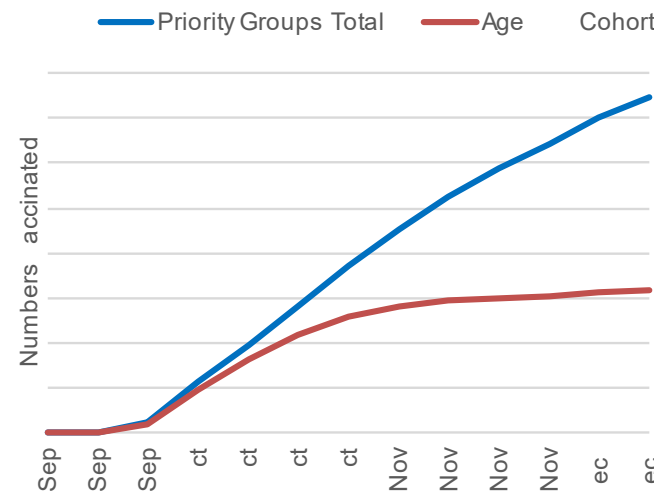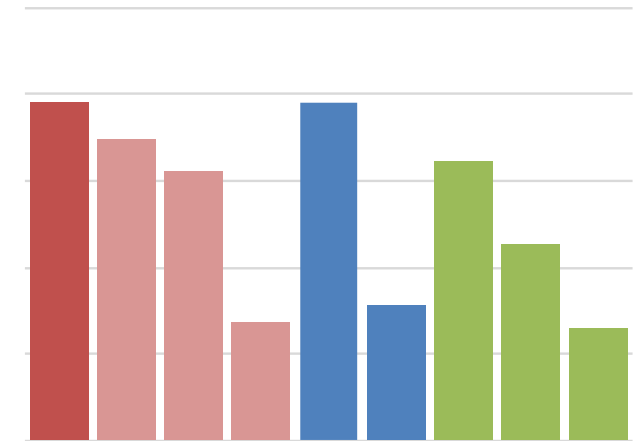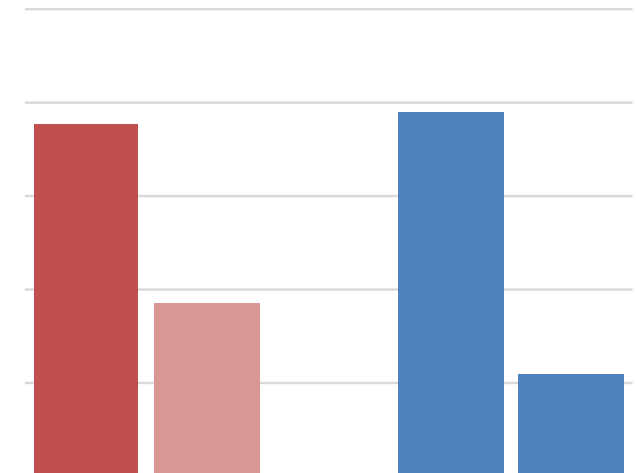
NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**30 January 2025**
Title:	**Financial Performance Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

Executive Summary

- The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.
- There is a reasonable level of confidence we will achieve £23.5m of the 3% efficiency target and a further push is now on to bridge the £1.5m gap in projected delivery in the final months of the year.
- At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan. This improvement is however limited to the health board retained budget position.
- Whilst the run rate overspend is improving, further sustained improvement is necessary in the remaining months of the financial year to move as close to a break-even position as possible.
- The IJB health delegated position has deteriorated significantly in-year and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated further which presents a significant additional challenge to the overall NHS Fife board forecast position. The level of the level of overspend reported at the end of November 2024 is tracking at 94% of the full year forecast outturn which signals that run rate must be contained and savings targets must deliver to align outturn to forecast.
- The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024.
- As requested in the Scottish Government feedback letter on the Q2 review, the Chief Executive has prepared a formal notification to Scottish Government of the potential in-year brokerage required to facilitate delivery of a break-even position for 2024/25.

1   Purpose
This report is presented for:
- Assurance

This report relates to:
- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities to Deliver Value & Sustainability

This report aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for NHS Fife for the 8 months to November 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). As previously reported, an additional allocation for New Medicines Funding advised in July 2024 reduced the gap to £51.350m.

2.2 Background

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

2.3 Assessment

At the end of November, we are reporting an overspend against revenue budgets of £28.488m. This position comprises an overspend for health board retained services of £12.498m and £15.990m for the health delegated budget (IJB). The health board retained budget position has improved compared with the average monthly overspend run rates for the previous 7 months of the financial year following the allocation of the additional NRAC funding which reduces areas of recurring cost pressure. Further action is however 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 November 2024 of £12.498m includes a continuation of the underlying and new cost pressures described in the financial plan. At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. It is important to note

that savings trajectories are now higher in the remaining 4 months of the year which will require an increased focus on grip and control to ensure delivery of the minimum 3% planned cost reductions required.

The reported overspend on the health delegated budget of £15.990m is of significant concern. Moreover, the level of overspend reported at the end of November 2024 is tracking at 94% of the full year forecast outturn which signals that run rate must be contained and savings targets must deliver to align outturn to forecast. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. The IJB approved a formal recovery plan to the October, the latest reported position of the IJB is indicating that the recovery plan actions are unlikely to be delivered in full and as a consequence the overall forecast overspend position for NHS Fife is currently reflecting this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

As requested in the Scottish Government feedback letter on the Q2 review, the Chief Executive has prepared a formal notification to Scottish Government of the potential in-year brokerage required to facilitate delivery of a break-even position for 2024/25.

Taking all the issues noted in the report, the level of assurance at this stage remains "limited" with all efforts continuing to support an improvement in the position.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board corporate risk register. An assessment of the major financial risks is contained in the Medium-Term Financial Plan. The target level of "moderate" for the in-year position has now been increased to "high".

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

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

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the monthly review process in consultation with senior finance colleagues, Directorate Management Teams across both NHS Fife and the IJB and monthly financial reporting to the Scottish Government.

2.3.8 Route to the Meeting

EDG – 9 January 2025
Finance, Performance & Resources Committee – 14 January 2025

2.4 Recommendation

Members are asked to **take assurance** on the information provided in relation to:

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

3 List of appendices

Appendix 1 – Finance Report for November 2024

Report Contact
Margo McGurk
Director of Finance
Margo.mcgurk@nhs.scot

Appendix 1

1.   Financial Position November 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 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, 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. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m.

1.2   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 which could be taken to improve the financial position. We received their formal response which includes a number of actions they require to be taken forward by the board by Quarter 2. These include:

- *"an update on work with the IJB to provide system-wide solutions to address the overspends in adult social care;*
- *further details of the property exit plans, including an assessment on the return on investment that these would achieve; and*
- *review of longer-term savings plans that can be brought forward through the NHS Board's Re-Form, Transform and Perform programme to help support 2024-25."*

In November 2024 we met with Scottish Government to discuss the Q2 financial position. The review reflected on the progress in relation to the Q1 actions. We discussed the consistent and relatively positive performance against the health board retained 3% efficiency savings target, albeit the challenge remains to deliver against the remaining savings by the year-end. The health delegated budget position was also discussed including the in-year deterioration to the forecast. We received feedback on the review from Scottish Government (letter attached at Appendix C) .

Scottish Government have advised that whilst NHS Fife is not forecast to meet the current brokerage cap, that the Board must continue to work towards achieving this. In the event that this is not possible which is now almost certain, Scottish Government require a letter to be sent by the Chief Executive to the Director General for Health and Social Care, setting out the work being progressed by the Board to move closer to brokerage cap, the reasons this has not been achieved, and assurance that the Board are evaluating options

and developing a detailed plan to return the Board to a financially sustainable position over a three-year period. This letter will be sent alongside submission of the Month 8 return.

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 November, we are reporting an overspend against revenue budgets of £28.488m as detailed in Table 1A below. This position comprises an overspend for health board retained services of £12.498m and £15.990m for the health delegated budget (IJB).

TABLE 1A Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	307,542	209,006	219,188	-10,182
IJB Non-Delegated	10,144	7,000	6,554	446
Non-Fife & Other Healthcare Providers	99,406	66,459	70,634	-4,175
Non Clinical Services				
Estates & Facilities	98,781	64,100	64,047	53
Board Admin & Other Services	97,583	66,061	65,290	771
Other				
Financial Flexibility	35,614		-59	59
Income	-38,926	-25,688	-26,218	530
TOTAL HEALTH BOARD RETAINED SERVICE	**610,144**	**386,938**	**399,436**	**-12,498**
Health & Social Care Partnership				
Fife H & SCP	438,600	292,732	308,722	-15,990
TOTAL HEALTH DELEGATED SERVICES	**438,600**	**292,732**	**308,722**	**-15,990**
TOTAL	**1,048,744**	**679,670**	**708,158**	**-28,488**

For health board retained budgets, this is an improved position compared with the average monthly overspend run rate for the previous 7 months of the financial year.

1.5   The reported overspend on the health delegated budget of £15.990m is of significant concern. Moreover, the level of overspend reported at the end of November 2024 is tracking at 94% of the full year forecast outturn which signals that the run rate must be contained and savings targets must deliver to align outturn to forecast in the remaining months of this financial year. We continue to discuss this significant system risk and variation from plan with the IJB and Fife Council. The IJB approved a recovery plan in October totalling £13.5m as a response to the deteriorating position. The latest reported position of the IJB is indicating that the recovery plan actions have yet to deliver any

significant cost reduction and are unlikely to be delivered in full. As a consequence the overall forecast overspend position for NHS Fife is reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

1.6   We require to sustain the level of work completed to date and take forward all achievable options to further improve the forecast position as far as possible if we are to maintain or improve our position on the NHS Scotland Support and Intervention Framework. We are currently at stage 2 on the framework in relation to financial performance. The chart below tracks our financial performance since the beginning of the financial year.
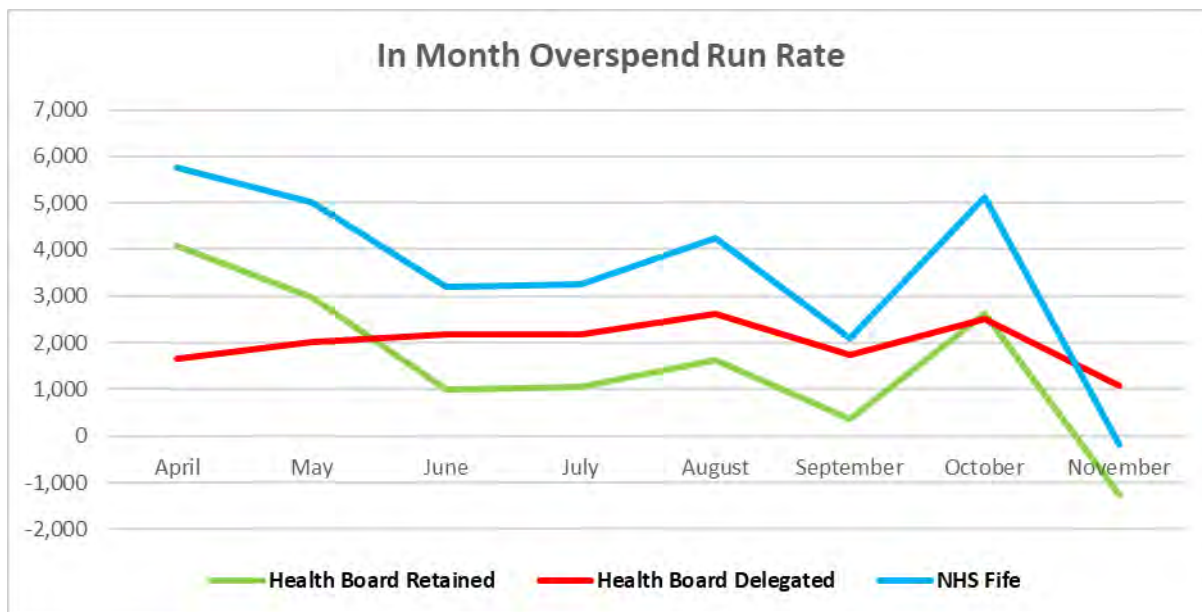
For health board retained, the run rate peaked in April then began to reduce during May due mainly to additional allocations presenting in the first 2 months of the year (e.g., Planned Care). In June, the run rate significantly reduced through a combination of additional funding and the RTP 3% savings beginning to be realised. In July, the in-month position flat-lined with that of June. However, in August spend across several areas increased beyond spend patterns in the previous 4 months reflecting some seasonality, for example 5 week pay month. The monthly overspend decreased significantly in September which indicated an improving position; however this included a number of non-recurring one-off benefits, additional allocations and lower drugs spend than previous months.

The monthly overspend run rate for October increased due mainly to increased drugs expenditure and pay award expenditure on supplementary which is not funded. The November position reflects 8 months pro-rata of the NRAC funding allocation which is the main driver of the improved run rate. This funding was previously held in reserves and impacted the year-end forecast but not the in-month position.

The 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.

In relation to the health delegated budget, we were notified during October of a reduction in Mental Health funding from Scottish Government alongside the receipt of 6 months of GP prescribing data which indicated an increase in both volume and unit price. In previous months, the monthly overspend on GP prescribing decreased which highlights the monthly

fluctuations and volatility within this expenditure budget. There is a significant level of risk associated with the health delegated budget position which requires to be addressed through both the delivery of planned savings and the recovery plan as referenced in this paper.

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.

2 Health Board Retained Services

2.1 At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan. This improvement is however limited to the health board retained budget position.

2.2 The overspend to the end of November 2024 is £12.498m and includes a continuation of the underlying and new cost pressures described in the financial plan, albeit some have reduced following the allocation of the additional NRAC funding. The following graphic identifies that these specific cost pressures are driving all of the overall overspend £12.498m position for the period. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions.

Recurring Pay Pressures MTFP £4.433m Actual £1.475m	Surge Beds MTFP £2.249m Actual £1.859m	DIT non-compliant Rotas MTFP £1.321m Actual £0.320m	Medicines MTFP £1.176m Actual £0.592m	Diabetic Pumps MTFP £1.718m Actual £0.822m	External Healthcare Provider MTFP £3.989m Actual £4.175m
Surgical Sundries & Instruments MTFP £1.173m Actual £0.994m	Decon. Costs MTFP £0.557m Actual £0.803m	Infrastructure Costs incl energy MTFP £2.255m Actual £1.196m	Emerging Infrastructure Costs Actual £0.071m	LIMS MTFP £0.383m Actual £0.278m	MTFP – Expected Savings £14.285m Actual £13.774m

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 Pay award funding for Agenda for Change staff was received in October 2024. 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) was confirmed at £200m nationally. The NHS Fife share is £13.7m and costs must be contained within this amount. Expenditure incurred to November has been relatively low due to the timing of implementation across services with only £0.215m recorded in the reported overspend across the Health Board and the IJB. Work is ongoing locally and nationally to determine the level of potential in-year flexibility from this allocation as a result of the time it will take to fully assess and implement these reforms.

2.6 The Acute Services Division is reporting an overspend at the end of November of £10.182m. This is driven mainly by the cost pressures noted in the graphic at para 2.2. The average monthly overspend for the first 7 months of the financial year was £1.639m which decreased to an average in month overspend of £1.272m in November. This improvement is largely due to the allocation of NRAC funding.

2.7 The £10.182m overspend in Acute Services is across both pay budgets at £4.165m and non-pay budgets at £6.017m. The total pay overspend of £4.165m includes the costs of recurring pay pressures, surge and junior doctor rota compliance partially offset by the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £2.762m with an underspend in registered staff of £1.317m giving a total overspend on nursing of £1.445m. Senior medical staffing was overspent by £0.404m and junior medical staffing was also overspent at £1.977m. This position continues to be under review to determine any further remedial action possible beyond the current savings plans in place.

Table 2 identifies the Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan.

Table 2 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Forecast £'000
Acute Services Division					
Surgical Directorate	104,538	70,293	73,533	-3,240	**-5,236**
Medical Directorate	121,213	83,872	90,503	-6,631	**-10,242**
Women, Children & Clinical Services	79,376	53,306	53,734	-428	**-1,034**
Acute Nursing	1,064	704	619	85	**66**
Other	1,351	831	799	32	**115**
Total	**307,542**	**209,006**	**219,188**	**-10182**	**-16,331**

2.8 Included in the Acute Services position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of November, set aside services reported an overspend of £4.527m which, although a reduction on last month due to additional NRAC funding (section 1.4 refers), accounts for 44.46% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, surge ward capacity, residual unfunded medical staffing, junior medical bandings for non-compliant rotas, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the IJB as the services are managed by NHS Fife but is reflected in the IJB financial plan.

2.9 Service Level Agreements and contracts with external healthcare providers are £4.175m overspent. This overspend is driven by several factors included as cost pressures with the financial plan. The overspend reported at November is tracking in line with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

Table 3	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	111	74	73	1
Borders	51	34	45	-11
Dumfries & Galloway	29	20	43	-23
Forth Valley	3,091	2,061	2,484	-423
Grampian	405	270	205	65
Greater Glasgow & Clyde	1,880	1,253	1,249	4
Highland	156	104	156	-52
Lanarkshire	134	89	161	-72
Lothian	32,415	21,610	24,040	-2,430
Scottish Ambulance Service	114	76	78	-2
Tayside	44,133	29,421	33,022	-3,601
	82,519	**55,012**	**61,556**	**-6,544**
UNPACS				
Health Boards	15,542	10,528	8,155	2,373
	15,542	**10,528**	**8,155**	**2,373**
OATS	1,280	854	854	0
Grants	65	65	69	-4
Total	**99,406**	**66,459**	**70,634**	**-4,175**

Scottish Government has confirmed that the cross-boundary uplift will be set at 6.21% including consultant uplift with a further amendment to reflect pay awards for junior medical staff once they are known and any other funding allocated to Health Boards on an NRAC basis this year which are acknowledged to meet inflationary pressures. This recommended model based on funding increases uses the same methodology that has been applied in previous years. However, the 2024/25 pay award funding allocated to Boards in October includes an amount to support Boards with the pay aspect of the SLA uplift and consequently has reduced the anticipated overspend on SLA agreements included in our forecast outturn by £3m.

2.10 Corporate Directorates are underspent by £0.771m in total which is a continued improvement on the position reported in previous months. The overspend in Digital and Information has reduced on the previous month following the receipt of NRAC funding (section 1.4 refers). Notwithstanding this, Digital and Information continues to be the area of Corporate Services with the highest level of financial risk, and discussions are ongoing with colleagues looking at all aspects of grip & control including vacancy management.

Table 4 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Chief Executive	235	158	165	-7
Communications	550	365	432	-67
Finance Director	7,919	5,312	5,162	150
Medical Director	9,673	6,108	5,742	366
Nurse Director	4,832	3,276	3,203	73
Public Health	3,710	2,543	2,434	109
Workforce Directorate	4,327	2,941	2,968	-27
Pharmacy Services	16,913	11,097	10,761	336
Digital + Information	19,202	13,344	13,561	-217
Other Board Functions	30,222	20,917	20,862	55
Total	**97,583**	**66,061**	**65,290**	**771**

2.11 The Estates & Facilities in month position remains in line with that reported in October. Positive work continues by the Energy Manager reviewing all energy costs and water rates which has been delivering one-off cost reductions.

Table 5 Estates & Facilities	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Energy	11,275	6,150	6,537	-387
PPP	28,637	18,845	18,829	16
Equipment Maintenance	3,023	2,015	2,416	-401
Pays	37,581	24,836	24,805	31
Other Non Pays	18,265	12,254	11,460	794
Total	**98,781**	**64,100**	**64,047**	**53**

3 Financial Flexibility

3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas. The allocation covering the non-pay aspects of the 2023/24 pay award £13.7m remains the only significant allocation still held in reserves. This allocation is being reviewed across all Boards to determine any potential in-year flexibility however this is at an early stage and a consistent approach across NHS Scotland will be required.

All other allocations within reserves will be required to cover existing commitments within the financial plan.

4 Income

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

HB retained income	£'000
SLA	9,285
ACT	3,837
Healthcare to LA	2,455
Dining room income	1,137
Laundry income	1,279
Recovery from Gpsin HC	1,268
NES medical in training income	12,126
RTA	986
Other	6,553
Total HB retained income budget	**38,926**

5 IJB Health Delegated Budget

5.1 The health delegated budget is reporting an overspend of £15.990m to the end of November. The overspend predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements. The new Direct Engagement arrangement launched in August, for Locums and AHPs will generate a VAT efficiency saving and consequently reduce costs, however transition has been slower than anticipated.

GP prescribing spend deteriorated further in month, due to volume and price increases resulting in an overspend of £3.839m.

Complex and Critical Care Services which include Mental Health Services moved adversely to £7.302m overspent in November from £6.662m at the end of October.

The full realignment of both budget (£5.537m) and expenditure from Health Board retained for SLA's relating to IJB delegated services is reporting a year to date overspend of £2.054m.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	438,600	292,732	308,722	-15,990
TOTAL HEALTH DELEGATED SERVICES	**438,600**	**292,732**	**308,722**	**-15,990**

The financial position of the IJB has steadily deteriorated throughout the year with the Month 7 (October) forecast reaching £29m. The overspends in each of the funding partner budgets are unaffordable and unsustainable at this level.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife and Fife Council; this is essentially a c60% share to NHS Fife and c40% to Fife Council.

The IJB forecast overspend position is one of the highest in-year changes to the opening financial plan and is being monitored closely by NHS Fife and Fife Council.

6 Financial Improvement & Sustainability

6.1 Delivering Value and Sustainability is one of our four strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of November 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 November, a £14.285m saving was anticipated across the 13 schemes with £13.774m confirmed as delivered, a shortfall on plan of £0.511m. Several schemes are delivering but are behind target and will require further focus to deliver in full.

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.

In quarter 2 EDG agreed a proposal to stretch and improve delivery on a number of targets to increase forecast delivery to £23.5m leaving £1.5m to be identified. Work will continue to push for full delivery as we progress in the remaining months of the financial year.

The £25m target is non-negotiable in relation to both NHS Fife Board and Scottish Government expectations and work must continue at pace to develop contingency plans to ensure this target is delivered as a minimum.

Scheme	Target Saving	November 2024 Planned YTD	November 2024 Delivery YTD	Forecast Saving	Target Saving (FY): £25,000,000
1. Medicines Optimisation	£2,000,000	£1,018,182	£1,201,226	£3,000,000	
2. Unscheduled Care Bundle	£700,000	£466,667	£485,895	£750,000	Planned Saving (YTD): £14,285,121
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	
4. Estates Rationalisation	£2,000,000	£723,000	£658,200	£2,000,000	
5. Non-Compliant Rotas	£1,000,000	£500,000	£1,001,333	£1,739,000	
6. Legacy Covid Costs	£1,000,000	£666,667	£373,786	£560,679	Linear target (YTD): £16,666,666 (for 3% schemes only)
7. Supplementary Staffing	£5,000,000	£3,333,333	£3,667,582	£5,000,000	
8. Procurement	£500,000	£333,333	£249,188	£500,000	
9. Corporate Directorates	£1,500,000	£1,000,000	£1,000,000	£1,500,000	
10. Business Transformation	£2,400,000	£1,333,333	£850,192	£906,274	
11. Surge Reduction	£1,850,000	£1,177,273	£389,590	£584,385	
12. Planned Care	£1,200,000	£800,000	£1,680,667	£2,521,000	YTD Saving: £13,773,887
13. SLA & External Activity	£5,000,000	£2,333,333	£1,333,333	£2,000,000	
14. Bal. Sheet			£282,624	£1,782,624	
Total YTD – for 3% savings schemes		£14,285,121	£13,773,887	£23,443,962	

Key

Significant shortfall on Target of plan
Delivering target but not in full

Supplementary Staffing

6.3 At the end of November 2024 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £4.685m 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.

HBR	Monthly Average 2023/24	Monthly Actual 2024/25	Reduction
April	1,620,399	742,084	878,315
May	1,620,399	903,740	716,659
June	1,620,399	1,108,458	511,941
July	1,620,399	1,097,949	522,451
August	1,620,399	1,065,710	554,690
September	1,620,399	1,043,273	577,126
October	1,620,399	1,176,642	443,758
November	1,620,399	1,140,601	479,799
Total	**12,963,195**	**8,278,457**	**4,684,739**

The £5m target for supplementary staffing reduction was identified after taking account of the appropriate vacancy factor. The total spend on supplementary staffing can be seen in Appendix A. The impact of the reduction is offset by investment in permanent posts as described in the table below. Supplementary staffing has significantly reduced particularly for the nursing workforce, however, establishment costs have increased to reflect the investment in permanent posts, £1.017m per table below. The net impact at the end of November is an improvement to the financial position of £3.668m.

The improvement across medical supplementary staffing is a consequence of both pay award and NRAC funding. Within nursing budgets we continue to deliver significant traction towards the overall supplementary staffing savings target.

November	Supp Staffing M8 to Report	Core Staffing M8 to Report	Net Movement
Jnr Medical	110,715	99,090	209,805
Snr Medical	546,814	(107,570)	439,245
Reg Nursing	2,702,097	(1,337,077)	1,365,020
Unreg Nursing	1,325,112	328,670	1,653,782
Total	**4,684,739**	**(1,016,887)**	**3,667,852**

It is anticipated that the supplementary staffing reduction will continue for the remainder of the year supplemented with further savings from the implementation of Direct Engagement.

Other RTP programmes which also impact staffing costs, for example, Unscheduled care Bundle, Surge, Doctors in Training rota compliance, have been considered when reporting the financial data in the table above, to avoid double counting.

Medicines Optimisation

6.4 Medicines Optimisation workstream has delivered ahead of target at the end of November. Additionally, there has been agreement to stretch the target to £3m and work is underway to identify additional opportunities. Almost half of the savings delivered to date are due to the receipt of rebates rather than drugs switches. It is imperative the work required to deliver on the potential drug switches identified in the medicines optimisation plan is delivered at pace to ensure full delivery against this work stream.

Unscheduled Care bundle review

6.5 Whilst this scheme is slightly ahead of target, several vacant posts are contributing to the cost reductions offsetting other spend categories which are incurring more cost than anticipated. If spend on transport costs is minimised there is potential opportunity to deliver further savings of circa £0.050m and consequently the forecast saving was stretched to £0.750m in August.

Estates Rationalisation

6.6 Cost reductions commenced delivery during June and there is a reasonable level of confidence we will deliver the full £2m target. A significant level of saving was confirmed in July, August and September including PFI insurance rebates. The remaining savings are anticipated to be delivered in the latter part of the financial year.

Surge Bed Reduction

6.7 Significant 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 continues to review the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

Non-Compliant Junior Doctor Rotas

6.8 A range of actions have been taken to progress this issue. Additional investment required to help safeguard rota compliance was identified within available resources. Compliance has been confirmed following monitoring of the rota, however it is essential to ensure work continues to maintain this position.

Unfunded Covid Costs

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

Planned Care

6.10 The previously identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also supported the operational costs of delivering robotic assisted surgery which was previously unfunded.

An additional £0.321m was identified during October to support existing non-pay cost pressures across acute services. It is expected this scheme will deliver £2.5m 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. A national agreement has been reached on SLA uplifts for 2024/25 with part funding recently provided through the pay award allocation from Scottish Government. This has reduced the previously anticipated SLA increased in-year overspend from £5m to £2m. The SLA target saving included £3m associated with applying a 3% efficiency target, it has

been confirmed nationally that the SLAs will not attract a cres saving and therefore this element of the target will not be delivered.

Procurement

6.12 Procurement savings continue to be behind plan. Savings delivered reflect reductions secured across theatres procurement budgets and other non-pay budgets across the acute services directorate. Work to date has identified savings of c£0.249m with effort continuing to deliver the full target this year.

Business Transformation

6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical and non-clinical services. 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 work to support progressing higher levels of cost reduction throughout 2024/25 and beyond continues. Administrative post savings are included in the £0.85m savings delivered at the end of November.

7 Forecast Outturn

7.1 Included in the medium-term financial plan submitted to Scottish Government were a number of risks which could impact on the financial outturn. In line with Scottish Government's expected actions for Q1 and Q2 we are continually reviewing those risks and their combined impact on the forecast outturn.

Agenda for Change Reform

As advised by Scottish Government we did not include costs in relation to AFC reforms in the financial plan. Based on available information and adoption of national modelling assumptions in relation to Band 5-6 job evaluation it is possible that final full-year costs could be higher than the allocation provided. As previously reported, there is limited data available to support the final costs either locally or nationally and local uptake so far has been less than anticipated. This position remains under continuous review. Given the current status of the implementation of these forms there is the potential for a significant underspend against this allocation in-year which may be available to reduce the overall year-end financial forecast. This position will be reviewed at the end of Q3.

Fife Integration Joint Board risk share

At the end of October the IJB is reporting an overspend of £29m representing a further deterioration of £2m on the previously notified forecast of £27.1m. The NHS Fife share of the forecast outturn in line with the IJB integration scheme is £17.4m. The IJB approved a recovery plan in October totalling £13.5m as a response to the deteriorating position. The latest reported position of the IJB is indicating that the recovery plan actions have yet to deliver any significant cost reduction and are unlikely to be delivered in full. As a consequence the overall forecast overspend position for NHS Fife is reflects this position. Everything that can be done to mitigate this risk will be done and the IJB, NHS Fife and Fife Council are monitoring this closely.

Forecast Outturn Position November 2024

Forecast Budget Area	November forecast £'000
NHS Services (incl Set Aside)	
Clinical Services	
Acute Services	-16,331
IJB Non-Delegated	270
Non-Fife & Other Healthcare Providers	-7,999
Non Clinical Services	
Estates & Facilities	-8
Board Admin & Other Services	884
Other	
Income	700
Financial Flexibility including full delivery of 3% savings	4,284
Savings still not identified	-1,417
TOTAL HEALTH BOARD RETAINED SERVICES	**-19,617**
Other Financial Risks	
Fife IJB - Risk Share	-17,440
TOTAL HEALTH BOARD FORECAST OVERSPEND	**-37,057**

The forecast position reported is £37.057m overspend and is unchanged from the October position. The increase to the IJB risk-share forecast being offset by an improvement in the health board retained forecast position. The level of IJB overspend is materially impacting on our ability to reduce the overall forecast Board level deficit. If the IJB can improve their forecast position by evidencing the delivery of the recovery plan and other savings the forecast level would reduce.

Additionally, further work is underway to reduce the SLA forecast overspend of £8m and to quantify the in-year costs of the AFC Reform to determine the level of in-year flexibility from this allocation; taking both together this could significantly reduce the current overspend position and, as a minimum, bring us close to or under the opening residual financial gap of £30m.

8   Capital

8.1   Capital expenditure for the 8 months of the financial year due to phasing of schemes with costs to date is £3.104m reflected in the table below. The Capital Resource Limit (CRL) is £7.764m as adjusted for anticipated allocations for: HEPMA; Medical Education; and MRI upgrades totalling £1.859m; along with capital to revenue funding transfer of £0.250m; and capital repayment of £0.2m resulting in a total budget of £9.173m. 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. As we move through the remainder of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit.

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure £'000
Statutory Compliance	2,442	1,239	2,442
RTP.Clinical Prioritisation Contingency	833	408	833
Capital Equipment	1,074	254	1,074
Digital & Information	1,847	623	1,847
Mental Health Estate	1,000		1,000
Capital Staffing Costs	368	248	368
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	332	944
Anticipated Funding - MRI upgrades	192	0	192
Anticipated capital to revenue transfer	-250	0	-250
Capital Repayment	-200	0	-200
Total confirmed CRL	**9,173**	**3,104**	**9,173**

Brokerage repayment

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

9   Recommendation

Members are asked to **take assurance on** the content of the report in relation to:
- The reported revenue overspend position of £12.498m for health board retained services which is tracking in line with the original planned residual deficit.
- The delivery against the in-year RTP savings targets and the impact of that on the overall consolidated financial position.
- The reported overspend for the HSCP of £15.990m, the very high level of risk in relation to this and the requirement for a risk-share situation in-year.
- The forecast year-end outturn following an update of the risks identified in the Board's financial plan for 2024-25.
- The year to date spend against the Capital Resource Limit

10   List of appendices
Appendix A – Supplementary Staffing
Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Bank and Agency Spend to November 2024

	AGENCY SPEND			BANK SPEND				
	Medical Locums £	Nursing £	Total £	Medical NHS Locums £	Nursing £	Total £	Grand Total £	Full year 2023/24 £
Medical Directorate	1,752,798	341,893	2,094,691	1,027,507	2,316,459	3,343,965	5,438,657	14,153,478
Surgical Directorate	40,063	62,060	102,123	316,400	670,597	986,997	1,089,120	4,544,101
Women, Children + Clinical Ser	499,156	-51	499,105	777,613	568,585	1,346,198	1,845,303	2,276,820
Corporate Services	0	0	0	11,235	51,709	62,945	62,945	107,997
Health Board retained	**2,292,017**	**403,902**	**2,695,919**	**2,132,754**	**3,607,351**	**5,740,105**	**8,436,024**	**21,082,396**
Community Care Services	455,393	529,150	984,543	179,601	4,168,868	4,348,469	5,333,012	9,656,422
Complex And Critical Services	7,194,530	1,335,317	8,529,847	239,932	4,121,538	4,361,470	12,891,317	18,764,582
Primary Care + Prevention Serv	419,493	0	419,493	899,879	459,668	1,359,547	1,779,041	3,292,161
Professional/business Enabling	0	954	954	0	366	366	1,320	14,405
H&SCP	**8,069,416**	**1,865,421**	**9,934,838**	**1,319,412**	**8,750,440**	**10,069,852**	**20,004,690**	**31,727,570**
Grand Total	**10,361,433**	**2,269,323**	**12,630,756**	**3,452,167**	**12,357,791**	**15,809,957**	**28,440,714**	**52,809,966**

HBR Supplementary Staffing

Legend: Monthly Average 22/23, Monthly Average 2023/24, Monthly Actual 2024/25
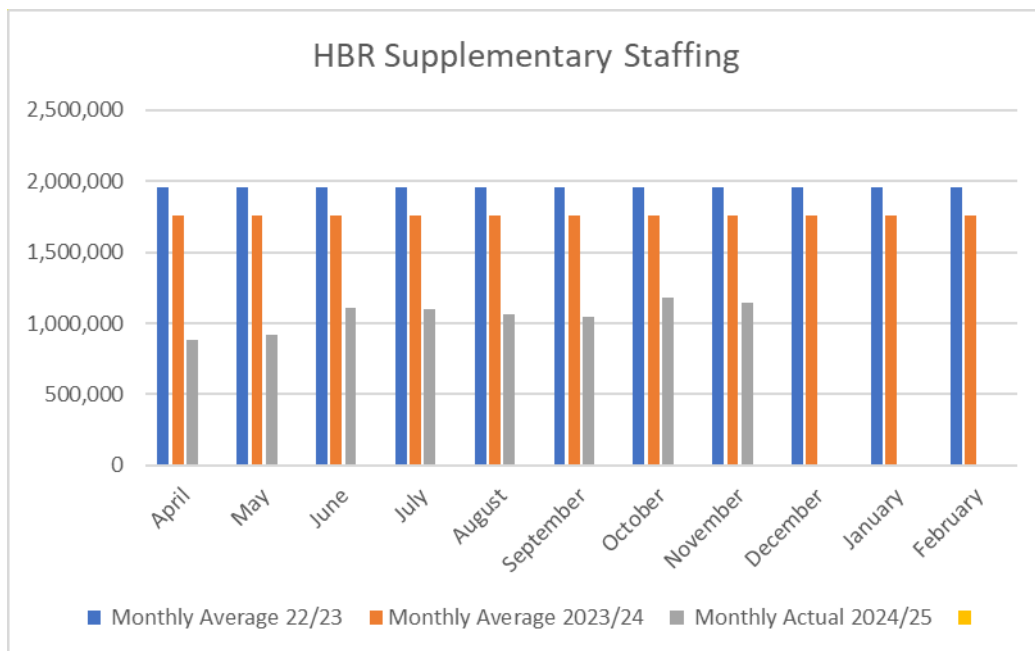
Bank and Agency Spend to November	Bank	Agency	Grand
	AHP	AHP	Total
Medical Directorate	0	0	0
Surgical Directorate	5,818	4,229	10,047
Women, Children + Clinical Ser	0	541,050	541,050
Corporate Services	0	0	0
Health Board retained	**5,818**	**545,279**	**551,097**
Community Care Services	0	159,048	159,048
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	**0**	**159,048**	**159,048**
Grand Total	**5,818**	**704,326**	**710,144**

Appendix B – Subjective Analysis

Health Board Retained

November 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	47,342	31,749	30,040	1,709	964.36	953.53	937.14
Allied Health Professionals	16,009	10,806	9,898	908	245.59	237.31	236.75
Budget Reserves -pay	-2,412	-1,635	2	-1,637		0.13	
Healthcare Sciences	10,935	7,335	7,209	126	175.14	173.55	171.97
Medical & Dental	82,345	55,740	57,652	-1,912	622.71	601.87	624.65
Medical Dental Support	3,050	2,043	2,141	-98	55.77	59.27	58.77
Nursing & Midwifery	127,279	85,238	86,582	-1,344	2,182.96	2,269.55	2,287.68
Other Therapeutic	16,092	10,546	10,052	494	274.74	253.36	257.07
Personal Social Care	851	583	794	-211	6.94	14.06	14.98
Senior Managers	1,830	1,215	1,172	43	25.00	21.05	22.00
Support Services	34,593	22,947	23,224	-277	882.01	827.89	820.88
Total Pay	**337,914**	**226,567**	**228,766**	**-2,199**	**5,435.22**	**5,411.57**	**5,431.89**
Budget Reserves Non Pay	3,217	1,037	-46	1,083			
Financial Flexibility	35,614		-59	59			
Cssd/diagnostic Supplies	5,591	3,784	4,578	-794			
Drugs	34,640	25,969	26,561	-592			
Equipment	8,056	5,358	6,146	-788			
Heating Fuel And Power	11,344	6,220	6,606	-386			
Hotel Services	6,364	4,297	5,170	-873			
Other Admin Supplies	10,214	6,824	7,575	-751			
Other Supplies	5,355	4,067	4,183	-116			
Other Therapeutic Supplies	2,228	1,473	1,175	298			
Property	10,605	6,929	6,898	31			
Surgical Sundries	19,066	13,042	15,015	-1,973			
Total Non Pay	**152,294**	**79,000**	**83,802**	**-4,802**			
Purchase Of Healthcare	132,838	89,126	94,142	-5,016			
Total Purchase of Healthcare	**132,838**	**89,126**	**94,142**	**-5,016**			
Board Administration	0	0	0	1			
Family Health Services	6,363	4,480	4,424	56			
Total Family Health Services	**6,363**	**4,480**	**4,424**	**57**			
Other (inc Depreciation)	21,867	14,520	14,520	0			
Savings	-2,205	-1,067	0	-1,067			
Total Other	**19,662**	**13,453**	**14,520**	**-1,067**			
Social Work Healthcare	0	0	0	0			
Social Work Healthcare	**0**	**0**	**0**	**0**			
Total Expenditure	**649,070**	**412,626**	**425,654**	**-13,027**	**5,435.22**	**5,411.57**	**5,431.89**
Income	-38,926	-25,688	-26,218	530			
Total Net Expenditure	**610,144**	**386,938**	**399,436**	**-12,498**	**5,435.22**	**5,411.57**	**5,431.89**

Appendix B Continued
Health Board Delegated
November 2024

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	19,685	13,128	13,183	-55	433.39	446.20	433.53
Allied Health Professionals	31,183	20,801	19,335	1,466	549.55	482.28	480.19
Budget Reserves -pay	115	77	0	77			
Healthcare Sciences	230	153	185	-32	4.68	5.42	4.58
Medical & Dental	24,961	16,568	21,099	-4,531	152.34	123.67	123.70
Medical Dental Support	2,864	1,910	1,754	156	69.37	57.37	57.08
Nursing & Midwifery	121,593	80,594	81,173	-579	2,157.52	2,164.22	2,167.37
Other Therapeutic	10,895	7,521	7,644	-123	131.84	153.50	148.42
Personal Social Care	2,309	1,539	1,326	213	41.18	34.95	33.38
Senior Managers	161	107	62	45	1.00	0.59	1.00
Support Services	678	449	792	-343	1.81	17.82	14.19
Total Pay	**214,674**	**142,847**	**146,553**	**-3,706**	**3,542.68**	**3,486.02**	**3,463.44**
Allocations Awaiting Distribution	7,001	1,000	0	1,000			
Cssd/diagnostic Supplies	249	166	263	-97			
Drugs	9,238	7,997	8,640	-643			
Equipment	1,557	1,026	1,723	-697			
Heating Fuel And Power	85	56	73	-17			
Hotel Services	349	233	550	-317			
Other Admin Supplies	5,217	3,400	3,415	-15			
Other Supplies	509	340	308	32			
Other Therapeutic Supplies	372	248	113	135			
Property	380	323	516	-193			
Surgical Sundries	4,186	2,845	2,895	-50			
Total Non Pay	**29,143**	**17,634**	**18,496**	**-862**			
Purchase Of Healthcare	49,765	34,131	36,639	-2,508			
Resource Transfer	21,404	14,234	14,221	13			
Total Purchase of Healthcare	**71,169**	**48,365**	**50,860**	**-2,495**			
Board Administration	0	0	0	0			
Gds	28,912	19,275	19,275	0			
Gms	61,298	43,282	42,075	1,207			
Gos	8,555	5,703	5,703	0			
Gps	103,201	68,562	72,317	-3,755			
Total Family Health Services	**201,966**	**136,822**	**139,370**	**-2,548**			
Other (inc Depreciation)	48	32	32	0			
Savings	-9,573	-6,387	0	-6,387			
Total Other	**-9,525**	**-6,355**	**32**	**-6,387**			
Social Work Healthcare	7	4	5	-1			
Social Work Healthcare	**7**	**4**	**5**	**-1**			
Total Expenditure	**507,435**	**339,316**	**355,316**	**-16,000**	**3,542.68**	**3,486.02**	**3,463.44**
Income	-68835	-46584	-46594	10			
Total Net Expenditure	**438,600**	**292,732**	**308,722**	**-15,990**	**3,542.68**	**3,486.02**	**3,463.44**

Health and Social Care Finance
Alan Gray, Director

Scottish Government
Riaghaltas na h-Alba
gov.scot

E: alan.gray2@gov.scot
21/11/2024

Carol Potter
Chief Executive
NHS Fife

Cc:
Chair NHS Fife
Margo McGurk, Director of Finance &
Performance

Dear Carol

NHS Fife – Quarter Two review

Following the recent Quarter Two review meeting, I have set out below a summary of our assessment of the finance position for NHS Fife, the key risks discussed and actions we require to be taken during the remainder of 2024-25 and into 2025-26 and beyond.

Assessment

At the end of Quarter Two the Board reported an overspend of £23.6 million and forecast a year-end deficit of £36.8 million. This represents a deterioration from the financial plan, which forecast a £29.8 million deficit. I note the drivers of the movement are the IJB forecast deficit of £21 million, of which the risk-share agreement would result in a £13.4 million pressure on the Board, as well as the £9.2 million overspend in the Acute Services Division.

I understand the Board are planning to deliver £25 million of savings, with the Board being confident in the delivery of £23.3 million at present. At Quarter Two £8.1 million savings have been achieved. The delivery of the forecast outturn of £36.8 million is dependent on the delivery of the full £25 million savings therefore we note the further risk to the Board's performance.

It is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial break even which remains the statutory responsibility of the Accountable Officer to achieve.

The most accurate and realistic position must be reported through monthly monitoring, and I encourage the continued open dialogue with my team on the Board's forecast position as risks and pressures materialise to avoid volatility in reporting. I confirm there will be no further allocation for SLA uplifts beyond that which has been provided for through Pay allocations in year.

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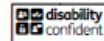
I expect the Board to continue to take forward options to improve the position for this financial year with the aim to reduce the gap in line the Board's financial plan as a minimum – building on your Re-Form, Transform and Perform programme.

Risks

The following key risks were discussed during the review meeting:

- The impact of the IJB overspend and delivery of £13.5 million of savings from the proposed recovery plan.
- SLA position with other NHS boards not yet being fully agreed.
- The delivery of high risk £4.6 million of savings, particularly in relation to business transformation schemes and SLAs.
- Uncertainty on agenda for change reform costs in relation to the reduced working week and band 5-6 nurse regrading.
- Service pressures across the winter period and pressures on staffing levels.

Further actions

Based on Quarter Two reviews, there are a number of actions we would like to follow up with the Board during the remainder of 2024-25 and beyond. These include:

- An update on continued progress of NHS Fife's Re- Form, Transform and Perform programme and details of its potential financial benefits.
- An update on ongoing work surrounding the workforce review, opportunities for service redesign and potential pooling of support services in NHS Fife. It would be beneficial to quantify the level of efficiencies that can be derived from this work within NHS Fife's three year plan.
- To keep Scottish Government up to date on impact of IJB pressure on NHS Fife's outturn for 2024-25 and ensure forecast impacts are clearly presented in the Board's three year financial plan.
- Further discussion with FDU on reviewing procedures of low clinical value.

2024-25 brokerage caps

All NHS Boards escalated for finance at level 2 and 3 of the NHS Scotland Support and Intervention Framework were notified of brokerage caps for 2024-25 and the Board must deliver within this resource. At present, NHS Fife are not forecast to meet this brokerage cap and the Board must continue to work towards achieving this. However, should you be unable to, we require a letter to be sent by the Board Chief Executive to the Director General for Health and Social Care.

The letter should set out work being progressed by the Board to move closer to brokerage cap, the reasons this has not been achieved, and assurance that the Board are evaluating options and developing a detailed plan to return the Board to a financially sustainable position over a three year period.

The letter must be sent alongside submission of the Month 8 return on 19 December, with the three year plan submitted for review by 27 January 2025. Further guidance will be provided in relation to the three year plans, including Scottish Government expectations regarding the trajectory for reducing the Board's overspend.

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24/25

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2025-26 budget

For 2025-26 indicative levels of funding will be communicated in the draft Scottish Government budget due to be published on 4 December 2024.

The majority of any new funding will be required to support the recurring impact of pay negotiations, increases to pension contributions, and AfC reform measures (including reduced working week and band 5-6 nurse regrading).

Even with indicative levels of additional consequential funding, NHS Boards will be required to deliver recurring and non-recurring savings at least equivalent to this financial year and, for those furthest from balance, medium term plans are required to reduce the level of deficit over the next three years (as noted above).

2025-26 to 2027-28 financial planning

Financial planning timelines have previously been communicated as below. We will work closely with you and your teams over the coming weeks to understand progress with developing draft plans and focusing on recurring improvements over a three year period. Planning assumptions have already been shared but will be reshared after the budget.

Event	Week Commencing
Financial Planning Commission issued	25/11/2024
2025-26 Scottish Budget announced	04/12/2024
Confirmation of Financial Assumptions	05/12/2024
Planning Support Workshops	Early January 2025
Draft Plans Submission Deadline	27/01/2025
Final Plans Submission Deadline	17/03/2025

Next Steps

A review will take place of all NHS Boards against the NHS Scotland Support and Intervention Framework again after the Quarter Two position is submitted. Guidance was recently issued on this from finance around the criteria for and assessment of escalation.

I believe the above summarises the outcome of the Quarter Two review and colleagues from the Finance Delivery Unit, particularly Steph Knight as your Board Support Lead, will continue to work closely with you to identify further improvements that can be made and to assess options.

I look forward to continuing to work with you and the team in NHS Fife and shall be happy to respond to any queries you may have in respect of this letter.

Yours sincerely,

Alan Gray

Alan Gray
Director of Health and Social Care Finance

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**30 January 2025**
Title:	**Reform, Transform, Perform Performance Report November 2024**
Responsible Executive:	**Ben Hannan, Director of Reform and Transformation**
Report Author:	**Fiona McLaren, Head of Corporate PMO**

<u>Executive Summary</u>:

- This paper provides an update covering performance up to November 2024 of the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.

- The overall assurance level is moderate for delivery.

- The November finance position is £13,773,887 (YTD saving) versus a planned YTD saving of £14,285,121 (shortfall variance of £511,234).

- The total savings forecast for 3% schemes is £23,443,962 versus a target of £25M (shortfall variance of £1,556,038).

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Delivery of the Re-form Transform Perform (RTP) Framework is critical to the sustainability and strategic development of NHS Fife, particularly in meeting the current fiscal challenges.

This paper provides an update covering performance of the 13 complimentary schemes up to November 2024.

2.2 Background

The Reform Transform Perform (RTP) Framework was discussed and agreed at the NHS Fife Board in March 2024 and this signalled the establishment of a formal portfolio of work through 13 initial schemes, with interdependence through delivery across the Executive Team.

Our planning approach for 2024/25 is described through a suite of interconnected and interdependent documents:

- Reform, Transform, Perform Framework

This provides an outward facing document for staff and stakeholders, which describes our approach to empower change and to deliver a sustainable and viable future.

- Medium Term Financial Plan

This is a key element of the Board's overall responsibility for financial governance and sets out the proposed budget in line with the Scottish Government's expectations of NHS Boards, and within the context of the Board's statutory requirement to make the best use of public funds and to deliver services within the set annual resource limits.

- Annual Delivery Plan

In parallel with the MTFP, this sets out the Board's specific plans for the coming year in relation to the delivery of key service priorities from a local, regional and national perspective. It is also a key element of the Board's governance and accountability to Scottish Government.

2.3 Assessment

This report provides the following Level of Assurance:

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

Performance management arrangements which monitor the delivery of the RTP framework are in place through the attached performance report. This provides the committee with an update on progress within the 13 currently identified schemes. The report provides background and leadership on each scheme, deliverables, progress to date and risks to delivery. An assurance rating system is also in place to aid focus of discussion and review.

Assurance levels have changed across the 13 schemes; five deliverables have significant assurance, 4 have moderate assurance, and 4 have limited assurance.

The *Moderate* assurance level continues for overall delivery at this time. A priority focus will be to review the moderate and limited assurance schemes to identify opportunities to accelerate performance for the remainder of the year although recognising the challenging operational landscape for services.

2.3.1 Quality, Patient and Value-Based Health & Care

Maintaining the quality of care is a consistent principle for delivery and detail of any impact on quality of care from schemes will be reported by exception through committees. Quality, safety, and patient experience aspects of the 13 schemes will continue as part of business-as-usual activities. Any impacts from these schemes will be reported through the Integrated Performance & Quality Report, which will evolve with the ongoing transformational changes.

2.3.2 Workforce

Priority has been placed on a partnership approach to planning with robust engagement with Area Partnership Forum and staff side colleagues in place. Acknowledging the inevitable impact of the Reform, Transform, Perform (RTP) programme on staff, the importance of constructive discussions regarding the effects and corresponding mitigations is continually reiterated. Robust engagement with the Area Partnership Forum and Staff Side colleagues has been fundamental in implementing the programmes of change.

Regarding staff participation, there have been high levels of staff engagement through regular RTP staff briefings and staff can contribute suggestions through the RTP mailbox and suggestion form.

Extensive discussion with committees has further highlighted the need to continue the conversation with staff regarding the transformative impact RTP will have on all employees, and that these impacts will be kept under continuous review. This will be incorporated into the change management model developed for the organisation.

A number of the workstreams in progress are directly related to the size and shape of the workforce in the Board, particularly around non-compliant rotas, legacy COVID costs, and

supplementary staffing. The importance of engagement and partnership working in these areas is at the forefront of planning.

2.3.3 Financial

Current forecast for delivery of savings is £23,443,962, which does present a shortfall of £1,556,038 from the target of £25 million. The November position has seen an improvement in performance with total savings only £511,234 short of the projected savings target. This saving has been achieved due to reallocation of NRAC funding. There are still areas which require continued focus until the end of the financial year but cognisant we are moving closer to year end.

Financial reporting is incorporated into the monthly performance reports by finance colleagues upon finalisation of monthly positions, to provide appropriate forecasting of delivery, and associated assurances.

Through established mechanisms, financial contingency for the Board is being sought at present, as presented in the financial performance report. Corporate flexibility is also being given close consideration and planning.

2.3.4 Risk Assessment / Management

The Board will be regularly informed, consulted, and appraised, and support will be sought to balance the key pillars of governance of quality, performance, finance and workforce, in the context of the Board's risk appetite.

A risk register for each workstream and scheme is in place, with risk profiles continually reviewed via the Corporate Programme Management Office, these are incorporated into the monthly performance report for information.

The attached report summarises the level of assurance currently in place regarding delivery of RTP workstreams.

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

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. However, given the scale of the challenge, it is recognised that proposals must move at pace to ensure effectiveness. Under the advice of the NHS Fife Equality it has been recommended as minimum for decision-makers to undertake 'high level' EQIAs for RTP proposals as they progress, with the intention to complete a full and thorough EQIA when most appropriate. Full detail of this proposal was shared with the Public Health and Wellbeing Committee in May 2024.

To date, an EQIA has been completed for our infrastructure work, noting the impact of changes to configuration of services through changes to our infrastructure. Further EQIAs will be completed in line with the position as described above, at the earliest opportunities where appropriate.

2.3.6 Climate Emergency & Sustainability Impact

There is acknowledgement that our responsibilities and priorities to manage the impact of our actions on climate and sustainability Infrastructure has been identified as a key theme within the RTP.

2.3.7 Communication, involvement, engagement and consultation

The overarching communications approach ensures that staff are consulted and kept well informed, thereby upholding our commitment to meeting staff governance standards. A bespoke communications and engagement plan (both internal and external) has been developed for RTP, this will be continually refreshed as a live document in response to the ongoing approach.

Part of this is a regular newsletter shared with all staff – this is primarily aimed at driving ongoing engagement with the ethos of the programme, and the need for all staff to support identification and delivery of savings at all levels. The team have received over 260 ideas from staff and each of these is reviewed and considered – they fit broadly into five themes: improving process; reducing cost; using resources better; enhancing patient care; and being more sustainable.

In addition, it is acknowledged engagement with the public is of key significance. An operational engagement plan was presented to the Board in July 2024.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.
- RTP Executive Group –January 2024 by email
- Finance, Performance and Resource Committee – 14 January 2025

2.4 Recommendation

This paper is provided to members for assurance – this report provides a moderate Level of Assurance regarding delivery of RTP, cognisant of the timing in year and further work to be developed regarding bridging actions.

3 List of appendices

The following appendices are included with this report:

- Appendix One - RTP Performance Report – November 2024

Report Contact
Fiona McLaren
Head of Corporate PMO
Email fiona.mclaren2@nhs.scot

RTP Performance Report

November 2024

Ben Hannan

Director of Reform and Transformation

18 December 2024   nhsfife.org

Introduction

The purpose of this pack is to provide an update position as at November 2024 on the position of 3% savings schemes identified by NHS Fife. An update is provided on each scheme in terms of current Assurance rating as well as an update on financial position.

Each section summarises the planned deliverables, progress to date and planned activity for the following schemes:

Scheme	Executive Lead(s)
1. Medicines Optimisation	Dr Joy Tomlinson/ Dr Chris McKenna/ Fiona Forrest
2. Unscheduled Care Bundle	Claire Dobson
3. PFI Contract	Neil McCormick
4. Estates Rationalisation	Neil McCormick
5. Non-Compliant Rotas	Dr Chris McKenna
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller
7. Supplementary Staffing	Janette Keenan/David Miller
8. Procurement	Claire Dobson
9. Corporate Directorates	Margo McGurk
10. Business Transformation	Alistair Graham
11. Surge Reduction	Claire Dobson
12. Planned Care	Claire Dobson
13. SLA & External Activity	Margo McGurk

Scheme	Target Saving	November 2024 Planned YTD	November 2024 Delivery YTD	Forecast Saving
1. Medicines Optimisation	£2,000,000	£1,018,182	£1,201,226	£3,000,000
2. Unscheduled Care Bundle	£700,000	£466,667	£485,895	£750,000
3. PFI Contract	£400,000	£600,000	£600,000	£600,000
4. Estates Rationalisation	£2,000,000	£723,000	£658,200	£2,000,000
5. Non-Compliant Rotas	£1,000,000	£500,000	£1,001,333	£1,739,000
6. Legacy Covid Costs	£1,000,000	£666,667	£373,786	£560,679
7. Supplementary Staffing	£5,000,000	£3,333,333	£3,667,582	£5,000,000
8. Procurement	£500,000	£333,333	£249,188	£500,000
9. Corporate Directorates	£1,500,000	£1,000,000	£1,000,000	£1,500,000
10. Business Transformation	£2,400,000	£1,333,333	£850,192	£906,274
11. Surge Reduction	£1,850,000	£1,177,273	£389,590	£584,385
12. Planned Care	£1,200,000	£800,000	£1,680,667	£2,521,000
13. SLA & External Activity	£5,000,000	£2,333,333	£1,333,333	£2,000,000
14. Bal. Sheet & Severance			£282,624	£1,782,624
Total YTD – for 3% savings schemes		**£14,285,121**	**£13,773,887**	**£23,443,962**

Key

Significant shortfall on Target of plan

Delivering target but not in

Target Saving (FY): £25,000,000

Planned Saving (YTD): £14,285,121

Linear target (YTD): £16,666,666 (for 3% schemes **only**)

YTD Saving: £13,773,887

Assurance Levels

Assurance Level	Definition
Significant assurance	The Board or Committee can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.
Moderate assurance	The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
Limited assurance	The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.
No assurance	The Board or Committee cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.

The table explains how we report on the status of projects within the RTP programme. This allows leaders to focus on successes and challenges at a glance.

Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	Forecast Saving as of 30/11/24
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	Improvement	£2,000,000	£3,000,000
2. Unscheduled Care Bundle	Claire Dobson	Significant	Improvement	£700,000	£750,000
3. PFI Contract	Neil McCormick	Significant	Improvement	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	Improvement	£2,000,000	£2,000,000
5. Non-Compliant Rotas	Dr Chris McKenna	Moderate	Improvement	£1,000,000	£1,739,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Limited	-	£1,000,000	£560,679
7. Supplementary Staffing	Janette Keenan/David Miller	Moderate	Improvement	£5,000,000	£5,000,000
8. Procurement	Claire Dobson	Moderate	Improvement	£500,000	£500,000
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£906,274
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£584,385
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,521,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

RTP – November Look back

The November position has seen an improvement in performance with total savings only £511,234 short of the projected savings target. There are still a number of areas which require continued focus until the end of the financial year.

Supplementary staffing continues to be challenging, the spend on agency and bank continues to reduce and savings now starting to be realised through direct engagement work. Further work is underway to increase compliance for direct engagement by the end of the financial year.

Procurement exploratory work underway with teams regarding stock held and processes to support waste reduction. Bariatric equipment proposal has the potential to significantly reduce rental costs.

Business transformation the effect of direct impact digital projects as well as the bridging actions to date around vacancy management have seen an improvement in savings achieved. Further plans are being developed to deliver savings in other areas of the organisation.

Surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters.

Complex negotiation with partners is required to deliver planned savings in **SLA activity** – concerns have been raised by external partners, which places a level of risk on delivery and discussions are ongoing at a national level regarding this.

RTP – November Look back

Medicines optimisation work has progressed in line with plans. The volume and range of medicines shortages being seen currently (this is a global issue) causes a level of concern in the medium term and may impact the delivery of the stretch target, although mitigations are in place.

Work is underway to **rationalise our estate.**   Work has commenced to look at additional opportunities around rationalising the Cameron and Stratheden estates. A full estate appraisal is underway.

Addressing **non-compliant rotas** is on track. The first round of monitoring began in September with all rotas passing this current round. Savings achieved to date are higher than expected. Preparations are underway to address any concerns before monitoring restarts in February.

Unscheduled care, **corporate directorates, PFI contract** and **planned care** work are all delivering on track with no issues to escalate

Legacy COVID costs work will require action across a small number of directorates with legacy posts, but there is assurance this will deliver.
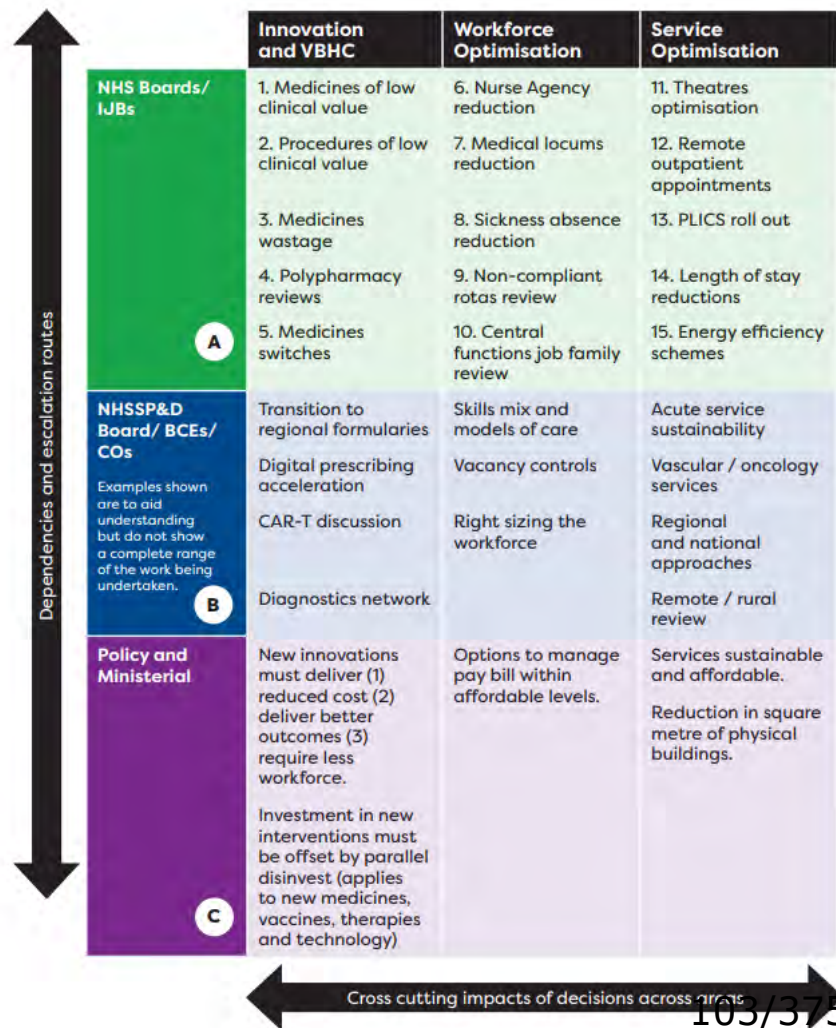
RTP – An Organisational Portfolio of Change

The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

We are expecting feedback from Scottish Government imminently, some of which can be progressed locally, others will require regional and national engagement, and potentially ministerial approval.

All actions within the 15-box grid at 'level A' are being pursued, at pace, where possible.

The return included several further property proposals, remodelling of clinical pathways and re-imagining the Victoria Hospital, challenging decisions on medicines optimisation, and approaches to reduce the scale of the workforce.

Linked to this, is work reviewing independent improvement suggestions provided by KPMG, which will form an additional check on local planning.

	Innovation and VBHC	Workforce Optimisation	Service Optimisation
NHS Boards/ IJBs **A**	1. Medicines of low clinical value	6. Nurse Agency reduction	11. Theatres optimisation
	2. Procedures of low clinical value	7. Medical locums reduction	12. Remote outpatient appointments
	3. Medicines wastage	8. Sickness absence reduction	13. PLICS roll out
	4. Polypharmacy reviews	9. Non-compliant rotas review	14. Length of stay reductions
	5. Medicines switches	10. Central functions job family review	15. Energy efficiency schemes
NHSSP&D Board/ BCEs/ COs Examples shown are to aid understanding but do not show a complete range of the work being undertaken. **B**	Transition to regional formularies	Skills mix and models of care	Acute service sustainability
	Digital prescribing acceleration	Vacancy controls	Vascular / oncology services
	CAR-T discussion	Right sizing the workforce	Regional and national approaches
	Diagnostics network		Remote / rural review
Policy and Ministerial **C**	New innovations must deliver (1) reduced cost (2) deliver better outcomes (3) require less workforce. Investment in new interventions must be offset by parallel disinvest (applies to new medicines, vaccines, therapies and technology)	Options to manage pay bill within affordable levels.	Services sustainable and affordable. Reduction in square metre of physical buildings.

Dependencies and escalation routes

Cross cutting impacts of decisions across areas

2. Unscheduled Care Bundle	Assurance Rating	Significant
	Target Saving	£700,000
Executive Lead – Claire Dobson	Savings YTD	£485,895

3. PFI Contract	Assurance Rating	Significant
	Target Saving	£600,000
Executive Lead – Neil McCormick	Savings YTD	£600,000

9. Corporate Directorates	Assurance Rating	Significant
	Target Saving	£1,500,000
Executive Lead – Margo McGurk	Savings YTD	£1,000,000

12. Planned Care	Assurance Rating	Significant
	Target Saving	£2,200,000
Executive Lead – Claire Dobson	Savings YTD	£1,680,667

Status Update

- These schemes are on track to deliver, and in all but one (Corporate Directorates) are projected to deliver beyond the savings forecast.
- There is significant assurance on delivery.

Planned Activity:
- Ongoing monitoring monthly and maintenance of delivery.

1. Medicines Optimisation	Assurance Level	Significant
	Target Saving FY	£2,000,000
Executive Leads – Joy Tomlinson/Dr Chris McKenna/Fiona Forrest	Forecast Saving FY	£3,000,000
	Savings YTD	£1,201,226

Status Update:
- The target saving is on track, but the stretch target may be difficult to achieve due to external factors relating to availability of medicines.

Progress to date:
- Revised Acute Medicines Optimisation Plan in progress
- Reporting structure reviewed and updated to show scheme finance position accurately
- Medicines Waste campaign launched

Planned Activity:
- Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.
- Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing.
- Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines
- Comms and engagement plan with all staff.
- Reducing medicines waste in hospital.

Challenges / Opportunities:
- The availability of resources required to make the required changes in clinical practice is challenging.
- Monitoring and identifying areas of financial pressure and addressing these with the individual specialties.
- Apixiban shortage which has led to price increase and £0.5M risk to financial savings forecast; Acute services - delay in availability of Aflibercept biosimilar which has led to £0.8M risk in financial savings forecast. Mitigations for both risks underway.
- Patent dispute has delayed the launch of biosimilar omalizumab; this was projected to deliver £29k in 2024/25; now unlikely to deliver any benefits this financial year.

4. Estates Rationalisation	Assurance Rating	Moderate
	Target Saving FY	£2,000,000
Executive Leads – Neil McCormick	Forecast Saving FY	£2,000,000
	Savings YTD	£658,200

Status Update:
- Assurance maintained at moderate due to confidence in forecast for delivery.

Progress to date:
- Closure of underutilised administration buildings complete with all staff relocated within existing estate/Fife Council sites.
- Office accommodation optimised within existing estate.
- Bed modelling works nearing completion.
- Site appraisal works initiated and updated property valuations awaited.

Planned Activity:
- Complete Cameron site consolidation (alternate space for Addictions team and Public Dental Service). Additional capital required to implement changes.
- Complete Mental Health review. Estates Mental Health sub-group being re-established – first meeting in January 2025.
- Receive property valuations.
- Draft property rationalisation plan developed.
- Continue to monitor and manage energy use across the estate including looking at ways to monitor energy at a granular level, by installing more energy meters.
- Quantify likely energy savings based on interventions made in FY23/24 and planned interventions for FY24/25.

Opportunities/Threats
- £1.9m of potential savings identified and to be realised over FY24/25, options for remaining £100k being explored.
- Potential lease/sale opportunities arising for key sites – to be explored further.
- Site opportunities may be constrained by ongoing clinical commitments.
- Energy inflation and new sustainability regulations may affect savings made elsewhere.
- Ongoing capital investment required to support site consolidation effort.

4. Estates Rationalisation

Executive Lead – Neil McCormick

Milestone Plan

Dec 24
- Receive updated site valuations
- Complete bed modelling work
- Develop options around mental health estate

Jan 25
- Mental health project subgroup initiated
- Identify savings required for FY 25/26

Feb 25
- Develop target saving items for 25/26
- Develop metering strategy for estate

Mar 25
- Agree outline plan for mental health estate
- Achieve £2m savings target for FY24/25
- Agree scope and cost to enable residual Cameron consolidation
- Agree savings target and items for 25/26

4. Estates Rationalisation

Executive Lead – Neil McCormick

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that site opportunities may be constrained by ongoing clinical requirements resulting in the inability to achieve desired savings targets	Closely managing expenditure through Senior MT and aiming to identify any additional savings. Work closely with mental health service to improve their model of care whilst reducing estate risk and footprint.	3	3	9 – Moderate Risk
There is a risk that other SG policy drivers could impact our budget position (e.g. sustainability team and vehicle electrification all funded from existing budget position)	Find other saving opportunities within existing budget allocation to help off-set.	3	3	9 – Moderate Risk

5. Non-Compliant Rotas	Assurance Rating	Moderate
	Target Saving FY	£1,000,000
Executive Lead – Dr Chris McKenna	Forecast Saving FY	£1,739,000
	Savings YTD	£1,001,333

Status Update:
- Assurance remains as moderate due to controls put in place at service level to encourage rota compliance.
- Rota monitoring began in September 2024 with results from the first round completed in November and all rota's are compliant.
- A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.

Progress to date:
- Results of first rounds of rota monitoring have been completed and at this stage all have passed.
- StaffLink pages have been approved and are now live on Blink.
- SOP has been approved.

Planned Activity:
- Preparation of second intake of DDiT for next round of monitoring to begin in February.
- Link in with Medical Education around survey for feedback for new intake of DDiT.

Opportunities/Threats:
- None identified until results received and reviewed.

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5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Milestone Plan

Dec 24

- Qualitative feedback review on Fife resources for DDiT & Gateway EU

Jan 25

- Services to address any concerns of rota monitoring results prior to second round beginning in February

Feb 25

- Second stage of monitoring to begin

5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that the redesigned rotas will not pass monitoring and result in sustaining the overspend.	The current communication and management of monitoring expectations by Service Managers and Senior Clinical Staff has been effective and resulted in sufficient returns and all monitoring passed. The risk remains moderate due to the requirement to sustain this.	3	4	12 – Moderate risk
There is a risk that lack of engagement from DDiT could result in insufficient returns and rotas will return to band 3.	Rotas have passed first stage of monitoring which proves they can be fit for purpose. Some returns were challenged by Senior Staff within the Medical Directorate due to refusal to take breaks and claiming non-compliance. This has been addressed however risk remains the same as it is required to be sustained messaging and ongoing review as returns are being submitted.	3	4	12 -Moderate risk

6. Legacy Covid Costs

Executive Leads – Claire Dobson/David Miller/Alistair Graham

Assurance Rating	Limited
Target Saving FY	£1,000,000
Forecast Saving FY	£560,679
Savings YTD	£373,786

Status Update:
- Limited assurance at this time as full savings identified not delivered.
- Work is underway in digital and workforce directorates to mainstream legacy costs and realise savings.

Progress to date:
- A paper outlining plans to reduce the workforce covid costs approved by Board.
- Viability of an exit plan for D&I Items being assessed.

Planned Activity:
- NRAC funds to be used to remove the cost pressure.

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk due to impact on workforce that delivery may not be feasible at the pace required for the organisation.	Any changes to workforce because of mainstreaming COVID costs will be managed in partnership and supported by staff side colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

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7. Supplementary Staffing	Assurance Rating	Moderate
	Target Saving FY	£5,000,000
Executive Leads – Janette Keenan/David Miller	Forecast Saving FY	£5,000,000
	Savings YTD	£3,667,582

Status Update:
- Assurance level now moderate, savings have improved over November due to the reallocation of NRAC funding. There is confidence the savings target will be achieved.

Progress to date:
- Direct engagement model introduced on 5th August and to end November has generated £238,215 in NET savings across the organisation with the highest savings recorded in one calendar month so far being in November. Compliance rate currently around 56%, with a stretch aim to achieve 90% by January 2025.
- Agreement on assurance measures for supplementary staffing reporting in People & Change Board.
- Grip and control improved through closer scrutiny of block and advanced bookings by Senior Nursing team.

Planned Activity:
- Review of Blink content to have single source of SOPs/information for staff and managers.
- Scoping improvement work in haematology continues - opportunities for process efficiencies identified.
- Scoping additional savings opportunities in overtime rates paid to bank staff.

Opportunities/Threats:
- Integrated Joint Board launched their recovery plan with a focus to reduce supplementary staffing overspend in HSCP.
- Multiple service areas at 100% compliance for direct engagement.

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Milestone Plan

Dec 24

- Increase direct engagement compliance by working with compliance user group.
- Review and update Blink content for all staff groups.
- Haematology service improvement scoping.
- Scoping overtime payments made to bank staff
- Circulate amended ready reckoner with new pay rates

Jan 25

- Increase direct engagement compliance to 90%

7. Supplementary Staffing

Executive Leads – Janette Keenan/David Miller

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of continued use of agency staff within certain known areas due to national skill shortage will result in continued reliance on supplementary staff to support core service functions.	Additional NQPs recruited, although less than anticipated now joining. Focussed work on key areas of difficulty is under way in mental health and haematology.	5	4	20 – High Risk
There is a risk that the continued use of supplementary staff within certain known areas due to national skill shortages will result in a continued high spend in these areas.	Locums will be encouraged to sign up for Direct Engagement to mitigate VAT spend on rates, work of supplementary staff group continues. Risk accepted.	5	3	15 – High Risk

8. Procurement	Assurance Rating	Moderate
	Target Saving FY	£500,000
Executive Lead – Claire Dobson	Forecast Saving FY	£500,000
	Savings YTD	£249,188

Status Update
- Assurance level now moderate, there is confidence that the savings target will be achieved as the number of schemes expands and savings are being quantified.

Progress to date:
- Deep dive with teams into the process regarding plus sized/bariatric equipment, capital investment (approved) will reduce rental spend and enhance patient experience.
- Expired stock audits are informing engagement with teams to minimise waste.
- Ongoing communication and engagement to embed linen return scheme with Care Homes, wards and SAS.

Planned Activity:
- Continue to explore ideas, track expenditure and engage with teams to identify additional opportunities.

Challenges / Opportunities:
- A number of schemes are supporting a reduction in landfill/clinical waste.

8. Procurement

Executive Leads – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished	Realistic review of ideas before resources are expended working up schemes.	4	3	12

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10. Business Transformation	Assurance Rating	Limited
	Target Saving FY	£2,400,000
Executive Lead – Alistair Graham	Forecast Saving FY	£906,274
	Savings YTD	£850,192

Status Update:
- Assurance level remains as limited due to the time taken to establish a formalised programme. However, through the effect of direct impact digital projects as well as the bridging actions to date around vacancy management, around £850K of savings have been verified to date.

Progress to date:
- 13-week recruitment pause implemented for administration job family and automate as far as possible the VMF process via JobTrain.
- Project Briefs in development to consolidate administration review activity. Consolidation work proposed in Corporate function areas such as Change/Performance & Planning, Health Records and an Organisational Assurance theme.
- Project briefs also in development to identify Corporate function transactions and to move such routine enquiry over to a new service desk model. As well as more focused reviews in the areas of Management Support and Digital Dictation.
- Bridging action project formed related to exit strategy for fixed-term posts within administration job family.

Planned Activity:
- Mapping of teams associated with priority areas to target for reviews. Due to a renewed appetite for the consolidation of Corporate functions, develop cases for change in 3 priority areas for consolidation, which should then direct review work required.
- Work on a programme blueprint that will inform an outline target operating model associated with the business transformation work.

Challenges / Opportunities:
- Programme has not progressed as anticipated due to the complexity of planning required to date and time needed to agree approval on principles.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.
- Immature management information set-up means discovery phases later in starting associated with projects, as data and evidence base needs to be built and established.

10. Business Transformation

Executive Lead – Alistair Graham

Milestone Plan

Dec 24
- Function review projects/functions for consolidation activity.
- Progress implementation of the VMF process Jobtrain automation work.
- Progress implementation of general engagement and education around digital opportunities
- Mapping of management support ratios completed

Jan 25
- Initial mapping of staff to Corporate functions in scope for consolidation activity.
- Commence engagement with in scope services

Feb 25
- Outline target operating model

10. Business Transformation

Executive Lead – Alistair Graham

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Directorates/Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	Direct impact digital opportunities feeding into Finance. Work in progress on establishing several dashboards to show impact across WTE change in the system.	3	4	12 – Moderate Risk
There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	Programme undertaking a midyear review with Finance colleagues. The rationale and validation of original programme targets is being reviewed as part of that process, along with any underpinning assumptions.	3	4	12 – Moderate Risk
There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	As directly above.	3	4	12 – Moderate Risk
There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	Staff engagement, operational staff collaboration and a stage boundary approach to project plans will be undertaken. Work also to be undertaken aligned with Unison Charter for change principles.	2	4	8 – Moderate Risk

11. Surge Reduction	Assurance Rating	Limited
	Target Saving FY	£1,850,000
Executive Lead – Claire Dobson	Forecast Saving FY	£584,385
	Savings YTD	£389,590

Status Update:
Assurance levels remain limited as surge reduction savings have been impacted by high continuing levels of emergency admissions, with acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average LOS. However average occupancy has been consistently above 95%. Engagement underway to explore surge medical staffing model options.

Progress to date:
- Ward 6 & 9 - creation of supported discharge units with new dedicated Gateway Doctor's staffing model from August.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Clinical leads / SLT discussion on surge model – clinical teams unable to manage surge patients daily until they are at full establishment - x5 teams currently at least 1 Consultant short.
- Development of Supported Discharge Improvement Group for operational improvements.

Planned Activity:
- Scoping of AHP workforce model. 16% vacancy factor in AHP.

Challenges & Opportunities:
- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.
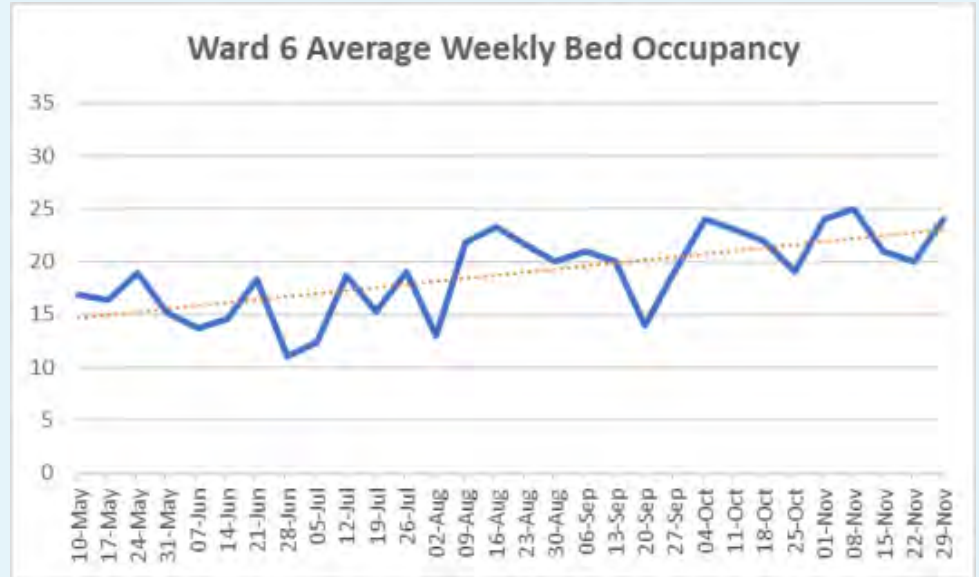
11. Surge Reduction	Assurance Rating	Limited
	Target Saving FY	£1,850,000
Executive Lead – Claire Dobson	Forecast Saving FY	£584,274
	Savings YTD	£389,590

Data Informatics:
- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- Year on year reduction in number of patients boarded into surgical wards - average 11 beds
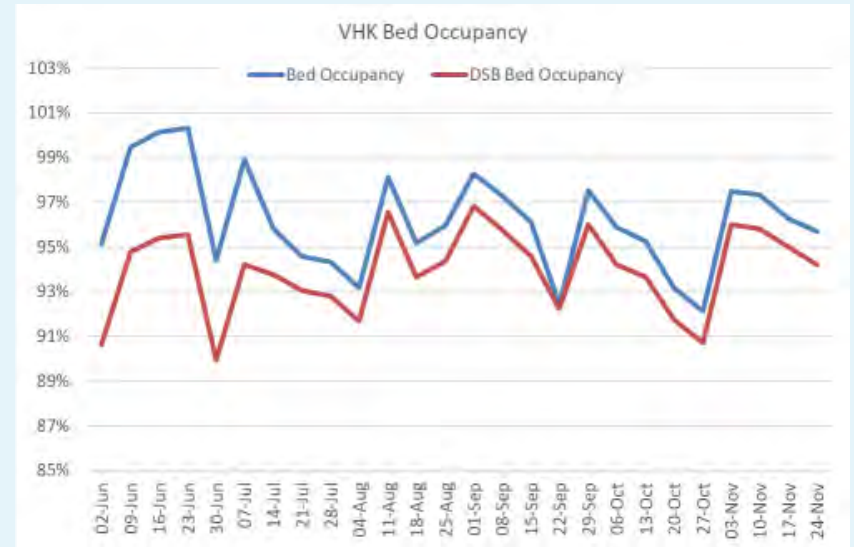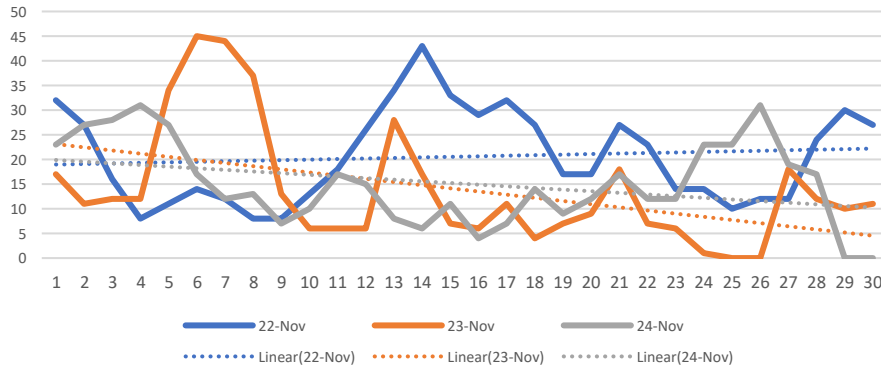- Within Ward 6 the current 18-week average bed occupancy is 21.

Ward 6 Average Weekly Bed Occupancy

11. Surge Reduction	Assurance Rating	Limited
	Target Saving FY	£1,850,000
Executive Lead – Claire Dobson	Forecast Saving FY	£584,385
	Savings YTD	£389,590

Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 25 patients daily.
- Median Daily Hospital Occupancy is 95.9%.
- Median VHK Back Door Ward Occupancy is 94.2%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 105.5%.

Surgical Directorate Boarding November 24

VHK Bed Occupancy

11. Surge Reduction

Executive Lead – Claire Dobson

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that occupancy cannot be reduced by 10 beds resulting on boarding patients into PCD which could lead to cancellations.	The risks above have been mitigated by establishment of 4pm Daily Huddles with MDT to raise awareness of demands and link to capacity planning to escalate concerns in timely manner. MDT approach taken to ensure clinical buy in to support timely progress of work.	5	3	15 – High Risk
There is a risk that unscheduled care demand cannot be managed resulting on an increase in need for beds.		5	3	15 – High Risk
There is a risk that there are not enough available community beds and patients to have to remain in VHK.	While progress to date is extremely positive, assurance remains limited while work is ongoing to sustain the reduction in beds and further reduce beds as per target and plan.	5	3	15 – High Risk
There is a risk that if we do not invest in recruitment of substantive nursing and consultant posts within this financial year then we will not reach the savings outlined within this scheme.	Workforce tools run to understand nursing requirement for discharge unit beds. Ongoing discussions and scoping of AHP Consultant model to understand role and governance within Fife and financial proposals.	3	3	9 – Moderate Risk

13. SLA and External Activity	Assurance Rating	Limited
	Target Saving	£5,000,000
Executive Lead – Margo McGurk	Forecast Saving	£2,000,000
	Savings YTD	1,333,333

Status Update:
- Assurance remains limited while discussions with external partners are pending.

Progress to date:
- Progress made in November included agreement to start discussion on the potential withdrawal process from current decontamination provider. Plans are afoot for representatives from NHS Fife to meet with NHS Tayside to discuss the risks and issues that have been identified to date.
- On further exploration of the increase in referrals from North East Fife GP practices to Acute Services in NHS Fife, it was confirmed that patients are choosing where to be seen based on waiting times and clinical excellence.
- Scottish Government have advised of the uplift for SLAs for 2024/25, specific funding has been allocated to partly cover this. The financial cost of pressure of £5m previously reported has now been reduced to £2m. The £5m target saving above related to applying a 3% cres saving to SLAs and will not be delivered following the national settlement on uplift.

Planned Activity:
- Discussions with NHS Tayside regarding current decontamination service.
- Development of an activity dashboard to support Performance Management group meetings.
- Ongoing discussions with other Boards Chief Executives relating to transition into Performance Management group by 1 April 2025.
- RTP/SLA Moving towards a Business-as-usual model in 2025/26 - Closing report to be developed.

Challenges & Opportunities:
- Decontamination services review and potential supplier change could deliver £400k recurring savings from 2025/26.

13. SLA and External Activity

Executive Lead – Margo McGurk

Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Initial meetings being held amongst boards. Current status with NHS Lothian has dictated a rise in likelihood to Almost Certain. Further meetings are planned to try and establish some compromise.	5	4	20 - High Risk

NHS Fife

Meeting:	NHS Fife Board
Meeting date:	30 January 2025
Title:	Business Continuity & Essential Investment Infrastructure Plan (BC&EIIP)
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Ben Johnston, Head of Capital Planning & Project Director

Executive Summary:

- NHS Fife have been directed by Scottish Government to develop a Business Continuity & Essential Investment Infrastructure Plan. This is to be submitted to the Scottish Government in draft by January 2025.

- The draft plan is enclosed for assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe
- Effective
- 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.

Part of the directive instructed NHS Boards to submit a Business Continuity & Essential Investment Infrastructure Plan (BC&EIIP) by January 2025. The proposed plan is enclosed for assurance.

2.2 Background

The Scottish Government issued DL(2024)02 to Boards on 12 February 2024. It set out a significant change to infrastructure planning and investment for NHSScotland.

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). An initial milestone date for completion and return of the PIA has been set for January 2026. This will be a significant task requiring alignment nationally, regionally and locally in respect to planning around services and infrastructure.

Business Continuity & Essential Investment Infrastructure Plan

In recognition of the scale of the task, Scottish Government have asked Boards for an interim BC&EIIP focussing on the "do minimum". This is to be submitted by January 2025. Guidance in respect to this work has been issued by Scottish Government and NHS Assure. For planning purposes Boards are to assume a budget position of 133% of their routine capital formula – for Fife this equates to £10.4m per annum. Funding is required to cover the following items where relevant to the Board.

- Essential maintenance
- Medical equipment
- E-health infrastructure
- Fleet
- Small scale projects to ease capacity pressures
- Net zero policy commitments
- End of contract private finance (PFI expiry)
- Capital coverage for changes to financial rules on leases
- GM sustainability loans

This SBAR focusses on Fife's output in respect to this initial request.

2.3 Assessment

Details in respect to the proposed submission are enclosed at Appendix A. The report provided is useful to provide overall context. The BC&EIP Funding Template sets out our plan and this has been informed by the Property Risk and Prioritisation Tool.

Key notes:

- The plan is £3.2m beyond the planning assumption (£55.2m versus £52m)
- The plan is slightly front loaded over the first three years, and this is reflective of the number of priorities that require to be urgently addressed.
- The proposed scheduling is dictated by the Property Risk and Prioritisation Tool, sequencing constraints, and the number of high value items (i.e. we can't do everything at once).
- Further work is required around digital and sustainability to develop more firm cost estimates as we move forward.
- Capital requirements around leases is still in the process of being developed and understood by Finance. This will be developed and communicated separately to Scottish Government beyond the BC&EIIP.
- Scottish Government have asked us to prioritise all our items sequentially across all categories. We believe this would be challenging to do. We have prioritised within categories meantime. If prioritisation across categories is imposed, a multi-disciplinary group will require to be established to do this using an agreed methodology.

Proposed Governance:
- FCIG – 18 December 2024
- EDG – 20 December 2024
- FP&R – 14 January 2025
- Draft submission to Scottish Government - January 2025
- NHS Fife Board – 30 January 2025

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X*		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

* Our proposed BC&EIIP, adequately captures our capital priorities in line with the directive from Scottish Government (significant assurance).

** There is less assurance around the prospect of receiving capital funding at the necessary level to fund the plan (limited assurance). In respect to Scottish Governments most recent budget statement it was declared that Boards will receive in 2025/2026 a 5% increase to core capital formula which will to some extent be offset by inflation.

2.3.1 Quality, Patient and Value-Based Health & Care

A funded 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, depending on the level of funding received:

- Reduced Capital Funding
- Prioritisation of Capital Funding

The items identified within the BC&EIIP are all known risks and issues contained within various resources as identified below. The plan helps to coordinate and prioritise them in an organised way.

- Strategic Asset Management System
- DATIX
- 5-year plans
- Business cases

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.

- Fife Capital Investment Group – 18 December 2024
- Executive Director's Group – 20 December 2024
- Finance Performance and Resources Committee – 14 January 2025

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Business Continuity & Essential Investment Infrastructure Plan – Dec. 2024 – R.2
- Appendix 2 - Business Continuity & Essential Investment Infrastructure Plan Funding Template
- Appendix 3 – Property Risk & Prioritisation Tool

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Business Continuity & Essential Investment Infrastructure Plan

December 2024, Rev. 2

VERSION CONTROL

Draft R.1	Dec. 24	Completed First Draft
Draft R.2	Dec. 24	Updated following FCIG comments – 18.12.24

Contents

1   Introduction

The Scottish Government issued DL(2024)02 to Boards on 12 February 2024. It set out a significant change to infrastructure planning and investment for NHS Scotland.

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.

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1.1   Business Continuity & Essential Investment Infrastructure Plan (BC&EIIP)

In recognition of the scale of the task, Scottish Government have asked Boards for an interim BC&EIIP focussing on the "do minimum". This is to be submitted by January 2025. Guidance in respect to this work has been issued by Scottish Government and NHS Assure (click for Guidance). For planning purposes Boards are to assume a budget position of 133% of their routine capital formula – for Fife this equates to £10.4m per annum. Funding is required to cover the following items where relevant to the Board.

- Essential maintenance
- Medical equipment
- E-health infrastructure
- Fleet
- Small scale projects to ease capacity pressures
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- GM sustainability loans

This report focusses on Fife's output in respect to this initial request.

2 Capital Formula Allocation

It is understood that Boards will continue to receive their delegated capital formula allocation. The BC&EIIP funding is therefore ideally suited to items that can't ordinarily be delivered through our capital formula allocation due to cost constraints. Nonetheless it will continue to be important to prioritise our capital funding carefully each year helping to address two of our ongoing corporate risks:

- Prioritisation and management of capital funding
- Reduced capital funding

For context and understanding, table 1 below shows NHS Fife's <u>initial</u> capital formula allocation and spend across key priority areas for the last 5 years.

Table 1 - Initial Formula Allocation (previous 5 years)

Description	20/21 £	21/22 £	22/23 £	23/24 £	24/25 £
Back-log Maintenance	3,424,000	3,500,000	2,395,700	1,499,700	2,499,700
Clinical Contingency	498,000	500,000	250,000	750,000	750,000
Capital Equipment	2,126,000	2,194,000	1,507,000	725,000	1,074,000
Digital & Information	1,041,000	1,000,000	877,000	500,000	500,000
Contingency Balance	305,000	200,000	-	113,000	-
QMH Theatres	-	-	734,000	1,114,000	-
HEPMA	-	-	-	547,000	667,000
LIMS	-	-	-	344,000	731,000
Mental Health Estate	-	-	-	1,000,000	1,000,000
Acute Project Works	-	-	-	700,000	-
Capital Staffing Costs	-	-	-	271,000	342,000
Capital Repayment				200,000	200,000
Capital to Revenue Transfer			2,000,000		
Total	**7,394,000**	**7,394,000**	**7,763,700**	**7,763,700**	**7,763,700**

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3 Property

Within NHS Fife there is currently £111m of back-log maintenance recorded on our asset management system. £67m is recorded as significant or high risks and £65.2m is apportioned to our key hospital sites as referenced in the table below.

Table 2 - Backlog Maintenance

Site	Significant £m	High £m	Total £m
Adamson	0.1		0.1
Cameron	3.2	1.7	4.9
Glenrothes	0.7	0.2	0.9
Lynebank	1.2		1.2
Queen Margaret	7.3	1.1	8.4
RWMH	0.1		0.1
Stratheden	3.8	0	3.8
Victoria	40.1	1.2	41.3
Whytemans Brae	4.5		4.5
Total	**61**	**4.2**	**65.2**

The average capital formula allocated to back-log maintenance over the last 5-year period has been £2.6m. This is against a backdrop of £111m outstanding back-log maintenance. In this context, we are only ever able to contemplate the resolution of high risks which are prioritised for delivery each year. Generally, work tasks falling below the value of £150,000 can be sustained using our capital formula allocation. Any works beyond £150,000 become more problematic to accommodate at volume.

For the Business Continuity Plan, we have therefore taken the view to focus on highlighting and prioritising high and significant risks beyond the value of £150,000. We have also taken the opportunity to include some small-scale beneficial project works within our plan.

As we reviewed our estate management system it permitted us to identify several areas where our system requires to be updated. This will have a positive effect on our back-log position. As an example, we have £17m identified against the Victoria Hospital Phase 2 cladding panels. This was based on replacement; however recent surveys support the option to repair the panels at a much-reduced cost. We plan to update the asset management system early in 2025 to take account of this review which should enable a much-improved overall back-log position for the Board.

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Upon review of the estate management system, there are multiple entries of wiring, ventilation and water services infrastructure which are noted as being at the end of their useful life. Where they are still functioning perfectly well with ongoing monitoring like electrical continuity testing, it is intended to leave this infrastructure as is until an opportunity arises to undertake a more significant refurbishment. It would be too disruptive to tackle this life cycle work in any other way. We plan to extend the lifecycle of this infrastructure where it is appropriate to do so.

The BC&EIIP Funding Template is located at Appendix A. The Property Risk and Prioritisation Tool is included at Appendix B.

3.1   Demolition works

At our Stratheden and Cameron hospitals we have a mixture of operational and derelict estate. If funds can be allocated to enable the demolition of derelict assets and partial clearance of the sites, this will enable the following benefits:

Stratheden Hospital	Cameron Hospital
Demolition cost £6m Consultancy fees fees for planning - £200k	Demolition cost £1.5m
Potential capital receipt c. £12m (updated valuation requested)	Potential capital receipt to be confirmed
Lease opportunities	Interest from local distillery and energy generation firms regarding surplus land (capital/revenue opportunities)
Potential opportunity to work in partnership with Fife Council to provide community housing which will support our services and patients	
Anchor opportunities Reduced back-log allowing more efficient investment elsewhere Much improved site perception for patients, staff and visitors Reduced safety and security risk	

3.4   Small Projects

We have presented several small projects within our BC&EIIP. These are projects which have been prioritised for several years but have been unable to be delivered due to financial constraints. In addition to clinical benefits in undertaking these projects, there will be an opportunity to improve the overall back-log maintenance position too. The projects prioritised for investment include:

3.4.1   Mental Health Estate Refurbishment

The existing mental health estate is generally in poor condition and requires investment to mitigate ongoing safety risks. This has been highlighted in reports from the Health &

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Safety Executive and key recommendations for improvement from the Mental Welfare Commission in respect to the existing inpatient estate including recommendations in 2022 that 'refurbishment is essential'.

NHS Fife had prepared a more ambitious business case around consolidating the inpatient estate on a single site whilst enhancing the community care model. Unfortunately, with capital funding being constrained the short to medium term focus is on improving and maximising our existing facilities. This effort is in keeping with the sentiment of the BC&EIP.

3.4.2 Audiology Service

All adult patients attending Audiology and the Ear, Nose & Throat Department across Fife for assessment are seen in rooms with significant noise pollution issues. Test results are compromised and decision on surgical options for ENT patients impacted. Verification of hearing aid performance is limited for every aided adult seen in Fife due to noise issues. Our facilities are currently the worst in Scotland with only 12% of our rooms meeting the required soundproofing standard (2 of 19). The current situation does not contribute towards a professional staff environment or patient care.

For these reasons it is important that the facilities are improved, and we have a plan to relocate them into a more appropriate part of our estate to achieve this.

3.4.3 Queen Maragret Theatres

The Theatre suite at Queen Margaret Hospital (QMH), Dunfermline was opened in May 1993 and became the Day Surgery theatre suite for NHS Fife in January 2012. The area has seen some reinvestment in recent years with two "Jack & Jill" ophthalmology theatres created and opened in 2019. More recently around £1.8m was secured from Scottish Government to remodel the reception area whilst creating an additional procedure and anaesthetic block room.

The existing theatre suite that remains (6 theatres) and supporting accommodation is now 31 years old and is susceptible to maintenance issues and risk around aging theatre equipment. The time has come for the remaining facilities to be modernised as part of our lifecycle investment plan.

3.4.4 Queen Margaret Specialist Gynaecology Unit

Currently, specialist outpatient gynaecology services are predominantly delivered at the QMH in Dunfermline, from two designated clinics (clinic 4 & 6). The space is ergonomically challenging for patient care and accessibility. The treatment rooms are non-compliant in respect to modern standards. There is also an uptake in demand for gynaecology services causing further pressure on the existing offer.

There is an opportunity to align all specialist, gynaecology outpatient work into the old hospice footprint at QMH, providing a hybrid model of working that incorporates outpatient and minor procedures, optimises clinic capacity to improve patient flow, reduces waiting times through the provision of additional clinics and improves the whole patient pathway and experience, by providing the appropriate facilities required to deliver specialist gynaecology.

3.4.5 Victoria Hospital Dermatology Service

Currently the accommodation for dermatology patients at the Victoria Hospital Kirkcaldy (VHK) site is not of an appropriate standard. Assessments have been made by estates, health and safety and infection control and there are issues with the standard of the accommodation and its appropriateness for some clinical procedures. A DATIX remains in place identifying the risk.

A project and accommodation upgrade has been under discussion since 2016 and some temporary cosmetic upgrades have been undertaken to comply with some HAI requirements, but infrastructure for the required ventilation requirements cannot be met within the existing area.

There is ongoing discussion around the configuration of our services across VHK and QMH and the future arrangement and location of our dermatology service may be affected by this planning. At this time, we have made a general budget allowance for this project whilst plans continue to crystalise.

4 Medical Equipment

We continue to maintain a five-year investment plan for our medical equipment. Our current plan is located at Appendix C and is summarised below. The projected demand is front loaded, and this is a consequence of underfunding in previous years where priorities for medical equipment have been compounding year on year. Based on the starting position of each year, the average spend from capital formula on medical equipment has been around £1.5m.

Additional consistent funding from the BC&EIIP process generally, would enable more sustainable planning and investment around our medical equipment as the competition and demand for core capital formula would be softened.

Meantime in terms of our first iteration of our BC&EIIP, we have identified all the high value / high priority equipment over the five-year period. If investment can be secured for this equipment it would allow capital formula to be used for low/medium value, high priority equipment.

The equipment and investment requested is identified in the BC&EIIP Funding Template at Appendix A.

Table 3 - Medical Equipment

Directorate	25/26 £,000	26/27 £,000	27/28 £,000	28/29 £,000	29/30 £,000	Total £,000
Pharmacy	89	33	0	0	0	122
Estates & Facilities	896	96	96	96	0	1,184
HSCP – PPCS	244	68	72	75	40	499
HSCP - CCS	95	64	66	11	48	284
HSCP – E-Obs	55	55	55	0	0	165
ASD – Medical	1,444	154	303	285	76	2,262
ASD – Surgical	2,132	104	185	47	424	2,892
ASD – WCCS	323	301	189	214	33	1,060
ASD – Radiology	4,925	1,900	350	80	1,430	8,685
Total	**10,203**	**2,775**	**1,316**	**808**	**2,051**	**17,153**

5 Digital Equipment and Infrastructure

We continue to maintain a five-year investment plan for our digital equipment. Our current plan is is summarised below.

Directorate	25/26 £,000	26/27 £,000	27/28 £,000	28/29 £,000	29/30 (TBC) £,000	Total £,000
Desktops/laptops	825	825	825	800		3,275
GP desktops/laptops	Incl.	Incl.	Incl.	Incl.		0
Tablets for clinical apps	132	132	40	40		344
TrakCare infrastructure	0	500	0	0		500
Telephony core Infrastructure	0	0	100	0		100
Telephones/handsets	55	58	TBC	TBC		113
WiFi controllers & access points	0	0	585	385		970
Network lifecycle	550	2,000	0	0		2,550
Core network switches	0	0	0	0		0
Network security / firewalls	200	0	0	0		200
Computer suite & fabric	37	37	0	0		74
Core SAN storage	0	0	1,000	0		1,000
Core VM server farm	0	0	0	0		0
GP server hardware	185	0	0	0		185
Security & control	0	0	0	0		0
H&SC Portal	0	0	0	0		0
Total	**1,984**	**3,553**	**2,550**	**1,225**		**9,312**

In addition to the routine investment items set out in table 4 above, the following items are also considered as priorities. Whilst the costs for these items continue to be developed we have made an allowance for Digital equipment and infrastructure within the BC&EIIP Funding Template at Appendix A.

- **Computer Suite Relocation** – the movement of the current Hayfield House computer suite to another venue within NHS Fife. This would take into consideration a modernisation approach to support Hybrid Cloud. We are expecting a number of the national applications to make moves towards considering the value and

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performance associated with this that would inform our medium-term approach. In addition, relocation of the suite would enable the potential demolition of this asset (currently vacant) which supports the wider long-term masterplan for the Victora Hospital site.

- **Telephone/Communication Platform Upgrade** – we are in a period of maintenance for the existing telephone system. The opportunity to do something more modern would be the key driver but would link into some of the work associated with Business Transformation and financial sustainability.

- **Large System Change** – we are aware of the coming years of several large replacement system projects. These will include the Business System EPR and a Clinical System. Each is likely to be promoted with an internal business case in due course.

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6 The National Code of Practice for GP Premises: GP Sustainability Loans

This Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises.

The Code sets out:

• how the Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises;

• how the Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans;

In respect of the Scottish Governments GP Sustainability Loan Scheme, there are currently six outstanding loans, four of which have been submitted under the "exceptional circumstances" criteria. The funding associated with these loans is critical to practices remaining sustainable and continuing to operate as independent GP Practices under GMS Contractual status.

The outstanding loans included in November 2024 are noted below and have been included within the BC&EIP Funding Template at Appendix A.

Exceptional circumstances

- GP Practice 1 – £724,000

- GP Practice 2 - £327,600

- GP Practice 3 – £524,310.60

- GP Practice 4 - £200,000

Further tranche 1 Applications

- GP Practice 5 - £239,000

- GP Practice 6 - £218,000

7 Sustainability – net zero policy commitments

To support NHS Fife's journey toward net-zero carbon emissions, we've issued a Prior Information Notice (PIN) to invite private-sector partners to install renewable technology on our sites at no upfront cost. This includes solar panels, battery storage, solar car parks, and heat pumps. These upgrades are expected to reduce our energy use and generate some income for NHS Fife.

To reach net-zero, we'll need to retrofit most of our existing buildings, focusing on better insulation, upgraded windows, and replacing gas boilers with electric heat pumps. We're also working with Fife Council to develop a heat network in Dunfermline, where NHS Fife would act as the primary user, and with Scottish Water Horizons on an innovative project that uses heat from wastewater. Together, these projects will allow us to reduce our reliance on fossil fuels across our sites, though we'll need to find ways to increase or better manage the electrical capacity on our properties.

In terms of costs, reaching net-zero is likely to increase our running costs due to the cost of electricity to run a heat pump, which could be higher than what we currently pay for utilities. Careful planning will be needed to balance these costs against the longer-term savings we hope to achieve through reduced energy use.

Finally, we're looking at ways to align our backlog maintenance with our carbon reduction goals. For example, when replacing old gas boilers through our backlog maintenance, we should plan to install heat pumps instead where appropriate to do so.

There is much work to do in this area in respect to procurement, commercial arrangements, and funding requirements. In the meantime, we have made a modest provision for sustainability within the budgetary planning constraints and this is set out in the BC&EIIP Funding Template at Appendix A.

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8   Leases and Capital Coverage

IFRS 16 introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months unless the underlying asset is of low value. A lessee is required to recognise a right-of-use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments.

The capital effect of this arrangement for NHS Fife is still in the process of being assessed and it will separately be shared with the Board and Scottish Government in due course.

Appendix A – BC&EIIP Funding Template

DRAFT

NHSF BC&EIIP - Dec. 24 - R.2.Docx

Appendix B – Property Risk and Prioritisation Tool

DRAFT

Appendix C – Medical Equipment (5-year plan)

NHS Fife
Business Continuity & Essential Investment Infrastructure Plan - Funding Template
Dec. 2024
R.1

Reference	Priority Order	Category	Site	Project Name	2025.26 £m	2026.27 £m	2027.28 £m	2028.29 £m	2029.30 £m	Total £m
FF-MNT-001	1	Maintenance	Queen Margaret	Phase 1 - Mental Health Estate	2.6	1.3				3.9
FF-MNT-002	2	Maintenance	Stratheden	Mental Health Estate			2.1			2.1
FF-MNT-003	3	Maintenance	Victoria	Phase 2 window replacement	0.2	0.6	0.6	0.6	0.6	2.5
FF-MNT-004	4	Maintenance	Victoria	Phase 2 cladding panel restoration	0.3					0.3
FF-MNT-005	5	Maintenance	General	Fire door rectification programme	0.1	0.2	0.2	0.2	0.2	0.9
FF-MNT-006	6	Maintenance	Stratheden	Demolitions - opportunity to remove back-log and explore capital or revenue options for the site	2.0	2.0	2.0		-6.0	0.0
FF-MNT-007	7	Maintenance	Victoria	Audiology - non compliant facilities			1.4	1.4		2.8
FF-MNT-008	8	Maintenance	Cameron	New heat solution for site	1.0	0.8				1.8
FF-MNT-009	9	Maintenance	Queen Margaret	Specialist Gynaecology Unit				0.7		0.7
FF-MNT-010	10	Maintenance	Victoria	Dermatology					2.0	2.0
FF-MNT-011	11	Maintenance	Cameron	Demolitions - opportunity to remove back-log and explore capital or revenue options for the site				1.5	-1.5	0.0
FF-MNT-012	12	Maintenance	Queen Margaret	Phase 1 water tank replacement	0.3					0.3
FF-MNT-013	13	Maintenance	Victoria	Laundry roof	0.5					0.5
FF-MNT-014	14	Maintenance	Queen Margaret	Theatre refurbishment including equipment					4.1	4.1
FF-MNT-015	15	Maintenance	Victoria	Dining room/kitchen service lift	0.2					0.2
FF-MNT-016	16	Maintenance	Queen Margaret	Phase 1 roof works				0.3		0.3
FF-MNT-017	17	Maintenance	Various	General allocation for high and significant risks in our health centres	0.3	0.3	0.3	0.3	0.3	1.3
FF-MNT-018	18	Maintenance	Victoria	Phase 1 roof				0.8		0.8
FF-MNT-019	19	Maintenance	Victoria	Phase 2 tower refurbishment (only 4 floors of 13)	0.2	2.0	2.0	2.0	2.0	8.2
FF-MNT-020	20	Maintenance	Lynebank	Roof works				0.7		0.7
FF-MNT-021	21	Maintenance	Victoria	Phase 1 BMS					0.7	0.7
FF-MNT-022	22	Maintenance	Victoria	Phase 2 BMS					1.2	1.2
FF-MNT-023	23	Maintenance	Victoria Hospital	Phase 1 Curtain Walling & Windows					1.9	1.9
FF-MNT-024	24	Maintenance	RWMH	External repairs				0.2	0.2	0.4
FF-MNT-025	25	Maintenance	Victoria	Phase 2 roof					0.3	0.3
FF-EQP-001	1	Equipment	Victoria	Interventional Radiology fluoroscopy suite	0.9					0.9
FF-EQP-002	2	Equipment	Victoria	General Fluoroscopy suite	1.0					1.0
FF-EQP-003	3	Equipment	Victoria	Gamma camera for nuclear medicine imaging		0.9				0.9
FF-EQP-004	4	Equipment	Queen Margaret	CT scanner		0.7				0.7
FF-EQP-005	5	Equipment	Victoria	Ultrasound units for Radiology Gen US			0.4			0.4
FF-EQP-006	6	Equipment	Victoria	MRI scanner/ventilation and cooling system					1.2	1.2
FF-EQP-007	7	Equipment	Queen Margaret	Anaesthetic Machines					0.3	0.3
FF-EQP-008	8	Equipment	Various	CR refresh					0.3	0.3
FF-IT-001	1	Digital		Allowances for essential investment (refer to word document for description)	1.0	1.0	1.0	1.0	1.0	5.0
FF-GPP-001	1	GP Premises			0.7					0.7
FF-GPP-002	2	GP Premises			0.5					0.5
FF-GPP-003	3	GP Premises			0.3					0.3
FF-GPP-004	4	GP Premises			0.2					0.2
FF-GPP-005	5	GP Premises			0.2					0.2
FF-GPP-006	6	GP Premises			0.2					0.2
										0.0
FF-SUS-001	1	Sustainability		Sustainability allowance to allow progress against policy targets	0.2	1.0	1.0	1.0	1.0	4.2
NA	1	Resources		Resource for Estate survey programme in line with CEL35(2010)	0.1	0.1	0.1	0.1	0.1	0.3
Total					**13.1**	**12.2**	**11.0**	**9.3**	**9.7**	**55.2**
Business Continuity Plans Funding Total				*Separate funding in addition to Formula capital. Calculated as 133% of Formula Capital*	**10.4**	**10.4**	**10.4**	**10.4**	**10.4**	**52.0**
Variance					**-2.7**	**-1.8**	**-0.6**	**1.1**	**0.7**	**-3.2**

NHS Fife
Property Risk and Prioritisation Tool
Dec. 2024
R.0

					Business / Financial — Financial & Service Impact - Score and explain potential increased costs, negative impact on service delivery, delay in delivery of services					Staff / Health & Safety / Injury — Staff Impact - Score and explain the potential negative impact on staff well being, recruitment and retention, harm, redundancy, industrial action					Clinical / Service — Clinical Impact - Score and explain the potential negative effect on the ability to continue to provide safe, effective care at the standard required, loss of services, harmful incidents to patients, delays to access to diagnostics & treatment					Reputational / Adverse Publicity / Complaints & Claims — Reputational Impact - Score and explain the potential negative effect on the perception of staff, service users and the wider public, of NHS services						
Item Ref	Board	Asset	Description	SAMS Site Categorisation	Likelihood (1 to 5)	Score Notes	Impact (1 to 5)	Score Notes	Score	Likelihood (1 to 5)	Score Notes	Impact (1 to 5)	Score Notes	Score	Likelihood (1 to 5)	Score Notes	Impact (1 to 5)	Score Notes	Score	Likelihood (1 to 5)	Score Notes	Impact (1 to 5)	Score Notes	Score	Total Score	Delivery Constraints
FF-MNT-001	NHS Fife	Queen Margaret	Mental Health Estate	Acute/community site	4	The environment is in poor condition in respect to safety and clinical functionality	4	Possible related claims; Poor clinical efficiency	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Potential staff injury and poor recruitment and retention will affect patient care and service	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Leads to longer lengths of stay and reduces the ability for patients to get well more quickly	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Environment may create a false impression from patients and family on level of care	16	64	A number of decants so will require to be phased over a number of years
FF-MNT-002	NHS Fife	Stratheden	Mental Health Estate	Community site	4	The environment is in poor condition in respect to safety and clinical functionality	4	Possible related claims; Poor clinical efficiency	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Potential staff injury and poor recruitment and retention will affect patient care and service continuity	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Leads to longer lengths of stay and reduces the ability for patients to get well more quickly	16	4	The environment is in poor condition in respect to safety and clinical functionality	4	Environment may create a false impression from patients and family on level of care. Potential for national interest.	16	64	A number of decants so will require to be phased over a number of years
FF-MNT-003	NHS Fife	Victoria	Phase 2 cladding panel restoration	Acute site	4	The cladding panels require to be repaired as per survey to retain the integrity of the panels.	4	There is a podium at the bottom of the tower so any falling material is relatively contained (although not ruled out). It could damage the building below or cause injury to someone working on the podium below. Insurance risk.	16	4	The cladding panels require to be repaired as per survey to retain the integrity of the panels.	4	Although unlikely there is a risk of serious staff injury caused by falling material/windows	16	4	The cladding panels require to be repaired as per survey to retain the integrity of the panels.	2	There are limited clinical services using space in the phase 2 tower block now	8	4	The cladding panels require to be repaired as per survey to retain the integrity of the panels.	4	Potential for high profile media coverage	16	56	
FF-MNT-004	NHS Fife	Victoria	Phase 2 window replacement	Acute site	4	Some of the windows are beginning to fail and fall out (tower block).	4	There is a podium at the bottom of the tower so any falling material is relatively contained (although not ruled out). It could damage the building below or cause injury to someone working on the podium below. Insurance risk.	16	4	Some of the windows are beginning to fail and fall out (tower block)	4	Although unlikely there is a risk of serious staff injury caused by falling material/windows	16	4	Some of the windows are beginning to fail and fall out (tower block)	2	There are limited clinical services using space in the phase 2 tower block now	8	4	Some of the windows are beginning to fail and fall out (tower block)	4	Potential for high profile media coverage	16	56	It may make sense to undertake the window replacement as each floor is being refurbished, otherwise there will be operational disruption. See item Fife-019
FF-MNT-005	NHS Fife	General	Fire door rectification programme	All	3	Ongoing fire door surveys are showing deficiencies across our estate	5	If a fire door fails it could contribute towards loss of life or assets	15	3	Ongoing fire door surveys are showing deficiencies across our estate	5	If a fire door fails it could contribute towards loss of life	15	3	Ongoing fire door surveys are showing deficiencies across our estate	4	If a fire door fails it could contribute towards loss of assets affecting provision of clinical services in a material way	12	3	Ongoing fire door surveys are showing deficiencies across our estate	4	Potential for national media coverage	12	54	Will require to be phased.
FF-MNT-006	NHS Fife	Stratheden	Demolitions - opportunity to remove back-log and explore capital or revenue options for the site	Community site	1	This is a financial opportunity as opposed to being a risk	1	This is a financial opportunity as opposed to being a risk	1	3	Possible that members of the public could enter unsafe buildings	4	Members of the public could come to serious harm	12	5	There are buildings being used for clinical functions that are no longer fit for purpose	4	Use of buildings that are no longer fit for purpose limits the opportunity to provide safe and effective care	20	4	Staff, patients and visitors see the site which looks derelict overall	4	Negative public perception of site	16	49	This can be completed in two phases. Phase 1 would be demolition of existing empty buildings. Phase 2 would be demolition of currently used buildings following decants
FF-MNT-007	NHS Fife	Victoria	Audiology - non compliant facilities	Acute site	4	The current arrangements limit the effectiveness of the audiology service in Fife. Fife has the fewest number of compliant audiology rooms in Scotland.	3	There is a risk the environment could lead to less effective patient assessments and care	12	4	The current arrangements limit the effectiveness of the audiology service in Fife. Fife has the fewest number of compliant audiology rooms in Scotland.	3	Disruption in recruitment and retention could impact service provision and continuity	12	4	The current arrangements limit the effectiveness of the audiology service in Fife. Fife has the fewest number of compliant audiology rooms in Scotland.	3	Patients are not always able to receive effective care at the standard required.	12	4	The current arrangements limit the effectiveness of the audiology service in Fife. Fife has the fewest number of compliant audiology rooms in Scotland.	3	Negative perception of the audiology service offered in Fife	12	48	This can only be completed after the Ravenscraig Ward moves to QMH
FF-MNT-008	NHS Fife	Queen Margaret	Specialist Gynaecology Unit	Acute/community site	4	The accommodation for women's services at QMH is poor. There is an opportunity to refurbish a more suitable area for this service.	3	The current accommodation limits the scope for adequate service delivery.	12	4	The accommodation for women's services at QMH is poor. There is an opportunity to refurbish a more suitable area for this service.	3	Possible impact on recruitment and retention given the facilities on offer	12	4	The accommodation for women's services at QMH is poor. There is an opportunity to refurbish a more suitable area for this service.	3	The current provision of accommodation does not contribute towards effective care at the standard required.	12	4	The accommodation for women's services at QMH is poor. There is an opportunity to refurbish a more suitable area for this service.	2	Possible reputational impact from the patients visiting the facilities.	8	44	No constraints - empty ward.

ID	Board	Site	Project	Site type	Business / Financial — Financial & Service Impact - Score and explain potential increased costs, negative impact on service delivery, delay in delivery of services				Staff / Health & Safety / Injury — Staff Impact - Score and explain the potential negative impact on staff well being, recruitment and retention, harm, redundancy, industrial action				Clinical / Service — Clinical Impact - Score and explain the potential negative effect on the ability to continue to provide safe, effective care at the standard required, loss of services, harmful incidents to patients, delays to access to diagnostics & treatment				Reputational / Adverse Publicity / Complaints & Claims — Reputational Impact - Score and explain the potential negative effect on the perception of staff, service users and the wider public, of NHS services				Total / Constraints
FF-MNT-009	NHS Fife	Cameron	New heat solution for site	Community site	4	The steam heat solution at the site requires to be replaced urgently	4	There would be an impact on service provision with the loss of heat and hot water	16	4	The steam heat solution at the site requires to be replaced urgently	2	There could be some contained disruption for staff	8	4	The steam heat solution at the site requires to be replaced urgently	3	The impact could be loss of heating and hot water until repairs are made. It could lead to a loss of bed capacity and/or decants.	12	4	The steam heat solution at the site requires to be replaced urgently	2	The impact if it occurred would probably be limited and contained	8	44 No constraints.
FF-MNT-010	NHS Fife	Victoria	Dermatology Relocation/refurb	Acute site	4	The current space is inadequate in respect to size and condition with various infection control risks	3	Potential impact on delivery of service. Risks being managed currently.	12	4	The current space is inadequate in respect to size and condition with various infection control risks	2	Minimal staff impact other than sub-optimal environment to operate within	8	4	The current space is inadequate in respect to size and condition with various infection control risks	3	Potential impact on delivery of service. Risks being managed currently.	12	4	The current space is inadequate in respect to size and condition with various infection control risks	2	The impact if it occurred would probably be limited and contained	8	40 No constraints - all buildings planned to be demolished should be empty
FF-MNT-011	NHS Fife	Cameron	Demolitions - opportunity to remove back-log and explore capital or revenue options for the site	Community site	1	This is a financial opportunity as opposed to being a risk	1	This is a financial opportunity as opposed to being a risk	1	3	Possible that members of the public could enter unsafe buildings	4	Members of the public could come to serious harm	12	2	Most of the derelict buildings are now not being used for clinical purposes	4	Use of buildings that are no longer fit for purpose limits the opportunity to provide safe and effective care	8	4	Staff, patients and visitors see the site which looks derelict overall	4	Negative public perception of site	16	37
FF-MNT-012	NHS Fife	Queen Margaret	Theatre refurbishment including equipment	Acute/community site	3	It is possible that the existing theatre equipment and infrastructure could fail	3	This would have an effect on planned care day case throughput and waiting lists	9	3	It is possible that the existing theatre equipment and infrastructure could fail	2	Unlikely to have a huge impact on staff	6	3	It is possible that the existing theatre equipment and infrastructure could fail	4	Loss of planned care services	12	3	The theatre equipment and infrastructure is past it's useful life and could fail	3	Impact on patient care and waiting times could cause complaints	9	36 This will need to planned carefully 1-2 theatres at a time to maintain a level of operational continuity
FF-MNT-013	NHS Fife	Victoria	Laundry roof repairs	Acute site	3	Possible that the roof could fail due to age	4	It would test local and regional laundry resilience. Likely to be additional costs in outsourcing and loss of income from other Board	12	3	Possible that the roof could fail due to age	4	There is asbestos in the laundry which could be aggravated by any roof failure	12	3	Possible that the roof could fail due to age	2	It is likely that business continuity measures would be adopted to reduce the possible impact of no laundry - score of 2 reflects this	6	3	Possible that the roof could fail due to age	2	Unlikely to have a reputational impact	6	36 No constraints but will require careful planning as the laundry below will require to function
FF-MNT-014	NHS Fife	Queen Margaret	Phase 1 water tank replacement	Acute/community site	4	The phase 1 water tanks have reached the end of their useful life and require to be replaced	3	A failure could affect service provision within the asset which accommodates mental health inpatients and outpatient activity	12	4	The phase 1 water tanks have reached the end of their useful life and require to be replaced	1	Unlikely to affect staff in a material way	4	4	The phase 1 water tanks have reached the end of their useful life and require to be replaced	3	This would affect part of mental health inpatient estate and service provision	12	4	The phase 1 water tanks have reached the end of their useful life and require to be replaced	2	The impact if it occurred would probably be limited and contained	8	36 No constraints
FF-MNT-015	NHS Fife	Victoria	Dining room/kitchen service lift	Acute site	5	The lift does not currently function	2	Food cannot be distributed via a service tunnel from kitchen. Less efficient.	10	5	The lift does not currently function	2	Possible injury to staff via increased manual handing. Staff absence from work	10	5	The lift does not currently function	2	Food distribution less efficient and reliable. Could affect clinical activity.	10	5	The lift does not currently function	1	Impact considered to be minimal	5	35 No constraints
FF-MNT-016	NHS Fife	Various	General allocation for high and significant risks in our health centres	Community sites	3	Possible that high and significant back-log risks could affect delivery of local services	3	Some impact on the delivery of local community services	9	3	Possible that high and significant back-log risks could affect delivery of local services	2	Impacts from the risks occurring are likely to be temporary until attended to	6	3	Possible that high and significant back-log risks could affect delivery of local services	3	There could be loss of community services locally	9	3	Possible that high and significant back-log risks could affect delivery of local services	2	Probably a moderate impact until the issues are resolved	6	30 No constraints
FF-MNT-017	NHS Fife	Queen Margaret	Phase 1 roof works	Acute/community site	3	Possible that the roof could fail due to age	3	Clinical functions below so there could be some service disruption	9	3	Possible that the roof could fail due to age	2	There could be some contained disruption for staff	6	3	Possible that the roof could fail due to age	3	It is unlikely that the whole roof would fail so the impact would be confined to an area pending a local repair	9	3	Possible that the roof could fail due to age	2	The impact if it occurred would probably be limited and contained	6	30 This would require to be completed a floor at a time based on current vacant floors. 11 storey building.
FF-MNT-018	NHS Fife	Victoria	Phase 1 roof	Acute site	3	Possible that the roof could fail due to age	3	Clinical function below 2/3 of the area so there would be an impact on service delivery. It is unlikely that the whole roof would fail, so impacts would be limited	9	2	Possible that the roof could fail due to age	2	There could be some contained disruption for staff	4	3	Possible that the roof could fail due to age	3	It is unlikely that the whole roof would fail so the impact would be confined to an area pending a local repair	9	3	Possible that the roof could fail due to age	2	The impact if it occurred would probably be limited and contained	6	28 No constraint
FF-MNT-019	NHS Fife	Victoria	Phase 2 tower refurbishment	Acute site	4	The primary services infrastructure in the tower block has reached the end of it's useful life. Regular failure of key elements like drainage.	2	The tower block is mostly used for admin related functions now. There would be disruption but this is hopefully manageable	8	4	The primary services infrastructure in the tower block has reached the end of it's useful life. Regular failure of key elements like drainage.	2	The general environment for staff isn't great so there could be some impact on recruitment/retention	8	4	The primary services infrastructure in the tower block has reached the end of it's useful life. Regular failure of key elements like drainage.	2	There are few clinical services operating from the tower block now. Mostly admin related functions.	8	4	The primary services infrastructure in the tower block has reached the end of it's useful life. Regular failure of key elements like drainage.	1	Impact considered to be minimal	4	28 No constraint
FF-MNT-020	NHS Fife	Lynebank	Roof works	Community site	3	Possible that the roof could fail due to age	2	Some impact on the functions below including boiler house, kitchen, laundry, psychology, IT store, 1 ward area and office spaces	6	3	Possible that the roof could fail due to age	2	There could be some contained disruption for staff	6	3	Possible that the roof could fail due to age	3	The patients in tayview (2 no.) would require to be decanted elsewhere	9	3	Possible that the roof could fail due to age	2	The impact if it occurred would probably be limited and contained	6	27 No constraint

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FF-MNT-021	NHS Fife	Victoria	Phase 1 BMS	Acute site	3	The BMS for heating and ventilation could fail due to age	2	Loss of management control which may lead to service disruption	6	3	The BMS for heating and ventilation could fail due to age	2	There could be some contained disruption for staff	6	3	The BMS for heating and ventilation could fail due to age	3	Loss of management control which may lead to clinical service disruption in phase 1	9	3	The BMS for heating and ventilation could fail due to age	2	The impact if it occurred would probably be limited and contained	6	27	The windows can probably be completed quite easily. The curtain walling would require careful planning with the clinical services.
FF-MNT-022	NHS Fife	Victoria	Phase 2 BMS	Acute site	3	The BMS system could fail due to age	2	Loss of management control which may lead to service disruption	6	3	The BMS for heating and ventilation could fail due to age	2	There could be some contained disruption for staff	6	3	The BMS for heating and ventilation could fail due to age	3	Loss of management control which may lead to clinical service disruption in phase 2	9	3	The BMS for heating and ventilation could fail due to age	2	The impact if it occurred would probably be limited and contained	6	27 No constraint
FF-MNT-023	NHS Fife	Victoria	Phase 1 windows and curtain walling	Acute site	3	Possible the windows / curtain walling could fail due to age.	2	Any failure it likely to be localised with limited impact on services generally	6	3	Possible the windows / curtain walling could fail due to age.	2	There could be some contained disruption for staff	6	3	Possible the windows / curtain walling could fail due to age.	2	Any service impact would likely be localised and manageable	6	3	Possible the windows / curtain walling could fail due to age.	2	The impact if it occurred would probably be limited and contained	6	24 No constraint
FF-MNT-024	NHS Fife	RWMH	External fabric repairs	Community site	4	The external building fabric is dilapidated and in need of restoration	2	Limited impact on service provision, but if left unattended the consequences could become more significant	8	4	The external building fabric is dilapidated and in need of restoration	1	Unlikely to affect staff in a material way	4	4	The external building fabric is dilapidated and in need of restoration	2	Limited impact on service provision, but if left unattended the consequences could become more significant	8	4	The external building fabric is dilapidated and in need of restoration	1	Impact considered to be minimal	4	24 No constraint
FF-MNT-025	NHS Fife	Victoria	Phase 2 roof	Acute site	3	Possible that the roof could fail due to age	3	Likely to affect the top floor with limited business/financial impact. It could result in wider damage to the building though requiring additional investment if left unattended.	9	3	Possible that the roof could fail due to age	2	There could be some contained disruption for staff	6	3	Possible that the roof could fail due to age	1	Unlikely to affect clinical services given block and floor	3	3	Possible that the roof could fail due to age	1	Impact considered to be minimal	3	21 Work required to understand where this service could be relocated to

NHS Fife

Meeting: Audit & Risk Committee

Meeting date: 12 December 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:
- Internal Audit Framework
- Internal Audit Follow Up Report

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

2.   The Committee considered the following items of business:

2.1   Internal Audit Progress Report

The Committee took a **"moderate" level of assurance** on delivery of key year-end and mid-year reports and took a **"limited" level of assurance** on the remaining reviews within the 2024/25 Annual Internal Audit Plan.

The Committee also **noted** the progress on the 2024/25 Annual Internal Audit Plan and **approved** the removal of the B19/25 Supplementary Staffing and B23/25 Digital & Information Strategy & Governance reviews as part of the risk assessment of the 2025/26 Internal Audit Planning.

2.2   Internal Controls Evaluation Report 2024/25

The report was presented, and the Committee noted that once the management responses are added, adequate and appropriate actions will be put in place to address the nine recommendations within the report. Also noted, an updated report with the management responses will be circulated electronically once complete and the final report will come back to the Committee in March 2025 for formal approval. The Committee took a **"moderate" level of assurance** from the report and **agreed** that the Internal Controls Evaluation Report 2023/24 be presented to each Standing Committee in January.

2.3   Annual Audit Plan 2024/25

The Committee noted that the timelines set out within the paper will ensure that the Scottish Government's deadline date for approval of the accounts, of 30 June 2025, will be met. The Committee **approved** the External Audit Annual Audit Plan.

2.4   Integrated Joint Board Lessons Learned Report on Year-End 2023/24

The Committee were advised that the IJB Lessons Learned Report was commissioned by the IJB Finance, Performance & Scrutiny Committee in response to an increase in the financial shortfall within the last quarter of 2023/24. Also noted, a review was carried out which identified a number of improvement actions that will further strengthen the controls that are already in place. The Committee took a **"moderate" level of assurance** from the report.

2.5   Audit Scotland report: NHS in Scotland 2024 – Finance & Performance

The Committee **noted** the conclusions of the Audit Scotland report.

3.   Delegated Decisions taken by the Committee

3.1   The Committee **endorsed** the Risk Management Strategic Framework for formal approval at the NHS Fife Board.

3.2   The Committee **approved** the External Audit Annual Audit Plan.

4.   Update on Performance Metrics

N/A.

5.   Update on Risk Management

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

The Committee noted that NHS Fife Board approved the revised Risk Appetite Statement at their November 2024 meeting, and that the Risk Appetite Statement may need to be reviewed in relation to the scale of the challenge we will face following Scottish Government recent budget announcement for 2025/26

The Committee noted the work underway for a potential new corporate risk for Substance Related Morbidity and Mortality.

5.2   Risk Management Strategic Framework

The Committee noted a review was carried out 12 months' ago, and risk management documents supporting our risk management arrangements have been streamlined, which resulted in all relevant information around systems and processes in relation to risk management across the organisation now being held in the Risk Management Strategic Framework. The Committee **endorsed** the Risk Management Strategic Framework for

formal approval at the NHS Fife Board.

5.3   **NHS Fife Board's Risk Appetite Statement**

The Committee took a **"moderate" level of assurance** from the updated Risk Appetite Statement.

6.   **Any other Issues to highlight to the Board:**

- NHS Fife was unsuccessful in its application to be selected as a pilot site for Marmot Place, however, feedback was positive in relation to the work that is being undertaken

Alastair Grant
Chair
Audit & Risk Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 12 DECEMBER 2024 AT 2PM VIA MS TEAMS

Present:
Alastair Grant, Non-Executive Member (Chair)
Anne Haston, Non-Executive Member
Aileen Lawrie, Non-Executive Member

In Attendance:
Kevin Booth, Head of Financial Services & Procurement
Chris Brown, Head of Public Sector Audit (UK), Azets
Andrew Ferguson, Senior Manager, Azets
Barry Hudson, Regional Audit Manager
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Caitlin MacKenzie, Senior, Azets
Margo McGurk, Director of Finance & Strategy *(part)*
Maxine Michie, Deputy Director of Finance *(deputising)*
Audrey Valente, Chief Finance Officer, Health & Social Care Partnership (HSCP) *(deputising)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

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

1. **Apologies for Absence**

    Apologies were received from routine attendees Carol Potter (Chief Executive) and Dr Shirley-Anne Savage (Associate Director of Risk & Professional Standards).

2. **Declaration of Members' Interests**

    There were no declarations of interest made by members.

3. **Minute of the last Meeting held on 12 September 2024**

    The minute of the last meeting was **agreed** as an accurate record.

4. **Chair's Assurance Report Presented to Fife NHS Board on 25 September 2024**

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

5. Action List / Matters Arising

The Audit & Risk Committee **noted** the update on the Action List in relation to the corporate risks mapping exercise.

6. INTERNAL AUDIT

6.1 Internal Audit Progress Report

The Regional Audit Manager advised that resource within the Internal Audit Team had been directed to prioritise the production of the Internal Controls Evaluation Report, and that long-term sickness absence within the team has had an impact on delivery of the Internal Audit Plan for the current year. Assurance was provided that a return to a full strength team is expected in January 2025, and that those absences are not linked to workplace issues; the Chief Internal Auditor has been monitoring the position closely. It was reported that the implications on delivery of the Internal Audit Plan is reflected within the risk assessment section of the report. It was agreed to escalate the risk assessment undertaken to determine the decision not to proceed at present with the audits cited below to the NHS Fife Board via the Chair's Assurance report.

An explanation was provided on the deferment of the Supplementary Staffing and Digital & Information Strategy audit reviews, with it being noted that, due to the significance of the audits, these would be undertaken in 2025/26 and not deferred indefinitely. Following questions on the assessment undertaken to identify these two reviews as suitable for deferral, given their overall linkages to RTP work, the Chief Internal Auditor agreed to provide a further paper outwith the meeting that describes the analysis from the initial plan to support the deferment of these audits. This will then be circulated to members for further information.

Action: Chief Internal Auditor

Clarity was provided that both the Internal Controls Evaluation Report and Internal Audit Progress Report are part of the Committee's remit to be presented on a yearly basis, and assurance was provided that any issues arising during the course of the year in relation to delivery of Internal Audit activity would be escalated.

The Committee took a **"moderate" level of assurance** on delivery of key year-end and mid-year reports and took a **"limited" level of assurance** on the remaining reviews within the 2024/25 Annual Internal Audit Plan.

The Committee also **noted** the progress on the 2024/25 Annual Internal Audit Plan and **approved** the removal of the B19/25 Supplementary Staffing and B23/25 Digital & Information Strategy & Governance reviews as part of the risk assessment of the 2025/26 Internal Audit Planning.

6.2 Internal Controls Evaluation Report 2024/25

The Chief Internal Auditor presented the report and advised that once the management responses are added, adequate and appropriate actions will be put in place to address the nine recommendations within the report. An updated report with the management

responses will be circulated electronically once complete and the final report will come back to the Committee in March 2025 for formal approval.

An overview was provided on the contents of the report, and it was noted that the exceptionally challenging circumstances that NHS Fife (and other NHS Scotland Health Boards) are facing have been fully described within the report. It was also noted that the Reform, Transform & Perform programme has been referenced throughout the report, and the theme of ensuring that there is a sustained focus on safe delivery of quality care has also been included. An overview was also provided on the recommendations within the report.

The Committee took a **"moderate" level of assurance** from the report and **agreed** that the Internal Controls Evaluation Report 2023/24 be presented to each Standing Committee in January.

7. EXTERNAL AUDIT

7.1 Annual Audit Plan 2024/25

C Brown, Azets, spoke to the External Audit Annual Audit Plan, noting that it is similar to last year's plan, due to the continuing challenging external environment. It was reported that addressing the financial position is the main risk, and that financial sustainability and financial management will be the main focus of the audit. In terms of the financial statement risks, it was advised that there is an additional risk around the provision of the band 5 nursing pay review.

It was further reported that some improvements have been identified for delivering the audit, mainly around carrying out as much work as possible prior to the year-end period, to release the time pressure for the final audit.

It was reported that the timelines set out within the paper will ensure that the Scottish Government deadline date for approval of the accounts, of 30 June 2025, will be met.

The Committee **approved** the External Audit Annual Audit Plan.

8. RISK

8.1 Corporate Risk Register

The Director of Finance & Strategy provided an update and reported that the Corporate Risk Register was considered in detail at the Standing Governance Committees in November 2024, and that the key updates are provided within the paper. In terms of the update to Risk 2 Health Inequalities, it was advised that NHS Fife was unsuccessful in its application to be selected as a pilot site for Marmot Place. However, feedback received was positive in relation to the work that is being undertaken, and NHS Fife is well advanced in taking forward the Marmot principles. It was also reported that work is underway for a potential new corporate risk for Substance Related Morbidity and Mortality, with it being expected that this risk will be presented within the January Standing Governance Committee cycle.

It was advised that the NHS Fife Board approved the revised Risk Appetite Statement at their November 2024 meeting, and that the Risk Appetite Statement may need to be reviewed in relation to the scale of the challenge we will face following Scottish Government recent budget announcement for 2025/26. It was noted that this will be discussed at the Board Development Session on 17 December 2024.

Following a query in relation to the potential inclusion of a specific mental health services corporate risk, it was advised that this potential risk has not yet been considered in full by the Executive Directors' Group, and that the view of the NHS Fife Board will be sought on how to take that potential risk forward.

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

8.2 Risk Management Strategic Framework

The Director of Finance & Strategy reported that a significant review of the Risk Management Strategic Framework was carried out 12 months' ago, and that the delay to finalise the revised document was due to awaiting the recent refresh of the revised Board Risk Appetite Statement. It was noted that there was an opportunity to streamline the documents that support our risk management arrangements, which resulted in all relevant information around systems and processes in relation to risk management across the organisation now being held in the Risk Management Strategic Framework.

An overview was provided on the purpose, remit and key responsibilities of the Audit & Risk Committee in relation to risk management. Discussion took place, and it was agreed that the Committee will carry out a self-assessment on a yearly basis, and include a report of that within the Committee's Annual Statement of Assurance. This will evidence that the Audit & Risk Committee is recognising and taking forward its responsibilities in this important area of governance.

The Committee **endorsed** the Risk Management Strategic Framework for formal approval at the NHS Fife Board.

8.3 NHS Fife Board's Risk Appetite Statement

The Director of Finance & Strategy provided background detail on the progress of refreshing the Board Risk Appetite Statement. It was reported that the revised statement is high-level and linked directly to the introduction of the levels of assurance on all our activity. It was noted that the statement was discussed in detail at the recent NHS Fife Board meeting in November 2024, before being approved.

It was advised that of the Board will not accept risks where the assurance level is below moderate. It was also advised that the financial position and activity around delivering a financial balance will not be met in 2024/25 without significant additional financial support/brokerage from Scottish Government. The Board has tolerated a limited level of assurance for this financial risk throughout this financial year. The importance of regular discussions on the financial risk and ensuring that the NHS Fife Board is being

assured on the position being presented, to then make decisions on the way forward, was noted.

The Committee took a **"moderate" level of assurance** from the updated Risk Appetite Statement.

9.   GOVERNANCE MATTERS

9.1   Integrated Joint Board (IJB) Annual Statement of Assurance

The Chief Finance Officer (HSCP) reported that there were no issues or concerns raised around the governance statement, and that there was appropriate disclosure of relevant issues to strengthen financial governance. It was noted that, following the IJB year-end position in 2023/24, a lessons learned action plan has been developed and progress on its delivery will be reviewed at each IJB Audit & Assurance Committee meeting.

The Committee took a **"moderate" level of assurance** from the assurance statement.

9.2   Integrated Joint Board Lessons Learned Report on Year-End 2023/24

The Chief Finance Officer (HSCP) advised that the IJB Lessons Learned Report was commissioned by the IJB Finance, Performance & Scrutiny Committee in response to an increase in the financial shortfall within the last quarter of 2023/24. It was reported that a review, including a root cause analysis, was undertaken, alongside independent scrutiny, to provide an understanding of where there was significant movement between the financial projection and the actual expenditure incurred at year-end. It was advised that the review identified a number of improvement actions that will further strengthen the controls that are already in place.

An explanation was provided on the complex reporting structure, particularly around up-to-date data on financial performance. Assurance was provided that there is regular reporting to the IJB Finance, Performance & Scrutiny Committee and the IJB full Board, and that the frequency of meetings between the Directors of Finance, from both the IJB and NHS Fife, has been increased to consider the in-year position as it develops.

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

9.3   Audit Scotland report: NHS in Scotland 2024 – Finance & Performance

The Director of Finance & Strategy presented the report, and highlighted the recommendations section, which set out that Boards should be setting a balanced financial position in the next three years, identifying realistic recurring savings and reducing the reliance on non-recurring savings by considering fundamental changes to how services are offered. It was noted further discussion will take place at the Board Development Session on 17 December 2024. An overview was provided on topics for discussion at the Board Development Session, including a focus on understanding the core budget and driving forward value for the population of Fife, and the need for transformational change. It was advised that clear impact statements will be prepared as part of the transformational plans going forward.

The Committee **noted** the conclusions of the Audit Scotland report.

9.4 Losses & Special Payments Quarter 2

The Head of Financial Services & Procurement reported that losses and special payments had increased to £211,781 in quarter 2 in comparison to quarter 1 (£196,509) 2024/25. It was advised that there had been no significant findings or concerns raised in relation to those losses and special payments recorded in the quarter. It was noted that ex-gratia compensation payments are likely to increase in the remainder of the financial year.

Assurance was provided that the clinical learnings from legal claims are now being reported into the Organisational Learning Group, who report to the Clinical Governance Committee.

The Committee took a **"significant" level of assurance** from the report.

9.5 Waiver of Competitive Tenders Quarter 2

The Head of Financial Services & Procurement highlighted that during quarter 2, there was one waiver of competitive tender for the CRIS Radiology Information System annual support and maintenance, at a value of £96k, which has been approved in line with NHS Fife's Standing Financial Instructions.

The Committee took a **"significant" level of assurance** that the Procurement process for the waiver of competitive tenders was correctly applied in the period.

9.6 Review of Draft Annual Workplan 2025/26

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

8. FOR ASSURANCE

8.1 Audit Scotland Technical Bulletin 2024/3

The Head of Financial Services & Procurement highlighted the fraud and irregularities at section 7 within the bulletin, noting that it provides a summary of an identified fraud within a public sector body due to a weakness in internal controls. Assurance was provided that an assessment against our own internal control process was carried out, and that there is a limited ability for this particular fraud to occur within NHS Fife.

The Committee took a **"significant" level of assurance** from the Audit Scotland Technical Bulletin for 2024/3.

8.2 Delivery of Annual Workplan 2024/45

The Committee took **assurance** from the tracked workplan, noting that two internal audit items have been deferred to the next meeting.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to the Board the removal of the two proposed internal audit reviews detailed in Item 6.1, via the Chair's Assurance Report.

10. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 13 March 2025 from 2pm - 4pm via MS Teams.

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2024/25.

The following item has been deferred and rescheduled:
- Public Protection, Accountability & Assurance Framework

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

2. Matters Arising

2.1 Drug Death Cluster Reviews Briefing Update

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

2.2 Orthopaedic Hip Fracture Audit Briefing Update

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

2.3 Safe Delivery of Care Health Improvement Scotland Inspection

A verbal update was provided on the follow up inspection which took place in November 2024. Actions to be addressed are mainly around workforce, and further detail will be provided once formal written feedback is received. The Committee took a **"moderate" level of assurance** from the update, noting that the formal report will be presented to the Committee in March 2025.

2.4 The Committee considered the following items of business:

3. GOVERNANCE

3.1   Clinical Governance Oversight Group Assurance Summary

The report was discussed, and the Committee was advised that the new adverse events process was implemented on 6 January 2025 and is aligned to the national Health Improvement Scotland framework. It was also advised that the quarter 2 deteriorating patients report is showing positive improvements, and excellent progress has been made in relation to implementing recommendations from the national audiology review. The Committee noted the NHS Fife Stroke Standards and welcomed the incorporation of the Stroke Bundle into the IPQR. Committee took a **"moderate" level of assurance** from the assurance summary.

3.2   Mental Health Oversight Group (MHOG) Assurance Summary from 22 November 2024 Meeting

The Committee welcomed this new report specifically focused on mental health. The report was discussed, and the Committee were updated on adult services, the high level of surge capacity in use, and the financial consequences of this, and assurance was provided from a quality & care perspective. The Committee were also updated on the deep dive on mental health services, and it was highlighted that Addiction Services had been held up as gold standard for their MAT performance. Committee took a **"moderate" level of assurance** from the assurance summary.

3.3   Corporate Risks Aligned to CGC

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

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

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

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

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

3.4 Internal Controls Evaluation Report

The Committee were advised that the clinical governance elements of the report were noted as positive. Recommendations in relation to enhancing the process of the delivery plan for the Clinical Governance Strategy Framework have been made. A further recommendation was made in relation to reviewing workplans from both the Clinical Governance Committee and Clinical Governance Oversight Group to ensure there is no duplication of reporting, and that action on this matter will be taken forward through the usual end-of-year committee review and audit follow-up process. The Committee were also advised that a review of the Committee's Terms of Reference has commenced. The Committee took a **"moderate" level of assurance** from the report.

4. STRATEGY AND PLANNING

4.1 Single Point of Contact for Cancer Patients

The Committee were advised that the hub was set up following specific Scottish Government funding for developing and expanding cancer services and how they are delivered. The Committee thanked Kathy Nicoll, Cancer Transformation Manager, and her team for all their hard work. The Committee took a **"significant" level of assurance** from the report, noting that a further evaluation report will be provided to the Committee in due course.

4.2 Fife Winter Preparedness Plan 2024/25

The Committee were presented with the plan, which has been structured around the four priorities set out by the Scottish Government. The Committee acknowledged and recognised the extent to which the teams work collaboratively across the whole system in Fife. The Committee took a **"moderate" level of assurance** from the Fife Winter Preparedness Plan for 2024/25.

5. QUALITY AND PERFORMANCE

5.1 IPQR

The IPQR was reviewed and discussed with the Committee taking a "**moderate" level of assurance** from the report. There were no performance related issues for escalation to the Board. Extensive discussion took place around taking assurance on the processes and major system issues for significant adverse event reviews, and organisational learning. An update was provided on the stroke care bundle newly incorporated into the IPQR.

5.2 HAIRT

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

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

6. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

6.1 Patient Experience & Feedback

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

7. ANNUAL /OTHER REPORTS

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

- Research, Innovation and Knowledge Annual Report 2023/24

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

8. Delegated Decisions Taken by the Committee

2025-26 Workplan approved.

9. Issues to Highlight to the Board

- There were no performance related matters to escalate to the Board
- There were no infection and prevention control issues for escalation to the Board
- The Research, Innovation & Knowledge team, and particularly the leadership from Professor Frances Quirk, were acknowledged and they were thanked for all their hard work. The committee commended the Research, Innovation and Knowledge 2023-2024 report recommending this should be shared with the Board.

Arlene Wood
Chair
Clinical Governance Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 17 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Dr Chris McKenna, Medical Director
Lynne Parsons, Interim Area Partnership Forum Representative
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Gemma Couser, Associate Director of Quality & Clinical Governance
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
Lynne Garvey, Director of Health & Social Care
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Planning Transformation
Barry Hudson, Regional Audit Manager *(item 7.4 only)*
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Miriam Watts, General Manager, Surgical Directorate
Amanda Wong, Director of Allied Health Professionals
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair congratulated Ben Hannan in his newly appointed role as Director of Planning & Transformation.

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

1.   **Apologies for Absence**

        Apologies were received from routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Claire Dobson (Director of Acute Services), Helen Hellewell (Deputy Medical Director, Health & Social Care Partnership), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division), Neil McCormick (Director of Property & Asset Management),

Margo McGurk (Director of Finance & Strategy) and Nicola Robertson (Director of Nursing, Corporate).

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of Previous Meeting – Friday 1 November 2024

The Committee **approved** the minutes of the previous meeting.

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

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

5.   Matters Arising / Action List

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

It was confirmed that an update on the East Region Neonatal Service will be presented at the March 2025 Committee meeting.

5.1   Drug Death Cluster Reviews Briefing Update

The Medical Director reported that the briefing provides an update on how Addiction Services is managed and their approach across the whole system and into other sectors. It was noted that a detailed paper was presented at the Public Health & Wellbeing Committee at their meeting on 13 January 2025, which provided a significant amount of detail in relation to the preventative work that is being undertaken within the wider system.

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

5.2   Orthopaedic Hip Fracture Audit Briefing Update

The Medical Director reported that the briefing provided addresses queries raised at the previous Committee meeting and describes the improvement work required. It was advised that further detail will come forward to the Committee in due course in relation to the required improvements relating to the internal audit actions.

Discussion took place, and it was advised that there are a multitude of reasons that come under the 'other delay' mortality theme, and that the forthcoming paper will include further detail around those themes.

An explanation was provided on the difference between elective orthopaedic activity and trauma activity, with it being advised that that they are two separate workstreams of patients and resource.

The bone health preventative aspect to fractures was highlighted in addition to the importance of clear messaging and the educational elements. It was agreed to consider how fragility fracture prevention is incorporated into the context of the wider population outwith the meeting.

It was advised that a further update and action plan will be presented to the Committee at the March 2025 meeting.

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

6. ACTIVE OR EMERGING ISSUES

6.1 Safe Delivery of Care Health Improvement Scotland Inspection

The Director of Nursing provided a verbal update and advised that a follow-up inspection took place in November 2024, and that Health Improvement Scotland have since provided positive verbal feedback. It was advised that actions to be addressed are mainly around workforce, and that further detail will be provided to the Committee in March 2025, once the formal written feedback is received.

The Committee took a **"moderate" level of assurance** from the update, noting that the formal report will be presented to the Committee in March 2025.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Oversight Group Assurance Summary from 10 December 2024 Meeting

The Associate Director of Quality & Clinical Governance reported that the summary provides a broad spectrum on discussions at the meeting. The key areas were highlighted.

It was reported that the new adverse events process was implemented on 6 January 2025 and is aligned to the national Health Improvement Scotland framework, whereby the trigger list is aligned to the level of harm, rather than the type of harm, that has occurred. It was advised that a complex care review process has been put in place with a focus on clustered learning and thematic learning. It was explained that changes to the review process have been documented through the Clinical Governance Oversight Group, including an audit trail on decisions made prior to the new process, and that the changes will be clearly defined within the policy. It was explained that unexpected death events are predominately investigated through the cardiac arrest process; however, a focus will be on the events leading to the outcome.

It was advised that the quarter 2 deteriorating patients report is showing positive improvements, and that the majority of actions identified through the cardiac overview process from the previous quarter have been implemented.

In relation to the recommendations contained within the national audiology review, it was advised that excellent progress has been made in relation to implementing those recommendation, particularly for staff training and peer support within the newborn and screening service. Challenges in relation to performing audiology tests were highlighted. It was noted that overview of the action plan and recommendations sits within the Acute Service Division, and that a discussion is required on the frequency of reporting to enable continued assurance monitoring for delivery of the improvement plan.

Assurance was provided there is no risk to the phasing of the new risk management system.

Following a request, it was advised that the closed loop system insulin therapy paper will be presented to the Committee meeting, once completed.

Action: Medical Director

It was reported that a meeting has been arranged to discuss the timeline and oversight for the Stroke Standards action plan.

The Committee took a **"moderate" level of assurance** from the summary report.

7.2 Mental Health Oversight Group (MHOG) Assurance Summary from 22 November 2024 Meeting

The Director of Health & Social Care highlighted the key points from the assurance summary and advised that, at the time of the meeting, Child & Adolescent Mental Health Services had met their referral to treatment target. It was also advised that robust discussion took place on adult services, the high level of surge, and consequences of additionality of bank staff, and that assurance was provided from a quality & care perspective.

It was reported that a deep dive from mental health services was provided in relation to those who are on longer stays within mental health wards. Addiction Services also provided an update at the meeting, highlighting they had been held up as gold standard for their MAT performance.

It was reported that the next MHOG meeting will focus on a more detailed plan in terms of the actions being taken in relation to the estates work, and that this detail will be presented to the March 2025 Committee meeting.

The new format flash report from each of the services presenting to the MHOG had been welcomed, and it was agreed a deeper dive will be presented on the Mental Welfare Commission visits and progress in relation to improvement plans.

It was further reported that the MHOG had acknowledged progress on the Mental Health Strategy.

A focus for the next MHOG meeting will be on the mental health redesign paper, risk register and estates-related work.

The Medical Director noted that the work of the MHOG will take time to embed into the Committee's workplan, and that the assurance reports provided to the Committee will evolve over time.

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

7.3 Corporate Risks Aligned to Clinical Governance Committee

The Associate Director for Risk & Professional Standards provided an overview on the updates to the corporate risks since the last meeting, and reported that the Board's risk appetite statement was approved in November 2024. The corporate risks have

since been updated using the new risk appetite and an overview was provided on the updates to the four corporate risks aligned to the Committee using the new risk appetite.

The Medical Director provided an update on the suggested new risk, that *patients could come to hospital-acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of specialist workforce and whole system pressures.* It was advised that once the risk levels are determined, the risk mitigation will then be applied. Discussion took place on the wording of the risk descriptor, and it was suggested to change the wording of 'specialist workforce' to 'workforce, in relation to linking to hospital acquired infection, falls and pressure ulcers. It was noted that the risk will capture other harms outwith those provided as examples.

It was advised that the descriptor for performance risks has been reframed, to ensure that there is a focus on the lens of patient safety and outcome. An overview was provided on the updates. It was highlighted that the wording for both Risk 7 & Risk 8 is different in relation to patient outcomes being 'may be' or 'will be impacted'. It was agreed to ensure that the language for all risks states 'may be'' as opposed to 'will be'. It was further highlighted that it is difficult for the Committee to scrutinise the cyber and IT elements of the risks, as there is currently no risk mitigation. Suggestion was also made to review the presentation of the information.

It was agreed to present the revised risk descriptors at the January 2025 NHS Fife Board meeting. It was also agreed to present the new risk to the Committee in March 2025, via a deep dive, and then submit to NHS Fife Board for their March 2025 meeting.

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

7.4 Internal Controls Evaluation Report 2024/25

The Regional Audit Manager joined the meeting and highlighted the key points from the report in relation to clinical governance, which were all noted as positive. It was advised that there are recommendations in relation to enhancing the process of the delivery plan for the Clinical Governance Strategy Framework.

A further recommendation was reported in relation to reviewing workplans from both the Clinical Governance Committee and Clinical Governance Oversight Group to ensure there is no duplication of reporting, and to ensure that priorities are clear with focussed workplans and agendas. The Board Secretary reported that a review of the Committee's Terms of Reference has commenced, and that a discussion with the Committee Chairs and Executive Leads took place the previous week and included discussion around addressing the duplication issue. It was noted that action on this matter will be taken forward through the usual end-of-year committee review and audit follow-up process.

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

7.5 Proposed Annual Workplan 2025/26

The Associate Director of Quality & Clinical Governance presented the proposed workplan and the anticipated reporting arrangements for year ahead.

It was agreed to add winter preparedness and the Mental Health Oversight Group Assurance Report to the workplan.

The Committee took as **"moderate" level of assurance** and **approved** the proposed workplan for 2025/26.

7.6   Delivery of Annual Workplan 2024/25

The Committee took a **"significant" level of assurance** from the tracked workplan.

8.   STRATEGY / PLANNING

8.1   Single Point of Contact for Cancer Patients

The Medical Director highlighted the key points from the paper and advised that the hub was set up following specific Scottish Government funding for developing and expanding cancer services and how they are delivered. An overview was provided on the areas that have merged to form the single point of contact unit.

It was reported that there are currently no measures for quantifying a case for funding, and that NHS Fife is required to demonstrate the effectiveness of funding, with an expectation that funding will be supported to secure the service going forward. It was reported that next steps are to carry out an evaluation for 2024, and to continue evaluating to demonstrate that funding is being well spent.

The importance of interpersonal relationships and how digital interacts within the service, to ensure patient safety and outcomes, was highlighted.

The Committee thanked Kathy Nicoll, Cancer Transformation Manager, and her team for all their hard work.

The Committee took a **"significant" level of assurance** from the report, noting that a further evaluation report will be provided to the Committee in due course.

8.2   Fife Winter Preparedness Plan 2024/25

The Director of Health & Social Care advised that the plan presents the joint NHS Fife and Health & Social Care Partnership Winter Preparedness Plan, and that it has been structured around the four priorities set out by the Scottish Government. It was advised that the plan supports quality & care, despite significant service pressures due to demand.

The key areas from each priority were outlined, and it was highlighted that, for priority one, 2C General Practices now have a business continuity plan. There is also a commitment for urgent care and protected learning time for General Practitioners to prepare for the winter months. In terms of priority two, it was reported that there has been very good collaboration between the respiratory care team and supporting patients living in the community, with it being noted that the rapid triage unit has been

instrumental. It was reported that in relation to priority three, surge capacity throughout the winter months has had a detrimental impact on financial performance. An overview was provided on the workforce aspect in terms of the mobilisation hub in relation to priority four.

Following discussion, it was advised that a winter planning session and debrief have been combined to engage teams proactively, and that planning, and lessons learned are taken forward on a bi-annual basis. It was also advised that progress on the action plan is reviewed on a regular basis. It was noted that the plan is not required to go to the NHS Fife Board, and that there is no longer a requirement for the report to be submitted to the Scottish Government.

The Committee acknowledged and recognised the extent to which the teams work collaboratively across the whole system in Fife.

The Committee took a **"moderate" level of assurance** from the Fife Winter Preparedness Plan for 2024/25.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report

The Medical Director provided an update on the significant adverse event reviews and advised that a focus is on delivery of a high quality report, improving timescales and learnings. It was noted that there are a series of actions in place to narrow the timescale gap, which is important due to the impact on people and staff, and that this will be monitored through the Organisational Learning Group.

Extensive discussion took place around taking assurance on the processes and major system issues for significant adverse event reviews, and organisational learning. It was advised that there are various information sources that contribute to assurances on these aspects, including the Internal Control Evaluation Report, which is produced by Internal Audit, in their role for auditing systems, processes and controls. Members acknowledged the large amount of work that has been undertaken in this area.

In terms of HSMR, it was advised that the report summarises the effectiveness of quality work undertaken.

It was reported that the stroke care bundle has been added to the report, and that the Medical Director is the responsible officer for this area. It was advised that the annual stroke review was carried out with the national team on 16 January 2025, and that they acknowledge that our performance is recognised as positive. Discussion followed, and it was reported that creating a Hyper Acute Stroke Unit will form part of the developments of stroke service, and that further detail will be provided going forward, including door to needle time to thrombolysis.

It was reported that mental health quality indicators are currently a work in progress, and that control limits have been put in place with targets set for each of those areas, and improvement actions and working groups around each of those spaces. It was noted that the Mental Health Oversight Group will challenge improvements, and report back into the Committee.

The Director of Nursing highlighted that the falls position is slightly above the trajectory, however, remains within the control limits. An overview was provided on the improvement actions, and it was noted that positive progress is being made. It was also noted that there is good collaboration across the nursing and allied health professional teams. It was advised that there was excellent attendance and engagement at the recent Fife-wide Link Practitioner Group meeting.

A slight improvement in the reporting period for pressure ulcers was advised. It was also advised that training is being carried out within clinical areas, as the highest number of pressure ulcers occur within Acute Services. An update will be provided at the next Committee meeting on the quality of care review that is ongoing.

An overview was also provided on performance for healthcare associated infections, as detailed within the report.

The Committee took a **"moderate" level of assurance** and **endorsed** the Clinical Governance aspects of the report.

9.2   Healthcare Associated Infection Report

The Director of Nursing highlighted appendix 2, which is the report and action plan in response to community-associated Clostridioides difficile infection (CDI) exception. It was advised that an action plan was developed and included actions in relation to working with General Practitioners and Pharmacists on lab process, and data validation. It was advised that the target is now being met for these infections, and that work will continue in this area, including validation.

Further information on the Antimicrobial Resistance and Healthcare Associated Infection Exception Report and Action Plan will be presented at the next Committee meeting in March 2025.

It was reported that work is ongoing in terms of rolling out a digital recording method for hand hygiene.

The Director of Nursing highlighted the key points from the report, as detailed within the Executive Summary of the paper.

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

10.   PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Story

The Director of Nursing presented a patient story on the autism assessment pathway, and members commented positively on the service.

10.2 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and advised that a large amount of work has been carried out to improve the stage one complaints position, with a focus on timely resolution to improve patient satisfaction. It was also advised that work

continues on stage two complaints, and that the Datix team are exploring automating particular elements.

It was advised that the two published decision reports from the Scottish Public Services Ombudsman (SPSO) will be presented at the next Committee meeting.

It was confirmed that if a patient is not satisfied after receiving a response to a stage 2 complaint, the next step would be for them to refer the complaint to the SPSO. It was noted that the SPSO recognise when a good response has been provided and that they provide that feedback on the thoroughness of complaint responses to NHS Fife.

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

11.   ANNUAL REPORTS / OTHER REPORTS

11.1   Research, Innovation and Knowledge Strategy 2022-2025

The Medical Director reported positively on delivery of the strategy and the journey to become a research-focused Health Board. It was advised that NHS Fife recruits the highest number of patients for national trials, and that there is a large focus to maximise clinical trials within the organisation.

Discussion followed and it was advised that further detail on commercial funding, barriers to funding and limitations as a research facility, will be provided at a future Board Development Session, and suggestion was made to invite the team to present. It was also advised that a large part of manufacturing new medical products is around the governance, volume and resource required, and that a specialist license is also required.

The Research, Innovation & Knowledge team, and particularly the leadership from Professor Frances Quirk, was acknowledged and they were thanked for all their hard work.

The Committee took a **"moderate" level of assurance** from the strategy update.

11.2   Research, Innovation and Knowledge Annual Report 2023/24

The Medical Director provided an overview on the contents of the report, which highlights the positive work carried out by the Research, Innovation & Knowledge team throughout 2023/24.

The Committee took a **"significant" level of assurance** from the report.

11.   LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from any of these minutes.

11.1   Area Clinical Forum held on 5 December 2024 (unconfirmed)

11.2   Area Radiation Protection Committee held on 7 November 2024 (unconfirmed)

11.3 Clinical Governance Oversight Group held on 22 October 2024 (confirmed) & 10 December 2024 (unconfirmed)

11.4 Fife Area Drugs & Therapeutic Committee held on 23 October 2024 (unconfirmed)

11.5 Health & Safety Subcommittee held on 6 December 2024 (unconfirmed)

11.6 Medical Devices Group held on 11 December 2024 (unconfirmed)

11.7 Research, Innovation & Knowledge Oversight Group held on 14 November 2024 (unconfirmed)

11.8 Resilience Forum held on 18 September 2024 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance-related issues to escalate to the Board.

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

It was agreed to escalate the positive impact contained within the Research, Innovation and Knowledge Annual Report 2023/24 to the NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JANUARY 2024

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

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 7 March 2025 from 10am – 1pm via MS Teams.

Meeting: **Finance, Performance & Resources Committee**

Meeting date: **14 January 2025**

Title: **Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

Added:
- Business Continuity & Essential Investment Infrastructure Plan (January 2025)

Removed:
- Scottish Budget Position (January 2025)

Deferred:
- Financial Plan for 2025/26 (March 2025)
- Decarbonisation of NHS Fife Fleet (March 2025)

2. The Committee considered the following items of business:

2.1 The Committee took a moderate level of assurance from the 2024/25 Internal Control Evaluation (ICE) Report.

2.2 The Committee endorsed the Business Continuity and Essential Investment Infrastructure Plan for onward submission to Scottish Government.

2.3 The Committee took a limited level of assurance from the Financial Performance Report.

2.4 The Committee took a moderate level of assurance from the Reform, Transform, Perform (RTP) Performance Report.

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

4.1 The Committee took a moderate level of assurance from the IPQR and endorsed the Quality and Care Section of the IPQR

5. Update on Risk Management

5.1 The Committee took a moderate level of assurance (with the exception of the

financial position which provides a limited level of assurance) that all actions within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6.   **Any other Issues to highlight to the Board:**

None.

Alistair Morris
Chair
Finance, Performance & Resources Committee

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 JANUARY 2025 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Director
Sinead Braiden, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
John Kemp, Non-Executive Director
Aileen Lawrie, Area Clinical Forum Representative *(Joined 10:45am)*
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Dr Chris McKenna, Medical Director
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Alistair Graham, Director of Digital and Information
Ben Hannan, Director of Reform and Transformation
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management
Maxine Michie, Deputy Director of Finance
Belinda Morgan, Emergency Care General Manager
Kerrie Donald, Executive Assistant *(minutes)*
Jocelyn Lyall, Chief Internal Auditor *(Item 6.2)*
Ben Johnston, Head of Capital Planning and Project Director *(Item 7.1)*

1. **Apologies for Absence**

   Apologies were noted from member Mary Lockhart (Non-Executive Director) and attendee Claire Dobson (Director of Acute Services).

2. **Declaration of Members' Interests**

   There were no members' interests to declare.

3. **Minute of Previous Meeting held on 12 November 2024**

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

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

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

5. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

Following a query from the Chair, the Director of Property and Asset Management confirmed actions relating to the bed modelling model have been completed, and work is currently underway with Directors to review scenarios, to ensure the impact of bed modelling will be visible within 2025/26.

The action plan will be updated accordingly.

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Finance, Performance and Resources Committee**

The Director of Finance and Strategy presented the corporate risk paper, noting the level of financial risk remains high due to the combination of high pressures on services, demand and capacity. The target level has been increased given the certain position that it will be difficult for NHS Fife to meet or improve on the forecast deficit of £30m, as projected in the original financial plan. The Director of Finance and Strategy advised that, in response to a letter to Caroline Lamb from NHS Fife Chief Executive Carol Potter, NHS Fife have been permitted brokerage up to £37m for this financial year.

The Medical Director highlighted that the wording of clinical risks within the paper have also been updated to align operational performance issues and the clinical risks these create.

Following a query from the Chair regarding the wording of the whole system capacity risk, it was agreed the wording should remain, as the risk currently sits within the Victoria Hospital site specifically.

The Committee took a **moderate level of assurance** (with the exception of the financial position which provides a **limited level of assurance**) that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

6.2 **Internal Control Evaluation (ICE) Report 2024/25**

The Chief Internal Auditor joined the meeting and provided an in-depth review of the ICE report, noting the recommendations made within the report highlight the extreme circumstances NHS boards are facing.

Following discussion regarding integration across IJB and NHS Fife, the Chief Executive highlighted there is commitment to ensure close alignment across the Health and Social Care system within Fife.

Following a query from the Chair, the Chief Internal Auditor highlighted all Boards are experiencing similar challenging positions, however NHS Fife have a robust strategy in place with transparent financial and performance reporting, which provides effective assurance in governance terms going forward.

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

6.3 Proposed Annual Workplan 2025/26

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan. The Chief Executive highlighted that, due to realignment across different Directors' portfolios and changes to job titles, the proposed workplan will be revised and presented at the next Committee.

Action: Head of Corporate Governance & Board Secretary

6.4 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Business Continuity and Essential Investment Infrastructure Plan

The Director of Property and Asset Management introduced the plan, noting it outlines the business continuity element of the whole system infrastructure plan. The Head of Capital Planning and Project Director provided an in-depth review of the plan, highlighting it has been supported by the Finance and Capital Investment Group, as well as the Executive Directors' Group.

Following a query from A. Grant, Non-Executive Director, the Head of Capital Planning and Project Director advised that NHS Fife will continue to work with Scottish Government to secure any additional capital formula over and above what has already been identified. The Director of Property and Asset Management noted that the next step within the infrastructure plan is to complete work required imminently, such as replacement of windows within phase 2 of Vitoria Hospital.

The Director of Property and Asset Management noted the Business Continuity and Essential Investment Infrastructure Plan has been a whole system team effort, and thanked Rose Robertson and Lynne Garvey for their significant efforts regarding medical equipment and primary care.

Following a query from the Chair, the Director of Property and Asset Management noted the team continue to reduce all risks within NHS Fife.

The Committee **endorsed** the plan for onward submission to the NHS Fife Board and Scottish Government.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Emergency Care General Manager provided an update on emergency access and delayed discharge, noting the 4 hour access performance has stabilised and is above the Scottish average, despite showing a slight decline from the previous month. It was

further highlighted the team have maintained their scheduled clinical position, with very few clinical appointments being cancelled.

The Director of Health and Social Care provided an in-depth review of Health and Social Care Partnership performance, highlighting an improvement in bed days lost due to standard delay.

Following a query from the Chair, the Emergency Care General Manager confirmed that whilst Urology delays are an issue nationally, work to reduce the delay figures are ongoing regionally. It was further noted the results from the evaluation of the nurse led model at Stirling University have not yet been received.

Following a query from J. Kemp, Non-Executive Director, regarding the potential purchase of additional mobile scanners, the Emergency Care General Manager confirmed that where additional funding is identified from Scottish Government, could help to reduce waiting lists accordingly.

The Committee took a **moderate level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Financial Performance Report

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the finance team continue to work alongside colleagues to review every opportunity to reduce the financial gap. It was also advised that NHS Fife is on track to deliver £25m in savings this financial year, with £15m being on a recurring basis.

The Chair praised the report from the Director of Finance and Strategy, noting the paper illustrates the robust governance, transparency and clarity of the financial position for Committees.

Following discussion, the Director of Finance and Strategy noted that NHS Fife are working very closely with Fife Council to review the IJB financial position, along with other services within NHS Fife, to ensure the best financial position is achievable

Following a query from J. Kemp, Non-Executive Director, regarding SLA uplifts, the Director of Finance and Strategy confirmed that the recently announced pay uplift for 2025/26 will partly cover the inflationary uplift on SLAs. The Chief Executive noted discussions on how NHS Fife collaborates, and brings in activity to NHS Fife from other neighbouring Boards, will begin to take place to ensure patient care and patient outcomes take priority within the conversation.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.3 Reform, Transform, Perform (RTP) Performance Update

The Director of Reform and Transformation provided an overview of the report, noting that while a number of schemes have moved to a 'significant' level of assurance, the overall level of assurance remains at 'moderate'.

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

9. **LINKED COMMITTEE / GROUP MINUTES**

   The Committee **noted** the linked committee minutes.

9.1 Fife Capital Investment Group held on 18 December 2024 (unconfirmed)

9.2 Procurement Governance Board held on 30 October 2024 (unconfirmed)

9.3 Primary Medical Services Subcommittee held on 3 December 2024 (unconfirmed)

10. **ESCALATION OF ISSUES TO NHS FIFE BOARD**

10.1 **To the Board in the IPQR Summary**

   There were no performance related issues to escalate to the Board.

10.2 **Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board**

   There were no issues to escalate to the Board.

11. **MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 28 JANUARY 2025**

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

12. **ANY OTHER BUSINESS**

   There was no other business.

   Date of Next Meeting; Tuesday 11 March 2025 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 13 January 2025

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2024/25.

The following items have been deferred and rescheduled:
- Eating Well & Having a Healthy Weight and Staying Physically Active/ Food4Fife Delivery Plan
- Green Health Partnership Update
- Sexual Health and Blood Borne Virus Framework Annual Report 2023/24

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

2. The Committee considered the following items of business:

2.1 Psychological Therapies Improvement Plan

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

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

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

2.3 Internal Controls Evaluation Report 2024/25

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

2.4 Post Diagnostic Support for Dementia

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

intervention as the main focus.

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

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

2.6 Annual Reports

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

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

3. Delegated Decisions taken by the Committee

None.

4. Update on Performance Metrics

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

4.2 Dental Services & Oral Health Improvement

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

5. Update on Risk Management

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

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

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

6. Any other Issues to highlight to the Board:

None.

John Kemp
Chair
Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

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

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

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

Chair's Opening Remarks

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

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

1. **Apologies for Absence**

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

2. **Declaration of Members' Interests**

There was no declaration of members' interests.

3. **Minutes of Previous Meeting held on 11 November 2024**

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

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

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

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

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

5. **Matters Arising / Action List**

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

5.1 **Psychological Therapies Improvement Plan**

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

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

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

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

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

6. GOVERNANCE MATTERS

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

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

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

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

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

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

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

6.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

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

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

6.2.1 Proposed Substance Related Morbidity and Mortality Risk

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

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

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

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

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

6.2.2 Update on Health & Inequalities Risk

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

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

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

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

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

6.3 Internal Controls Evaluation Report 2024/25

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

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

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

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

Action: Chief Internal Auditor

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

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

6.4 Proposed Annual Workplan 2025/26

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

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

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

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

The Board Committee Support Officer will update the workplan accordingly.

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

6.5 Delivery of Annual Workplan 2024/25

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

7.   STRATEGY / PLANNING

7.1 Post Diagnostic Support for Dementia

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

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

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

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

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

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

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

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

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

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

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

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

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

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

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

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

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

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

8.2 Dental Services & Oral Health Improvement

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

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

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

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

9. **ANNUAL REPORTS / OTHER REPORTS**

9.1 **Annual Climate Emergency and Sustainability Report 2023/24**

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

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

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

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

10. **LINKED COMMITTEE MINUTES**

The Committee noted the linked committee minutes:

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

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

11. **ESCALATION OF ISSUES TO NHS FIFE BOARD**

11.1 **To the Board in the IPQR Summary**

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

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

There were no matters to escalate to NHS Fife Board.

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

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

13. ANY OTHER BUSINESS

None.

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

Meeting: **Staff Governance Committee**

Meeting date: **7 January 2025**

Title: **Committee Chair's Assurance Report**

1.   Committee's Performance against Annual Workplan

1.1   The Committee's Workplan is on track and is updated for each meeting of the Committee.

2.   The Committee considered the following items of business:

2.1   The Committee took a '*moderate*' level of assurance from the Health and Care (Staffing) (Scotland) Act Quarter 2 report, noting that this is an iterative process and that work is progressing in respect of actions identified from feedback from the assurance process, including refreshed communications and development and implementation of standard operating procedures.

2.2   The Committee took a '*moderate*' level of assurance from the Improved and Safe Working Environment / Health & Safety Quarterly update, noting the content of the HSCP assurance reports which were provided separately. It was agreed that the report provided a solid foundation for the Committee to consider this important topic.

2.3   The Committee took a '*moderate*' level of assurance from the Reform Transform & Perform / People & Change Board report, which included an Attendance Management update. The Committee noted the positive efforts in respect of supplementary staffing, junior doctor rota bandings and workplace improvements and implementation of Direct Engagement, which have contributed to the savings target, alongside the current WTE establishment activity and Voluntary Severance policy implementation. Further details are included in the minutes.

2.4   The Committee took a '*moderate*' level of assurance from the report on the plan for development of the Workforce Plan for 2025/2026, a draft of which is required to be submitted to Scottish Government by 17 March 2025.

2.5   In respect of the iMatter report, the Committee took a '*significant'* level of assurance from the update provided and acknowledged the Board's positive position in terms of the iMatter feedback from staff.

2.6   In addition, the Committee heard extensive feedback on the recovery plan and the work undertaken by the Workforce Directorate to support an improvement in PDPR and Core Skills / Mandatory Training. While the position affords a '*limited'* level of assurance, the Committee acknowledged the commitment of colleagues to improving this, both in the current and future years. A further report on progress will be provided at the March 2025 meeting.

3. Update on Performance Metrics

The Committee took a '*limited*' level of assurance from the IPQR update provided:

- An increase in the Board's reported sickness absence rates from 7.07% in September 2024 to 7.36% in October 2024, which is therefore unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.

- A 0.2% increase in the PDPR metrics (43.1% as at November 2024), so also not anticipated to meet the reduced local PDPR target of 60% by 31 March 2025.

4. Update on Risk Management

The Corporate Risk report was noted by the Committee as providing a '*moderate*' level of assurance overall. It was agreed that the risk ratings were reflective of the current position, with each of the Committee's named risks rated as follows:

- **Workforce Planning & Delivery – Risk Level High**
- **Staff Health & Wellbeing – Risk Level High**
- **Implementation of Health and Care (Staffing) (Scotland) Act 2019 – Risk Level Moderate**

Further details on the mitigating actions being taken to manage these risks are detailed within the minutes.

5. Any other Issues to highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
January 2025

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 7 JANUARY 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
Carol Potter, Chief Executive
Lynne Parsons, Employee Director

In attendance:
Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Patricia Kilpatrick, NHS Fife Chair
Jackie Millen, Learning & Development Manager *(for Item 9.2 only)*
Brian McKenna, Workforce Planning Lead *(for item 7.2 only)*
Margo McGurk, Director of Finance & Strategy
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:
Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff for their continued efforts during the current workforce pressures.

The Committee noted that the tenure of Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion, had come to an end as of 31 December 2024. The Chair acknowledged K MacDonald's contribution to the Committee and expressed thanks for all her efforts, particularly in relation to the Board's Whistleblowing compliance and promotion. It was advised that whilst the role of Whistleblowing Champion is being recruited to, Anne Haston, Non-Executive Member, has been appointed to the Staff Governance Committee as a member on an interim basis and would be in attendance at the next meeting.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1.   **Apologies for Absence**

       Apologies for absence were received from members Anne Haston, Non-Executive Member and Andrew Verrechia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF).

2.   **Declaration of Members' Interests**

       There were no declarations of interest made by members.

3.   **Minutes of the Previous Meeting held on Tuesday 5 November 2024**

       The minutes of the meeting held on 5 November 2024 were **agreed** as an accurate record.

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

       The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 26 November 2024.

5.   **Matters Arising / Action List**

       In relation to Item 2 on the Action List, the Director of Health & Social Care referred to the papers that had been shared with the Committee in advance of the meeting and provided an overview of the mechanisms in place for managing and monitoring Health & Safety within the Partnership. It was advised that any escalations to the Committee would be directed via the Chair of the Health & Safety Sub Committee.

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

6.   **GOVERNANCE MATTERS**

6.1   **Health and Care (Staffing) (Scotland) Act (HCSA) 2019 Quarter 2 Report**

       The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a comprehensive overview of the Board's current activity in relation to the implementation of the HCSA.

       Highlighting the salient points of the report, the Head of Workforce Planning & Staff Wellbeing advised that HCSA requirements have been incorporated into the Board's relevant procurement tender documentation and evaluation processes. In line with the stipulations of the Act, e-learning training activity is also being monitored. Information gathered from clinical services via assurance questionnaires

continues to be used to assess compliance and identify areas for improvement. A template has been developed to enable clinicians to summarise overall compliance with HCSA requirements and provide a RAG compliance status for their profession, which will be incorporated into future quarterly reports.

It was noted that the second High Cost Agency quarterly return had been submitted and this would support ongoing work on the reduction in agency staffing and benchmarking against other Boards. Specialty Specific Common Staffing Method Tool Runs for 2024 have also been completed. The Local Implementation Group meets monthly, with good engagement across the Board and work is progressing to develop standard operating procedures in relation to Risk Assessment, Escalation Processes and the Duty to Seek Clinical Advice. In addition, a revised communication campaign is currently being developed for launch before the end of Quarter 4, to raise awareness of the requirements of the Act.

In response to a question from the Employee Director, the Head of Workforce Planning & Staff Wellbeing described the overall mechanisms in place to assess training compliance and other workforce related risks and emphasised the importance of eRostering and SafeCare in the implementation of the Act. It was agreed that an update on the revised eRostering Implementation Plan would be arranged to be delivered at a future meeting.

Action: Head of Workforce Planning & Staff Wellbeing

In response to a query from the Chair in relation to non-compliance with the Act, the Head of Workforce Planning & Staff Wellbeing clarified the supportive measures that would potentially be implemented by Health Improvement Scotland (HIS) in the event that the Board is found to be non-compliant with HCSA requirements. The Director of Workforce echoed that HIS would work in partnership with the Board in a supportive manner to address any issues of non-compliance and affirmed that feedback to date on the Board's performance was positive.

The Committee **took a 'Moderate' level of assurance** from the Health & Care (Staffing) (Scotland) Quarter 2 Report and noted that relevant stakeholders will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first formal Annual Report.

6.2   **Improved and Safe Working Environment / Health & Safety Quarterly Report**

The Chair invited the Director of Property & Asset Management to speak to the report.

In relation to issues that had been identified in the built environment in Phase One of the Victoria Hospital during a previous inspection by HIS, the Committee was advised that a follow up unannounced inspection took place on 3 December 2024. Progress was reviewed and evidence of significant improvement was provided in relation to the maintenance of ageing buildings and collaborative working between Estates & Facilities and the Infection Prevention & Control team to identify and resolve environmental risks, particularly in Wards 5, 6 and 9. The engagement of an external firm to undertake bi-annual fire door checks was also well received, as was changes in the Estates & Facilities management structure that would promote consistency in the maintenance of facilities across Fife, whilst potentially generating cost savings.

The Committee was advised that the Fire Policy had been updated and circulated at the end of November 2024 and efforts are ongoing to review compliance and address any areas that require attention. It was noted that following a recommendation in the 2024/2025 Internal Control Evaluation Report, the Health & Safety Sub-Committee Incident Report would be updated to include comparative data to ensure that any changes in metrics could be easily identified.

The Committee discussed the Violence & Aggression (V&A) incidents reported in the NHS Fife Incident Report and emphasised the importance of encouraging a culture of reporting as well as the opportunities that could be explored to conduct a 'Deep Dive' into this area. The Director of Property & Asset Management commented that V&A incidents had seen a decline since August 2023.

S Braiden, Non-Executive Member and Equality & Diversity Champion expressed interest in gaining a better understanding on V&A occurrences within the Board. It was agreed that this matter would be discussed off-table with the Director of Health & Social Care and the Associate Director of Culture, Development and Wellbeing and reported back to the Committee.
 Action: S Braiden, Non-Executive Member and Equality & Diversity Champion

The Committee **took a 'moderate' level of assurance** from the update and from the Health & Safety Quarterly Incident Report for the period September to November 2024.

6.3   Annual Staff Governance Committee Proposed Workplan for 2025/2026

The Chair invited the Director of Workforce to speak to the paper, which outlined the proposed Committee Workplan for 2025/2026, noting that it would be adapted throughout the year in line with evolving operational demands.

It was advised that following the appointment of the Director of Planning & Transformation, any matters related to Strategy detailed in the Workplan would be assigned to the Director of Planning & Transformation.
Action: Director of Workforce

The Committee was invited to offer suggestions on topics that would be beneficial for future Development Sessions and whether these could be incorporated into the Private Session of the Committee to alleviate time pressures.

In response to a comment from P Kilpatrick, NHS Fife Chair, it was agreed that the scrutiny of Mandatory Training performance throughout the year should be more explicitly represented within the Workplan.
Action: Director of Workforce

The Committee **took a 'Significant' level of assurance** from the report and considered and endorsed the 2025/2026 Annual Staff Governance Committee proposed Workplan, subject to the inclusion of more explicit scrutiny of Mandatory Training throughout the year.

6.4   Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the Annual Workplan 2024/2025, since it was last presented to the Committee on 5 November 2024.

The Committee **took a 'moderate' level of assurance** from the update provided.

7.   STRATEGY / PLANNING

7.1   Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce and the Head of Workforce Resourcing & Relations to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Non-Compliant Rotas, Voluntary Severance, Recurring Pay Pressures and the Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award.

It was reported that as at 30 November 2024, the Board had achieved £3.668 million in Supplementary Staffing savings. Discussion took place on the extensive efforts in train to ensure that the Board was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan.

The Direct Engagement model for Locums had achieved savings to the value of £238,000 since it was rolled out in August 2024. Additional work is being undertaken to increase compliance rates, which are currently at 53%. The Committee was encouraged to note that all Junior Doctor Rotas are now compliant. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

It was advised that a review of the existing workforce had been completed and the data gathered would be discussed at the People & Change Board this month to agree the approach to be progressed by the Whole Time Equivalent (WTE) Reduction initiative. The Committee noted that the £3 million share of NHS Scotland Resource Allocation Committee (NRAC) funding identified would be used to offset the £7.1m recurring pay pressures arising as a result of unfunded posts.

The Head of Workforce Resourcing & Relations advised the Committee that discussions are ongoing with managers in relation to employees currently on the Redeployment Register who meet the criteria for Voluntary Severance.

The Committee noted that the work of the Attendance Management Oversight Group continues, with three high priority areas within Complex & Critical Care considering the implementation of recommendations from the multi-factorial review which was conducted. Following a recent benchmarking exercise, efforts are progressing to align the Board's approach to attendance management case handling to that of other Health Boards.

Plans are also underway to implement the next 30 minute reduction in the working week as stipulated by the 2023/2024 Agenda for Change Pay Award, with appropriate consideration being given to the staffing resources that will be required to manage this reduction.

The Committee **took a 'Moderate' level of assurance** in relation to the work being undertaken by the People & Change Board.

7.2 Workforce Planning Update

The Chair invited the Workforce Planning Lead to speak to the report.

The Committee was advised that revised Workforce Planning guidance has been issued by Scottish Government in December 2024, with a requirement for Health Boards to complete and return a pre-determined template by 17 March 2025. The Workforce Planning Lead advised that in order to meet the deadline, stakeholder engagement may need to be facilitated in a more agile manner and potentially outwith Committee cycles. It was noted that there is no requirement for the Board to publish the Workforce Plan in 2025 and the one-year cycle supersedes the previous obligation to develop and publish a three-year Workforce Plan.

Whilst appreciating the requirement for agile stakeholder engagement, the Employee Director underscored the need for the Area Partnership Forum to be fully involved in the process. The Director of Workforce welcomed the revised guidance, particularly in the current financial climate, and offered assurance that all relevant stakeholders would be appropriately engaged in the Board's submission.

Noting the submission deadline, the Chair enquired how the workforce planning details would be triangulated with Financial and Service plans, particularly where planning cycles are not aligned. The Director of Planning & Transformation acknowledged that whilst there was a degree of fluidity in the overall process, it was important to ensure that planning assumptions from all relevant Governance Committees inform the Workforce Planning exercise. The Director of Finance & Strategy emphasised that Financial Plans would need to include robust planning assumptions in relation to workforce reductions, in order to achieve financial balance.

The Committee **took a 'Significant' level of assurance** that the Workforce Planning submission for 2025/2026 will be developed in accordance with the revised guidance.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

The Committee was advised that Sickness Absence had increased from 7.07% in September to 7.36% in October 2024. As at September 2024 vacancies were reported at 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (AHPs). It was noted that PDPR compliance and recovery would be discussed in greater detail later in the meeting.

The Committee discussed at length the need for further exploration of the reasons for staff absence and what additional efforts could be employed to ensure staff are supported timeously before and during periods of absence. The Employee Director acknowledged that whilst the reasons for staff absence are multifactorial and vary across services and areas, a significant amount of work is being undertaken to manage sickness absence consistently and compassionately across the organisation.

J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, emphasised the importance of continuing to make provisions for Staff Psychology and Spiritual Care Support Services in resource allocations and cautioned that attempting to realise savings within these areas might be counterproductive to reducing sickness absence. The Director of Acute Services reiterated the need for a person-centred approach to absence management.

The Chair highlighted the importance of establishing the correlation between absence data, reasons for staff absence and how these align with the support being offered to staff. It was requested that a report be brought back to a future Committee. It was also agreed that a Development Session would be held to further evaluate absence data and the wellbeing support being offered to staff.

Action: Head of Workforce Planning & Staff Wellbeing

Noting the discussions at the meeting, the Committee **took a 'Limited' (rather than moderate) level of assurance** from the report, acknowledging the current operational pressures affecting the organisation and **endorsed** the workforce section of the IPQR.

8.2   Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 3 September 2024.

Referring to Appendix 1 of the report, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 {Implementation of Health and Care (Staffing) (Scotland) Act 2019} remains at moderate.

The Committee noted that risks would now be compared against the Board's recently approved Risk Appetite Statement detailed in Appendix 4.

The Head of Workforce Planning & Staff Wellbeing confirmed that a meeting with the Associate Director for Risk and Professional Standards was scheduled to take place, to review and reset risk scores where appropriate, taking into account any relevant contextual variables.

The Committee **took a "Moderate" level of assurance** that all actions within the control of the organisation are being taken to mitigate the Corporate Risks aligned to the Staff Governance Committee, as far as it is possible to do so.

9. **STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**

9.1 **Involved in Decisions: iMatter Report**

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report.

The Committee noted that the 2024/2025 iMatter campaign had seen an engagement level of 64%, which was 2% lower than the previous year, though 6% higher than the national response rate of 58% and second highest among NHS Scotland Territorial Boards. The Employment Engagement Index score at 76% was reported to be in line with national levels. It was also advised that 65% of iMatter teams had recorded an Action Plan within the eight week deadline.

Preparations for the 2025/2026 iMatter Campaign were outlined, which included updating of resources, scheduling of communications and delivering a series of Manager Team Action Planning sessions, among other activities. A summary of actions to improve performance and engagement was also provided, including targeted support for teams that had reported low response rates and scores in the 2024/2025 survey period.

Reference was made to the NHS Fife Leadership Framework, Managers' Essential Learning Programme and blended Corporate Induction aimed at supporting Leaders and Managers in their efforts to increase engagement.

The Employee Director expressed thanks to all those involved in delivering the positive results that had been achieved to date.

The Committee **took a 'significant' level of assurance** from the report.

9.2 **Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training**

The Associate Director of Culture, Development and Wellbeing introduced the report, which detailed the Board's Recovery Plans to improve performance in the areas of PDPR and Core Skills compliance.

The Learning & Development Manager was invited to provide a detailed update on the measures being implemented to improve Core Skills compliance, which is currently reported at 60% against a target of 80% and PDPR compliance, reported to be 44.3% as at December 2024 against a target of 60%. The quantified impact potentially expected from these improvement measures was also indicated.

In relation to Core Skills compliance, the Committee was advised that a data quality and reconciliation exercise had been undertaken to ensure that the information reported is a true reflection of compliance rates. It was noted that Core Skills compliance reports were also distributed to managers at the beginning of December 2024, with a request to ensure that all staff are fully compliant by 31 March 2025. Discussions are ongoing with the Health & Safety Team to explore opportunities to deliver in-person Core Skills training. It is anticipated that these sessions will initially be trialled at the Victoria Hospital site and aimed at clinical

staff. To ensure higher levels of compliance in 2025, additional Protected Learning Time Information Sessions would also be offered.

Measures to improve PDPR compliance encompassed data cleansing, reconciliation of paper-based appraisals, monitoring of partially signed appraisals, distribution of compliance reports for individual employees to Executive Directors and managers with a request that all staff must be fully compliant by 31 March 2025, introduction of automated dashboard reports and encouraging managers to combine revalidation and PDPR conversations, amongst other initiatives. A document which highlights the benefits of PDPR to all stakeholders is currently being developed.

On behalf of the Committee, the Chair acknowledged with thanks the significant amount of work being done to progress the Recovery Plan.

Commenting favourably on the comprehensive report, the Employee Director emphasised the importance of collaborative working to embed continuous learning as an organisational priority to keep both staff and patients safe and the need to clearly understand who has responsibility for delivering the improvements detailed in the Recovery Plan.

In response to a question from V Bennett, Health & Social Care Partnership (H&SCP) LPF Co Chair, regarding how staff competence is assured, the Associate Director of Culture, Development and Wellbeing advised that the Board's eLearning training courses provided by National Education for Scotland (NES) are rigorously evaluated through educational quality governance cycles before being launched nationally. The Director of Property & Asset Management referred to the Scottish Manual Handling Passport Scheme that the Board was now accredited to participate in, which ensures that employees are trained to a national standard. The Director of Health & Social Care echoed that monitoring competency against compliance with nationally stipulated training standards would be an appropriate tool of measurement. The Learning & Development Manager commented that in-person training delivered has an inbuilt competency metric and where there are concerns around competence, additional support is provided to employees to ensure they meet the necessary levels of competence.

The Committee **took a 'Limited' level of assurance** from the report acknowledging that the Recovery Plan was in its early stages and that an update would be brought to the March meeting of the Committee.

9.3 Wellbeing Champion Update

In the interest of time and with the consent of J Kemp, Non-Executive Director and Staff Health Wellbeing Champion, the Chair requested that this matter be deferred to the next meeting.

Action: Head of Workforce Planning & Staff Wellbeing

9.4 Equality & Diversity Champion Update

In the interest of time and with the consent of S Braiden, Non-Executive Member & the Equality & Diversity Champion, the Chair requested that this matter be deferred to the next meeting.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

10.1 Area Partnership Forum held on 20 November 2024 (unconfirmed)
10.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 November 2024 (unconfirmed)
10.3 Health & Social Care Partnership Local Partnership Forum held on 10 September 2024 (confirmed)
10.4 Health & Safety Sub Committee held on 6 December 2024 (unconfirmed)
10.5 Equality & Human Rights Strategy Group held on 7 November 2024 (confirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

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

There were no matters identified for escalation to the NHS Fife Board.

12. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 28 January 2025

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

13. ANY OTHER BUSINESS

There was no outstanding business not otherwise covered on the agenda.

14. DATE OF NEXT MEETING

Tuesday 4 March 2025 at 10.00 am to 12.00 noon via MS Teams

NHS Fife

Meeting:	**NHS Fife Board**
Meeting Date:	**30 January 2025**
Title:	**Health and Care (Staffing) (Scotland) Act 2019: Quarter 2 Report 2024/2025**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead / Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

Executive Summary

- This report gives 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 an MS Forms Assurance 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 prepared the third High Cost Agency quarterly return for submission to the Scottish Government (SG) by 31/01/2025 and this gives an opportunity to continue the existing work on the reduction in agency staffing and to benchmark with other Boards. Quarterly data was published by SG on 13/11/2024 (Health and Care Staffing Act (2019) - Duty 12IB: agency worker health board reports - gov.scot (www.gov.scot)).

- A **moderate** level of assurance is suggested from this report and the activity to date, reflecting the contributions of the various services.

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- Government policy / directive
- Legal requirement
- Local policy

This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective and Person Centred

2.   Report Summary

2.1   Situation

From 1 April 2024, the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) placed specific responsibilities and duties on Health Boards, Special Health Boards, NHS NSS, Local Authorities, and Integrated Authorities, as well as Health Improvement Scotland (HIS), The Care Inspectorate (CI) and Scottish Ministers.

In terms of Board responsibilities, the Act 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" – Executive Directors of Medicine and Nursing and the Director of Public Health) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements, to ensure appropriate staffing.

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

In addition, the Board is also required to submit quarterly High Cost Agency staffing reports as required by NHS Circular DL(2024)6, copies of which are also available upon request.

2.2   Background

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

Whilst many of the Act requirements (set out within Section 2.3.2 and listed at Appendix 1, alongside our current RAG status) are not new concepts, they must now be applied consistently to all roles in scope, intended to:

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

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

Duties of Healthcare Improvement Scotland (HIS)

As previously reported, HIS have a number of new duties within the Act, which are described fully within the HIS Healthcare Staffing: Operational Framework (available on request).

Aligned to these duties, it has been agreed to provide HIS with copies of the internal Board quarterly reports.   Quarterly Board engagement meetings commenced in September 2024, facilitated by a Senior Programme Advisor from HIS with representatives from NHS Fife (Executive Nurse Director, Director of Workforce, Directors of Nursing, Head of Workforce Planning and Staff Wellbeing and HCSA / Workforce Planning Lead). The next HIS Engagement meeting is due to take place on 3 February 2025.

2.3 Assessment

The HCSA Implementation Group provides strategic guidance and governance oversight on the Act's duties. Prior to Act commencement, the focus was on preparedness, however, this is now on compliance, monitoring and continued support.

A summary of progress during Quarter 2 is detailed below, highlighting key achievements, together with key milestones and issues to be considered in advance of the combined Quarters 3 and 4 / Annual Report, due to the timescale for the Annual Report, to be submitted to the Scottish Government by 30 April 2025.

Key Achievements during Quarter 2:

- In line with HCSA Technical Guidance, the relevant HCSA requirements have been built into relevant procurement tender documentation and evaluation in instances where, for example, in-scope services are purchased from third parties or GP practices are being considered for transfers out to Independent Practice status.

- Completion figures in respect of HCSA eLearning Training sessions so far during 2024/2025 are detailed below:

  - Domain 1 fundamentals of health and care staffing: **35**
  - Domain 2 workload and workforce planning: **266**
  - Domain 3 managing and using workload and workforce planning data: **18**
  - Domain 4 quality assurance and governance: **17**

- Continued use of an MS Forms based questionnaire to assess compliance with the Act within clinical services, identify areas for improvement, and to support inclusion of narrative into the annual reporting template. Analysis of these forms has led to a commitment to repeat promotional campaigns relating to HCSA before the end of Quarter 4.

- A revised data capture process will be introduced for Quarters 3 and 4, ensuring clinical leaders and managers are focused on the specific elements of each duty when confirming their RAG status.

- Development of a range of Act related Standard Operating Procedures (SOPs) covering the Staffing Level Risk Assessment and Escalation Process; and the Duty to Seek Clinical Advice.

- The Specialty Specific Common Staffing Method Tool runs have been completed for 2024, as planned. We will continue to refine the Common Staffing Method governance arrangements relating to the scheduling of annual tool runs during 2025, plus reporting the output of these reports to the Executive Directors Group and the Board.

Key Milestones / Actions for Quarters 3 and 4

- A template has been developed and will be implemented to enable "Board level clinicians" to summarise overall compliance with HCSA requirements, and provide a RAG status of compliance and consideration of the path to green, for their profession. This template will be incorporated into future quarterly reports and aligns to the current national reporting template.

- A revised communication campaign is to be launched to promote HCSA, specifically on what HCSA means to staff, managers and clinical leads. It is intended for this campaign to be launched before the end of Quarter 4.

- Aligned to our Workforce Plans, a clearer understanding of the impact of the non-pay element of the 2023/2024 pay deal on our ability to meet HCSA requirements, specifically the WTE impact of introducing the 36 hour working week by March 2026 and the introduction of Protected Learning Time.

- Greater emphasis on Fife's path to green in respect of compliance with HCSA, including follow up on actions from the MS Forms assurance questionnaire, how compliance can be measured or tracked through data being entered within eRostering and SafeCare, and how this can underpin the production of future quarterly and annual reports.

- The Workforce Hubs went live in November 2024, with the aim of reducing Bank and Agency staffing requirements, by enhancing the visibility and governance arrangements relating to staffing levels and supplementary staffing requirements. In advance of this, clinical skills refresher training was undertaken as required, to support the mobilisation of contracted staff to areas of greater risk.

Reporting Requirements

To comply with Duty 12IF, to provide the framework and basis for the Board's Annual Report and to provide information and evidence on how services are complying with their duties within the Act, an MS forms based assurance questionnaire has been used. The results from the last return are detailed in the extracts below:

Table 1: Overall Service Compliance

		% score calculated from those providing assurance in column B						
	Assurance (%)	Documenting Decisions (%)	Documented & Available to all (%)	Formally Record disagreement (%)	Offered time and resources for training (%)	Training in place to support arrangements	Inform future workforce plans	Clinical Leaders support development of others (%)
All returns								
12IA - ensure appropriate staffing	-	-	-	-	-	-	-	-
12IB - Report of High-Cost Agency Workers	-	-	-	-	-	-	-	-
12IC - Duty to have real-time staffing assessment	84.62%							
12ID - Duty to have risk escalation	84.62%	54.55%	54.55%			45.45%		
12IE - Duty to have arrangements to address severe and recurrent risks	53.85%						100.00%	
12IF - Duty to seek clinical advice on staffing	84.62%	63.64%		36.36%				
12IH - Duty to ensure adequate time given to clinical leaders	100.00%							100.00%
12II - Duty to ensure approproate staffing: training of staff	100.00%				92.31%			
12IJ,K,L - Duty to follow the common staffing method	100.00%	100.00%	50.00%		50.00%	100.00%		

Table 2: Services on TURAS / Healthcare Roster

	Assurance (%)	% score calculated from those providing assurance in column B						
		Documenting Decisions (%)	Documented & Available to all (%)	Formally Record disagreement (%)	Offered time and resources for training (%)	Training in place to support arrangements	Inform future workforce plans	Clinical Leaders support development of others (%)
TURAS / HealthRoster Nursing / Midwifery; Dental								
12IA - ensure appropriate staffing	-	-	-	-	-	-	-	-
12IB - Report of High-Cost Agency Workers	-	-	-	-	-	-	-	-
12IC - Duty to have real-time staffing assessment	100.00%							
12ID - Duty to have risk escalation	100.00%	66.67%	66.67%			66.67%		
12IE - Duty to have arrangements to address severse and recurrent risks	66.67%						100.00%	
12IF - Duty to seek clinical advice on staffing	100.00%	100.00%		33.33%				
12IH - Duty to ensure adequate time given to clinical leaders	100.00%							100.00%
12II - Duty to ensure approproate staffing: training of staff	100.00%				100.00%			
12IJ,K,L - Duty to follow the common staffing method	100.00%	100.00%	50.00%		50.00%	100.00%		

Table 3: Services Not on TURAS / Healthcare Roster

	Assurance (%)	% score calculated from those providing assurance in column B						
		Documenting Decisions (%)	Documented & Available to all (%)	Formally Record disagreement (%)	Offered time and resources for training (%)	Training in place to support arrangements	Inform future workforce plans	Clinical Leaders support development of others (%)
No TURAS / HealthRoster								
12IA - ensure appropriate staffing								
12IB - Report of High-Cost Agency Workers								
12IC - Duty to have real-time staffing assessment	80.00%							
12ID - Duty to have risk escalation	80.00%	50.00%	50.00%			37.50%		
12IE - Duty to have arrangements to address severse and recurrent risks	40.00%						100.00%	
12IF - Duty to seek clinical advice on staffing	80.00%	50.00%		37.50%				
12IH - Duty to ensure adequate time given to clinical leaders	100.00%							100.00%
12II - Duty to ensure approproate staffing: training of staff	100.00%				90.00%			
12IJ,K,L - Duty to follow the common staffing method	100.00%	100.00%	50.00%		50.00%	100.00%		

Overall, those services on an electronic system fare better than those who do not have a system. Compliance for those with HealthRoster is still not as high as we would have expected, although this would correlate to the pace of rollout of SafeCare, given it is this module which offers alignment with a number of the specific HCSA duties.

The tables above are colour coded to show the higher (green) and lower (red) scores between those on TURAS / HealthRoster (Table 2), versus those not on a system (Table 3).

From Quarter 3, we will move from the current MS forms-based approach to the new template referenced above, to provide standardisation and continuity of reporting and messaging. The full annual reporting template is extensive with detailed updates against all duties and sub-duties and has therefore been summarised above to provide a high-level assessment of compliance within the Board.

How the information provided in this report has been used or will be used to inform workforce plans.

This report provides assurance on the level of compliance with the legislation from services' self-assessment and informs actions required and development of workforce plans to support the principles of the Act. This has raised awareness of workforce planning and

development of processes to support the principles of the Act. This is in tandem with the work on-going to consider the submission of the national workforce planning template, workforce modelling aligned to the planned reduction in the working week for staff covered by the Agenda for Change agreement, Protected Learning Time and service redesign.

eRostering and SafeCare

eRostering and SafeCare are integral to HCSA requirements and have been implemented in various Community hospitals. In addition, as part of the MHLD In-patient pilot, SafeCare has been implemented in Dunino Ward at Stratheden Hospital. The BAU eRostering team has been recruited and are now established in post.

Following discussions with the Director of Finance and Director of Nursing, eRostering implementation is currently paused whilst Deep Dive roster reviews within existing areas are being carried out. The roster reviews have moved at pace and will ensure rosters are accurate, with additional support / training being provided, this includes:

- Making sure funded establishments and eRoster demand templates are aligned.
- Fully maximising AutoRoster feature, where appropriate.
- All colleagues have access to Loop to view their roster and request annual leave.
- Train / support staff to ensure the eRostering system is being used correctly and effectively.

Once any corrections and revised templates are in place, this will support the implementation of SafeCare in existing areas and help inform an effective and robust process for on-boarding new services when implementation resumes.

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 duties of the Act set out within Appendix 1.

2.3.3 Financial

The current financial outlook has the potential to impact on the Board's progression to full compliance. The third quarterly HCSA High Cost Agency report has been prepared, which highlights challenges within known areas (details available on request), and work is continuing in these areas via 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.

As noted previously, whilst there continues to be work required to embed the systems and processes in place to meet the duties of the Act, our ability to demonstrate compliance and confirm these are being utilised effectively is limited in the absence of a digital platform to support this. It is therefore likely that NHS Fife will remain at reasonable assurance until full deployment of SafeCare to all disciplines within the scope of the Act.

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

2.4   Recommendation

This paper is provided to Fife NHS Board members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **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.
- **Noting** – Members will receive a combined third and fourth internal quarterly HCSA report in March 2025, which will form the basis of the first annual report.

3.   List of Appendices

The following appendices are included with this report:

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

Report Contacts:

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

Appendix 1 – Health and Care (Staffing) (Scotland) Act 2019: Duties and Requirements

The Act:

- Makes provision about staffing in the NHS and in care services.
- Seeks to enable safe and high-quality care and improved outcomes for service users and people experiencing care.
- Build on arrangements already in place for local and national workforce planning.
- Promotes transparency and an open and honest culture.

There are 4 parts to the Act:

- Part 1 – Guiding Principles for Staffing
- Part 2 – Staffing in the NHS
- Part 3 – Staffing in Care Services
- Part 4 – General Provisions

Parts 1 and 2 relate to health services and staffing in the NHS.

Part 1 – Guiding Principles for Staffing

The Act states that the main purposes of staffing for health care and care services are:

- To provide safe and high-quality services, and
- To ensure the best health care or (as the case may be) care outcomes for service users.

The Act then goes on to list a range of factors that should be taken into account, <u>in so far as they are consistent with these main purposes</u>, when relevant organisations are arranging staffing. These are:

- Improving standards and outcomes for people using services.
- Taking account of the particular needs, abilities, characteristics and circumstances of different people using services.
- Respecting the dignity and rights of people using services.
- Taking account of the views of staff and people using services.
- Ensuring the wellbeing of staff.
- Being open with staff and people using services about decisions on staffing.
- Allocating staff efficiently and effectively.
- Promoting multi-disciplinary services as appropriate.

Additionally, the Act places requirements on Health Boards (and Special Health Boards, NHS NSS, Local Authorities and Integration Authorities) when they are planning or securing the provision of health care (or care services) from another person or provider, they must:

- Have regard to the guiding principles for health and care staffing; and
- The need for the provider to have **appropriate staffing** arrangements in place.

Part 2 – Staffing in the NHS

Duty 12IA is the duty to ensure appropriate staffing.   There are a range of other duties which support this overarching 'general duty':

- 12IB Duty to ensure appropriate staffing: agency workers.

- 12IC Duty to have real-time staffing assessment in place.
- 12ID Duty to have risk escalation processes in place.
- 12IE Duty to have arrangements to address severe and recurrent risks.
- 12IF Duty to seek clinical advice on staffing.
- 12IH Duty to ensure adequate time given to clinical leaders.
- 12II Duty to ensure appropriate staffing: training of staff.
- 12IJ Duty to follow common staffing method.
- 12IK Common staffing method: types of health care.
- 12IL Training and consultation of staff.
- 12IM Reporting on staffing.

Duties of the Act	Applicable To	Level of Assurance
Guiding principles: staffing for health care	Applicable to all roles in scope	**Reasonable**
Guiding principles: staffing for health care (planning and securing of health are from others)	Applicable to all roles in scope	**Reasonable**
Duty to ensure appropriate staffing in healthcare	Applicable to all roles in scope	**Reasonable**
Duty to ensure appropriate staffing: agency workers	Applicable to all roles in scope	**Reasonable**
Duty to have real-time staffing assessment in place	Applicable to all roles in scope	**Reasonable**
Duty to have risk escalation process in place	Applicable to all roles in scope	**Reasonable**
Duty to have arrangements to address severe and recurrent risks	Applicable to all roles in scope	**Reasonable**
Duty to seek clinical advice on staffing	Applicable to all roles in scope	**Reasonable**
Duty to ensure adequate time given to clinical leaders	Applicable to all roles in scope	**Reasonable**
Duty to ensure appropriate staffing: training of staff	Applicable to 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; so in respect of Nursing, Midwifery and Emergency Departments.

Key:

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

NHS Fife

Meeting:	**NHS Fife Board**
Meeting date:	**30 January 2025**
Title:	**Risk Management Framework**
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 updated Risk Management Framework was approved by the NHS Fife Board in September 2023. 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 was not required as key elements of the policy not already covered could be added to the Framework. The Framework has now been updated to include these elements.

- It was also agreed to await the review and updating of the Board's Risk Appetite before finalising the Framework. At the Board meeting on the 26 November 2024 an updated Risk Appetite was approved.

- The revised Framework was presented to EDG for discussion and for agreement on the 5 December 2024 and to the Audit and Risk Committee on the 12 December 2024 for endorsement.

- It is brought to the Board for approval.

1   Purpose

This report is presented for:
- Discussion and approval

This report relates to:
- Local policy/ framework

This report aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability

- To Improve Health & Wellbeing
- To Improve Staff Experience and Wellbeing

2 Report summary

2.1 Situation

The updated Risk Management Framework was approved by the NHS Fife Board in September 2023. 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 was not required as key elements of the policy not already covered could be added to the Framework, thus avoiding multiple sources of the same guidance. This approach was endorsed by the Audit and Risk Committee on 13 December 2023.

Concurrently there was a requirement to review and update the Board's risk appetite. It was therefore agreed to finalise the Framework once the updated appetite was agreed. At the Board meeting on the 26 November 2024 an updated Risk Appetite was approved.

The revised Framework is now presented to the Board for approval.

2.2 Background

A key deliverable of the risk management improvement programme agreed in 2022, was to put in place a framework that provides assurance to the Board that there is an effective risk management process to support delivery of the strategic priorities and enhances our risk management approach.

2.3 Assessment

The updated Framework 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 update reflects the following developments:

- the Board Risk Appetite and Statement have been reviewed and updated.
- a Risks & Opportunities Group has been established.
- a Strategic Risk Profile set in the context of the strategic priorities was agreed.
- a risk dashboard has been introduced to the IPQR.
- a refreshed Corporate Risk Register replaced the Board Assurance Framework
- the approach to assurance reporting has evolved to include:
  - agreement on 'levels of assurance'
  - the formal introduction of a set of Assurance Principles as part of the Corporate Risk Register papers provided to Committees which include the 'levels of assurance'

- deep dives commissioned on selected corporate risks and scheduled on the work plans of the governance committee to which the risks are aligned.

The Framework and the Board's risk management arrangements will be subject to review and iteration every 2 years or by exception, more frequently, to ensure that the core framework remains current, reflects local and national developments and priorities, and drives continuous improvement in risk management across the organisation.

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 risk management will support the achievement of the quality ambitions of safe, effective, person centred care**.**

2.3.2 Workforce
All staff in the organisation have a responsibility for identifying risk. They will be supported to do so through education and training relevant to their role and responsibilities.

2.3.3 Financial
There are no direct financial implications linked to this paper.

2.3.4 Risk Assessment / Management
The report provides summarises progress to update a key risk management document.

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
Climate emergency and sustainability impact are not directly relevant to this report.

2.3.7 Communication, involvement, engagement and consultation
Engagement on the components which form the updated Framework, has included the Director of Digital & Information, the Director of Finance and Strategy, EDG, the Risks and Opportunities Group, and through discussion within the committees of the Board.

2.3.8 Route to the Meeting
- Margo McGurk, Director of Finance and Strategy on 2 December 2024
- Executive Directors' Group on 5 December 2024
- Audit and Risk Committee 12 December 2024

2.4 Recommendation
- The Board are asked to discuss the Risk Management Framework and approve.

3 List of appendices
The following appendices are included with this report:
- Appendix 1, Draft Revised Risk Management Framework 2024-2026

Report Contact
Dr Shirley-Anne Savage
Associate Director for Risk and Professional Standards, NHS Fife
Email shirley-anne.savage@nhs.scot

Draft Revised

Risk Management Framework

2024 - 2026

1. Executive Introduction

The delivery of healthcare is complex and we operate in a context that inevitably requires the daily management of emerging and inherent risk. It is not always possible or necessary to eliminate all risks. There are occasions where we need to tolerate or take risks in order to develop and improve our care and services and the environment in which we work.

This Framework sets out our ambition, to create a culture which supports each of us, whatever our role, to manage risk in our daily work. In this way, Risk Management is Everyone's Business.

Carol Potter
Chief Executive NHS Fife

2. Purpose

2.1   The purpose of this Risk Management Framework is to promote awareness of risk, and set out the approach, objectives, responsibilities and operational arrangements for risk management in NHS Fife.

2.2   The Framework affirms our commitment to risk management and to integrating this more fully within the culture, practice, and values of the organisation.

2.3   The Board has a legal duty under the Health and Safety at Work Act 1974, to ensure, as far as is reasonably practicable, the health, safety and welfare of all employees. Compliance with the legislation includes duties towards patients, members of the public, contractors, and other people who use hospital premises. These duties, and the concept of risk management, are implicit in the Act and subsequent UK Health and Safety Regulations and are reflected in NHS Fife Policies.

2.4   The Framework is aligned to the NHS Fife Population Health and Wellbeing Strategy 2023-28 and as such, recognises the level of uncertainty we are living with and the need to be agile and adaptable.

2.5   Together, these provide us with a framework to support the activities of the Board as we consider how to redesign services fit for the future and deliver against the four strategic priorities set out in Figure 1 below.

Figure 1
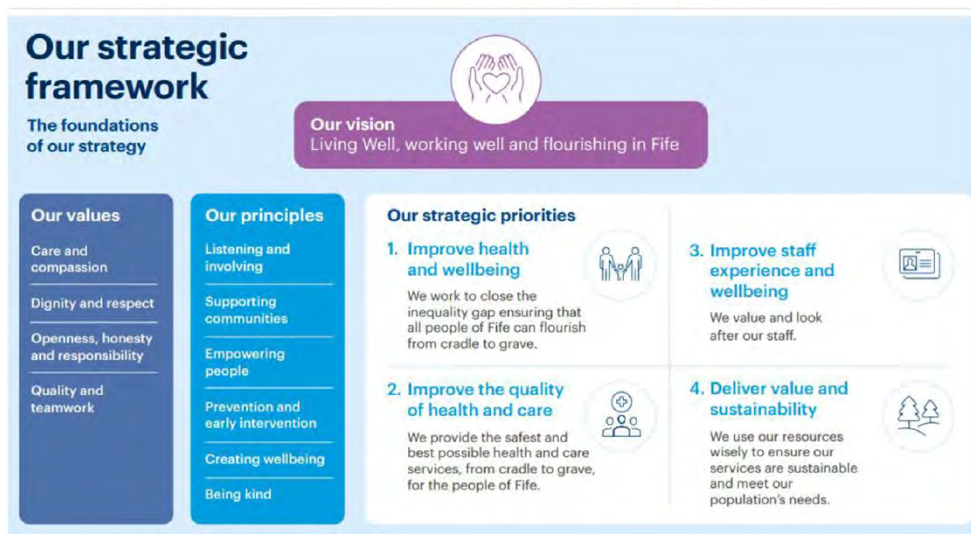
2.6   Framework Review

The Framework and the Board risk management arrangements will be reviewed every 2 years, with an update provided to the Audit and Risk Committee and the Board. This will ensure that the core framework remains current, reflects local and national developments and priorities, and drives continuous improvement in risk management across the Board.

2.7   What is Risk?

Risk can be defined as uncertainty of outcome, whether positive opportunity or negative threat. It is measured in terms of the likelihood and impact or consequence of the risk materialising.

2.8   Risks and Issues

Risks and issues can often get confused. It is important to differentiate between the two.
Risks and Issues are both unplanned events that could impact on our objectives.
A useful way of remembering the difference is:

A Risk is an 'uncertain future event', (or set of events), which, should it occur, will have an effect on the organisation's ability to achieve its objectives (The Orange Book, 2023). An effect is a deviation from the expected. It can be positive, negative or both, and can address, create or result in opportunities and threats (ISO, 31000, 2018).

A Risk is therefore something that hasn't happened yet but has a likelihood or probability of occurring.

An Issue is something that is already happening. It was not planned and should be addressed as part of day-to-day management and governance processes.

In other words, **risks** are potential future problems and **issues** are current problems, i.e. already present[1].
It is important to remember these differences when initially considering if something is or is not a risk.

If a risk materialises, it becomes an issue and should be managed appropriately.

Example:
Project risk: Critical resource might leave a project. Action: Identify potential problems, assess, evaluate, monitor and **choose** what action to take based e.g. on the probability of it happening and how soon it might occur. i.e. treat, tolerate, transfer or terminate.

Project issue: Team member resigns. Action: Problem resolution & decision making. You have to act.

As a principle, a risk that becomes an issue should result in the risk being closed and an issue being raised and addressed. If on handling the issue, a risk remains, consider creating a new risk; this can be linked to the original risk to provide evidence of continuity.

In the context of a project, of course there could be the potential for issues to recur. In this case you would not necessarily need to close the risk. This is distinct from a situation in which an issue is context specific "one off" where a risk could reasonably be closed.

Appendix 1 contains a glossary of terms used in this document.

2.9   What is Risk Management?

Risk Management is the co-ordinated activities designed and operated to respond to and manage risk and exercise internal control within an organisation (The Orange Book, 2023). It is a continuous and evolving process which aims to reduce risk to organisations.

2.10   Why is Risk Management Important?

Effective risk management can help to:
- Ensure that decision making is informed and risk-based, to maximise the likelihood of achieving key strategic objectives and effective prioritisation of resources
- Ensure compliance with legislation, regulations, and other mandatory obligations

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[1] https://simplicable.com/new/risk-vs-issue 18/06/20

- Provide assurance to internal and external governance bodies that risks are being effectively controlled
- Prevent injury and / or harm, damage and losses
- Support organisational resilience
- Protect the assets and reputation of the organisation
- Achieve effective and efficient processes throughout the organisation
- Anticipate and respond to changing political, environmental, social, technology and legislative requirements and / or opportunities

2.11   Risk Management - Everyone's Business

This Framework applies to the management of risk across all areas of NHS Fife including domiciliary settings, and to all employees of NHS Fife working in the Acute Services Division (ASD), the NHS Fife services delegated to the Integration Joint Board (IJB) managed through Fife Health & Social Care Partnership (HSCP), and the NHS Fife Corporate Directorates. It also applies to permanent and temporary contractors, honorary contract holders, students, bank, agency and volunteer staff working in NHS Fife and the HSCP, and by agreement, independent GP, Dental, Pharmacy and Optometry contractors working within, or on behalf of NHS Fife and the IJB.

It is important that all staff are involved in managing risk, regardless of their role and where they work. Examples of how each of us can manage risk are set out in Figure 2 below.

Figure 2

3.   Framework Overview

Our approach to risk management is summarised below.

Objectives	• The safety of patients, staff and others coming into our services is protected • Risks to the delivery of our strategic priorities and organisational objectives are identified and mitigated through proactive action planning. • Risk management supports organisational change and service development when considering opportunities and risks to improve services. • A proactive approach to risk management as an effective mechanism for managing risks through effective action plans. • Board organisational risk appetite will be agreed and communicated annually.
Enablers	• Ensure visibility of the organisation's risk profile, to enable effective and informed decision making. • Ensure a structured and consistent approach to managing risk across all health and care settings and governance structures. • The risk management system facilitates the consistent recording, management and escalation of risk, across the organisation. • Clear systems and processes will be in place for the escalation or risks. • Effective risk management will be used to support decision making, planning and performance arrangements, by providing appropriate information for assurance to the respective management and governance structures. • Risks will be aligned as appropriate to groups and governance committees and will feature routinely on agendas. The Risk Management Team will: • Provide organisational support to ensure effective risk management practice. • Deliver training and educational resources to support staff to fulfil their roles & responsibilities in relation the risk management.
Our Values	• We will deliver our risk management responsibilities within the context of our core values of; Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork.
Assurance and Strategic Oversight	• The Board will set an effective risk management culture. • The Director of Finance and Strategy will provide executive leadership for risk management arrangements on behalf of the Chief Executive. • The Executive Directors will deliver their responsibilities for ensuring effective risk management through active engagement in the process and reporting through the governance committees and NHS Fife Board. • Governance Committees will deliver their responsibilities in relation to effective scrutiny of risk management in their areas of focus. • The Audit and Risk Committee (A&RC) will support the Board by, reviewing and advising on the effectiveness of the risk identification, management and reporting processes.

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4. Scope

4.1 This Framework applies to the management of risks, including clinical, environmental, financial, and workforce across all areas of NHS Fife service provision.

5. Strategic Context

5.1 The diagram below summarises:
  • The national documents which influence our approach to risk management;
  • NHS Fife strategies with which this Framework and its delivery must align; and
  • Local policies and procedures which align to the Framework.

National Policy & Strategy	Board Strategy, Codes & Plans	Local Policy & Procedures
• Health & Safety at Work etc Act 1974 • NHS Quality Improvement Scotland National standards: Clinical Governance and Risk Management: Oct 2005 • The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended 2013) • Scottish Government (SG) The Healthcare Quality Strategy for Scotland, May 2010 • Scottish Capital Investment Manual, 2017 • SG Audit & Assurance Handbook, 2018 • NHS Scotland Blueprint for Good Governance DL 2022) 02 • HIS Learning from Adverse Events through Reporting and Review: A National Framework for NHS Scotland, Dec 2019, 4th edition • NHS Scotland Whistleblowing Standards, April 2021 • NHS Recovery Plan 2021-2026 • National Workforce Strategy for Health and Social Care in Scotland(2022) • SG Delivering Value Based Health & Care - A Vision For Scotland Realistic Medicine, Dec 2022 • NHS Scotland Climate Emergency and Sustainability Strategy, 2022-26	• NHS Fife Population Health and Wellbeing Strategy 2023-28 • NHS Fife Medium-Term Financial Plan 2023-26 • NHS Fife Property and Assets Strategy 2023-26 • NHS Digital and Information Strategy 2019-2024 • NHS Clinical Governance Strategic Framework 2022-2025 • NHS Fife Workforce Plan 2022-2025 • NHS Fife Greenspace Strategy 2023 • NHS Fife Code of Corporate Governance • NHS Fife Annual Delivery Plans • Plan for Fife 2017-2027	• NHS Fife Complaints Handling Procedure, 2021 • NHS Fife Corporate Business Continuity Policy, May 2021 • NHS Fife Data Protection & Confidentiality Policy GP/I5 • NHS Fife Health & Safety Policy GP/H1, 2022 • NHS Fife Infection Control Policy, GP/18, 2022 • NHS Fife Safe &Secure use of Medicines Policy & Procedure V10, April 2023 • NHS Fife Adverse Events Policy GP/I9, 2023 • Fife Council Risk Management Policy and Strategy ,2023 • Fife Integration Joint Board Risk Management Policy and Strategy 2023

6. Governance Structures

6.1 This section sets out the oversight, assurance and monitoring from the point of service delivery to NHS Fife Board.

6.2 Fife NHS Board is responsible for the management of risk in NHS Fife. There are a number of structures below the Board which have responsibility to assess and monitor the risk management systems and processes and initiate action and improvements when required.

6.3 The Corporate Governance Structure within NHS Fife includes the NHS Fife Audit and Risk Committee (ARC), a key governance committee of the Board as set out in Figure 3 below.

Figure 3 NHS Fife Governance Structure

6.4   The Board is responsible for approving the Risk Management Framework and setting the risk appetite. Ultimately, the Board must ensure that the risk register reflects the risks the organisation is facing and that there is an effective system of risk management in place.

6.5   The ARC's responsibility is to provide the Board with assurance on the effectiveness of risk management arrangements and confirm that a sound system of internal control is maintained.

6.6   Operationally, the Executive Directors' Group (EDG) acts as a point of escalation for risk management related matters as required through the internal management structure.

6.7   The Chief Executive, as Accountable Officer of NHS Fife, and the Director of Finance & Strategy hold various professional responsibilities for ensuring effective organisational risk management arrangements. EDG is the forum for broader discussion and decision-making, in relation to risks to the delivery of the Board's strategic priorities and key operational, clinical and performance issues, and is a key conduit for overall assurance reporting to the standing committees and the Board.

6.7   A Risks and Opportunities Group (ROG) has been created which has delegated responsibility from the EDG to progress the activities required to support and embed an effective risk management framework and culture through NHS Fife. The ROG will periodically report to EDG and the ARC, making recommendations, providing considerations, or in the form of escalation if required as part of its role and remit. The Group's Terms of Reference are set out in Appendix 2.

6.8   The purpose of the ARC and linkages to the Framework are summarised below:

	Purpose	Where this framework aligns with the ARC role in relation to risk management
1	The main objective of the Audit and Risk Committee is to support the Accountable Officer and Fife NHS Board in meeting their assurance needs.	Supporting the Chief Executive/Accountable Officer and Fife NHS Board formulate their assurance needs, through the implementation of a well-designed assurance framework, with regard to risk management, governance and internal control. The committee reviews and approves the Internal Audit Strategic and Annual Plans having assessed their appropriateness to give reasonable assurance on the whole of risk control and governance. The committee work plan is designed to capture key planning for audit and risk activity with reports scheduled.
2	Review and challenge constructively the assurances that have been provided as to whether their scope meets the needs of the Accountable Officer and Fife Health Board; Review the reliability and integrity of those assurances including the evidence base.	• Promote Committee Assurance Principles. • Propose or endorse modifications to risk management processes to embed the Principles and enhance assurance lines.

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3	Draw attention to weaknesses in systems of risk management, governance and internal control, and making suggestions as to how those weaknesses can be addressed.	• Consider strengths and areas of weakness highlighted in internal audit reports including Internal Controls Evaluation (ICE). • Review the effectiveness of risk management arrangements including risk identification and mitigation. • Consider risk management KPI data presented for assurance.
4	The Committee is charged with ensuring that there is an appropriate publicised Risk Management Framework with all roles identified and fulfilled.	The Framework: • Promotes a positive risk management culture where risk is everyone's business. • Describes enablers to effective risk management. **Sets out -** • the approach to managing risk • governance structures and terms of reference • risk management roles and responsibilities • risk appetite and how this is applied • an overview of risk management activities and how these support an effective system of risk management.
5	To discharge its advisory role to the Board and Chief Executive/Accountable Officer, and to inform its assessment on the effectiveness of corporate governance, internal control and risk management, the Committee shall: • seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions; including the adequacy & effectiveness of the Corporate Risk Register, in terms of coverage of key risks to the Board, identification of gaps in control and assurance and the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer.	A Corporate Risk Register is in place. The risks are: • mapped to the strategic priorities • aligned to governance committees for scrutiny and assurance • regularly reviewed • reported bi-monthly to the committees • considered at EDG & Risks & Opportunities Group • subjected to assessment against the Assurance Principles to determine the level of assurance provided • an annual risk management report will be assessed to confirm if there have been adequate and effective risk management arrangements throughout the year.
6	To escalate any issues of concern to the NHS Fife Board.	The Agenda contains' Items for Escalation' by the Committee Chairperson.

6.9   Partnership Working: Integration Framework and Services Delegated to the Integration Joint Board

To ensure there is clarity around governance, it is important that this framework sets out the risk management arrangements for services which are delegated to the Integration Joint Board (IJB).

The IJB Risk Management Strategy and Policy, 2023 sets out details of the risk management approach and vision, how the strategy will be implemented and expectations in relation risk leadership and accountability, resourcing risk management training, learning and development, monitoring and reporting and communication.

Management of operational clinical risks associated with services delegated to the IJB rests with NHS Fife Board. The systems and processes through the stated governance structure support effective management and mitigation of these risks. Risks with the potential to impact more than one partner will be identified for inclusion in one or more of the following risk registers: NHS Fife Corporate Risk Register; IJB Strategic Risk Register.

Any such emerging operational risks should be submitted to the NHS Fife Executive Directors' Group for consideration and decision on action and/or addition to the NHS Fife Corporate Risk Register. Any potential IJB Strategic Risks will be considered through the IJB Governance routes via the IJB Chief Officer.

As a partner body of the IJB, NHS Fife will continue to operate appropriate risk management processes for operational risk. The NHS Board Chief Executive will ensure that processes are in place to alert the IJB Chief Officer to any strategic or operational risks which are likely to impact on the delivery of the IJB's Strategic Plan.

As a partner body of the IJB, NHS Fife will provide formal assurance to the IJB on the operation of its risk management arrangements and of the adequacy and effectiveness of key controls which could impact on the achievement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJBs in their capacity as being responsible for hosted services, on its risk management processes and key controls.

NHS Fife risk management staff will participate in meetings as necessary to consider the implications of risks and provide relevant advice. Additionally, the Board will routinely seek to identify any residual risks and liabilities that it retains in relation to the activities under the direction of the IJB.

7. Risk Management Approach

7.1   This section sets out the key components of our approach to risk management:
- Risk Process
- Risk Definitions
- Risk Registers
- Risk Escalation
- Risk Appetite

7.2   The NHS Fife methodology for achieving the objectives set out in section 3 above, is detailed below.
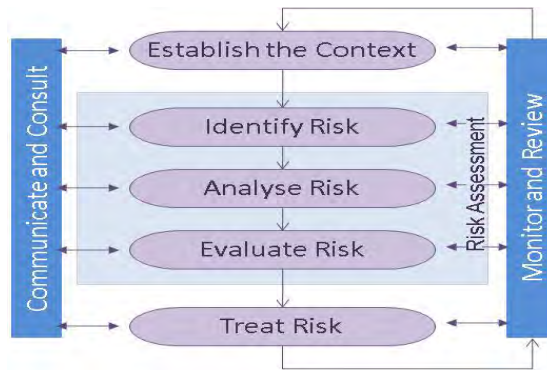
7.3   Risk Process

Risk management is a dynamic process. Regular, timely review of existing risks and monitoring of the environment is necessary to ensure the risks captured reflect the current profile of the organisation.

The steps to identifying and responding to risks are summarised in Figure 4 (Australia/New Zealand Risk Management Standard, AS/NZS 4360:2004).

Figure 4

NHS Fife will embed promoting the process across all areas. to support   good risk management practice by consistent application of this This Framework provides guidance implementation.

Establish the Context
It is important to be clear about the context in which a risk is being generated. This should relate in some way to the achievement of objectives. It could be specific e.g. to delivery of a project, or generic and applicable across the organisation e.g. patient safety or related to the safe completion of a task.

Identify Risk
This is the means by which we identify where, when, why, and how an event could arise that could impact on the achievement of our objectives. Risks will be identified at all levels of the organisation e.g. wards, departments, directorates, divisions and services.

There are many ways to identify risks. These include considering what has happened in the past and anticipating what might occur in the future. Ideally, risk identification should be a collaborative exercise and involve staff with understanding and experience of the topic or the area of service delivery under review.   It may be helpful to 'sense check' the meaning of the risk with someone unfamiliar with the topic.

Examples of opportunities to identify risks are set out below.

Risk Identification Opportunities	
• Day to day business / clinical practice	• Risk workshops
• Safety Huddles	• Risk surveys
• Team meetings	• Reviews of existing risks
• Development sessions	• Management meetings

Risks may be identified from internal and external sources including those set out below.

Information Sources	
• adverse event reviews	• risk assessments
• audits - internal/clinical	• safety alerts
• benchmarking	• service change
• business cases	• staff surveys
• changes to guidelines, legislation, regulation, standards	• patient/ user feedback
• claims / complaints data	• planning & performance processes
• internal / external reviews / investigations/ inspections	• project plans
• horizon scanning	• training needs analyses
• media interest	• walkrounds
	• workforce data

Risk Definitions

Corporate risk- A corporate risk can be defined as something which can either affect, or be created by, our decisions about strategy e.g. internal and external events that may make it challenging for the organisation to achieve its objectives i.e. threatens our ability to deliver the Population Health and Wellbeing Strategy.

In NHS Fife, these risks are mapped to one of the four strategic priorities and form our strategic risk profile. The corporate risks are in a state of continuous review throughout the financial year. The Executive Directors maintain a regular focus on the risks through the EDG standing agenda item on Quality, Performance, Workforce & Risk, specifically in preparation for governance committees, and opportunistically through horizon scanning for new or emerging risks or through recommendation from ROG.

Operational risk - An operational risk is one which may impact on our internal day-to-day business. These risks are identified, agreed and managed by the Executive Directors and their teams and escalated as necessary**.** These often present due to flawed or failed processes, policies, systems or events that disrupt operational delivery of services.

Project / Programme risks - These are risks identified to the delivery of a specific organisational project or programme. Before the project or programme starts, the risks should be recorded on the aligned risk register and periodically reported to the Project Management Office (PMO), project or programme board.

Risk Description

Having identified a risk and agreed its category, it is vital to describe it clearly and concisely to ensure that the risk, its causes and potential consequences are easily understood. This is important when designing and implementing controls and actions to manage and mitigate the risk, and determining their effectiveness. Descriptions should include the **risk, cause, and effect**. When wording the risk, you should phrase as follows:

"There is a risk that [something could happen], **because of** [explain why this could happen], **resulting in** [describe the consequence and /or impact on objective if the risk happens]". e.g.
"There is a risk that the Board may not have sufficient staffing resource to safely operate clinical services due to recruitment and retention challenges, which could result in an increase in adverse events and loss of public confidence.

Analyse and Evaluate

Risks are analysed by combining the likelihood of the risk happening with the consequence of it materialising. This gives us the risk score. It is important to assess and evaluate the risk consistently. To do so, we use the NHS HIS risk assessment matrices shown at Appendix 3. Using a standardised tool like this adds objectivity to the process. The matrices include a **5x5 scoring mechanism** for likelihood and consequence which identifies a score between 1 (1x1) at the lowest and 25 (5x5) at the highest, as well as a range of **consequence descriptors.**

This approach is used to assess the initial, current and target risk scores.

Initial Risk Score: The score when the risk is first identified with no controls or mitigations in place sometimes called the original, inherent or gross score. This score will **not change** for the lifetime of the risk and is used as a benchmark against which we measure the effect of risk management actions. The score should be assessed before considering any control measures or actions.

Current Risk Score: The score with controls and mitigations in place, sometimes called the residual or net score. This score must be regularly reviewed and assessed to determine the effectiveness of actions to reduce it towards the planned target. This score may determine if the risk should be considered for escalation.

Target Risk Score: The planned score expected after controls and mitigating actions have been fully implemented. This score should reflect our risk appetite i.e. the amount and type of risk NHS Fife is willing to accept. Controls and actions should aim to reduce the score towards target and within appetite.

Risk Assessment

If you require to carry out a health and safety related risk assessment of e.g. a task or an activity, such as working at height, handling chemicals, dealing with waste, and the issues/problems/hazards associated with the work environment and the activities undertaken there, you should follow the procedure for a General Risk Assessment and record your findings on the NHS Fife 'Record of General Risk Assessment'. You should involve appropriate colleagues in this activity. The procedure and the relevant form are on Staff link.

For operational or corporate risks, the risk should initially be scoped out on the NHS Fife Risk Scoping Template. The form is available on Staff Link. We recommend that this is a collaborative process involving colleagues with subject matter expertise to develop the risk and reach consensus on its content and risk ownership **before** entering in the risk management system.

Risk Likelihood (L): Likelihood of a risk occurring is considered with current mitigation measures in place, not the proposed mitigation measures. The likelihood ranges from a score of **1** (Rare) to **5** (Almost certain).

Risk Consequence (C): The consequence of the risk is assessed against the following descriptors:

- Patient experience
- Injury to patient, staff ,visitors, others
- Objectives/ project
- Complaints/ claims
- Service business interruption
- Staffing and competence/
- Financial including loss /damage/ fraud
- Inspection/ audit
- Adverse publicity reputation

The consequence score ranges from **1** (Negligible) to **5** (Extreme).   It should be assessed against all relevant descriptors; the descriptor generating the highest scoring criteria will identify the overall score for that risk.

Risk Rating: Risk rating is a numerical combination of the likelihood score x the consequence score.

Risk Level: We use the following definitions for risk scores- level and rating.

LEVEL	RATING
High:	15 -25
Moderate:	8 -12
Low:	4 - 6
Very Low:	1 - 3

Risk Controls
Risk controls are measures to effectively mitigate a risk to the level acceptable to the organisation (i.e. to a planned target score).You should consider any controls currently in place to reduce the likelihood of the risk occurring and / or the consequence should it materialise; the adequacy of those controls; record what is in

place and identify any gaps and additional required actions. Controls can be preventative **o**r contingency and should aim to reduce the likelihood and / or consequence.

- **Preventative Controls:** Mitigating actions which will work to control the cause of the risk and prevent it happening in the first place e.g. policies, procedures, projects, training courses, business continuity plans legislation, national directives, protective measures, contingency plans, meetings
- **Contingency Controls:** Actions that can be put in place to reduce the risk impact if it does materialise.

It is essential to assess whether the controls identified are, or will be effective, so consider the following:

- What do you have in place to manage the cause and / or impact of the risk?
- Do they work and what evidence do you have of the effectiveness? For example, a policy which is in place but never complied with **is not** an effective control.
- Are there any gaps in your controls?
- Do you have all the information you need about the risk or do you need more?
- If several activities are required to manage the risk, how will you prioritise these?
- Are the controls within the remit of your department? If not, consider who you need to liaise with to ensure that appropriate controls are put in place.
- If you implement the controls you have identified, will these manage the risk towards the planned target? If not, then further controls are likely to be required.

Mitigating Actions
Where further actions are required to manage a risk these should be **SMART:**
Specific - clear, focussed, unambiguous
Measurable - quantifiable - clearly defined outcome
Achievable - realistic and appropriate
Relevant - linked to what is to be achieved.
Time - bound - realistic with defined start and end date for achieving the outcome
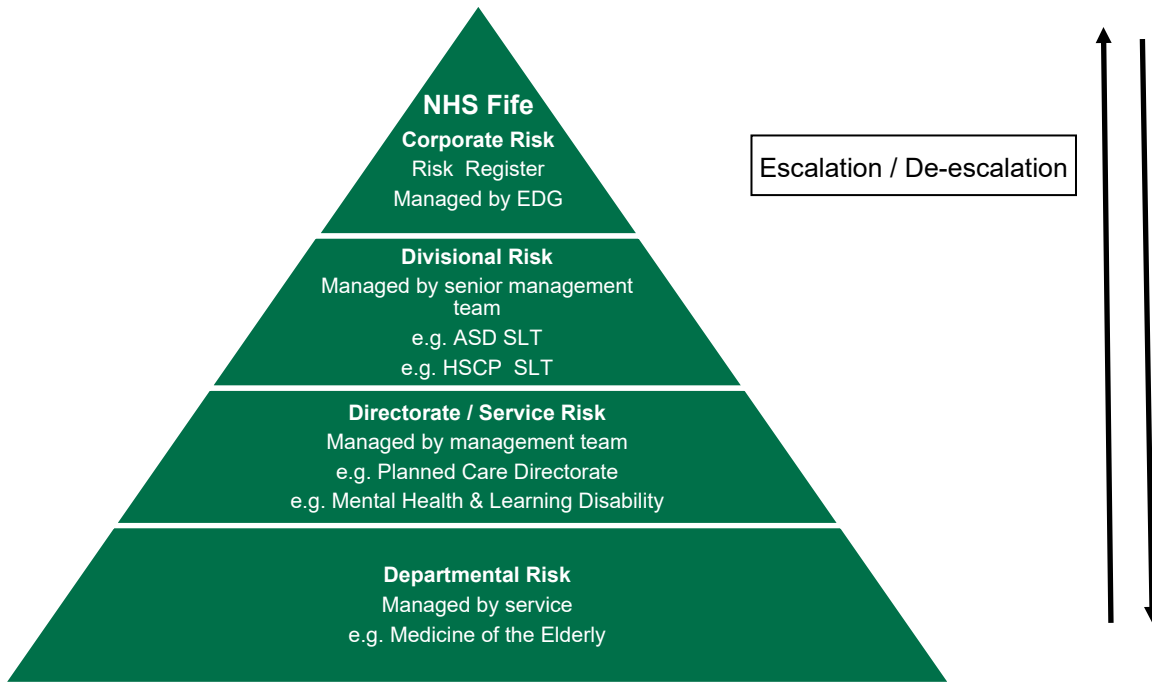
7.4   Risk Registers

When the risk has been fully scoped and following approval, it should be recorded in a risk register.
A risk register is an information log created by an organisation to record its risks and responses. It is a tool intended to help managers achieve their objectives. It should drive and provide evidence of risk management activities and act as a means or source for risk reporting. Risk registers must be maintained and reviewed to ensure they are up to date and effective.

The repository for risks in NHS Fife is the Risk Register module of our IT risk management system. Appendix 4 provides guidance on the core risk register fields. Risk registers exist across the organisation for specific portfolios, programmes, projects, and day-to-day activities.

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Risk Register Hierarchy

NHS Fife
Corporate Risk
Risk Register
Managed by EDG

Escalation / De-escalation

Divisional Risk
Managed by senior management team
e.g. ASD SLT
e.g. HSCP SLT

Directorate / Service Risk
Managed by management team
e.g. Planned Care Directorate
e.g. Mental Health & Learning Disability

Departmental Risk
Managed by service
e.g. Medicine of the Elderly

Acute Services Division (ASD)
Executive Directors' Group (EDG)
Health & Social Care Partnership (HSCP)
Senior Leadership Team (SLT)

7.5   **Monitor and Review**

Healthcare is delivered in a dynamic and challenging environment. It is therefore necessary to regularly monitor, review and update our risks. This includes re-assessing for changes in context and risk score, management controls and/or or actions. The process should look to answer the following questions.
- Is the organisation taking the right risks?
- Is the management of risk effective? i.e. Are risks reducing to an acceptable level, increasing or static?
- Is risk management providing useful, timely information that helps improve the organisation's decisions?

The risk review timescales are set out below and as a guide in the Risk Register module.

Current Risk Rating	Review & Update Frequency
High: 25	Within 1 month
High: 15 - 20	Within 1 month
Moderate: 8 -12	No longer than 3 months
Low: 4 - 6	No longer than 3 months
Very Low: 1 - 3	No longer than 3 months

Steps in a Risk Review

When reviewing a risk, you should consider the following:
- Is the description valid? Does it make sense? Does it match the current operational challenge?
- Do the scores feel right?
- Is the rationale for the current score valid?
- Are there internal or external factors / influences that might alter the risk score?

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- Do the controls match the stated risk?
- Are the controls working effectively as intended or not? Is the risk decreasing towards target? If not, why? What more / different is needed?
- Is the risk target realistic?
- If the score shows that the risk is increasing or remaining static, check the measures you have in place and consider what else might be needed and add as necessary. When a risk appears static, this might indicate the risk has merely been identified but is not being actively managed and requires an alternative approach / interventions and /or escalation.
- What level of assurance can you provide?
- What impact do you expect additional measures to have on likelihood and / or consequence?

Following a Risk Review
You must record the outcome of risk reviews in the risk management system to show evidence of monitoring. This includes:
- updates to current risk score - rating and level
- changes to controls and actions
- a progress note where applicable

Risk owners and teams can upload relevant information to the Documentation field within the risk record to provide supporting evidence of risk management activities.

Risk Summary Dashboard
A Dashboard has been developed which is built on a daily extract, taken from the Risk Register module. This means the information displayed in the dashboard is a snapshot of the organisation's risk register on the day and not a live representation. The Dashboard has a number of chapters and pages, offering a variety of charts and graphs, or data visualisations. Managers, risk owners and others who are responsible, through their role and the work of their teams, for effective risk management, can drill down into that data to view for their specific needs. Guidance is provided in the developing "Risk Management - Operational Guidance. Working with the Micro strategy Risk Summary Dashboard". This guidance provides a method for individuals, departments, services, directorates, management and leadership teams, to review and manage risks in a consistent and time effective manner. It suggests activities to help teams to further develop their approach to risk management and prioritise their focus on e.g. high risks, overdue risks and risks that have been open for a long time. The Dashboard can be accessed through the NHS Fife Data and Insight Hub.

7.6   Risk Escalation

Risk escalation is a process that ensures risks that cannot be managed by a local team, department or specialty are escalated appropriately. To ensure that risks are managed effectively, they must be escalated in a timely way to the appropriate level in the organisation and to external stakeholders where necessary. This allows visibility of risks, and support and necessary action to occur at the earliest opportunity.

All staff in NHS Fife have a responsibility for identifying risk. If you identify a risk that you think may require escalation, e.g. a risk is confirmed as or moves to being Very High (25), raise this first with your line manager to allow them to decide on the appropriate action having considered factors including:
- the risk likelihood and consequence scores
- the effectiveness or otherwise of current management actions / mitigations
- the threat presented by the risk e.g. to organisational objectives / national standards
- who needs to be made aware e.g.   General Manager, Head of Service, Executive Director who must establish if the impact of the risk is e.g. across the organisation or will impact on its reputation

Before escalating or de-escalating a risk, you should consider the following points:

Escalation	De-escalation
• Is there evidence that controls & actions are ineffective in reducing or eliminating the risk? • Have all controls & local solutions been implemented? • Are there any alternative controls? • Are consequences so severe that the risk needs higher visibility? • Is the likelihood score justified? • Is the "target rating" realistic? If so, what additional mitigation could occur or is there a need to escalate? • Is it agreed that an area does not have resource / authority to manage the risk? • Does the risk impact on other areas? • Are similar risks appearing on other operational risk registers indicating the need for corporate oversight?	• The risk has been reviewed by the risk owner and next level manager • The risk has had further mitigating action and has been reduced with monitoring required over an agreed period of time. • The risk will be transferred (outsourced) and/ or closed. • The risk is acceptable and will be de-escalated back to source for assurance monitoring. • The risk may be closed.

For guidance, see the Escalation Flowchart at Appendix 5.

N.B. Risks can be de-escalated back to the originating level for monitoring if a sustainable risk level has been achieved at or below the risk appetite.

Closing a Risk
When a risk has been sustainably mitigated to the lowest possible level / reached its planned risk target, and is no longer considered active, or no longer describes the current challenge, it should be considered for closure. It may be necessary to reframe the current risk. To determine the appropriate action, the risk owner should carry out a full risk review with other stakeholders / team members, to reach a decision on its closure as follows:

Corporate risks - review through EDG and the relevant governance committee. This may follow a recommendation from the ROG. A closing deep dive review will be carried out initially for EDG consideration and then submitted to the aligned governance committee for a decision.

Operational risks - review through the Directorate / Service / Corporate management team and or clinical governance / risk fora

Programme / Project risks - through the PMO, Programme or Project Board

If there is consensus that a risk is no longer active, it may be closed. The risk record must be updated to reflect the reason for closure, decision maker (s), and the date of closure. The risk will remain on the risk management system to enable a historical view of the risk.

7.7   Risk Appetite

Simply put, risk appetite is the amount of risk the Board is willing to take or tolerate in the pursuit of its objectives. It underpins effective risk management and should reflect our functions, purposes and be balanced against our ambition. Risk Appetite can:

• support a consistent approach to risk across an organisation and ensure that we are operating within acceptable limits
• inform decision making - ensure resources are not spent on further reducing risks already at an acceptable level
• promote prioritisation of resource, including corporate focus and management time e.g. on risks above appetite; this could inform choices for deep dive reviews

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- remove subjectivity
- help balance innovation vs status quo - risks vs opportunity

The Board sets the Risk Appetite and captures it in a Risk Appetite Statement. Risk appetite is not static; it varies depending on internal and external factors and so should be periodically reviewed and updated.

Risk Appetite Descriptors
To ensure a common understanding of 'levels' of risk appetite, we use the following descriptors:

Averse – Avoidance of risk and uncertainty is a key organisational objective.

Cautious – Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.

Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).

Hungry – Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.

Risk Appetite Statement
The Board sets the Risk Appetite and captures it in a Risk Appetite Statement. A Risk Appetite Statement describes the level that an organisation is prepared to accept against certain categories or types of risk.

Features of a Risk Appetite Statement

- Reflects the organisation's strategic priorities, objectives and culture
- Easy to understand
- Clarifies the risks the organisation is actively pursuing **and** avoiding
- Considers opportunity
- Sets out acceptable levels of risk
- Not fixed - range of appetites - varies with context and over time
- Periodically reviewed considering internal & external factors
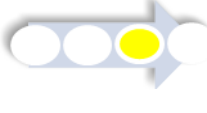- Approved by the Board and formally documented
- Communicated to staff

NHS Fife's Risk Appetite Statement aligns to our 4 strategic priorities and is set out at Appendix 6.

7.7 **Assurance**

Assurance provides:	Evidence / Certainty / Confidence
To:	Directors / Organisation / The Board / The Public / External Agencies
That:	What we are currently doing is making a positive impact on risks

In the context of risk management, assurances should be based on credible evidence that risks are being adequately managed with key controls and mitigations identified, implemented and working effectively in terms of relevance, proportionality, reliability and sufficiency.

To support and add consistency to our risk assurance reporting, we have adopted the 4-level assurance model used by Internal Audit. Currently, this model applies principally to the Corporate Risks.

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Level of Assurance		System Adequacy	Controls
Significant Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

This model forms part of the Assurance Principles provided to the EDG, the Governance Committees and the Board within the Corporate Risk reports and Risk Deep Dive Reviews.

The Principles also refer to what is often called the "three lines of assurance" model. This provides a framework for undertaking a comprehensive assessment of the effectiveness of risk controls and actions and allows a conclusion to be reached on the level of assurance given and obtained. It is summarised below.

1st line:	Management assurance from "front line " or operational areas that own the risks and are responsible for controlling them day-to-day and for taking corrective actions to address deficiencies. e.g. applying policies and procedures, understanding the key controls, and how well those are working.
2nd line:	Oversight of management activity, separate from those responsible for delivery, but not independent of the organisation's management chain e.g. corporate governance /compliance functions to assist the first line fulfil their assurance responsibilities. Includes e.g. quality assurance, inspection, to determine compliance with standards / policy / regulatory considerations.
3rd line:	Independent and objective assurance reports on the integrity and effectiveness of risk management & related controls, including the quality of assurance derived from the 1st & 2nd lines. Typically provided by internal audit but also external audit, accreditation bodies, regulators, Royal Colleges.

The Assurance Principles are set out in Appendix 7.

Risk Deep Dive Reviews
A key component of our assurance approach is a risk deep dive review. The role of a risk 'deep dive' is to allow us to gain a detailed understanding of a risk; in particular, its strategic context, root causes and consequences, risk scores and rationales, and relationship to risk appetite. Critically, it should focus on the performance of controls and mitigating actions in achieving the risk target. In this way a deep dive can test assumptions, highlight gaps and identify the need for additional information and / or areas for improvement.

Generally, the triggers for undertaking a risk deep dive review apply to our corporate risks. These are:

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Proposal of a New Corporate Risk: *A potential risk is identified to the delivery of strategic priorities*

Deteriorating Corporate Risk: *A risk has deteriorated i.e. current risk level increased from when initially identified/risk level causes risk to exceed risk appetite*

Static Risk: *There is stasis in a corporate risk beyond the target date for achieving the target risk rating*

Proposed De- escalation or Closure of Corporate Risk: *Risk has achieved or surpassed its planned risk target*

Deep dives may also be commissioned by the aligned governance committee or via a recommendation from EDG in response to other risks, priorities or concerns.

Key Performance indicators (KPIs)
Measuring, managing and monitoring risk management performance is key to the delivery of objectives. KPIs are used to assess the effectiveness of the risk management arrangements and provide assurances to the governance committees and the Board.

7.9   Communicate and Consult

The communication of clear, relevant, reliable risk information is essential to effective risk management. The Model SBAR Template provides a section in which key risks relevant to the report should be set out.

Key organisational risk reports include the following:

Reporting to the Board:
The Corporate Risk Register will be reported to the Board on a 6 monthly basis or by exception as required. Additionally, the Strategic Risk Profile, as a dashboard set in the context of the Board's risk appetite, forms a component of the monthly Integrated Performance & Quality Report (IPQR).

Reporting to the Audit & Risk Committee
A Corporate Risk Register update will be reported to each meeting of the Committee for consideration, review and comment; this will be at least quarterly. Risk KPIs will also be reported to the Committee.

Reporting to the Governance Committees
An overarching Corporate Risk Register report will go bi- monthly to each committee, according to its areas of scrutiny, with detailed reviews on specific corporate risks every 4 months, unless by exception. A risk may be reported to more than one committee depending on its nature and relevance.

Annual Risk Management Report
An Annual Risk Management Report will be produced which will include a formal conclusion on the adequacy and effectiveness of the risk management arrangements, supported by appropriate evidence. The Report will be submitted to the Audit & Risk Committee to inform the Committee's opinion on the overall system of risk management at year end.

Directorates and Services
Departments will carry out regular risk reviews which will be monitored and reported through their governance groups and committees to ensure that there is appropriate oversight, discussion, action planning and where indicated, escalation.

Fife Integration Joint Board
The reporting requirements and responsibilities relating to risks to delegated services are set out in the Fife IJB Risk Management Strategy.

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Risk management staff from both parties will work together to ensure that risk management arrangements are aligned to facilitate effective escalation of risks and provision of assurance.

Patients and the Public
NHS Fife seeks to inspire confidence and trust in its services and will:
- be open with the public about our understanding of the nature of known risks
- engage with stakeholders as appropriate in relation to risks that affect them
- embrace the principles of value based health and care including realistic medicine, to achieve the outcomes and experiences that matter to patients, their families and carers. This will support delivery of care that reduces harm and waste.
- provide assurance through the Annual Risk Management Report that we have in place adequate and effective systems to manage risk

8. Implementation

To support the implementation of this Framework, an annual delivery plan will set out how we will achieve our objectives each year. Progress against the plan will be monitored by the ROG and reported to the EDG and the Audit and Risk Committee, and within the Annual Risk Management Report.

The information will be accessible for staff to download via Staff Link and accessible to patients and members of the public on the NHS Fife web site - nhsfife.org.

9. Training and Development

For risk management to be effective and embedded across the organisation, staff must understand its benefits and their responsibilities. Resources, training and development sessions to enable staff to acquire the knowledge and skills necessary for their role will be provided and advertised via Staff Link and /or targeted communications.

For risk management advice, guidance and support, please contact fife.fifedatixadmin@fife.nhs.scot
Your request will be considered and directed to an appropriate member of the Quality and Clinical Governance Team.

10. References

- The Orange Book: Management of Risk - Principles and Concepts, 2023
- ISO 31000 Risk Management- a practical guide, 2018
- Fife Health & Social Care Partnership - Integration Joint Board Risk Management Policy and Strategy, 2023
- The Open University) (the OU), Open Learn, Risk Management , January 2020 pp167-168

Glossary of Terms

A Risk: Something that hasn't happened yet but has a likelihood of occurring.

Adverse Event: An unexpected occurrence or event arising that did or could have resulted in harm, loss or damage to persons, property or organisational reputation. It can include any event that may give rise to physical, emotional, psychological harm or death. People are defined as: • service users • patients • members of staff • carers • family members, and • visitors Groups of people include any functional grouping of individuals such as an organisation.

Assurance: Stakeholder confidence in our service gained from evidence showing that risk is adequately managed and that critical controls have been identified, implemented and are effective.

Consequence: Most predictable impact to individual or organisation if circumstances were to occur.

Contingency: An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.

Current Risk Score: The risk score identified taking into account controls currently in place to manage the risk.

Deep Dive Review: Standard quality assurance tool. Its purpose is to drive continuous quality improvement. Technique is intended to solve problems, generate ideas and understand a situation.

Eliminate Risk: Do things differently & remove the risk where it is feasible to do so.

Governance: The system by which organisations are directed and controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of governance.

Horizon scanning: Systematic examination of potential threats, opportunities and likely future developments which may be at the margins of current thinking and planning. Can explore novel and unexpected issues as well as persistent problems or trends, help to anticipate, identify and prepare for new or changing risks, developments, trends or changes in workplaces, including those arising from socio-economic, workplace trends that could have an impact on ability to deliver on objectives.

Initial Risk Score: The score identified by assessing the risk with no controls, mitigation or contingency plans in place.

Internal Control: Corporate governance arrangements designed to manage the risk of failure to meet objectives.

Issue: Something that has happened and / or is already present.

Likelihood: Probability of an event occurring, wherever possible based upon the frequency of previous occurrences, which can be expressed quantitatively or qualitatively.

Near Miss: Where no harm, loss or damage is caused but could have resulted in harm, loss or damage in other circumstances.

Partnership: Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives and service delivery.

Reduce risk: Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.

Risk: Uncertainty of outcome, whether positive opportunity or negative threat, of actions and events have an impact on the organisation's ability to achieve its objectives. It is the combination of the likelihood and impact or consequence of the risk materialising.

Risk Appetite: The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives.

Risk Assessment: A systematic process of assessing the likelihood of something happening (frequency or likelihood) and the consequence if the risk actually happens.

Risk Control: Management measures to effectively manage a risk to within an acceptable level. Can be preventative or contingency in nature and will reduce the likelihood and/ or consequence.

Risk Culture: Reflects the overall attitude of the management of an organisation towards risk.

Risk Escalation: The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impractical or not reasonably practicable to manage locally.

Risk Evaluation: An estimate of the probability and /or frequency of the risk occurring and the impact or severity if it does**.**

Risk Handler: Person responsible for updating the risk in the risk management system,

Risk Identification is the process of determining risks that could potentially impact in some way on the achievement of our objectives. It includes documenting and communicating the concern.

Risk Level: Risk expressed as a combination of its likelihood and severity of consequence.

Risk Management: The integrated approach (culture, processes, structures) to the identification, analysis, control and monitoring of risk which may threaten the achievement of objectives. It involves the systematic identification, evaluation and treatment of risk. It is a continuous and evolving process which aims to reduce risk to organisations and individuals alike.

Risk Matrix: Scoring mechanism to identify the severity of a risk, by multiplying likelihood x impact, across pre-set categories.

Risk Maturity: The level of risk management capability within an organisation.

Risk Owner: The lead person assigned with responsibility for ensuring that the risk is adequately controlled and monitored.

Risk Register: A tool used to capture and monitor risks. Includes all information required about the particular risk and to be used as a management tool and conduit for risk reporting.

Target Score: An acceptable level of risk based on the category of risk and risk appetite.

Tolerance: The boundaries of risk taking outside of which the organisation is not prepared to venture in the pursuit of its long term objectives. The maximum level of risk the organisation can tolerate regarding each type of risk before the organisation is significantly impacted.

Threat: A negative scenario which could give rise to risks.

NHS FIFE
RISKS AND OPPORTUNITIES GROUP
TERMS OF REFERENCE

1.   Purpose

*The Group has been delegated responsibility by the **Executive Directors' Group (EDG)** to progress the activities described in this document and to prepare regular formal reports on progress and seek approval for proposals from the Group.*

The purpose of the Risks and Opportunities Group (ROG) is to support and embed an effective risk management framework and culture through:

- Promoting leadership to ensure the organisation gives risk management the appropriate priority;
- Contributing to the development and implementation of the risk management framework to ensure processes are in place and operating effectively to identify, manage, and monitor risks across the organisation;
- Identifying risks and opportunities in relation to delivery of the NHS Fife Population Health and Wellbeing Strategy and escalating to the EDG as appropriate;
- Assessing risks, opportunities, issues and events that arise and responding accordingly;
- Horizon scanning for future opportunities, threats and risks linked to the delivery of NHS Fife's strategic priorities;
- Considering the external environment for review of risks and opportunities in the context of national directives;
- Ensuring continuous improvement of the organisation's control environment;
- Creating a collective and enabling approach to risk controls and actions

2.   Composition

2.1   Core membership who attend all meetings and provide consistent direction for the agenda and work plan is as follows:

Associate Director for Risk & Professional Standards (Chair)
Director of Digital and Information (Deputy Chair)
Assistant Director, Research, Innovation and Knowledge
Director of Allied Health Professions (AHPs)
Director of Communications
Associate Director of Planning and Performance
Associate Director of Quality and Clinical Governance
Associate Director for Risk & Professional Standards
Director of Nursing - Corporate
Deputy Director of Finance
Deputy Director of Pharmacy and Medicines
Head of Workforce Planning and Staff Wellbeing
Deputy Medical Director (Acute)
Head of Sustainability, NHS Fife
General Manager, Acute Services Division
Head of Corporate Governance and Board Secretary
Healthcare Public Health Consultant
Health & Social Care Partnership (HSCP) Representative
Staff Side Area Partnership Forum Representative

2.2   A member of the Internal Audit team will be **in attendance** at meetings.

2.3   Other colleagues may be invited to attend meetings to contribute to particular topics as required.

2.4   If a core member is unable to attend, they should identify a deputy to do so on their behalf.

2.5   Members of the group commit to role modelling positive attitudes and behaviours which align to NHS Fife's organisational values.

3.   Role and Remit

3.1   The role and remit of the ROG is to:

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a) Maintain an overview of the corporate risks and their links to strategic priorities.

b) Assess the corporate risk register using knowledge and understanding from members' respective areas of responsibility and assist the Executive Directors' Group (EDG) and the governance committees with recommendations (by way of a regular exception report) in relation to:

- the risk levels including target, and corresponding risk appetite level
- adequacy of controls (stabilising risk) and actions (current and future to reduce risk)
- specific timescales for impact of risks and ensuring that actions and corresponding timescales for delivery are appropriate
- identifying risks which require a more detailed assessment to ensure improvement is delivered
- horizon scanning of risks and opportunities which may impact the risk profile
- providing assurance that the corporate risk register reflects and aligns to the strategic priorities and in year corporate objectives
- assessment of immediate, mid and long term risks in terms of proximity

c) Ensure a prioritised programme of work which responds to the Annual Delivery Plan (ADP), the corporate risk register and connects to the Integrated Performance & Quality Report (IPQR) deliverables and with a view to reducing the risk exposure.

d) Maintain oversight of the operational risk profile.

e) Monitor risk performance through the implementation of key performance indicators.

f) Identify operational risks for escalation.

g) Develop a work plan which effectively embeds the NHS Fife Risk Management Framework. This will be submitted to EDG and to the Audit and Risk Committee (ARC).

h) Provide leadership across respective areas of responsibility to promote, support and embed an effective risk management culture.

i) Contribute to and monitor the development of organisational support to ensure effective risk management practice through:

- delivery of targeted education and training; and
- regular communications on developments in policy and process

4. Meetings and Reporting Arrangements

4.1 Meetings will be held bi-monthly.

4.2 The group will be quorate when at least one of the co-chairs plus at least 8 other members are present.

4.3 The ROG will report to EDG periodically, making recommendations, providing considerations or in the form of escalation if required as part of its role and remit.

4.4 The ROG will report to ARC periodically, making recommendations or providing considerations from its role and remit.

4.5 Individual members will report into respective local governance groups to ensure a focus on effective risk management arrangements. These groups include: e.g. Clinical Governance Oversight Group (CGOG), Senior Leadership Teams (SLTs), Public Health Assurance Committee (PHAC)

4.6 These reporting arrangements are additional to the existing reporting requirements conducted by the Risk Management team.

5. Review

5.1 These terms of reference will be reviewed on an annual basis.

Date of Approval: 4 June 2024

Review Date: May 2025 2024

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

Likelihood	Consequence				
	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
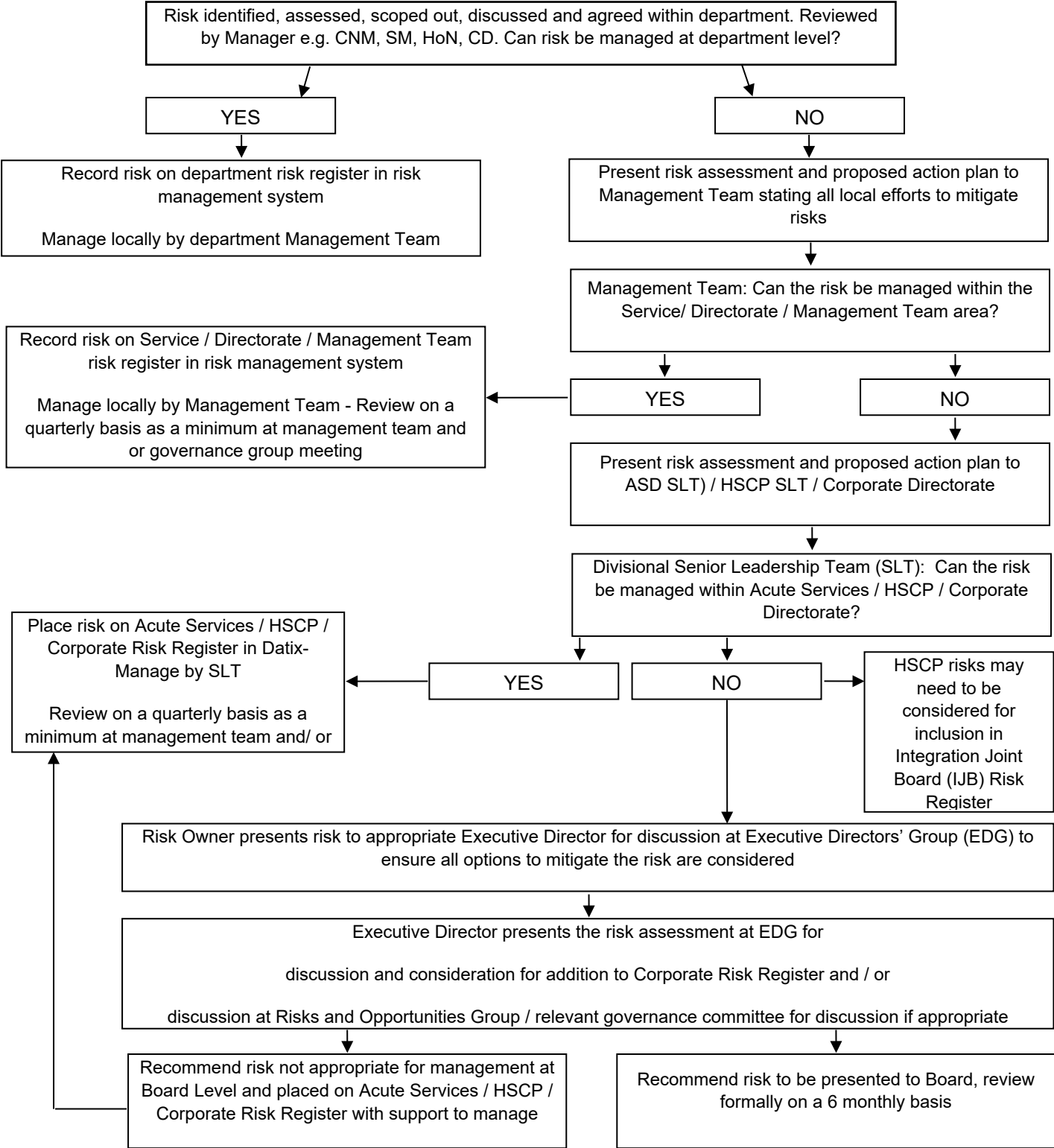
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Figure 3 Consequence Definitions

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)

CORE RISK REGISTER FIELDS

Field Name	
ID	Unique identifier number for each new record created within IT risk management system. This should be used to identify risk for example in reports.
Title	Full title of risk
Risk Type	e.g. Strategic / Operational / Programme or Project
Position of Risk	The specific risk register(s) in which an individual risk is currently located
Description	Standardised way of expressing the risk. clearly and concisely to describe the risk event, the cause and the effect. There is a risk that … / due to/ because of … which could lead to /impact on…
Risk Level Initial	Score when the risk is first identified and assessed with no steps taken to control or manage the risk. This score will not change for the lifetime of the risk and is used as a benchmark against which the effect of management actions will be measured. Sometimes called 'inherent' risk'
Risk Level Current	Score taking account of current controls in place. Reflects the score at the time the risk was last reviewed in line with review dates. It is expected that this score will reduce and move toward the planned Target Risk Score as actions to mitigate the risks are developed and implemented.
Risk Level Target	Planned risk score after all controls and proposed actions have been implemented. By setting a target, we can determine how effectively the risk is being managed and /or if management actions need to be reviewed
Current Management Actions. What are we currently doing about the risk?)	Measures in place setting out how the risk is currently controlled e.g., processes; policies; procedures, practices; devices, contingency plans, training, meetings national directives, legislation
Previous Management Actions	At the review, any redundant management actions must be moved from the current management actions field into this archive field.
Progress Notes	Any **brief** additional notes relating to progress not management actions
Risk Owner	The person with ultimate responsibility for the risk and its effective management
Risk Handler	Person responsible for ensuring risk is recorded in risk management system and all updates are acquired for review?
Risk Status	Shows if risk is active or closed
Approval Status	Indicates if the risk has been approved
Opened	The date that the risk was first identified & added to risk management system
Review Date	The date the risk was last reviewed
Next Review	The date by which the risk must be reviewed in its entirety
Risk Type / Sub Type	How the risk is categorised e.g. clinical; health & safety
Service/Directorate	Indicates the Service or Directorate where the risk originated
Actions	
Action ID	System will generate an ID number for every action created
Assigned by	Name of the person who has created the action
Assigned to	Name of person responsible for ensuring completion of the action
Description/synopsis	Brief summary
Due Date	Date when action is due for completion
Completed by	Name of person completing the action
Completed Date	Date action completed
Documents	
e.g. a report/ business case / risk assessment, can be added into this section and available for others to view	

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NHS Fife Risk Escalation Flowchart

Risk identified, assessed, scoped out, discussed and agreed within department. Reviewed by Manager e.g. CNM, SM, HoN, CD. Can risk be managed at department level?

YES

Record risk on department risk register in risk management system

Manage locally by department Management Team

NO

Present risk assessment and proposed action plan to Management Team stating all local efforts to mitigate risks

Management Team: Can the risk be managed within the Service/ Directorate / Management Team area?

YES

NO

Record risk on Service / Directorate / Management Team risk register in risk management system

Manage locally by Management Team - Review on a quarterly basis as a minimum at management team and or governance group meeting

Present risk assessment and proposed action plan to ASD SLT) / HSCP SLT / Corporate Directorate

Divisional Senior Leadership Team (SLT): Can the risk be managed within Acute Services / HSCP / Corporate Directorate?

YES

NO

HSCP risks may need to be considered for inclusion in Integration Joint Board (IJB) Risk Register

Place risk on Acute Services / HSCP / Corporate Risk Register in Datix- Manage by SLT

Review on a quarterly basis as a minimum at management team and/ or

Risk Owner presents risk to appropriate Executive Director for discussion at Executive Directors' Group (EDG) to ensure all options to mitigate the risk are considered

Executive Director presents the risk assessment at EDG for

discussion and consideration for addition to Corporate Risk Register and / or

discussion at Risks and Opportunities Group / relevant governance committee for discussion if appropriate

Recommend risk not appropriate for management at Board Level and placed on Acute Services / HSCP / Corporate Risk Register with support to manage

Recommend risk to be presented to Board, review formally on a 6 monthly basis

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NHS Fife Risk Appetite Statement November 2024

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

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

Therefore, the Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (no appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).
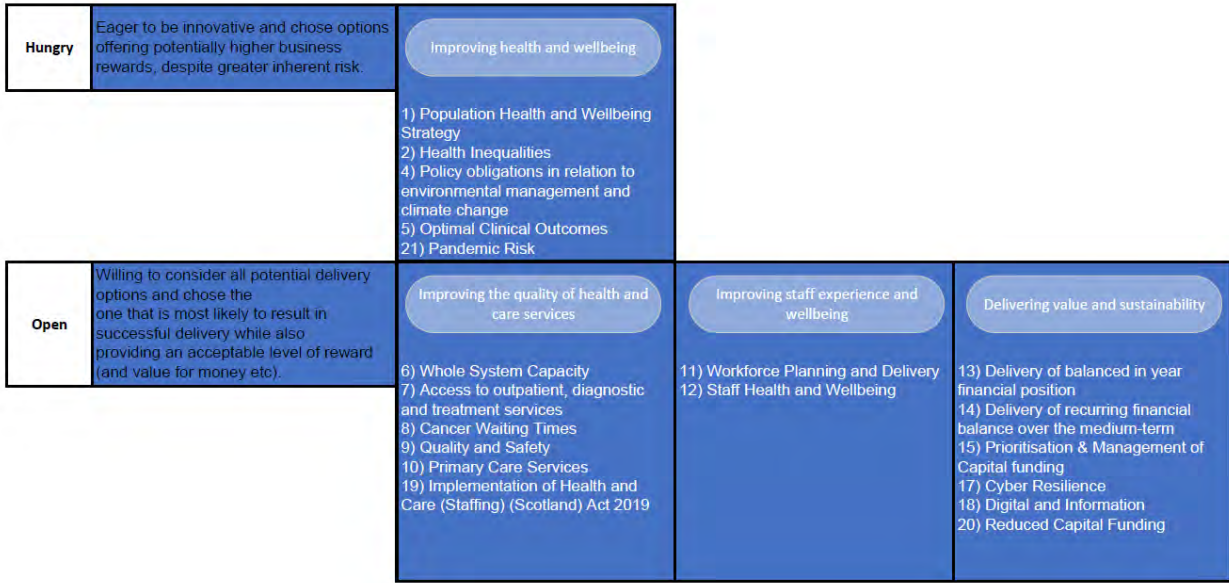
To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

- Averse – Avoidance of risk and uncertainty is a key organisational objective.

- Cautious – Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.

- Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).

- Hungry – Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.

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

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

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

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

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Committee Assurance Principles

Purpose and Remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at committee level, with each committee providing assurance and escalating key issues as required.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

The Assurance Principles set out below have been developed to support the assurance function.

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

  → Escalation

- Emergent risks or

  → Recording

- 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:

Significant Assurance	Moderate Assurance	Limited Assurance	No Assurance

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Risk Management Roles and Responsibilities

The Board
- Approve the Risk Management Framework;
- Set the organisation's risk appetite;
- Oversee and seek assurance that the risk management system is effective;
- Receive a report on the Corporate Risk Register at least bi- annually, ensuring this reflects the organisation's risks

NHS Fife Chief Executive
- The Chief Executive of the NHS Board, as Accountable Officer, is personally answerable to Parliament, and accountable to the Board for the effective management of risk.

Director of Finance and Strategy
- The Director of Finance and Strategy is the executive lead for risk management.

Executive Directors
- Support the Chief Executive by fulfilling their risk management responsibilities;
- Contribute to setting the Board's risk appetite;
- Promote the importance of risk management and foster a good risk culture within their areas of responsibility;
- Ensure that the Board's risk management processes are actively promoted, and adhered to, across their teams and within their areas of responsibility;
- Receive and scrutinise regular risk reports on risks associated with their areas of responsibility;
- Escalate risks to EDG where appropriate;
- Ensure there is a focus on learning from past events, whether these are positive or negative, to improve staff anticipation and preparedness to address future situations.

Associate Director for Risks and Professional Standards
On behalf of the Medical Director, the Associate Director for Risk and Professional Standards is responsible for the strategic and operational delivery of the Board's agenda across domains including: Risk Management. The post holder is responsible for supporting the Director of Finance and Strategy in the strategic and operational delivery of the Board's Risk Management Framework. This includes:
- Providing senior management advice and support to Executive Leads and other directors and senior managers where required in order to ensure that NHS Fife meets its … risk management… and other objectives;
- Ensuring effective delivery of the risk management framework;
- Leading the delivery of the Risk Framework Delivery plan;
- Ensuring effective update of the corporate risk register;
- Leading on monitoring standards including risk to inform and assist the implementation of improvement actions;
- Taking a leadership role in maximising the participation of all staff in the development and implementation of the embedding of robust governance systems. Ensure that a multi-professional approach fostered throughout NHS Fife in the implementation of all cancer, quality, risk management and clinical governance activities;
- Leading and drive changes and improvements in … and risk management;
- Working in partnership with the Director of Finance and Strategy to ensure effective processes and governance are in place to deliver the Audit and Risk Committee.

Line Managers (Service Managers, Clinical Nurse Managers Senior Charge Nurses, Directorate, Departmental or equivalent)
- Responsible for ensuring effective systems for risk management are in at ward, service or departmental level.

Risk Owner
- Accountable for ensuring the effective management of a risk, and providing assurance that controls are operating effectively

Director of Health and Social Care / Chief Officer(DoHSC/CO)
- The DoHSC/CO has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The DoHSC/CO will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

Chief Financial Officer

- The Chief Financial Officer(CFO) will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The CFO is a member of the Fife Council Risk Management strategy group and the NHS Fife ROG.

Internal Audit

- Internal Audit will provide an objective evaluation and opinion on the adequacy and effectiveness of the Board's governance, risk and control arrangements through implementation of the Internal Audit plan.

External Audit

- External Audit will provide an independent evaluation to inform the Board's Governance Statement.

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

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NHS Fife

NHS SCOTLAND

Meeting:	**NHS Fife Board**
Meeting date:	**30 January 2025**
Title:	**Annual Climate Emergency & Sustainability Report 2023/24**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Head of Sustainability**

Executive Summary:

Purpose of the Report:

- To provide assurance to the NHS Fife Board and in accordance with requirements of the Climate Emergency and Sustainable Development Policy DL(2021)38.

Context and Compliance:

- Annual Climate Emergency and Sustainability reporting is mandated under NHS Scotland policy (DL (2021) 38).
- Once approved by the Chief Executive, the report will be published on the NHS Fife website by 31 January 2025.

Reporting Framework:

- Annual Climate Emergency and Sustainability Report: The submission deadline is 31 January 2025, with efforts underway to accelerate reporting timelines.
- Annual Delivery Plans: Climate Change and Sustainability are integrated into NHS Fife's Annual Delivery Plans.
- Public Bodies Climate Change Report: Submitted and peer-reviewed by NHS Assure.

Key Assessments and Recommendations:

- Draft Annual Report for 2023/24 has been prepared (Appendix 1).
- Report process requires review by EDG, Public Health and Wellbeing Committee and NHS Fife Board.
- Assurance Level: moderate.

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Government policy / directive
- Local policy

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

- Effective

2   Report summary

2.1   Situation

Under paragraph 65 of the Climate Emergency and Sustainable Development (DL(2021) 38) Policy, each NHS Scotland body must publish a report on its public website each year by 31 January, summarising its progress against the aims of this policy using a template approved by the Scottish Government (SG) Health and Social Care directorates (SGHSC) for that purpose.

We are advised that the report must be approved by the NHS Scotland body's Chief Executive and be provided to:

- The NHS Scotland body's staff
- The NHS Scotland's body's board members; and
- SGHSC

2.2   Background

Scottish Government require a number of reports to be provided annually in respect to Climate Emergency and Sustainability.

Annual Climate Emergency and Sustainability Report

NHS Boards are required to complete this report and have it published on their website by 31 January 2025. It is our understanding that NHS Scotland Assure and SG would like to bring the reporting forward and complete the previous years' board report much earlier. Work is underway to enable national reporting to be identified and brought forward, ie inhaler data, waste data etc.

Annual Delivery Plans

Within this guidance, there will be a requirement for a section in respect of Climate Change and Sustainability to be included in each Boards Annual Delivery Plan. We are making good progress with our sustainability actions within the ADP.

Public Bodies Climate Change Report

Our return (for the 2023/24 financial year) was made by the end of November 2024 in keeping with statutory requirements. Our report was peer reviewed by NHS Assure prior to submission.

Climate Change Risk Assessment (CCRA)

A Climate Change Risk Assessment has been undertaken by the Board.

2.3 Assessment

The Draft Annual Climate Emergency and Sustainability Report 2023/24 is attached at Appendix 1.

The report will be discussed at the NHS Fife Board in January 2025 to meet SG requirements.

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

2.3.1 Quality, Patient and Value-Based Health & Care
This is a retrospective review of climate emissions and approach to the Climate Emergency by NHS Fife There is no direct impact on patient care. There will be an increasing emphasis on sustainable care moving forward.

2.3.2 Workforce
N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The report identifies the Climate Change Risk Assessment that has taken place and there is an overall corporate risk identified in terms of delivering the requirements of the national policy and strategy.

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

An Impact Assessment has not been undertaken.

2.3.6 Climate Emergency & Sustainability Impact

Information will be provided on an annual basis and will allow NHS Fife to monitor progress towards the Climate Emergency & Sustainability Policy and Strategy.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper will be considered by the following groups as part of its development prior to submission to SG:

- EDG on 20 December 2024
- PHWC on 13 January 2025
- NHS Fife Board on 30 January 2025

2.4 Recommendation

This paper is provided to members for:

Assurance - This report provides a moderate level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Annual Climate Emergency and Sustainability Report 2023/24

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

Property and Asset Management

NHS Fife Annual Climate Emergency and Sustainability Report

2023-2024

Contents

Introduction

This is NHS Fife's Annual Climate Emergency and Sustainability Report for the financial year 2023/2024.

NHS Fife delivers healthcare services to approximately 375,000 residents across Fife and employs around 9,805 staff, including 8,195 WTE staff. Our estate spans 130 hectares across 49 sites, with over 60% of this area equating to 84 hectares, designated as Greenspace.

As part of our commitment to becoming a net-zero health board by 2040, and in alignment with the NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026, NHS Fife has prioritised sustainability across many facets of the organisation. This includes significant efforts to reduce greenhouse gas emissions and transition to more sustainable practices, wherever feasible. This report outlines our progress and highlights key initiatives undertaken to advance our sustainability objectives.

While our primary focus remains on the health and wellbeing of our patients and staff, NHS Fife recognises its role as a major public sector organisation and Anchor Institution within the region. We are committed to demonstrating environmental leadership by minimising our environmental impact and creating a more sustainable healthcare system for the people of Fife, both now and for future generations.

Leadership and Governance

NHS Fife has made significant progress towards meeting the requirements of the Climate Emergency and Sustainability Strategy, by identifying and aligning staff roles and responsibilities towards the sustainability agenda.

This year, an Energy Manager was appointed to strengthen our workforce and support the delivery of our sustainability goals. The role is vital in driving improvements in energy efficiency and advancing decarbonisation efforts across our estate. The growth of our Sustainability Team reflects the Board's commitment to allocating the necessary resources to engage with all departments across the organisation, fostering effective and lasting change.

We are also in the process of establishing an Infrastructure and Change Board to support our sustainability agenda. This programme is a key component of our Re-form, Perform, Transform (RTP) Framework, which prioritises areas for financial savings. It has since evolved to encompass sustainability projects aligned with the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022–2026. These initiatives are linked to the objectives outlined in the Annual Delivery Plan (ADP), as reported to the Scottish Government.

The following table represents current roles of staff in the organisation:

Executive Director	Executive Input to Objective	Role
Non-Executive Director	Contributor and Non-Executive Board Champion for Sustainability	The role of a Non-Executive Board Champion is to ensure that the Board is aware of the key priorities and responsibilities within the strategy. The Board Champion will also lead on the development of sustainable communities and adapt to the impact of climate change.
Director of Property and Asset Management	Lead Executive	The role is Lead Executive (LE) and will create management time and capacity to co-ordinate the strategy on a day-to-day basis.
Director of Public Health	Board lead for Anchor Institution and contributor	The role will ensure that the Board is aware of the key priorities and responsibilities within the strategy. The Director of Public Health will lead the development of sustainable communities and adaptation on the impact of climate change.
Director of Pharmacy	Clinical lead for Sustainability	
Medical Director	Contributor	Lead and develop the rationale and modelling around Sustainable Care into the future including: • Sustainable Care Pathways • Reducing harm and waste • Medicines • Green Theatres • Supporting Primary Care
Director of Nursing	Contributor	
Director of Acute Services	Contributor	
Director of Health and Social Care	Contributor	
Director of Pharmacy and Medicines	Clinical Lead for Sustainability and Contributor	
Director of Finance and Strategy	Contributor	LE for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.
Director of Workforce	Contributor	LE for staff engagement within NHS Fife staff to ensure that Climate Emergency and Sustainability is at the heart of all that we do including staff training, awareness, and communication.
Head of Sustainability	Contributor	Lead and promote improvements on NHS Fife's performance on climate change and sustainability.
Sustainability Officers	Contributor	Delivering projects and supporting NHS Fife to meet sustainability objectives.
Energy Manager	Contributor	Managing energy across the Estate and supporting NHS Fife in meeting its objectives.

3

Summary of Impacts

NHS Fife aims to become a net-zero organisation by 2040.

The table sets out the amount of emissions produced annually by NHS Fife:

Source	Description	2022/23 Emissions (tCO2e)	2023/24 Emissions (tCO2e)	Percentage Change 2022/23 to 2023/24
Building energy	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	19,794.9	20,181.3	+1.95%
Non-medical F-gas	Greenhouse gases used for refrigeration and air conditioning	312.32	93.90	-69.9%
Medical gases	Greenhouse gases used in anesthetics - nitrous oxide (N20), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	1,338	1,420	+6.12%
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	6,034	6,074	+0.66%
NHS fleet travel	Greenhouse gases produced by NHS vehicles	468.44	417.14	-11.5%
Waste	Greenhouse gases produced by the disposal and treatment of waste produced by the NHS	306.20	310.34	+1.35%
Water	Greenhouse gas produced from the use of water and the treatment of waste water (note this is only ten months usage due to an issue with billing)	102	104	+1.96%
Business travel	Greenhouse gases produced by staff travelling to work (using their own vehicles)	Not Available	Not Available	Not Available
Total Emissions		28,355.86	28,600.68	+0.86%
Carbon sequestration	The amount of carbon dioxide captured by woodland, trees, grassland, and shrubs growing on NHS grounds	259.70	259.70	0

The table below displays key resources NHS Fife has used over the last two years:

Source	2022/23 Use	2023/24 Use	Percentage Change 2022/23 to 2023/24
Building energy (kWh)	96,098,978	95,180,534	-0.96%
Waste (tonnes)	2,853	2,937	+2.9%
Water (cubic metres)	250,833	282,590	+12.7%

Climate Change Adaptation

Climate change exacerbates existing health risks and introduces new challenges, ranging from the spread of infectious diseases to the intensification of heatwaves and extreme weather events that will impact the health of the population, healthcare assets and services.

NHS Scotland plays a pivotal role in safeguarding the life and health of communities by developing climate-resilient health systems capable of responding to evolving threats.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing: www.ukclimaterisk.org/independent-assessment-ccra3/briefings/

What are the main risks from climate change that the Health Board has identified through its Climate Change Risk Assessment?

- Overheating - risk to electrical equipment, patient and staff health and to delays in service provision.
- Flooding and downpours - infrastructure damage, equipment damage, staff unable to commute to work, appointment and service cancellations which all impact on patient and staff health, both mentally and physically.
- Structural damage from high winds - infrastructure damage, equipment damage and risks to the health of patients and staff.

What actions has the health board taken to reduce those risks - what has changed since the last report?

In alignment with the Scottish Climate Change Adaptation Programme and based on board assessments, primary, current and future risks identified are the impacts of extreme weather on infrastructure and service provision. The board is actively identifying areas at risk of flooding and extreme weather, with plans to implement solutions to mitigate damage and service disruption.

Over the past year, NHS Fife has taken significant steps to address these climate risks and adapt to the challenges of climate change.

Overheating in hospital wards has been identified as a key risk and NHS Fife has partnered with NHS Assure to explore effective solutions. Two wards - one at Lynebank Hospital, Dunfermline and another at Stratheden Hospital, Cupar, have been selected for pilot studies.

Technical surveys of these areas are underway, and we are exploring nature-based solutions, such as planting trees to provide shading and reduce solar radiation, which in turn, creates a cooling effect.

In addition, research has been conducted using the NHS Scotland Climate Mapping Tool to assess flooding risks on all of our sites. This research identified ten to fourteen coastal sites potentially at risk of flooding by 2080.

The Den Burn at Victoria Hospital, Kirkcaldy has been risk-assessed for flooding in collaboration with Fife Council.

To further our adaptation efforts, NHS Fife has joined the Sniffer Public Sector Climate Adaptation Network. Membership provides opportunities to gain experience from other organisations and share our own experiences, insights and challenges.

What are we doing to be prepared for the impacts of climate and increase the resilience of our healthcare assets and services?

NHS Fife is proactively strengthening the resilience of our healthcare assets and services to address the impacts of climate change. This includes embedding climate risk assessments into our resilience planning in collaboration with our Resilience Team.

We are also enhancing greenspaces around our facilities to promote biodiversity and incorporate nature-based solutions into site management practices. These efforts not only improve environmental sustainability but also help mitigate the risks of extreme weather events.

The NHS Fife Board is committed to developing a comprehensive adaptation plan based on the forthcoming Scottish National Adaptation Plan. This plan will identify our most significant climate risks and outline measures to safeguard service delivery and infrastructure from adverse weather impacts.

In partnership with Sniffer, through the Climate Ready Southeast Scotland (CRSES) Project, we are identifying regional climate risks and opportunities and exploring collaborative approaches to climate adaptation. Additionally, NHS Fife actively engages with other Boards to exchange insights, progress on adaptation plans and address common challenges.

Building Energy

We aim to use renewable heat sources in all the buildings owned by NHS Fife, by 2038.

NHS Fife has forty-six buildings including hospitals, health centres & clinics.

In 2023/24, 20,181 tonnes of CO_2 equivalent were produced by NHS Fife for the use of energy for buildings. This was an increase of 1.95 % from the year before.

In 2023/24, NHS Fife used 95,181 MWh of energy. This was a decrease of 0.01% from the year before.

In 2023/24, NHS Fife generated 351 MWh of energy from renewable technologies.

Building Energy Emissions - 2015/16, 2022/23 and 2023/24 - tCO$_2$e				
	2015/16 Energy Emissions	2022/23 Energy Emissions	2023/24 Energy Emissions	Percentage Change 2015/16 to 2023/24
Building fossil fuel emissions	16,041	15,141	14,722	-8.2%
District heat networks and biomass	218	66	34	-84.4%
Grid electricity	11,969	4,588.1	5425	-54.7%
Total	**28,228**	**19,795**	**20,181**	**-28.5%**

Building Energy Use - 2015/16, 2022/23 and 2023/24 - MWh				
	2015/16 Energy Use	2022/23 Energy Use	2023/24 Energy Use	Percentage Change 2015/16 to 2023/24
Building fossil fuel use	76,626.40	70,782.40	68,894.80	-10.1%
District heat networks and biomass	7,918	3,554.20	1,8220	-77%
Grid electricity	24,099.40	21,737.40	24,113.30	0.058%
Renewable electricity	n/a	25	351	n/a
Total	**108,643.80**	**96,099**	**95,181.10**	**-12.4%**

What did we do in 2023/24 to reduce emissions from building energy use?

In 2023/24, NHS Fife took several key steps to reduce emissions from building energy use:

- LCITP - Funded Projects - Through the Low Carbon Infrastructure Transition Programme (LCITP), we secured funding to upgrade windows and doors at the Fife College of Nursing, Kirkcaldy.

  Additionally, we installed new attic insulation and upgraded heating insulation to improve energy efficiency.

- Hot Water Recovery - A hot water recovery unit was installed in the laundry at Victoria Hospital, Kirkcaldy, which is projected to deliver significant energy savings, equating to approximately £100,000 annually.

- LED Lighting Upgrades - Following the LCITP, NHS Fife allocated £500,000 from its Capital Budget to replace lighting across the estate with energy-efficient LED alternatives.

  These initiatives represent our continued commitment to improving energy efficiency and reducing our carbon footprint across our facilities.

What are we doing in 2024/25 and the longer term to reduce emissions from building energy use?

From 2024/25, NHS Fife is focusing on enhancing energy management and implementing renewable technologies to further reduce emissions:

- Enhanced Data Monitoring - We aim to develop strategies for more granular monitoring of energy data. Currently, our systems do not allow us to assess the performance of individual buildings, and this improvement will provide the insights needed to target efficiency measures more effectively.

- Renewable Technology Deployment - NHS Fife will continue to engage with National Procurement teams to explore opportunities for implementing fully funded renewable energy technologies across our sites. This includes initiatives such as Battery Energy Storage Systems (BESS), additional solar photovoltaic (PV) installations, solar car parks and the exploration of off-site Power Purchase Agreements (PPAs).

- Site Rationalisation - We will look to rationalise services across our overall footprint and will work with other public sector organisations to ensure good utilisation of public sector buildings.

  These efforts align with our long-term commitment to reducing emissions and transitioning to a more sustainable, energy-efficient estate.

Sustainable Care

The way NHS Fife provides care influences our environmental impact and greenhouse gas emissions.

NHS Scotland has three national priority areas for making care more sustainable:

Anaesthesia, surgery and respiratory medicine.

Anaesthesia and Surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide, Entonox (a mixture of oxygen and nitrous oxide) and the volatile gases; desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

NHS Fife's total emissions from these gases in 2023/24 was 1,372, which is an increase of 74 from the previous year.

Emission details are set out in the tables below:

*Note: The nitrous manifolds only completely ceased use in October 2023 and then there were a number of returns which appear to have affected our figures for 2023/24. The most recent report shows no piped nitrous this year.

Nitrous Oxide and Entonox Emissions - 2018/19, 2022/23, 2023/24 - tCO$_2$e				
Source	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Piped nitrous oxide	188	217	336	+78.7%
Portable nitrous oxide	128	109	97	-24.23%
Piped entonox	1,064	858	831	-21.9%
Portable entonox	113	114	108	-4.42%
Total	1,493	1,298	1,372	-8.1%

Volatile Medical Gas Emissions - 2018/19, 2022/23, 2023/24 - tCO$_2$e				
	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Desflurane	95	-4	-	-100%
Isoflurane	6	0	1	-83.33%
Sevoflurane	51	44	47	-7.84%
Total	152	40	48	-68.42%

What did we do in 2023/24 to reduce emissions from anaesthetic gases?

In 2023, the nitrous oxide manifolds at Queen Margaret Hospital, Dunfermline and at Victoria Hospital, Kirkcaldy were decommissioned to conclude the work of the Short-life Working Group established in 2022 to address the recommendations contained in the Technical Update - Anaesthetic Nitrous Oxide System Loss and Mitigation and Management

What are we doing in 2024/25 to reduce emissions from anaesthetic gases?

An Entonox© (50/50 nitrous oxide/oxygen) Short-life Working Group has been established to address the recommendations contained in the Technical Update - Entonox© System Loss Mitigation and Management.

In July 2024, a System Loss Assessment of the Entonox piped system at Victoria Hospital, Kirkcaldy was conducted.

Following the Assessment, very minor issues were highlighted, giving assurance that we are not experiencing a system-wide loss of Entonox.

The System Loss Assessment is planned to be repeated in July 2025.

NHS Fife has undertaken a review of the clinical use of Entonox and work is ongoing to consider utilising part-full cylinders rather than return to the supplier where it is being vented into the atmosphere. Close links have been established with the cylinder supplier and we await confirmation of approval from the medicine regulator (Medicines and Healthcare Products Regulatory Agency) for Entonox cylinders to be 'top-filled' rather than vented.

Monthly report on nitrous oxide and Entonox use are reviewed by the Short-life Working group and Medical Gas Committee and we are pleased to note a reduction in CO_2 emissions as a result of this work.

A National Green Theatres Programme was officially launched in 2023 to help reduce the carbon footprint of theatres across NHS Scotland and to enable more environmentally sustainable care by:

- Collaborating closely with clinicians and professionals to develop actions that reduce carbon emissions, waste and resource use.
- Supporting other NHS Boards with the implementation, measuring and reporting of these improvements.

The Green Theatres Programme is based on actions developed by frontline staff and the Green Theatre Project at Raigmore, NHS Highland.

What are we doing in 2024/25 to make surgery more sustainable?

We continue to work with the National Green Theatre Project team and implement actions when they are published.

Many of these actions are now in practice with work on-going in other areas.

Achievements include:

- Reduction in NO_2 across sites. Manifolds are no longer in use and cylinders are only in use when necessary.
- Correct use of waste streams, including sharps disposal.
- Further enforcement of 'rubbing not scrubbing' which has been in place since 2014.
- Reduction in use of fluid warmers - fluids in warming cabinets, dated (2 weeks), supported by pharmacy colleagues.

Respiratory Medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers - Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

There are also more environmentally friendly inhalers such as dry powder inhalers which can be used, where clinically appropriate. We estimate that emissions from inhalers in NHS Fife were 6074 tonnes of CO_2 equivalent in 2023/24.

Inhaler Propellant Emissions - 2018/19, 2022/23, 2023/24 - tCO$_2$e				
Source	2018/19 (baseline year)	2022/23	2023/24	Percentage Change 2018/19 to 2023/24
Primary Care	5,358.95	5,913.86	5,950	+10.45%
Secondary Care	112.09	121.10	124	+10.09%
Total	5,471.04	6,034.96	6,074.00	+10.45%

What did we do in 2023/24 to reduce emissions from inhalers?

- NHS Fife has identified patients who are currently on higher carbon inhalers and have moved suitable patients over to using lower carbon emission inhalers in line with the East Regional Formulary (ERF).
- We encourage the recycling of inhalers and advise patients of good inhaler techniques in order to reduce overuse and wastage. These reduction techniques are included in demonstrations and clinic reviews within Primary Care settings and GP practices.

    Secondary Care are also promoting these values.

What are we doing in 2024/25 to improve patient care and reduce emissions from inhalers?

- NHS Fife will continue to promote greener prescribing and encourage DPI over MDI inhaler use.
- We will also continue to deliver education related to impact of carbon emissions within the use of MDI within PC and SC by promoting ERF.
- Before including new inhalers into our formulary, NHS Fife, as part of the East Region Formulary Committee (ERFC), ensure there is robust governance and takes into account carbon emissions of new inhalers as a key factor.
- We will promote MART and AIR therapy. The aim is to improve patient control of symptoms, wellbeing and reduce hospital admissions.

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- We will continue to reduce prescribing of SABA by collaborating with our MDT colleagues to identify patients that have had 6 MDI per year. These high-risk patients will be prioritised and reviewed accordingly.

What are we doing to raise awareness with staff and patients, including primary care?

- Posters have been developed which highlight the carbon emissions with MDI and overuse of SABA.
- NHS Fife has developed new guidance charts with collaboration with NHS Borders and NHS Lothian. These guidance charts have been distributed to MDT.
- NHS Fife have developed new prescribing charts, based on the East Region Formulary.
- Guidance and posters are available on the NHS Fife Stafflink: Hub • Blink. All of these materials have been distributed to MDT.
- Regular meetings take place with Primary Care colleagues, Practice Nurses etc to share awareness of the impact of MDI inhalers and the overuse of inhalers in general.
- Recycling of inhalers is promoted through shared learning and inhaler techniques are reinforced to MDT and patients through respiratory clinics and group sessions for Breathe Easy Patients.
- Respiratory MCN steering group supporting to raise awareness, education and updating guidelines.

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Travel and Transport

Domestic transport (not including international aviation and shipping) produced 28.3% of Scotland's greenhouse gas emissions in 2022. Car travel contributes the most to those emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

What did we do in 2023/24 to reduce the need to travel?

Last year we continued implementing our Agile Working Policy, enabling staff who can work from home to have the ability to do so. This also includes encouraging staff who have external meetings to take them online where possible, to reduce business travel and long journeys for in-person meetings.

What did we do in 2023/24 to improve active travel?

In 2023/24, NHS Fife made significant strides in promoting active travel and encouraging sustainable commuting options:

- Partnership with Mobilityways - We continued our collaboration with Mobilityways, which included an annual travel survey and a Commuter IQ analysis. This initiative provided valuable insights into commuting behaviour and identified alternative sustainable travel options for our staff.
- Cycling Initiatives - We focused on cycling to work and were awarded the Cycling Friendly Employer status by Cycling Scotland. To better understand staff preferences, we circulated an active travel questionnaire to gather input on changes that would encourage more active travel and cycling across the organisation.
- Partnership with Greener Kirkcaldy - We deepened our partnership with Greener Kirkcaldy to further our cycling efforts. This included hosting a cycling awareness day for staff to learn about cycling to work, local cycling routes and available support such as led rides and training.

Additionally, we held a Dr Bike event at Victoria Hospital, offering free minor bike repairs for employees.

- NHS Fife Active Travel Group - We established the NHS Fife Active Travel Group, an open space for all employees interested in active travel. This group fosters idea sharing, connects enthusiastic individuals and provides a forum for discussing active and sustainable travel initiatives at NHS Fife.
- Cycle to Work Scheme - In March, we relaunched our Cycle to Work Scheme in partnership with Halfords, increasing the scheme's limit to £3,000. This year-round offering has been well-received by staff.

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What did we do in 2023/24 to improve public and community transport links to NHS sites and services?

In 2023/24, NHS Fife made several efforts to enhance public and community transport links to our sites and services:

- <u>Staff Transport Discounts</u> - We continued to promote discounted travel opportunities with Stagecoach and other transport providers for our staff.
- <u>Engagement with Stagecoach</u> - We worked closely with Stagecoach, sharing our scoping reports that detail staff travel patterns. This collaboration aims to inform potential new transport routes and adjustments to existing timetables.
- <u>Promotion of NHS Travel Reimbursement and Community Transport</u> - In alignment with NHS Scotland's Population Health and Wellbeing Annual Delivery Plan, NHS Fife launched additional resources to raise awareness of the NHS Travel Reimbursement Scheme and available community transport services. These initiatives aim to support patients by informing them about the options to reclaim bus travel costs and access community transport when attending appointments.
- <u>Support for Local Welfare Teams</u> - These initiatives have also supported local welfare teams in promoting transport schemes, helping ease the cost of living and ensuring better attendance at appointments.

What are we going to do in 2024/25 to reduce the need to travel?

In 2024/25, NHS Fife will focus on reducing the need for travel by encouraging staff to adopt a travel hierarchy when making decisions about commuting. This approach will prioritise remote working, where possible, with staff only travelling to work when absolutely necessary.

What are we going to do in 2024/25 to improve active travel?

In 2024/25, NHS Fife plans to implement a variety of initiatives to encourage active travel:

- <u>E-Bike Scheme</u> - We aim to launch an e-bike scheme at Victoria Hospital, Kirkcaldy funded through the Active Ways to Work Programme. This initiative will provide staff with the opportunity to hire e-bikes for a month at a time, promoting cycling as a sustainable commuting option.
- <u>Cycle Storage Upgrades</u> - We will apply for funding from Cycling Scotland to modernise and upgrade our cycle storage facilities. The current user pathway to the storage areas is unclear and there is insufficient space for more expensive bikes. This funding will help address these issues. Consideration is also being given to exploring improvements to shower and changing facilities.
- <u>Promotions and Competitions</u> - We will work with our Cycle to Work provider, Halfords, to run competitions aimed at increasing staff participation in the Scheme.
- <u>Active Travel Days</u> - We plan to host active travel days at our main sites, inviting various stakeholders who will provide staff with information on active travel options.
- <u>Ongoing Support</u> - We will continue to offer Dr Bike events and promote cycle training and led rides to further encourage cycling among staff.

What are we going to do in 2024/25 to improve public and community transport links to NHS sites and services?

In 2024/25, NHS Fife will continue its efforts to improve public and community transport links by focusing on raising awareness and engaging with transport providers and community partners:

- Promotion of Travel Reimbursement and Community Transport - We will continue to promote the NHS Travel Reimbursement Scheme and Community Transport options across the NHS workforce, public sector and third sector by ensuring patients, families and carers are aware of available support.

  Impact will be measured through tracking the number of reimbursements claimed and bookings made with community transport providers.

- Engagement with Local Transport Providers - NHS Fife will engage with the local council, Stagecoach and ScotRail to improve services that better meet the needs of staff.

  We are also exploring the possibility of establishing a regional transport group, bringing together NHS bodies and the local Council to collaborate on shared transport issues and infrastructure improvements.

- Partnership with SEStran - We will join forces with SEStran as part of a regional partnership to share ideas and best practices related to active travel and sustainable transport. This collaboration will help develop a coordinated strategy that links transport and health, contributing to broader public health goals.
- Transport to Health Programme - NHS Fife is participating in SEStran's Transport to Health Programme, which supports both staff and patients in exploring active travel options for commuting and attending appointments. This aligns with our commitment to reducing health inequalities, as outlined in the NHS Scotland Annual Delivery Plan 2023/24, Priority 6 - Health Inequalities, action 6.6.
- Health Promotion and Awareness - From March 2023, the Fife Health Promotion Service has delivered a promotional campaign to raise awareness of the NHS Fife Travel Expenses leaflet and posters. These materials have been distributed across Primary Care, community services and NHS acute sites.

  Additionally, transport support has been incorporated into the Health Promotion Poverty Awareness Training as part of our workforce development on health inequalities.

- Community Transport Services Promotion - A newly developed leaflet and poster, in partnership with community transport charities and the public sector, has been launched to promote available patient transport services across Fife.
- We are working to remove all petrol and diesel fuelled cars from our fleet.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Fife fleet at the end of March 2023 and March 2024:

| | March 2023 | | March 2024 | | |
	Total Vehicles	% Zero Tailpipe Emission Vehicles	Total Vehicles	% Zero Tailpipe Emission Vehicles	Difference in % Zero Tailpipe Emission Vehicles
Cars	55	13	57	25	63%
Light commercial vehicles	78	27	69	31	14%
Heavy vehicles	0	0	0	0	0.00%
Specialist vehicles	2	2	2	2	0.00%

The following table sets out how many bicycles and eBikes were in NHS Fifes fleet at the end of March 2023 and March 2024:

	March 2023	March 2024	Percentage Change
Bicycles	0	0	0
eBikes	0	0	0

The following table sets out the distance travelled by our cars, vans and heavy vehicles in 2023/24:

Distance travelled, miles	Cars	Light commercial vehicles	Heavy vehicles	Specialist vehicles	Total
2023/24	3,278,658	Not available	NA	NA	3,278,658

Business travel is staff travelling as part of their work in either their own vehicles or public transport. It covers travel costs which are reimbursable and does not cover commuting to and from work. The table below shows our emissions from business travel by transport type.

Business Travel Emissions, tCO$_2$e	Cars	Public Transport	Flights	Total
2023/24	816	27	Not available	843

Greenspace and Biodiversity

Biodiversity

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 (Nature Conservation Scotland Act 2004) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 (Wildlife and Natural Environment Scotland Act 2011) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

What actions have been taken to identify, protect and enhance biodiversity across your organisation?

In the past year, NHS Fife has worked with a variety of partners to protect and enhance biodiversity across our estate. These partnerships include Fife Council, Fife Coast and Countryside Trust (FCCT), Scottish Natural Heritage and the Fife Environmental Partnership, allowing the sharing of sustainability opportunities, improved community links and to gaining expert advice on biodiversity enhancement.

Key actions we have taken include:

- Collaboration with Local Biodiversity Groups - NHS Fife maintains strong connections with the Fife Biodiversity Partnership and the Fife Local Biodiversity Action Plan (LBAP), which guide our efforts to protect local wildlife.
- Greenspace Strategy - Our 2030 Greenspace Strategy, developed in collaboration with the FCCT, is central to safeguarding and enhancing biodiversity across NHS Fife sites. This includes updating our greenspace management processes to support the creation of wildflower meadows, which provide a greater biodiversity benefit by reducing mowed grass areas.
- Nature-Based Solutions - Last year, NHS Fife visited Edinburgh Botanic Gardens to learn about implementing nature-based solutions which will also enhance biodiversity across our sites.
- Biodiversity Audits - We have conducted biodiversity audits at our main sites, which will inform future biodiversity initiatives and help track improvements over time.
- Tree Planting Initiatives - NHS Fife organised the Akin Oak Tree Project which resulted in the planting of twelve oak trees across our sites to contribute to long-term environmental sustainability.
- No Mow May - In line with our commitment to biodiversity, NHS Fife participated in the No Mow May initiative, halting grass cutting at selected sites for the month to allow for the growth of wildflowers and support local wildlife.

What actions have been taken to contribute to the NHS Scotland Estate Mapping programme, or to develop an internal mapping programme?

In August 2022, NHS Fife undertook a comprehensive mapping of our entire estate using ESRI GIS technology. This digital map provides an accurate and detailed record of our natural capital, helping us to better understand the location and types of greenspaces across our sites. This mapping will allow for more effective management of these spaces in the future.

Key actions include:

- Mapping of Estate - NHS Fife used ESRI GIS technology to create a digital map of our estate, providing a clear record of our greenspaces and their characteristics.
- Collaboration with Public Health Scotland - We shared our estate mapping data with Public Health Scotland, contributing to the broader NHS Scotland Estate Mapping Programme. This will support the development of future mapping projects and help improve the management of NHS greenspaces across Scotland.

What actions have been taken to mainstream biodiversity across the organisation?

The development of our 2030 Greenspace Strategy has been a key step in mainstreaming biodiversity across NHS Fife. This strategy has enabled us to identify shared opportunities and foster partnership working by providing a platform for NHS Fife employees who wish to contribute to greenspace and biodiversity improvements.

Key actions include:

- 2030 Greenspace Strategy - The strategy has provided a clear framework for integrating biodiversity into our operations, aligning all relevant efforts and ensuring that biodiversity considerations are embedded in our decision-making processes.
- Employee Involvement - By creating accessible opportunities for staff engagement in biodiversity and greenspace initiatives, we have encouraged active participation from employees at all levels of the organisation.
- Estate Mapping - The integration of our mapped estate with the Greenspace Strategy has allowed us to make more informed decisions about greenspace development, ensuring a more coordinated approach to biodiversity enhancement moving forward.

How have nature-based solutions been used to address the climate and biodiversity emergencies?

In response to the climate and biodiversity crises, NHS Fife has been exploring nature-based solutions to adapt to identified climate risks. Our focus has been on incorporating these solutions into both climate adaptation and biodiversity enhancement efforts.

Key actions include:

- <u>Overheating in Wards</u> - As overheating is a major risk at some of our sites, we have identified the wards most at risk and are working with NHS Assure to conduct technical surveys in these areas. These surveys aim to explore nature-based solutions such as tree planting to provide shade and reduce temperatures.
- <u>Flood Management</u> - We are also looking at how nature-based solutions can be integrated into our flood management plans for high-risk areas, such as using natural barriers to help mitigate flooding and protect our infrastructure.

What actions have been undertaken to raise awareness, engagement and understanding of biodiversity and nature?

NHS Fife has taken several steps to raise awareness and engage staff, the public and community groups on biodiversity and nature. Our initiatives aim to foster greater understanding and participation in biodiversity efforts across the organisation and within the local community.

Key actions include:

- <u>Internal Awareness</u> - We regularly share project successes related to climate, sustainability and nature on our staff intranet, as well as promoting relevant events and initiatives, such as nature-related days.
- <u>Public Engagement</u> - We have created a dedicated page on our NHS Fife public website to highlight our greenspace efforts and regularly updating the sustainability hub with new information on our biodiversity and greenspace activities.
- <u>Community Collaboration</u> **-** In March 2024, we hosted a successful event alongside FCCAN, inviting community groups to learn about how they can engage with our green estate and start greenspace projects. This event led to new partnerships with local groups and has supported the development of our 2030 Greenspace Strategy.
- <u>ESRI UK Feature</u> - NHS Fife was featured in the ESRI UK newsletter and magazine, where we highlighted our 2022 mapping project and how this mapping data will guide future development of our greenspace and biodiversity efforts.

These actions help raise awareness, build engagement, and foster understanding of biodiversity and nature, both within NHS Fife and in our broader community.

What surveys, monitoring or assessment of biodiversity have been undertaken? If you have – have systems been developed to continue monitoring long-term?

Over the past year, NHS Fife has undertaken Greenspace and Biodiversity Audits for our main sites. These Audits assess how greenspaces are currently being used and identify potential projects to support and enhance existing biodiversity while encouraging new species.

Key actions include:

- <u>Greenspace and Biodiversity Audits</u> - These audits have provided valuable insight into the current state of biodiversity on our sites, helping us identify areas for improvement and projects that will foster biodiversity growth.

- Ongoing Monitoring - Progress will be monitored through our mapping work and the development of our Greenspace Strategy, ensuring that we can track improvements and adapt as needed.
- Future Surveys - We are in discussions with NHS Assure regarding the possibility of conducting UKHab surveys at our main sites. However, we are currently awaiting a decision on national funding before proceeding with these surveys.

These efforts lay the foundation for continued long-term monitoring of biodiversity, ensuring that we can track and adapt our strategies to improve biodiversity across NHS Fife.

Greenspace

Following the publication of the NHS Fife Greenspace Strategy, the Sustainability team has undertaken several key projects to assess and enhance the Board's green estate. These initiatives focus on adapting and using these spaces to benefit staff, patients, the wider community, generate green energy and support biodiversity. The projects align with the themes of energy, wellbeing, food, climate, nature and skills outlined in the Greenspace Strategy.

Key Projects and Achievements:

- Greenspace Assessments - Greenspace and biodiversity audits have been completed at our main sites, identifying current usage and potential projects that can support biodiversity and benefit staff, patients, and the community.
- Green Energy - We are exploring how our greenspaces can contribute to the generation of green energy as part of our sustainability goals.
- Staff and Community Engagement:
    - We have hosted engagement events with local community groups and developed a suite of documents to guide the best use of our green spaces and manage future projects.
    - NHS Fife participated in the Tree in the Park event alongside other local organisations and businesses.
    - We have joined the Dunfermline Greenspace Forum, strengthening collaboration on greenspace and sustainability initiatives.
- Oak Tree Planting - The Oak Tree Planting Project was successfully delivered across NHS Fife, contributing to biodiversity and staff wellbeing.
- Greenspace Management - We have updated our greenspace management processes in collaboration with the Fife Coast and Countryside Trust (FCCT). As part of this, we are reducing the amount of mowed grass on NHS Fife sites to encourage the establishment of wildflower meadows, which have a higher biodiversity net benefit.

Ongoing Projects:

- We continue discussions with Fife Council to identify the best use of land owned by NHS Fife for gardening allotments, which supports the Fife Council Allotment Strategy and the Food4Fife Strategy.

All of these efforts are tracked through our project and action tracker to monitor progress against the goals set out in the NHS Fife Greenspace Strategy.

The table below outlines any key greenspace projects and their benefits.

Project Details	Benefits of Project	Details of Project
Akin Oak Tree Project	Biodiversity	We collaborated with employees of the Project to plant twelve oak trees across several of our sites as part of a Fife wide tree planting project
Staff AU2 Courtyard	Biodiversity, health and wellbeing	Upgrade to a garden that will facilitate OT inpatient rehabilitation. Look at ways to incorporate different planters, trees and feeders that will enhance biodiversity whilst maintaining patient benefits. The project has been fully designed and will be finished by January 2025.
Allotments	Health and wellbeing, community growing space, biodiversity	We have started initial discussions with Fife Council to look at the possibility of adding allotments on several of our sites. We are at the initial stages and next steps will involve identifying sites.
Levenmouth Green Health Partnership	Health and wellbeing, community benefit, nature and biodiversity	We are part of the Green Health Partnership, aiming to make better use of our outdoor green estate as a health-promoting resource. This partnership is still in its infancy, only being developed in 2023.

Sustainable Procurement, Circular Economy and Waste

Earth Overshoot Day marks the date when our demand for resources exceeds what earth can regenerate in that year. In 2024, Global Earth Overshoot Day is 1 August, a day earlier than in 2023.

For the UK, the picture is more worrying. In 2024, the UK's Earth Overshoot Day was 3 June. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

What did we do in 2023/24 to reduce the environmental impact and the quantity of the goods and services we buy?

In 2023/24, NHS Fife launched the Warp-it System, a web-based platform for the re-distribution of surplus furniture and equipment across public sector organisations.

The initiative has provided multiple environmental and financial benefits by enabling the reuse of existing resources rather than purchasing new items. The system has helped to reduce procurement costs, decrease manufacturing needs, lower waste disposal costs and generate significant carbon savings.

In 2024/25, NHS Fife will continue to promote the Warp-it System and encourage all staff members to actively make use of it, maximising its environmental and financial benefits.

We are also exploring the possibility of creating a place-based approach to Warp-it, with a vision to develop a Fife-wide system in collaboration with Fife Council**,** Fife College and the University of St Andrews**.**

Additionally, the Procurement and Sustainability teams will work together to develop a framework for assessing and managing Scope-3 emissions. This will involve using data tools from NHS National Procurement Services to identify our largest suppliers, track their net-zero and sustainability plans and create a targeted action plan focused on carbon reduction and cost savings.

Furthermore, we are committed to reducing waste production and improving our recycling rates across NHS Fife, aiming for a more sustainable waste management approach.

The table below sets out information on the waste we produce and its destination for the last three years:

Type	2021/22 (tonnes)	2022/23 (tonnes)	2023/24 (tonnes)	Percentage change 2021/22 to 2023/24
Waste to landfill	**34.50**	**35.70**	**-**	**-100%**
Waste to incineration	**1,185**	**1,290**	**1286**	**+8.5%**
Recycled waste	**691.10**	**713.90**	**787**	**+13.98%**
Food waste	**79.20**	**55.40**	**87**	**+9.85%**
Clinical waste	**846.90**	**758**	**777**	**-8.25%**

Comment on waste to landfill figure: The reports we receive outline that the destination of our waste is all energy for waste and therefore we no longer obtain a landfill figure. Our current contractor does not put any waste to landfill. It is extremely minimal.

We have set targets to reduce the amount of waste we produce, and the tables below provide information on our performance against those targets:

Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 by 2025	
Target - reduce domestic waste by	307 tonnes
Performance - domestic waste reduced by	60 tonnes
Outcome	Not achieved yet
Further reduction required	247 tonnes

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill by 2025	
Target - reduce waste sent to landfill by	1,792 tonnes
Performance - waste sent to landfill reduced by	1,886 tonnes
Outcome	Achieved
Further reduction required	0 tonnes

Reduce the food waste produced by 33% compared to 2015/16 by 2025	
Target - reduce food waste by	80 tonnes
Performance - food waste reduced by	156 tonnes
Outcome	Achieved
Further reduction required	0 tonnes

Ensure that 70% of all domestic waste is recycled or composted by 2025	
Target - recycle or compost	1,392 tonnes

Performance - recycled or composted	874 tonnes
Outcome	Not achieved yet
Further increase required	519 tonnes

What did we do in 2023/24 to reduce our waste?

In 2023/24, our primary focus has been on better identifying and distinguishing between clinical waste and other types of waste. By doing so, we can reduce unnecessary spending on clinical waste disposal and promote recycling. For example, clinical packaging, which is often sterile but not necessarily classified as clinical waste, was frequently being disposed of incorrectly. Through improved waste categorisation and staff training, we aim to reduce waste sent to landfill and increase recycling rates across NHS Fife.

What are we doing in 2024/25 to reduce our waste?

In 2024/25, our focus will be on enhancing communication and staff engagement around waste reduction. This will involve launching roadshows and updating training to ensure it is current, mandatory and accessible for all staff.

We plan to conduct a test of change on clinical waste in wards, aiming to reduce the amount of clinical waste generated.

Additionally, we will continue to promote recycling and encourage a return to pre-pandemic waste management behaviours.

We will also seek funding to improve waste segregation by providing new waste bins across our sites.

Environmental Stewardship

Environmental Stewardship includes any activities which may adversely impact land, air and water, either through the unsustainable use of resources or the generation of waste and pollution.

Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation and improvement of our environmental performance.

What steps did we take in 2023/24 to develop and implement our EMS?

In 2023/24, NHS Fife took significant steps toward developing and implementing an Environmental Management System (EMS).

A resolute Sustainability Officer was appointed to oversee the implementation process. As a result, the NHS Fife EMS policy was approved and published in April 2024.

Following the publication of the policy, the team has been working closely with high-risk departments to evaluate current operations and identify areas for improvement regarding environmental compliance.

Additionally, work has started on the creation of the EMS legal register and aspects and impacts register, which are expected to take approximately one year to complete given current resourcing levels.

 Although we have made considerable progress, EMS has not yet been fully implemented to ISO14001 standards at any of our sites.

What steps will we take in 2024/25 to further develop and implement our EMS?

In 2024/25, NHS Fife will continue to develop and implement our Environmental Management System (EMS) with several key actions:

- Finalise the creation of the EMS aspects and impacts register.
- Establish an EMS governance group to oversee ongoing implementation and improvements.
- Begin assessing environmental compliance across departments, focusing on areas with high waste, resource use or energy consumption.
- Develop a SharePoint hub to centralise EMS resources and information for the Board.

What did we do in 2023/24 to reduce our environmental impacts and improve environmental performance?

In 2023/24, NHS Fife engaged in a range of initiatives aimed at reducing our environmental impacts and improving our overall environmental performance:

- Environmental Policy and EMS Development **-** We published our Environmental Policy and continued developing our Environmental Management System (EMS). Although we are early in the EMS journey, we have made significant strides in establishing an effective system.
- Waste Management Improvement **-** We developed a new tool for recording and managing waste data. This tool provides valuable insights into our waste figures and helps identify areas where improvements can be made.
- Collaborative Efforts Across the Organisation **-** We fostered collaboration between clinical and non-clinical teams to promote sustainable practices in various work areas. This has helped to embed environmental awareness and action throughout the organization.
- Energy Billing and Validation **-** We brought energy billing and validation in-house, enabling better control and understanding of our energy usage. This move allows us to monitor our energy portfolio more effectively, spot billing discrepancies and identify areas for efficiency improvements.

What are we doing in 2024/25 to reduce our environmental impacts and improve environmental performance?

In 2024/25, NHS Fife is taking several proactive steps to further reduce our environmental impacts and enhance our environmental performance:

- Pilot Projects for Climate Risks **-** Building on the planning and research conducted in 2023/24, we are initiating pilot projects to address key risks, such as overheating in wards and the creation of flood management plans and severe weather frameworks for high-risk sites.
- Expanding Primary Care Engagement **-** We aim to extend our environmental initiatives into primary care by creating a Greener GP's Network across Fife. This will focus on reducing the environmental impacts of Primary Care settings and engaging local practices in sustainability efforts.
- Granular Energy Metering **-** We will install additional energy meters across our sites to gain a more detailed understanding of energy consumption at the building level. This will enable us to identify specific areas where energy reduction measures can be targeted, helping to improve overall energy efficiency.
- Sustainability Ambassadors Network **-** We will launch a network of Sustainability Ambassadors to engage staff in sustainability initiatives and raise environmental awareness. This network will help support improved environmental performance across various departments and contribute to a culture of sustainability within the Board.

What factors have prevented implementation of EMS to ISO14001 Standard for any sites in NHS Fife's estate which have not yet reached that standard?

Several factors have contributed to the delay in implementing the EMS to the ISO14001 standard across NHS Fife's estate:

- Limited Board-Specific Guidance **-** There is currently a lack of standardized, board-specific guidance on how to implement an EMS, as each NHS Board has different governance structures and processes. This has resulted in varied approaches to EMS implementation across the organization.
- Newly Created EMS Role **-** In 2023, a dedicated EMS role was created to support the implementation of the EMS in NHS Fife.

Despite these challenges, we are making progress towards the implementation of a robust EMS framework and are focused on overcoming these barriers in the coming year.

Sustainable Construction

Where there is a need for new healthcare facilities, we want both the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible.

What did we do in 2023/24 to make our construction projects more environmentally sustainable and our future plans?

In 2023/24, NHS Fife focused on considering the long-term impacts of new developments and refurbishment works.

Key steps included:

- Refurbishment over New Build **-** Given budgetary constraints, construction inflation and the need to meet zero-carbon targets, we prioritized refurbishment of existing assets over new-build projects when feasible. Refurbishing existing buildings is more cost-effective and helps reduce embodied carbon, aligning with Scottish Government's Whole System Planning directive to maximize the use of our existing built assets.
- Sustainable Design and Construction (SDaC) Guide **-** For projects above our delegated limits (currently £5m), we adhered to the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). This guide helps ensure that our construction projects meet sustainability standards, incorporating environmental considerations into every phase.
- Material Reuse and Energy Efficiency in Refurbishments **-** During refurbishment projects, we focused on reusing materials and equipment where possible. We prioritized improving the energy efficiency of our assets by integrating energy-saving technologies such as LED lighting.
- BREEAM Accreditation **-** The recently completed National Treatment Centre achieved a 'very good' rating under BREEAM 2018 (a predecessor to SHTN 02-01), demonstrating our commitment to sustainable construction practices.

  Additionally, our proposed health and wellbeing centers in Lochgelly and Kincardine were developed using the SHTN 02-01 framework, ensuring they align with sustainable design principles.

Future Plans **-** Moving forward, NHS Fife will continue to be selective in our approach to new construction projects, opting for refurbishment where possible and ensuring that all projects adhere to sustainable design principles to meet zero-carbon targets and improve environmental performance across our estate.

Sustainable Communities

The climate emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland. We have a responsibility to use our abilities as a large employer, a major buyer and one of the most recognised brands in the world - an anchor organisation - to protect and support our communities' health and wellbeing.

What are we doing to act as an Anchor Institution for our local community?

We are part of NHS Fife's Anchor Operational Group and are using use the Progression Framework to monitor the implementation of key objectives. These objectives relate to what we can do in practice specifically relating to environment, sustainability & assets.

Actions are broken down into the following categories:

- Climate emergency & response
- Environmental Policy and EMS
- Waste, resource use and pollution
- Energy use, efficiency and resource
- Unnecessary use of plastic and reduction in single-use plastic
- Transport
- Building & infrastructure
- Natural environment, green infrastructure & environment
- Community use of facilities and outdoor estates and 'good' neighbour role
- Strategic planning, regeneration and good design of infrastructure

The NHS Fife Board is fulfilling its duty as an Anchor Institution by influencing and engaging with the local community in many ways, and much of this work is highlighted throughout this report.

In addition, please see several ways we have positively engaged with the local Fife community:

- Membership on the Green Health Partnership Steering Group. This partnership aims to find ways to make the most of green health opportunities, bringing together health, social care, environment, leisure, sport and active travel to make more use of local green space as a health-promoting resource.
- Allowing community groups to use our greenspace for community projects. We recently hosted a greenspace event with the Fife Community Climate Action Network (FCCAN) where we invited local community groups to her about how they can use our land and the types of projects they could start.
- Working collaboratively with Fife Council to use our greenspace for allotments. These allotments will be available for individuals in the community as well as community groups.

Finally, we have published our anchor strategy 'Living well, working well and flourishing in Fife.' This strategy aims to support NHS Fife in maximising our social and economic impact in the local community.

What are we doing to improve the resilience of our local community to climate change?

NHS Fife is actively working to improve the resilience of the local community to climate change through several collaborative initiatives and targeted actions:

- Climate Change Risk Assessment **-** NHS Fife developed a comprehensive Climate Change Risk Assessment to identify and understand the key climate risks facing our operations and the wider community. This assessment enables us to pinpoint areas where we can mitigate the effects of climate change, such as flooding, rising temperatures and coastal change.
- Partnership with Fife Council **-** We work closely with Fife Council on climate adaptation initiatives to ensure a co-ordinated approach to addressing the region's climate risks. This collaboration strengthens our collective ability to adapt to climate challenges and implement effective solutions.
- Climate-Ready South-East Scotland (CRSES) Advisory Group **-** NHS Fife is a member of the CRSES Advisory Group, which is developing south-east Scotland's first Regional Climate Risk Assessment. This Regional Assessment will help identify priority areas for adaptation, ensuring that climate resilience strategies are region-specific and tailored to local needs.
- FCCAN (Fife Communities Climate Action Network) **-** As part of FCCAN, NHS Fife is fostering community connections and promoting the sharing of local knowledge and experience. This helps strengthen the resilience of communities in Fife, empowering local groups to take climate action and collaborate on solutions to climate-related challenges.

Conclusion

In 2023/24, NHS Fife has made significant strides toward integrating sustainability and environmental stewardship into its operations, reflecting our commitment to addressing climate change and biodiversity loss.

We have made notable progress in reducing the environmental impact of travel through promoting active travel initiatives and enhancing public and community transport links, particularly through hosting active travel events and improving patient transport services.

In terms of biodiversity, NHS Fife has been proactive in planting oak trees, reducing grass cutting to encourage wildflower growth and collaborating with partners to protect and enhance local ecosystems.

Our 2030 Greenspace Strategy has been pivotal in providing a structured approach to developing our greenspace as well as mainstreaming biodiversity efforts across the Board.

Efforts to reduce waste have focused on improving waste segregation, minimising clinical waste and fostering a culture of recycling, with future initiatives centred around staff engagement and mandatory training.

Our work on environmental management systems (EMS) is progressing, with the establishment of a resolute Sustainability Officer and the development of key policy documents to guide our actions. This aligns with our broader efforts to reduce waste, improve energy efficiency and create a more sustainable operational framework.

NHS Fife's approach to sustainable construction has prioritised refurbishment over new builds where possible, utilising resources efficiently while aligning with Scottish Government directives.

In addition, our role as an Anchor Institution in the local community has been strengthened through partnerships with local organisations, making use of green spaces for community projects, allotments, and climate adaptation initiatives.

Looking ahead, NHS Fife is committed to continuing this momentum in 2024/25, with plans to further refine waste management practices, advance our EMS, reduce energy consumption and enhance the resilience of both our healthcare services and local communities to the climate emergency.

By embedding sustainability across all levels of our organisation, we are not only safeguarding the health and well-being of our patients and staff but also contributing to a more sustainable and resilient future for the communities we serve.

COMMUNITY & WELLBEING PARTNERSHIP

(Meeting on 28 November 2024)

The CWP received a verbal update on the work to develop a whole systems approach to physical activity in Fife. The partnership remains enthusiastic about this work and a paper is going to FHSCP to explore their support and framework for governance.

The Partnership received presentations on both the FHSCP Prevention and Early Intervention Strategy and the NHS Fife Population Health and Wellbeing Strategy. Common themes and approached were identified and welcomed by the Partnership. These aligned well with the Partnership's current priorities around physical activity and alcohol.

The CWP discussed future reporting arrangements to the P4F Leadership Board. It was agreed an annual report around August would work well and this would focus on more specific updates on the value added collaborative project work rather than business as usual. It was agreed this would be reviewed following an update on any requirements set out by P4F Leadership Board at the next meeting in March.

Finally the CWP expressed sincere thanks to Gill Musk, FC Policy and Planning Officer. Gill is moving to a new role within FC and the CWP acknowledged the huge role she has played in progressing the CWP agenda over many years. Clare Rogers will be taking on this role and the CWP welcomed Clare.

No issues were raised for escalation to the Board or amend as necessary.

Communities & Wellbeing Partnership
Thursday 28th November 2024
FHGFW.005 Fife House, Glenrothes & MS Teams

Present:	**Attending:**	**Apologies**
Lucy Denvir (LD) - Chair	Clare Rogers (CR)	Christine McLean
Helen Rorrison (HR) – MS Teams	Rishma Maini (RM)	Fraser McKenzie
Jo-Anne Valentine (J-AV)	Tom McCarthy-Wilson (TM-W)	Emma Walker
Lisa Cooper (LC) – MS Teams		Kenny Murphy
Ruth Bennett (RB)		
Sarah Roxburgh (SR)		

Meeting Notes:

1. Welcome and Introductions

LD - Welcomed all and gave special thanks and recognition to Gill Musk (GM) for supporting the CWP over the years. Welcomed Clare taking Gill's place on Partnership.

Apologies were noted as above.

2. Note of last meeting on 9th September 2024

Notes approved by members.

Update from previous meeting actions:
CLD plan updated on work programme for March 2025 – complete

Ruth Bennett to make link with Workplace Health Team - complete

Gill Musk and Elizabeth Butters to follow up on offers made – in progress

SR – provided further update on physical activity from previous meeting

- Highlighted discussion around gaps on existing group and gaps of knowledge
- Met with colleagues from East Lothian to find out how they would have done things differently and gathering the pace of people coming together
- Implementation around Summer 2026
- A lot of enthusiasm and thoughts to further link with Glasgow who had a consultant to support their work and find out what their approach was to engage with people.
- Further comments;
  - RB: SBAR being taken to HSCP SLT on 9th Dec – what is within a whole systems approach from HSCP perspective? Need to bear in mind the governance of HSCP and what the timetable will be for reporting
  - J-AV: Agreed the process takes much longer as a whole systems approach and it is important to recognise this

Item 2 actions:
2.1 JD to link in with Elizabeth Butters
2.2 RB to follow up with Elizabeth Butters
2.3 LD to contact Jacqui Stringer

3. Prevention & Early Intervention Strategy

RB provided update on Prevention & Early Intervention Strategy – taken to NHS Board on 26th November 2024

LC confirmed Strategy was well received at Board and highlighted it has been a challenging process and lots of hard work to get strategy and delivery plan to where it is now, thanks to all involved.

Item 3 actions:
3.1 RB to explore geographical disparities with ageing population
3.2 CR to share notes from discussion with RB

4. NHS Fife Population Health & Wellbeing Strategy

TM-W & RM provided update and presentation

LD summarised discussion

- A lot of alignment with Prevention & Early Intervention and other CWP focus areas
- Thinking from the wider CWP perspective
- What are possible aligned CWP priorities moving forward?
  - Community Engagement
  - Inequalities & Inclusion
  - Workforce Development

Item 4 actions:
4.1 CR to share slides with meeting notes

5. CWP Delivery Plan and Reporting

LD: Gill Musk previously proposed delivery plan moving forward and making this process more simplified/less challenging in collecting information and reporting.

- Last report went to FPB in August 2024. Steer from FPB/FLB was on added value collaborative working and focused actions/activity towards aligned P4F ambitions being achieved
- CR advised update on report scheduling going to FLB for CWP – schedule and format to be confirmed by FLB

LD suggested CWP report in August to link in with annual report. Also suggested CWP and other key partnerships suggest what they could report on – less business as usual and more case studies, value-added information

Members agreed more person-centred stories makes reports more personal and data should be used as evidence to support case studies/reports etc

Item 5 actions:
5.1 CR to advise group on reporting format when available

Unconfirmed

6. Terms of Reference and Membership

Members asked to think about anyone missing from membership

Item 6 actions:
6.1 CR to updated named people on ToR
6.2 LD to invite Elizabeth Butters as member

7. Any Other Business

SR provided update on Fife Cultural Strategy

Item 7 actions:
7.1 CR to add Fife Cultural Strategy on agenda for next meeting

8. Date of Next Meeting

TBC

Item 8 actions:
8.1 CR to send out poll for dates and schedule for 2025

9. Meeting Actions

Agenda Item Action	Action detail	Owner	Status Not Started In Progress Complete	Comments
2.1	Link with Elizabeth Butters	Julie Dickson		JD mentioned interest in collaboration particularly with data around higher than average levels in Linktown Area of Kirkcaldy (ADP)
2.2	Follow-up with Elizabeth Butters outwith meeting	Ruth Bennett		Prevention and Early Intervention and links with ADP
2.3	Contact Jacqui Stringer	Lucy Denvir		Public Health also taking report to Localities and particular focus on Dunfermline. Speak to Jacqui for linking H&SC Localities activities into CWP focus areas
3.1	Explore geographical disparities with ageing population	Ruth Bennett		
3.2	Share notes from group discussion with RB	Clare Rogers		Sent to RB 05/12/2024
4.1	Share Population Health & Wellbeing Strategy slides	Clare Rogers		
5.1	Advise group on reporting format and schedule for FLB when available	Clare Rogers		Update should be available in the new year
6.1	Update names on ToR	Clare Rogers		To be shared with group prior to next meeting for comment/approval
6.2	Invite Elizabeth Butters to sit on Partnership	Lucy Denvir		
7.1	Add Development of a Fife Cultural Strategy on next agenda	Clare Rogers		Item added to agenda
8.1	Schedule dates for 2025	Clare Rogers		Dates sent to Lucy – poll will be sent to members

FIFE HSCP INTEGRATION JOINT BOARD

(Meeting on 27 September 2024)

No issues were raised for escalation to the Board.

Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) - FRIDAY 27 SEPTEMBER 2024 AT 10.00 AM

Present:	Arlene Wood (AW), Chair David Ross (DR), Vice-Chair Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Lynn Mowatt (LM), Mary Lockhart (ML) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CMcK), Medical Director, NHS Fife Amanda Wong (AW), Associate Director, Allied Health Professionals Debbie Fyfe (DF), Joint Trade Union Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers:	Fiona McKay (FC), Interim Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director, NHS Fife Jacqueline Drummond (JD), Consultant Forensic Psychiatrist James Ross (JR), Chief Social Work Officer, Fife Council
Attending:	Avril Sweeney (AS), Risk Compliance Manager Cara Forrester (CF), Communications Advisor Clare Gibb (CG), External Communications Advisor Eileen Rowand (ER), Executive Director Finance & Corporate Fiona Forrest (FF), Director of Pharmacy & Medicines Jillian Torrens (JT), Head of Complex & Critical Care Services Jennifer Rezendes (JR), Principal Social Work Officer Lisa Cooper (LC), Head of Primary & Preventative Care Services Louise Radcliffe (LR), Organisational Development & Culture Specialist Lynda Reid-Fowler (LRF), Policy Coordinator Margo McGurk (MM), Director of Finance & Strategy Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Tracy Hogg (TH), Finance Business Partner Vanessa Salmond (VS), Head of Corporate Services

	Gemma Reid (GR), H&SC Co-ordinator (Minute)	
	TITLE	**ACTION**
1	**CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES**	
	Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that apologies had been received from Lynne Garvey, Janette Keenan, Margaret Kennedy and Joy Tomlinson.	
	Arlene acknowledged the appointment of Lynne Garvey as Director of Fife Health and Social Care Partnership and Chief Officer as of 4th November 2024.	
	Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking, and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.	
	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.	
	Arlene thanked Fiona McKay for the IJB update newsletter provided via SWAY.	
2	**DECLARATION OF MEMBERS' INTERESTS**	
	There were no declarations of interest highlighted.	
3	**MINUTES OF PREVIOUS MEETING & ACTION NOTE 26 JULY 2024**	
	Dave Dempsey highlighted the survey which was circulated regarding the preferred format of IJB meetings. Vanessa Salmond advised that the majority had voted to continue meetings in a blended fashion.	
	Arlene Wood highlighted one outstanding item on the action note in relation to the Ministerial Strategic Group, with a deadline of end September. Fiona McKay advised she will be bringing a joint report and taking this through Finance, Performance and Scrutiny.	**FMcK / VS**
	The Minute and Action Note were then both approved as an accurate record.	
4	**CHIEF OFFICER UPDATE**	
	Fiona McKay began her update by welcoming James Ross, Chief Social Work Officer to the meeting. Fiona extended her thanks to Arlene Wood as this was her last IJB meeting as Chair and welcomed David Ross as the incoming Chair. Going forward, Arlene will take up the post of Vice-Chair of the IJB and Chair of the Strategic Planning Group.	
	Fiona recognised the full agenda and highlighted the SWAY which was an update on the work of colleagues across the sector, noted the Cabinet Secretary visit.	
	Fiona acknowledged the difficult decisions that members were being asked to make and reminded all of the need to consider and embrace change. Fiona highlighted that this would be her last formal IJB as Chief Officer and thanked everyone for their support during her time in post.	

5	**COMMITTEE CHAIR ASSURANCE REPORTS** Arlene Wood advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports were discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024, the Finance, Performance & Scrutiny Committee on 11 September 2024 and the Audit & Assurance Committee on 13 September 2024 Arlene Wood introduced Vanessa Salmond who presented the reports and confirmed that all statements had been signed off by current Chairs Arlene Wood then invited in turn Dave Dempsey, Chair of the Audit and Assurance Committee, Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee, Sinead Braiden, Chair of the Quality & Communities Committee and Roy Lawrence, Interim Chair of the Strategic Planning Group. All agreed that the reports were helpful summaries. **The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.**	
6	**STRATEGIC PLANNING & DELIVERY** **6.1 Prevention and Early Intervention Strategy** This report was discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024, the Local Partnership Forum on 10 September 2024 and the Finance, Performance & Scrutiny Committee on 11 September 2024. Arlene Wood introduced Lisa Cooper who presented this report. Lisa Cooper advised that this report was being brought to the Board for decision and noted that this follows a two-year programme of work designed with wide stakeholder engagement and within a whole system approach. Nationally this is a key strategic driver for change through Public Health priorities. The Board's attention was drawn to Appendix 2, the High-Level Delivery Plan. Lisa advised she has received helpful feedback from stakeholders and noted that financial constraints are recognised, we need to be ambitious to shift the balance of care and she is confident that Prevention and Early Intervention will enable this. Lisa and her team are working with localities to agree plans for delivery and noted through the discovery phase that this is the first Prevention and Early Intervention Strategy within a Health and Social Care Partnership, which is an achievement to be celebrated. Lisa Cooper concluded by thanking everyone for their contribution. Arlene Wood then invited Committee Chairs to comment in turn. Sinead Braiden, Chair of the Quality & Communities Committee commended the report and supported its submission to the IJB. Roy Lawrence, Interim Chair of the Strategic Planning Group commended the vast amount of work that has gone into the report but highlighted that the Committee recognised the current financial challenges, which may prove to be a barrier in driving the actions forward.	

Debbie Fyfe provided feedback in the absence of Kenny McCallum and confirmed the LPF were supportive of the strategy.

Alastair Grant, Chair of Finance, Performance & Scrutiny Committee supported the progression of the strategy to the IJB and commended the work carried out to produce but recognised that financial constraints may make it difficult to progress.

Kenny Murphy questioned if directions would be forthcoming as the action plan is developed. Vanessa Salmond confirmed that we will be clear on what partners are being asked to deliver. Audrey Valente acknowledged tough decisions and the existing spend on Prevention and Early Intervention and highlighted the need to ensure that we are spending this in the correct places, confirming this will be reviewed.

Arlene Wood highlighted the need for prioritisation of strategies for delivery, being cognisant of the current financial situation.

Morna Fleming thanked Lisa for including her request for transition on becoming a carer within the report, noting that on page 28 of the report, the 4th column of the table is missing "and future needs". Lisa apologised and confirmed that this would be updated.

Morna Fleming highlighted the top 10 causes of ill health and noted there was no reference to obesity. Lisa Cooper recognised this and confirmed this will come forward through the year one action plan. Paul Dundas gave his thanks to Lisa and highlighted his concerns regarding delivery due to financial constraints, and whilst supporting we need to consider the action plan and decisions around the recovery plan.

Rosemary Liewald commended the report, highlighting it was one of the most well laid out, precise reports the Board have received, and she was pleased to see a locality approach.

Jennifer Rezendes welcomed the increase of 22% in referrals from the social work contact centre.

Chris McKenna noted the challenges in relation to increasing demand for healthcare due to increasing ill health, demographic and decreasing life expectancy. Financial constraints are recognised but highlighted that we need to do more for the long term aims of population health, highlighted that screening is an important part of prevention and detection. Lisa Cooper agreed with this critical intervention and gave assurance that it will form part of the year one action plan and will come forward in the annual report. Chris McKenna questioned whether we could use this strategy to aid the uptake of screening and Lisa Cooper gave assurance that this will be built into the delivery plan.

Arlene Wood noted that the delivery plan is quite high level. Lisa Cooper confirmed that a more detailed delivery plan is to be developed. Lisa confirmed that Prevention and Early Intervention is working in partnership with other strategies and is not a standalone strategy.

Fiona McKay highlighted an annual locality event in the Rothes Halls on 5th November 2024 and the IJB were encouraged to attend. It was requested a hold to be put in diaries. | LC

LC | |

	Arlene Wood thanked Lisa Cooper and her team for the significant amount of work that had gone into producing this report. **The Board approved the Prevention and Early Intervention Strategy and took significant assurance.**	**GR**
7	**LIVED EXPERIENCE & WELLBEING** **7.1 Lived Experience – Cardiac Care in the Community** Arlene Wood introduced Helen Hellewell who presented the Lived Experience video, highlighting the important work of the Cardiac Care in the Community team. Arlene Wood requested that Helen pass on thanks to the team, highlighting that patient stories are important to the work of the Integration Joint Board.	
8	**INTEGRATED PERFORMANCE** **8.1 Fife IJB Draft Audited Annual Accounts for Financial Year to March 2024.** This report was discussed at the the Audit & Assurance Committee on 13 September 2024. Arlene Wood introduced Audrey Valente who presented the report highlighting that Chris Brown, External Auditor is unavailable, and Audrey will give a brief summary of the report, outlining the current financial status. The annual accounts presented an overspend of £5.5m after the use of £12m reserves. The balance of £5.5m is met by Partners as per the Integration Scheme. Audrey Valente presented the salient points from the annual audit report which confirmed that the IJB has appropriate administrative processes in place with no significant weaknesses. Audrey drew the Board's attention to page 139, highlighting the financial sustainability of the IJB which is at significant risk from 24/25 onwards, and reminded those present that we are facing a challenging financial position Arlene Wood invited Dave Dempsey, Chair of the Audit & Assurance Committee to comment on discussions at the Committee before questions from Board members. Dave noted that the wider scope audit is a useful summary, highlighting the graph on page 142 showing how the deficit evolved during year, with Appendix 3 on page 169 looking forward. Morna Fleming welcomed the mention of the Carer's Strategy, highlighting that the Carer's Survey demonstrates a low level of feeling of support amongst carers. Audrey Valente noted a significant investment in carers of over £6m and brought in Fiona McKay who acknowledged the results from the Carer's Survey were lower than expected. Fiona confirmed there is a huge amount of work happening on this and that we are starting to see progress. Morna highlighted the Plan for Fife and queried to what extent staff changes during the pandemic had been retained. She recalls staff being nimble with their work patterns during the pandemic, changing their work patterns due to service closures and responding to needs in other areas. Morna queried if this has been	

developed as opposed to reverting to pre-pandemic ways of working. Fiona McKay advised that transformation work has allowed us to think differently around the deployment of staff, with staff embracing new ways of working aligned to the Digital Strategy.

Arlene Wood acknowledged the unqualified audit report and requested confirmation that lessons learned, and recommendations would be presented to the Audit and Assurance Committee. Audrey Valente provided this assurance.

The Board noted the IJB's audited Annual Accounts and External Annual Audit Report and approved and signed off the audited Annual Accounts.

8.2 Finance Update

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 September 2024 and the IJB Development Session on 17 September 2024, which had a focus on financial recovery.

Arlene Wood introduced Audrey Valente who presented this report.

Audrey Valente advised that whilst she would present the report, her Senior Leadership Team colleagues would also support this agenda item.

Audrey began her report by noting the challenging financial position, noting a projected overspend of £21.5m, highlighting that whilst not ideal this is an improved movement from the May position, and mainly reflects the delivery of the May savings. The savings being reported are £28m of the £39m which was approved at the IJB in March 2024. Audrey confirmed the £28m is what we are projecting to be saved by the end of the current financial year, noting that although this is ambitious, the Senior Leadership Team will endeavour to deliver the stretched targets. Reserves were depleted at the end of the last financial year, with only a balance of circa £4.5m remaining for specific local and national priorities. A recovery plan of £13.5m is being brought forward, identifying where actions are delivered currently and where in-year only. The aim is to bring the budget back in line by March 2025, although realistic timescales are likely to see full delivery into the next financial year. Audrey highlighted that essential spend only has been instructed.

Audrey highlighted the importance of the Third and Independent Sector and recognised the impact of the recovery plan on these areas. Audrey confirmed to Paul Dundas and Kenny Murphy that she will work in partnership to ensure an equitable approach, and they will be fully involved throughout the process.

Audrey highlighted the need to progress as quickly as possible with the recovery plan in order to bring the budget back in line by the end of the financial year.

Fiona McKay gave her thanks to Audrey. Fiona noted that she appreciates that this is not a good position, and we are clear to partners that this financial position is not acceptable. Whilst considering the recovery plan our priority is always to keep people safe and mitigate risk.

Fiona highlighted the in-year savings, the budget of over £700m and noted that the £12m we are asking for is less than 2% of this budget. Fiona proposed a Wellbeing Working Group, looking at the short-term plan to change and mitigate risks and stressed that nobody will be left at risk from the work that we do.

FMcK

Helen Hellewell highlighted the need to mitigate risks to the people of Fife and provided assurance that there will be good clinical oversight, and we will remain agile in our decision making.

Audrey Valente introduced members of the Senior Leadership Team who, in turn, provided assurances that they are working collectively and collegiately to mitigate risks and consequences across the wider system, with the people of Fife at the centre of any decisions.

Fiona McKay concluded by giving her commitment to the people of Fife to deliver the recovery plan safely.

Arlene Wood acknowledged the difficult decisions and invited views from IJB members. Chris McKenna, Medical Director highlighted that Janette Keenan was not in attendance and that she had no prior oversight of the plan due to absence. Chris recognised that the proposals would impact the nursing workforce and therefore it is vital that the Director of Nursing has her view heard. Whilst recognising action is required, Chris noted that he struggles to support what is described in the paper, confirming that whilst he supports the direction of travel, he needs assurance around clinical risk and mitigations and cannot endorse without further detail. Chris confirmed that he is committed to working with the Senior Leadership Team to ensure the proposals are safe and achievable.

Arlene Wood then sought a view from Amanda Wong who noted that whilst she understands the financial position, there is not enough information to make an informed decision, considering the risks to patient safety and quality of care. Amanda is also happy to work with the Senior Leadership Team to move forward.

Arlene Wood then took questions from the Board.

Sam Steele highlighted the transformation of urgent care services proposal and highlighted that out of 8 Scottish Cities, Dunfermline is the only one without an A&E, noting that services should be added and not removed. Sam's opinion is that the proposal is not acceptable, and she cannot support.

Dave Dempsey highlighted that in his opinion the first 3 proposals detailed within the recovery plan go against the principles of the IJB. He noted that the directions in their current format are not satisfactory and require to be refined.

David Ross acknowledged the focus on in-year recovery but stressed that we must not lose focus of the longer-term plan to put us in a more favourable position moving forward, highlighting the importance of recruitment and retention of staff in order to reduce agency spend. The respite reduction from 6 to 3 weeks is considerable and he would like assurance this will be flexible, taking into consideration the knock-on effect to the Independent and Third Sector. David stressed that we need to recognise the timescales, find solutions and move forward.

Lynne Parsons confirmed that she had discussed the paper with the Joint Trade Union Secretary for Fife Council and whilst she is committed to working in partnership, she cannot support the paper as it stands as she is not assured by the current detail of the paper. Lynne read out a joint statement prepared on behalf of the Joint Trade Union Secretaries. To summarise the statement, there were concerns around staff redeployment on a voluntary basis and what the plan

will be if nobody volunteers. Lynne highlighted that Staffside would expect deeper engagement in plans.

Debbie Fyfe noted that a special Local Partnership Forum offered by Fiona McKay to go through the finer details would be welcomed, noting that a respite reduction will impact carers. Debbie questioned the £5m savings for redeployment and queried where this figure came from. Debbie doesn't feel that this has been a partnership approach.

Paul Dundas thanked the Senior Leadership Team and Director for their communications. He noted his concerns within the Independent Sector around loss of staff and the re-recruitment risk should care packages be reduced due to a reduction in income to commissioned services, which would also have an impact on the income of staff involved. Inevitably the large sums noted within the in-year budget could result in redundancies for external commissioned employers. Paul noted that Fife have been successful in the last few years through collaboration to attract and retain staff and there is a risk of losing this successful track record.

Paul also noted the risk to international employees, with any changes to their contracts impacting on their visa eligibility.

Kenny Murphy stated that the paper lacks detail, so it is difficult to be supportive at this stage, noting that funding is reducing in the third sector. Recruitment and retention are also a major issue with job security poor. Kenny highlighted the reduction in volunteering since the pandemic and noted that the Partnership had previously recovered £1m from Third Sector and hopes further savings will be minimised going forward.

John Kemp noted the need to agree the plan in principle with further work on detail due to timescales and feels that the recovery plan needs to be agreed wider with NHS and Local Authority partners.

Morna Fleming highlighted the respite proposals and sought assurance that as partners in care, decisions on reduction are done in collaboration with families. The formation of a Wellbeing Working Group is welcome. Morna requested assurance that Carers Act funded social work assistants are not part of the general social work activity and are ring fenced for a particular job, not absorbed into the general social work workforce.

James Ross highlighted that postponing decision-making today is negligent due to the current financial position.

Rosemary Liewald highlighted her serious concerns with the entirety of the paper, noting that a reduction in care packages being described within the paper as "a deterioration in service" is concerning. Rosemary recognised that respite provision reduction will have a huge impact. Whilst Rosemary recognises the work of Audrey and her team, she has huge concerns with the current proposals.

Dave Alexander questioned what happens if we don't vote today and highlighted that if we don't take difficult decisions today, we will need to take horrendous decisions next year, feeling that partners could have supported more.

Alastair Grant noted that greater risk and impact needs to be assessed as detail is missing, whilst recognising that steps need to be taken towards recovery.

Arlene Wood then summarised the discussions, recognising the pressure the Senior Leadership Team are under in pulling these plans together, whilst noting that the IJB has a responsibility to produce a recovery plan to provide to partners. Whilst Arlene acknowledged the work of the team, noted the pressure and timescales for the team to produce a recovery plan and also that she has trust in the team to make considered, safe recovery plans, she is hearing concerns around risk and collaboration and a general feeling that the Board are not fully supportive of the plan but are supportive of approving the direction of travel in principle, with partnership working and stakeholder involvement forthcoming.

Audrey Valente thanked everyone for their comments and reiterated the need to make difficult decisions, whilst recognising these decisions have impacts. Audrey confirmed that the risk impacts were approved in March, highlighting her concerns around timescales and noting that the longer this goes on, the 2% savings will increase and delivery will be less likely by year end. Audrey recognised that we are not going to balance by end of year and proposed that we write to partners to seek additional funding. Audrey welcomed the formation of a Wellbeing Working Group.

AV

Fiona McKay confirmed that she will take on board everyone's comments and issues raised, confirming a Wellbeing Group will be established to look at further detail not noted in the finance paper. Fiona highlighted the transformation programme but acknowledged this is not enough and keeping people safe is a priority.

FMcK

Recommendation

The Board: -

- Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31 July 2024 as outlined in Appendices 1-4 of the report.

- Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1, detailed plan at Appendix 5.

- Approved the financial monitoring position as at July 2024.

- Requested that Audrey Valente refine the direction before it can be formally approved and issued.

AV

- The recovery plan was approved by Alastair Grant, Dave Dempsey and Sinead Braiden. All other voting members voted against the proposals outlined within the report as they stand, and therefore as the majority did not approve due to concerns, the Board would present modified recommendations today to avoid further delays.

There was a 10-minute adjournment before modified recommendations were proposed by the Chief Officer and Chief Finance Officer, as follows.

Modified recommendations –

- Formally approve the recovery plan in principle as a direction of travel, noting the ongoing work and governance that will follow on to ensure safe and effective delivery of services to the people of Fife, subject to further

	detailed discussion at pace with clinical advisors, staff, Trade Unions and Independent/Third Sector and further impact of assessment undertaken via a Wellbeing Working Group. All voting members agreed, with the exception of Chris McKenna and Lynne Parsons and therefore a majority was reached.		
	• Formally write to partners as per integration scheme 8.2.3 to advise a balanced budget is unlikely to be reached and to seek additional funding. All voting members agreed	**AV**	
	• Agree an extraordinary Finance, Performance and Scrutiny meeting and Extraordinary IJB in October to discuss the single item. All voting members agreed.	**AV**	
	8.3 Performance Report – Executive Summary This report was discussed at the Finance, Performance & Scrutiny Committee on 11 September 2024. Arlene Wood introduced Fiona McKay who presented this report and started by giving her thanks to the IJB who have supported this work. Fiona highlighted the START programme which is working well in the community and meeting targets. It was highlighted that drug and alcohol waiting times are back in line and Fiona thanked addiction services and the Partnership for their support with this. CAMHS & Psychiatry are closely monitored, Fiona confirmed we will continue with enhanced scrutiny and a fuller report on this will be brought forward at the next Finance, Performance & Scrutiny Committee. Fiona McKay discussed nursing and residential concern and noted a large spike in people going into care homes, confirming we are working with the Red Cross to support people at home with overnight care. Arlene Wood invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee who confirmed that the Committee were assured that work is progressing to achieve the agreed outcomes. Rosemary Liewald noted that the KY5 drop in is no longer situated at the Lochgelly Centre, and now at the Maxwell Centre in Cowdenbeath which is apt given the Cowdenbeath figures are the highest across Fife. Fiona McKay highlighted that there is a proposal to open one in Glenrothes. **The Board were assured of the performance and that the full report had been discussed at the Finance, Performance & Scrutiny Committee.**		
9	**GOVERNANCE & OUTCOMES** **9.1 Quality & Communities Committee Revised ToR** This revision was discussed at the Quality & Communities Committee on 5 July 2024, with the Committee content to remit to the IJB for formal approval. Arlene Wood introduced Dr Helen Hellewell who presented this report. Dr Hellewell noted the continued focus on governance arrangements to ensure fit for purpose and highlighted that Diagram 1 will be changed prior to publication to ensure it is in accessible format.	**HH**	

	The Board formally approved the revised ToRs for the Quality & Communities Committee.	
	9.2 Membership Update Arlene Wood introduced Vanessa Salmond who presented this report. Vanessa thanked Arlene for her contribution and highlighted an error in the paper. Sam Steele is standing down from Audit & Assurance and not Finance, Performance & Scrutiny. Vanessa confirmed the paper would be updated. There was much discussion around the proposed amendment of IJB dates going forward, in particular the transition from Fridays to Wednesdays, and the absence of member consultation prior to this paper being brought forward. Vanessa confirmed that time constraints did not allow for prior discussion around dates. Colin Grieve shared concerns regarding NHS Board meetings being the day prior to the IJB. Vanessa explained reporting timescales and that there is little fluidity on dates due to these timescales, but that dates would be reviewed. Arlene Wood stressed to members that delays to papers need to be minimised due to these tight timescales. **The Board:-** • **Noted the member transitions as detailed at paragraph 2.3.** • **Formally recorded thanks and welcomed new members to the Board.** • **Approved (with action to review dates) the revised Board dates to accommodate members availability, noting Board and Development Sessions will be scheduled for a Wednesday.**	**VS** **VS/GR**
	9.3 Professional Assurance Framework This report was discussed at the Quality & Communities Committee on 4 September 2024 and the Local Partnership Forum on 10 September 2024. Arlene Wood introduced Jennifer Rezendes who presented the paper, noting that the paper aims to provide the governance and assurance routes that she is proposing for the delegated Social Work and Social Care pathway. Jennifer advised that in the absence of a national framework this document will provide assurance to the Chief Social Worker on the professional practices, and she will report back into the Governance Committees. Arlene Wood invited Sinead Braiden, Chair of the Quality & Communities Committee to comment on discussions from the Committee, who confirmed that the committee welcomed the report and are looking forward to seeing work progressing. Kenny McCallum, Chair of the Local Partnership Forum was not in attendance to comment on discussions. Arlene Wood congratulated Jennifer Rezendes on an excellent piece of work which she suggests should be published. Rosemary Liewald also commended the paper. Jennifer confirmed that she has shared the paper with other local authorities and Social Work Scotland who may wish to take it forward.	

	The Social Work and Social Care Professional Assurance Report and Framework were approved by the Integration Joint Board.	
	9.4 Scheme of Delegation Update: Resilience & Business Continuity This report relates to one specific action identified within the Fife IJB Resilience and Business Continuity Planning Arrangements Audit Report. The full audit report was previously presented to the Audit and Assurance Committee in May 2024. Arlene Wood introduced Vanessa Salmond who presented this report and highlighted an addition to the Scheme of Delegation to reflect the IJB becoming Category 1 responders and advised that a review of the full scheme of delegation is scheduled for 2025. Dave Dempsey, Chair of the Audit & Assurance Committee confirmed there were no issues raised at the Committee. **The Board formally agreed the proposed amendments to the Scheme of Delegation at Appendix A.**	
10	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** **10.1 IJB/HSCP Resilience Annual Report** This report was discussed at the Quality & Communities Committee on 4 September 2024. Arlene Wood introduced Avril Sweeney who presented the report and highlighted that key points are the duties IJB holds as a Category 1 responder. Avril confirmed the group is led by the Head of Community Care Services. Avril drew the Board's attention to the workplans within appendices and confirmed that an internal audit had been carried out with the report providing a reasonable level of assurance that the IJB are meeting their duties as Category 1 responders. Sinead Braiden, Chair of Quality & Communities confirmed there were no issues raised at the Committee. Arlene Wood commended an excellent paper and welcomed the pro-active approach taken. **Board Members were assured of the significant steps which have been undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.**	
	10.2 Records Management Annual Report This report was discussed at the discussed at the Audit and Assurance Committee on 13 September 2024. Arlene Wood introduced Audrey Valente who presented this report Audrey brought in Avril Sweeney who she acknowledged had carried out much of the work on this report. Avril noted that the report details the original plan agreed in 2019 and the action plan extended to 2024, highlighting that it sets out 14 elements of the plan and	

	assessment criteria. Avril confirmed that all 14 elements of the records management plan have been agreed by the keeper as being green and assurance was given that we will continue to submit annual progress reports. Dave Dempsey, Chair of Audit & Assurance confirmed there were no issues raised at the Committee. **The Board were assured of the current position.**	
	10.3 Equality, Diversity & Inclusion Action Plan This report was discussed at the Quality and Communities Committee on 4 September 2024, the Local Partnership Forum on 10th September 2024, and the Finance, Performance & Scrutiny Committee on 11 September 2024. Arlene Wood introduced Roy Lawrence who presented this report and noted that he recognises the impact of workforce on the pressures in system so highlighted the importance of this work. Roy recognised that this is an ambitious plan and noted that it is driven by core values. Roy highlighted that in partnership with Fife Centre for Equalities 30 internal facilitators have been trained. The appendices provide a brief summary and more documents available on request. Roy acknowledged the work of Louise Radcliffe and her contributions to this paper. Sinead Braiden, Chair of Quality & Communities acknowledged the work and gave her thanks to everyone who had contributed on behalf of the Committee. Kenny McCallum, Chair of the Local Partnership Forum was not in attendance to make comment and Alastair Grant, Chair of Finance, Performance & Scrutiny confirmed there were no issues to raise from the Committee. Lynne Parsons commended Roy Lawrence on the paper. **The IJB endorsed the Action Plan as a positive approach to the Partnership's commitment towards recognising the Equality, Diversity & Inclusion needs of our workforce.**	
	10.4 Primary Care Strategy 2023-26 Year One Report This report was discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024 and the Finance, Performance & Scrutiny Committee on 11 September 2024. Arlene Wood introduced Lisa Cooper who presented the report. Lisa highlighted the vision for a thriving primary care service at the centre of the Health and Social Care system, with 41 actions agreed for year one, with 60% delivered and 40% carried forward into year 2. Lisa highlighted the work to progress the sustainability of 2C practices and a regular calendar of protected learning time. Lisa noted the support provided with dental registrations and highlighted a book which has been published and recognised nationally - "Harry's healthy teeth." Arlene Wood commended what had been achieved in a short space of time and invited the Committee Chairs to comment in turn. Rosemary Liewald commented (in Sinead Braiden, Chair of Quality & Communities' absence) commending the report and supporting its progression to the IJB, confirming her grandson had enjoyed the book. Roy Lawrence, Interim Chair of the Strategic Planning Group	

	recognised the significant progress and challenges in the system and Alastair Grant, Chair of Finance, Performance & Scrutiny recognised the vast amount of work that had gone in to preparing the reports. Chris McKenna gave his thanks to Lisa Cooper, noting that the report demonstrates the effort and that has gone into Primary Care and congratulated the team around the approach to 2C practices. **The Board were assured of 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.**	
11	**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 – 27 June 2024 • Finance, Performance & Scrutiny – 3 July 2024 • Quality & Communities Committee – 5 July 2024 • Local Partnership Forum – 2 July 2024 • Strategic Planning Group – 9 July 2024 Arlene Wood requested that any queries on the above are directed to the Committee Chair due to timescales.	
12	**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 the dates of the next meetings.	

13	**DATE OF NEXT MEETINGs**
	
	   IJB DEVELOPMENT SESSION – WEDNESDAY 30 OCTOBER 2024
	
	   INTEGRATION JOINT BOARD – WEDNESDAY 4 DECEMBER 2024
	
	   Extraordinary meetings of FPS and IJB - dates TBC	

FIFE PARTNERSHIP BOARD

(Meeting on 06 November 2024)

The Fife Partnership Board considered the following substantive items at their meeting:
- Fife Economic Strategy 2023-2030, which was approved
- An update on Leading Economic Recovery
- Plan for Fife, annual review of priorities and ambitions. The annual review highlighted:
  - Fife's unemployment rate is at a record low
  - More people are being paid the minimum wage
  - Fife's claimant rate is higher than the national rate
  - Increasing numbers of children in low-income households

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

6 November, 2024   **10.00 am – 11.10am**

PRESENT:	Councillors David Ross (Convener), Linda Erskine and Craig Walker, Ken Gourlay, Chief Executive, Fife Council, Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health and Alistair Morris, Acting Chair of NHS Fife Board NHS Fife; Lorna Rogvie, DWP Customer Service Leader and Irene Henderson, Department of Work & Pensions; Chief Superintendent Derek McEwan, Police Scotland; Alison Taylor, Place Director, Scottish Government; Lee Turnock, Area Commander, Scottish Fire & Rescue Service; Kenny Murphy, Chief Executive, Fife Voluntary Action, Jim Metcalfe, Principal and Chief Executive, Fife College and Beth Harley-Jepson, Project Officer, SESTran.
ATTENDING:	Morag Millar, Service Manager - Place Programmes & Policies, Pamela Stevenson, Service Manager - Economic Development, Business and Employability Services; Alan Paul, Head of Property Services, Property Services; Sinead O'Donnell, Policy and Delivery Manager, Communities and Neighbourhoods Service and Michelle Hyslop, Committee Officer, Committee Services, Legal and Democratic Services.
ALSO ATTENDING:	Lindsey Alexander, Head of Public Affairs and Niall Scott, Vice-Principal Communications, St Andrews University.
APOLOGIES FOR ABSENCE:	Lesley Caldwell, Senior Community Engagement and Social Responsibility Manager, St-Andrews University and Patricia Kilpatrick, Chair of NHS Fife Board, NHS Fife.

65.   MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 6 August 2024.

Decision

The Board agreed to approve the minute.

66.   FIFE ECONOMIC STRATEGY 2023-2030 & LEADING ECONOMIC RECOVERY UPDATE

The Board considered a report by the Executive Director - Place asking partners to consider and approve the Plan4Fife priority of Leading Economic Recovery and the report provided an update on the progress in delivering Fife's Economic Strategy 2023-2030.

Decision

The Board: -

(1)   considered the update on the Leading Economic Recovery and agreed to approve the Fife Economic Strategy 2023-2030;

(2)   agreed that a short life working group would be set up to look at progressing discussions on leading economic recovery; and

(3)   agreed that an update report on the progress of the working group would be brought back for consideration in approximately 6 months' time.

67.   PLAN FOR FIFE – ANNUAL REVIEW OF PRIORITIES AND AMBITIONS 2023/24

The Board considered a report by the Executive Director – Communities, providing partners with a high-level review of progress against the Plan for Fife priorities and ambitions for the 2023/2024 reporting period.

Decision

The Board: -

(1)   considered the progress and challenges detailed in the final report which covered the 2021-2024 Recovery and Renewal Plan;

(2)   noted that the extension of reporting would include online case studies to help demonstrate partnership progress and action; and

(3)   considered the issues arising from this assessment and noted that the Board may want to explore this further in 2025.

68.   COMMUNITY PLANNING IMPROVEMENT BOARD

The Board considered a report by the Executive Director - Communities providing partners with information on the national Community Planning Improvement Board (CPIB).

Decision

The Board: -

(1)   considered further engagement with the Community Planning Improvement Board;

(2)   noted that communications from the Community Planning Improvement Board would be routinely shared with Fife Partnership Board members; and

(3)   endorsed the aspirations and principles set out in the report guidance on Fair Funding for the Voluntary Sector.

69.   DATE OF NEXT MEETING

<u>**Decision**</u>

The next Fife Partnership Board meeting would take place on 4 February 2025.

Fife NHS Board

Confirmed

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

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 1 NOVEMBER 2024 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie Macdonald, Non-Executive Whistleblowing Champion
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
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
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Margo McGurk, Director of Finance & Strategy
Fiona McKay, Interim Director of Health & Social Care
Benjamin Morrison, Interim Area Partnership Forum Representative *(deputising for Lynne Parsons)*
Nicola Robertson, Director of Nursing, Corporate
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Amanda Wong, Director of Allied Health Professionals
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The 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 Colin Grieve (Non-Executive Member), Lynne Parsons (Interim Area Partnership Forum Representative) and Joy Tomlinson (Director of Public Health), and routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Susan Fraser (Associate Director of Planning & Performance) and Neil McCormick (Director of Property & Asset Management).

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of Previous Meeting – Friday 6 September 2024**

The Committee **agreed** the minutes of the previous meeting, which were **approved** by Jo Bennet, Non-Executive Member, and **seconded** by Anne Haston, Non-Executive Member.

4. **Chair's Assurance Report Presented to Fife NHS Board on 25 September 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 also the closed items on the Action List.

There were two outstanding actions, and it was agreed that the Care Opinion Report will be circulated to the Committee via email. Confirmation was provided that the cluster review detail will be provided within the next iteration of the Integrated Performance & Quality Report. The action list will be updated accordingly.

There were no matters arising.

6. **ACTIVE OR EMERGING ISSUES**

6.1 **East Region Neonatal Services Update**

Aileen Lawrie, as Director of Midwifery, provided an update and explained the new model of neonatal care for Scotland. Discussion took place, and it was advised that the East Region model has been in place as a pathway within NHS Fife since 2019, and that disruptions to parents and patients has been minimal. An overview was provided on the main points from the recent Scottish Government commissioned report on the Demand and Capacity Modelling of NICU Services, published in May 2024. The demand and capacity modelling exercise were undertaken by RSM UK Consulting LLP. The Committee were advised on the concerns locally in terms of the accuracy of the data within the report, the demand capacity modelling implications for NHS Fife neonatal services relating to service provision across the levels of neonatal care, workforce and associated risks. It was also noted that issues around increased poverty, and deprivation within our population and complexity of care, had not been factored into the modelling assumptions.

Concern was raised regarding the process to provide feedback on the modelling report and to verify data in advance of the RSM report being submitted to the Scottish Government earlier this year. Since that time, further discussion has taken place through the East Region NICU Network Redesign Planning & Delivery Group on the report's recommendations; including an outline of the concerns on the modelling assumptions and impact for NHS Fife. There is now recognition that further strategic planning work is required to be carried out within NHS Fife to enable a safe, effective and efficient level of capacity and establishment level. Clarity was provided that an

implementation plan is currently in draft for the East Region and will be submitted to the Scottish Government, following this further work in Fife and within NHS Lothian.

Unintended consequences in relation to the medical and nursing & midwifery workforce, and the impact on our ability to deliver a wider neonatal intensive care facility within Fife, was discussed.

It was reported that, nationally, a group of Directors of Midwifery have voiced concerns to the Chief Midwife for Scotland and the Royal College of Midwives, in relation to neonatology, and that is does not form part of every Director of Midwifery portfolio. It was noted that a reduction in totality of neonatal capacity across Scotland is a concern, and that further work is required from an NHS Fife perspective to ensure that our evidence base is robust, and that potential risks are identified. A request was made for the timeline for implementation of the proposed modelling to be made known, and it was advised that the next meeting of the East Region NICU Network Redesign Planning & Delivery Group is scheduled for December 2024.

The Chief Executive acknowledged the currently strong working relationships between NHS Fife and NHS Lothian neonatology teams, and noted that she had recently taken on the Chair of the East Region NICU Network Redesign Planning & Delivery Group. It was also highlighted that the redesign of neonatal services remains a Scottish Government priority and the RSM report had received oversight by the Cabinet Secretary.

The Committee acknowledged the concerns around the RSM modelling and agreed with the recommendation that the current approach is to be held until further work has been carried out with the East Region NICU Network Redesign Planning & Delivery Group. It was agreed to escalate this item to the NHS Fife Board, via the Committee minutes, with an update to be provided at a later date, once a more detailed plan is available.

The Committee noted that there was no assurance locally regarding the RSM modelling recommendations and the significant risks should this model be implemented. The Committee **discussed** and **agreed** the recommendation that NHS Fife should maintain the status quo in terms of current capacity and cot designation, until further modelling work and ongoing discussions with the East Region NICU Network Redesign Planning & Delivery Group were complete.

6.2   Orthopaedic Hip Fracture Audit

The Deputy Medical Director, for Acute Services, presented the paper and highlighted that NHS Fife has been notified as an outlier against the Scottish mean figure, for the fifth consecutive year, for length of time to theatre for patients presenting an orthopaedic hip fracture. An overview was provided on progress of the key performance indicators, which are used by the Scottish Hip Fracture Audit (SHFA) Steering Group.

It was reported that an extensive review was carried out on the trauma pathways within NHS Fife, and that the recommendations from that review are being worked through to improve theatre efficiency and access to emergency trauma theatre capacity. It was further reported that job planning and working practice within the Orthopaedic Team is being reviewed, including a streamline of processes, to enable

efficiency within the theatres, and that the establishment of a Theatre Utilisation Group will take forward exploring additional capacity within the system. Work is also still to be undertaken to address the workforce gap within the theatre service. It was noted that there will be challenges in relation to compromises within system.

Discussion took place, and members raised concern that orthopaedic trauma is not having the same prioritisation as other emergency admissions and they did not accept that position. A request was made for timeframes around improvements to be made. Members requested the detail of the outcomes from the PHS visit held on 4 November 2024. A further request was made for the average wait time regarding patients for theatre relating to theatre capacity. Concerns was raised relating to equity, specifically that hip fracture is higher in the 50 years plus age group and highest in the 70-89 years age group. Further detail was requested in relation to a delay past 48 hours, increasing mortality by 32%. It was agreed that a paper be brought back to the next Committee to address these points, and to include an action plan and timeframes.

Discussion took place on clinical concerns and the impact on patient flow, and it was advised that active work is ongoing to improve the position, including learnings from other NHS Health Boards' orthopaedic trauma sites. Clarity was provided that elective and trauma are two parallel systems, and the benefits to maintaining elective programmes, as far as possible, was outlined.

The Committee took a **"moderate" level of assurance** from the work that is underway to address the issue, and **noted** the following actions that are being taken forward to improve access to trauma theatre for patients in Fife:

1.   Completion of the orthopaedic trauma review process and development of an improvement plan;
2.   Work to improve theatre utilisation both within trauma and more generally;
3.   Movement of elective surgery to the Queen Margaret Hospital site; and
4.   Completion of job planning to ensure consultant availability.

7.   GOVERNANCE MATTERS

7.1   Clinical Governance Oversight Group Assurance Summary from 22 October 2024 Meeting

The Associate Director of Quality & Clinical Governance advised that the summary provided articulates the escalations from the Clinical Governance Oversight Group to the Committee. It was highlighted that the meeting on 22 October 2024 included new members, with representation from Digital & Information, General Managers from both NHS Fife and the Health & Social Care Partnership, and Medical Education.

In terms of the Mental Welfare Commission Investigation mentioned within the report, it was reported that this case was not an NHS Fife case, but that the learnings are being shared across the organisation through the Organisational Learning Group. It was also reported that the action plans and reports from the Mental Welfare Commission are provided to the Senior Leadership Teams through HSCP Quality Matters Assurance Group and the Integrated Joint Board Clinical & Care Governance Committee, and discussions are underway on providing the information more widely from the Health & Social Care Partnership.

Assurance was provided that the strengthening of delegation within the Clinical Governance Strategy will be clearly articulated within the refreshed version.

Assurance was also provided that there is no immediate impact on deteriorating patients in relation to the NHS Fife Welch Allyn Project.

It was reported that a safe delivery of care inspection will commence in mental health services before the year-end, and that maternity services will follow from January 2025, albeit the inspection in that service will be unannounced.

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

7.2   Corporate Risks Aligned to Clinical Governance Committee, including update on Clinical Optimal Outcomes

The Associate Director of Quality & Clinical Governance provided an update on the current position for corporate risks and advised that there are now 20 risks, with four corporate risks aligned to the Committee. Confirmation was given that the off-site sterilisation risk has now been removed from the corporate risk register. It was reported that the mitigations for the majority of the risks have been updated and that there is no change or movement to the ratings. In terms of the optimal clinical outcomes risk, it was advised that work continues to review this risk, and it is anticipated that this will be presented at the January 2025 Committee meeting.

It was reported that, in terms of the cancer waiting times risk, the prostate cancer pathway remains the most challenging in terms of waiting times, and that work is being taken forward to review and revigorate that pathway, including linking in with NHS Lanarkshire, who have carried out improvement work in this area, with positive impact on their waiting times.

It was explained that the single point of contact within the cancer field has been very successful.

In terms of cancer waiting times funding, it was reported that this is now on a recurring basis, which is positive, and that bids have been submitted for non-recurring funding.

Members raised concerns around the length of time to revise the optimal clinical outcomes risk and to ensuring that risks relating to safety and quality of care were articulated and managed. Assurance was provided that the detail will be provided at the next Committee meeting.

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

7.3   Delivery of Annual Workplan 2024/25

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

8.   STRATEGY / PLANNING

8.1   Annual Delivery Plan 2024/25 Quarter 2 Report

The Director of Finance & Strategy presented the report and highlighted the key metrics, noting that there are 87 deliverables aligned to the strategic priority 'Improve the Quality of Health and Care Services'. It was noted that 10 deliverables, which were previously on track, have now moved to the 'at risk' category. These include the development of the community rehab care across the system, which has currently been paused to ensure appropriate alignment across services, and the creation of the same day emergency care facility within Acute Services. It was also reported that two deliverables have been completed since the previous report, and the deliverable in relation to the development of the specialist outpatient gynaecology unit is unlikely to be completed due to the unavailability of capital funding.

The Director of Finance & Strategy agreed to include in the next iteration of the report comparable data when visually presenting the position of the deliverables.

Assurance was provided that clinical risks for those areas that are assessed as red (i.e., unlikely to complete on time/meet target) are captured within local risk registers and escalated as appropriate.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the ADP Q2 return for formal approval at the NHS Fife Board and for submission to Scottish Government.

8.2 **Clinical Governance & Strategic Framework Delivery Plan Mid-Year Review 2024/25**

The Associate Director of Quality & Clinical Governance advised that the report highlights the high-level status on the 11 workstreams within the delivery plan for 2024/25. It was noted that a RAG status and tracking is still to be added to the plan.

The key points from the annual plan were highlighted, and it was reported that a focus for the Organisational Learning Group Workstream is taking forward learnings from clinical collaborations, and that the Lead for Adverse Events has carried out significant work in relation to staff support for adverse events, which has been endorsed by the Clinical Governance Oversight Group. Consideration for rolling out this work across the division is being currently underway.

It was advised that the Deteriorating Patients Improvement Programme workstream are meeting on a fortnightly basis and are finalising the details of the improvement plan for 2025. It was noted that the improvement plan will go through the various governance routes, including this Committee, in due course.

A focus on preventability and improvement was reported for the Human Factors Workstream, and it was advised that a national safety learning review course will be delivered locally, in due course, once NHS Fife volunteers have been selected for participating in the training.

In relation to the Duty of Candour Review Workstream, it was reported that further work is required to refine the process in view of adverse events improvements.

It was reported that a robust governance structure is the focus for the Policies & Procedures Workstream, and that a framework has been developed and is out for consultation.

The Medicines Safety Programmes Workstream have been progressing work in that space, and it was advised that the focus is on learning preventability and improvement.

In terms of the Datix Replacement Workstream, it was advised that a national tender has identified a preferred system, InPhase, and that discussions are currently ongoing about the timeframes for adopting this.

A move to National Early Warning Score (NEWS2) is expected in early 2025, and it was noted that this work aligns closely with the deteriorating patient improvement work.

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

8.3   Cancer Strategic Framework & Delivery Plan Update

The Associate Director for Risk & Professional Standards advised that the Cancer Strategic Framework aligns with the National Cancer Recovery Plan and the Cancer Strategy for Scotland 2023-30, and that it will remain contemporary and reflect strategic changes, both locally and nationally.

It was reported that the key achievements, as detailed within the paper, are reviewed on an annual basis, along with a review of actions and objectives. It was advised that eight commitments have been identified, which are supported by key priorities, and are expected to be achieved by 2025. It was advised that a refresh of the cancer framework will be undertaken to extend the framework beyond 2025.

It was confirmed that scan clinical audits are discussed at the Cancer Strategy Group, with attendance from the lead clinician, and that any actions are then incorporated into the strategy delivery plan.

It was advised that integrating health promotions into clinical pathways is carried out, however, more work is required in this area. It was also noted that a project is currently underway to promote healthy lifestyles.

The Chair requested further detail around the research and workforce aspects, which are challenging.

It was noted that a RAG status will be added to the plan to monitor progress.

The Committee **noted** the achievements from the Cancer Framework to date and took a **"moderate" level of assurance**.

9.   QUALITY / PERFORMANCE

9.1   Integrated Performance & Quality Report – August 2024

The Director of Nursing provided an update on the key points from the report.

It was advised that there were 44 major or extreme events in the reporting period. In relation to the inpatient falls and inpatient falls with harm, it was reported that the targets have been achieved for two consecutive months, and an overview was provided on the improvement work that has been undertaken. 37 pressure ulcers were reported for the month, which is an improvement on the previous reporting period, but is still below the target; an overview was provided on the work that is ongoing to improve the position. It was reported that the Tissue Viability Group has been reestablished and are taking forward seven standards within the change package through three short-life working groups. An update was also provided on healthcare associated infections, with it being noted that the position for CDI is reduced, the e coli bacteraemia rate increased, and the SAB rate was zero.

The Interim Director of Health & Social Care provided an update on the mental health indicators and highlighted that significant work is being undertaken through the Ligature Operational Group, to explore taking forward changes in mental health to support the work to reduce the number of ligatures and incidents of self-harm. It was explained that there is no concentrated work currently being taken forward for self-harm. It was also noted that the Reducing Restrictive Practice Group has moved to a new focus around seclusion.

The Chair requested that narrative be added to the mental health quality indicators that are outwith their statistical process control limits, without breaching confidentiality to individuals. A request was also made to include detail in relation to the most common incidents in mental health, namely unwanted behaviours, violence and aggression, and how that links to restrictive practice and the less restrictive practice work.

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

The Committee also **endorsed** the Quality and Care section of the IPQR.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and advised that surgical site surveillance continues to be suspended, and that no date has been identified for reestablishing the national surveillance programme. It was also advised that there were no new inspections within the reporting period. In terms of the national cleaning service specification and estates monitoring, both remain at green status. No ward closures due to influenza were reported, however there were three new ward or bay closures due to norovirus, and five new outbreak instances for Covid-19.

Assurance was provided that there were no safety restrictions for the CPE (Carbapenemase Producing Enterobacteriaceae) CRA (Critical Risk Assessment) 20% non-compliance failure, due to the delay in the information being added to the Patient Trak system.

Anne Haston, Non-Executive Member, expressed thanks to Anne Henderson, Quality Assurance Manager, for allowing her to attend an audit walkaround, which provided a high level of assurance on how the data is collected for the estates monitoring audits.

The Committee took a **"moderate" level of assurance**.

9.3   Rapid Cancer Diagnostics Services Update

The Medical Director provided an update and reported that development of the rapid cancer services has been a priority within NHS Fife and that success of the model has been evidenced over time. It was noted that highlights of the service include low 'did not attend' rates, pick up rate of cancer and positive feedback from patients.

It was reported that assurance is provided through the key findings from the University of Strathclyde's evaluation of the NHS Scotland Rapid Cancer Diagnosis Service pilots, which highlighted that the service has been highly cost effective. Furthermore, there has been a reduction in patients going into other consultant-led pathways, which are more expensive. It was noted that there is concern on funding the services from March 2025, which is being discussed through the Cancer Strategic Group.

The mental health and emotional benefits for patients were highlighted, and the levels of trust between the various pathways was commended. The findings from the impact on deprivation, which is focussing on health inequalities through the Population Health & Wellbeing Strategy, was welcomed. It was reported that deprivation index data is being collated for the Rapid Cancer Diagnostics Services, with a view to carrying out targeted preventative work.

Sharing learnings and benefits with other pathways was highlighted, and it was advised that a paper on single point of contact will be presented to the Committee at the January 2025 meeting. A request was made to liaise with the link workers from the Health & Social Care Partnership's 'Improving the Cancer Journey' team.

Members commended the report and the evaluation undertaken.

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

9.4   Adverse Events Improvement Plan Update

The Medical Director advised that the clinical teams have been instrumental in working together to refine our adverse events process, for consistency in decision making, and to bring it in line with the trigger list that has been developed by Health Improvement Scotland (HIS). This includes the reporting of cardiac arrest, and the process was explained, with it being noted that the new process has initiated other areas of work, to stay in line with the HIS matrix, which are detailed within the appendix of the paper. The process for commissioning adverse events was outlined, and it was advised that cluster reviews and complex care reviews will also be carried out going forward. An overview was also provided on the triage process. It was noted that there is an action plan aligned to the delivery plan.

Clarity was provided that all patient deaths whether detained under the Mental Health Act or not, both in the community or in hospital, are classified as extreme. Consideration to adding prone restraint to the mental health specific triggers was requested.

The Associate Director of Quality & Clinical Governance reported that the ethos of the approach is around creating structures and governance to allow learning in a multi

professional and collaborative way and replicating the model across other areas within the system.

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

10. DIGITAL / INFORMATION

10.1 Briefing on the NHS Dumfries and Galloway Cyber Incident

The Director of Digital & Information highlighted the timeline of activities in response to the NHS Dumfries & Galloway cyber incident, noting that the communication issue has been reported to the Scottish Government. Assurance was provided that actions were taken forward on the same day as NHS Fife were made aware of the incident, including the continued approach to communication, education and awareness for staff. It was noted that a focus is ensuring that current systems remain reliable and secure.

The Committee took a **"moderate" level of assurance** from the actions outlined in the paper.

10.2 Briefing Paper for Digital Strategic Framework Timeline Update

The Director of Digital & Information reported that the Digital Strategy Framework is aligned to the Population Health & Wellbeing Strategy, and that a key component is the learnings associated with the previous strategy period, in terms of modernising the patient journey, joined up care information, informatics technology, infrastructure, workforce and business systems. It was noted that new emerging requirements are included within the framework, equating to circa 70 additional deliverables, with 71% of those having made progress.

The continued investment in the patient hub, to maximise capacity, was highlighted, and it was advised that this will be leveraged within the new framework.

In terms of the risk management approach, it was advised that there is a reliance on national funding around both capital and revenue within the digital workspace.

It was reported that the delivery model for the ambitions that have not been met, and have been carried forward, particularly around patient safety and person centred care is at a national level, and an overview was provided on the work being carried out at a local level.

The Committee took a **"moderate" level of assurance** over the delivery of the Digital Strategy 2019-2024, which provides an outline and timeline associated with the development of the Digital Strategic Framework 2025-2028.

11. PROFESSIONAL STANDARDS

11.1 Medical and Dental Professional Standards Oversight Group Update

The Medical Director advised that the update articulates the activity of the Medical and Dental Professionals Standards Oversight Group. It was confirmed that the group

is newly established, replacing the previous Appraisal & Validation Group, and now has a wider remit to include other areas.

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

12. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

12.1 Patient Story

The Director of Nursing provided a brief overview of the patient story around the autism assessment pathway, and the slides were agreed to be shared with the Committee by circulation after the meeting for further detail.

12.2 Patient Experience & Feedback

The Director of Nursing reported that a new single point of contact is now in place, and that the service has provided a streamlined complaint handling process across the whole system. It was advised that work is underway to prevent as far as possible, stage one complaints escalating to a stage two. It was further advised that the statement memo has been replaced by a factual account template, which allows for more succinct information. It was noted that the timeline for triangulation of information from various sources is not yet confirmed, due to ongoing work being carried out in this area, including establishing a lived experience group.

An overview was provided on performance, as described within the appendices of the report. It was noted that information on complaints to the Scottish Public Services Ombudsman, and a performance flashcard, have been included within the appendices.

In terms of Care Opinion, it was reported that NHS Fife is one of the best performing NHS Scotland Health Boards. It was noted that volunteers are being recruited to capture patient feedback throughout the hospital areas. It was agreed that the Care Opinion patient stories be shared with the Committee.

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

13. ANNUAL REPORTS / OTHER REPORTS

13.1 Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24

The Medical Director reported no significant changes within the report.

The Committee took a **"moderate" level of assurance** that HSMR is monitored as a key quality performance indicator. The Committee also took a **"moderate" level of assurance** that the HSMR for NHS Fife remains within limits.

13.2 Medical Appraisal and Revalidation Annual Report 2023/24

The Medical Director advised that the report provides a positive reflection on the close oversight within the teams, in terms of the diligent approach to medical appraisal and revalidation. It was explained that the addition of detail around a deferral for a revalidation has been added to the report, albeit this is a rare occurrence.

The process for revalidating long-term locums was explained, with it being noted that each agency has a delegated responsible officer, and that tight controls are in place.

The Committee took a **"significant" level of assurance** from the report.

13.3   Medicine Safety Review and Improvement Report 2023/24

The Acting Director of Pharmacy & Medicines advised that the report highlights the multidisciplinary work that has been carried out in this area, which is led through the Medicine Safety Policy Group. It was noted that a robust approach has led to a relatively low level of harm, from the large amounts of medicines which are prescribed and administered throughout Fife.

An explanation was provided on the dispensing error log and assurance was provided that this is an area which is scrutinised on a daily basis, with any incidents encouraged to be recorded. It was noted that as a result of these incidents, actions are put in place. Assurance was provided that teams are working hard across all areas to develop a safety culture.

Confirmation was provided that targeted work is being carried out in relation to administering the high pain medicine, oxycodone.

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

13.4   Prevention & Control of Infection Annual Report 2023

The Director of Nursing highlighted the challenges in relation to workforce and advised that the vacancy for an Antimicrobial Therapy Pharmacist has now been filled. It was also advised that a Local Integrated Service Delivery Plan has been developed, which forms part of the Infection Control Workforce Strategy.

The Director of Nursing acknowledged all the hard work of the Infection Control Team and thanked them for their efforts in this area.

The Committee took a **"moderate" 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 Medical Committee held on 13 August 2024 (unconfirmed)

11.2   Cancer Governance & Strategy Group held on 15 August 2024 (unconfirmed)

11.3   Digital & Information Board held on 23 July 2024 (unconfirmed)

11.4   Fife Area Drugs & Therapeutic Committee held on 21 August 2024 (unconfirmed)

11.5   Health & Safety Subcommittee held on 6 September 2024 (unconfirmed)

11.6   Information Governance & Security Steering Group held on 17 July 2024 (confirmed)

11.7   Medical Devices Group held on 11 September 2024 (unconfirmed)

11.8   Medical and Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

11.9   Infection Control Committee held on 1 October 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 26 NOVEMBER 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 17 January 2025 from 10am – 1pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 12 NOVEMBER 2024 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Director (Chair)
Jo Bennett, Non-Executive Member
Sinead Braiden, Non-Executive Director
Chris McKenna, Medical Director
John Kemp, Non-Executive Director
Alistair Grant, Non-Executive Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Kevin Booth, Head of Financial Services and Procurement *(item 8.5 only)*
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy and Medicines
Lynne Garvey, Director of Health and Social Care
Alistair Graham, Director of Digital and Information
Ben Hannan, Director of Reform and Transformation
Patricia Kilpatrick, NHS Fife Chairperson
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary
Neil McCormick, Director of Property and Asset Management

Minute prepared by Kerrie Donald, Executive Assistant to the Director of Finance and Strategy (from recording).

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Lynne Garvey, Director of Health and Social Care, who is now a regular attendee in her new role.

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 member Aileen Lawrie (Non-Executive Member / Area Clinical Forum Representative), and routine attendees Susan Fraser (Associate Director of Planning and Performance) and Maxine Michie (Deputy Director of Finance).

2. **Declaration of Members' Interests**

There were no members' interests to declare.

3. **Minute of Previous Meeting held on 10 September 2024**

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

4. **Chair's Assurance Report Presented to NHS Fife Board on 25 September 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 action plan will be updated accordingly.

5.1 **Bed Modelling: Clinical & Financial Implications and Consultancy Work Update**

The Director of Reform and Transformation spoke to the paper which provided an update on work commissioned with Buchan and Associates on whole system bed modelling and detailed some of the assumptions used. He highlighted that the key benefit from utilisation of this tool will be to inform the plan for future changes across the health and social care system. The Director of Reform and Transformation advised that work was progressing well to conclude this iteration of the model which is due to be received in the next few weeks.

The Director of Property and Asset Management offered thanks to all the clinical and directorate teams that have been involved in the exercise.

In responding to comments, the Director of Reform and Transformation confirmed that the scenarios being modelled did not consider workforce plans and would therefore need to be aligned with the wider workforce planning assumptions work being undertaken.

The Committee praised the work undertaken to date, thanking all those involved and took a **significant level of assurance** regarding the progress in development and delivery of this important planning tool.

6. **GOVERNANCE MATTERS**

6.1 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance and Strategy presented the corporate risk paper and provided a further update in relation to the risk around Delivery of a Balanced In-Year Financial Position (risk 13). It was advised that the Integration Joint Board (IJB) had now approved a Recovery Plan and all associated actions are underway to try and reduce the forecast deficit position in-year. It was however advised that the IJB forecast position has deteriorated further and will be discussed at the IJB Finance and Scrutiny Committee.

The Director of Finance and Strategy updated members on the work to complete a refreshed risk appetite for the Board noting that a proposal will be presented to the November meeting of NHS Fife Board for consideration.

Questions from Non-Executive members were asked about Whole System Capacity (risk 6) and Access to Outpatients, Diagnostics and Treatment Services (risk 7). In relation to risk 6, the Medical Director highlighted that consideration was being given to refreshing these risk descriptions to focus more on quality and safety and ensure that the impact on outcomes for patients is also captured in relation to performance.

The Committee took a **moderate level of assurance** (with the exception of the financial position which provides a **limited level of assurance**) that all actions within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6.2 Delivery of Annual Workplan 2024/25

The Director of Finance and Strategy advised that the draft financial plan for 2025/26 will be added to the workplan for both the January 2025 and March meetings 2025.

The Director of Finance and Strategy provided a brief overview of some of the initial assumptions around financial planning for 2025/26, noting that the budget announcement in December 2024 would be critical to the financial plan assessment for the next financial year.

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan (ADP) 2024/25 Quarter 2 Update

The Director of Finance and Strategy reported that there are 60 deliverables relevant to the committee; 2 have been completed, 40 are on track for full delivery, 12 are at risk and 6 are unlikely to deliver in this financial year. Details of the deliverables that are "unlikely to complete on time/meet target" are set out on page 3 of the report.

Detailed discussion took place around business transformation where members expressed concern in relation to the pace of progress being made. The Director of Digital and Information outlined a number of bridging actions that have been put in place, including a 13 week recruitment pause mainly in relation to the administrative job family where there is evidence it is safe to do so and also a review of fixed term posts to understand what the exit strategy is for those posts. In terms of other actions, a change of approach has been agreed in relation to business administration element to focus on 3 areas around health record management, wider administration and corporate governance support arrangements and opportunities across the health and care system. It was noted that the Staff Governance Committee had escalated this issue, and a progress update will be provided at the NHS Fife Board in November.

The Chief Executive acknowledged that progress in this area had been slower than expected, but considerable preparatory work has been undertaken with a reduction in whole-time equivalent posts in this job family over the last six months. The Chief Executive also recognised the professional functions carried out by staff in these roles.

Assurance was provided that progress is being made and the executive team is committed to being bold in its ambition in relation to this which will work.

Following a query from the NHS Fife Chairperson, the challenges around delivering public dental service were discussed. The Director of Public Health referred to a recent Public Health and Wellbeing Committee development session held on 18 October 2024 which highlighted the key challenges and work ongoing in Fife, and it was agreed that the link to the recording would be shared with members.

Action: Board Secretary

A specific action within the Annual Delivery Plan regarding the importance of collaborative engagement with the Scottish Government and dental body corporates to look ofr opportunities to improve the position across the country was raised. Following discussion, it was agreed that the NHS Fife Chairperson and the Chief Executive would reflect on raising this issue with the Scottish Government highlighting concerns around NHS dentistry provision in Fife.

Action: Chair and Chief Executive

Members discussed the presentation of the ADP report and specifically how it triangulates and aligns with the IPQR and the Corporate Risk Register. The Chief Executive and the Director of Finance & Strategy undertook to consider this more fully with the Executive Team and report back to a future meeting.

The Committee took a **moderate level of assurance** from the report and **endorsed** the ADP Q2 return for formal approval at the Board and for submission to Scottish Government.

7.2 Control of Entry Pharmaceutical List (Primary Care Team)

The Director of Health and Social Care provided an overview paper noting the current position in relation to the progress of NHS Fife's recovery plan to support the process of applications for new pharmacy contracts across Fife.

The Acting Director of Pharmacy and Medicines advised that the Pharmaceutical Care Services Plan was discussed at the Public Health and Wellbeing Committee and confirmed that having gone through the process to look at the provision of pharmaceutical care services, it had been assessed there is no unmet need for pharmaceutical services in Fife at this time. Thanks were offered to team for the tremendous work undertaken to progress the recovery plan, noting it had been a very challenging process but recognising the progress made to work through the applications.

The Committee took a **moderate level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Chief Executive highlighted the challenges NHS Fife are facing noting the elective programme has been impacted this week due to a very full hospital resulting in the

Director of Acute Services and Director of Nursing not being available to attend the full Committee today.

Following a query regarding benchmarking against other NHS Boards, the Director of Health and Social Care advised targets are defined locally and performance is regularly benchmarked against other health boards. It was highlighted given the current pressures faced by NHS Fife, local targets will require to be reviewed.

The Director or Health and Social Care provided an update on the Health and Social Care Partnership highlighting NHS Fife have the highest uptake in Scotland for Covid immunisations for over 75s (67%) and flu (69.3%). Mental health readmissions continue to perform below the national average, when benchmarked against other Boards. Drug and alcohol waiting times performance is at 94.5% which meets the standard. The CAMHS referral to treatment target has been maintained and achieved above 90% for the second consecutive month. Work has also been undertaken within smoking sensation to try and improve performance.

The Medical Director provided an update on cancer waiting times noting pressures remain ongoing in relation to the 62 day target and that pathways are being reviewed through consideration of other Board's improvement activity in this area.

The Committee took a **moderate level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

8.2 Proposed Allocation of NRAC 2024/25

The Director of Finance and Strategy introduced the report and the assessment process used to prepare the proposed recommendation with the paper. The paper proposed the level of resource allocated on a recurring basis should be £4.7m which would allow a protected £2.5m for investment as part of the 2025/26 financial planning process.

The NHS Board Chair commented positively on the approach outlined in relation to the assessment process and indicated her support for the proposed allocation as set out in the paper.

The Committee **noted** the recurring cost pressures set out in the report; **considered** the methodology used to assess the allocation of funding to support these pressures; **discussed** the proposed allocation of funding set out in table 2; **noted** the delegated authority of the Chief Executive to approve individual expenditure commitments up to £2m; and **endorsed** the proposed allocation of funding for 2024/25 and 2025/26.

8.3 Financial Performance Report

The Director of Finance and Strategy presented the report nothing that while the run-rate overspend position has improved since July and August, the position must improve further and must also deliver the 3% RTP savings by the end of financial year.

The Director of Finance and Strategy further noted since the paper was submitted, the IJB recovery plan was approved by the IJB however this still leaves a gap of c£8m in the IJB position if the recovery plan of £13.5m is delivered in full. In addition, the Director

of Finance and Strategy advised that the IJB forecast position has deteriorated from the £21.5m overspend reported in this report to £27m.

The Director of Health and Social Care highlighted that the recent deterioration in the position reflects increased costs in relation to GP prescribing and social care package commissioning. The key reasons for the increase in these areas was discussed and the Committee noted the further actions and reviews underway within the partnership to mitigate this where possible. The Director of Health and Social Care also advised members that there has been a significant reduction in banking agency staff which has been a huge improvement for the partnership.

The Chair recognised the efforts of all staff to manage the deteriorating financial position whilst continuing to provide safe service levels and the level of challenge this presents.

Following a query from J Kemp, Non-Executive Director, the Director of Finance and Strategy noted that full delivery of the recovery plan will be hugely challenging. The Director of Health and Social Care reminded members, even with the recovery plan, a minimum overspend of £8m was predicted.

Extensive discussion took place regarding potential opportunities to create additional savings across the health and care system. The Chief Executive highlighted that work is progressing to move towards a single focused plan to support transformation across the entire heath care system to drive maximum value across services. Following a query, the Employee Director noted conversations are also ongoing with staff side and with the Director of Health and Social Care to support this work.

The Director of Finance and Strategy highlighted while there has been a significant focus on the IJB financial position today, it should also be noted there is a similar level of financial challenge to be managed within our Acute Service where the forecast year-end overspend is £20m.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

8.4 Labs Managed Service Contract Performance Report

The Director of Acute Services presented the report.

The Committee took a **significant level of assurance** from the paper.

8.5 Procurement Key Performance Indicators

The Head of Financial Services and Procurement joined the meeting and advised that the report continues to demonstrate improvements within our procurement function.

The Committee took a **significant level of assurance** from the paper.

8.6 Reform, Transform, Perform (RTP) Performance Report November 2024

The Director of Reform and Transformation highlighted the key points from the report noting the assurance levels remain as previously discussed.

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

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes.

9.1 Fife Capital Investment Group held on 2 October 2024 (unconfirmed)

9.2 IJB Finance, Performance and Scrutiny Committee held on 11 September 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

Following discussion, it was agreed the Bed Modelling work and how this links to transformation should be highlighted to NHS Fife Board

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 NOVEMBER 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.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting; Tuesday 14 January 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 11 NOVEMBER 2024 AT 10AM VIA MS TEAMS

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

In Attendance:
Pat Kilpatrick, Board Chair
Suzy Cooke, Public Health Registrar, NHS Borders *(observing)*
Cathy Cooke, Public Health Scientist *(item 9.1 only)*
Sharon Crabb, Public Health Service Manager *(item 7.3 only)*
Fiona Forrest, Acting Director of Pharmacy & Medicines
Lynne Garvey, Director of Health & Social Care
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Jimmy Ramsay, Head of Sustainability *(from item 7.4)*
Lyndsey Thomson, Employability Officer *(item 7.3 only)*
Duncan Fortescue-Webb, Consultant in Public Health *(item 8.2 only)*
Tom McCarthy-Wilson, Portfolio Manager *(item 7.1 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 Lynne Garvey who has joined the Committee as a new member in her recently appointed role as Director of Health & Social Care. A warm welcome was also extended to Suzy Cooke, Public Health Registrar from NHS Borders, who was joining today's meeting as an observer.

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

1. **Apologies for Absence**

   Apologies were received from member Dr Chris McKenna (Medical Director) and attendees Susan Fraser (Associate Director of Planning & Performance) and Ben Hannan (Director of Reform & Transformation).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 9 September 2024

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

4. Chair's Assurance Report presented to Fife NHS Board on 25 September 2024

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

5. Matters Arising / Action List

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

5.1 Review of Committee's Terms of Reference (ToR)

The Board Secretary advised that the Committee's ToR was presented at the September Committee meeting, and that further discussion has since taken place on the specific changes that were proposed. It was reported that there is some overlap with the Clinical Governance Committee's ToR, in terms of the quality aspect of delegated services within the remit, and that further discussion will take place on the remits when all of the Board's Standing Governance Committee ToRs are considered as part of their annual review in March 2025. It was noted that there are implications in relation to the corporate risks around quality of service provision.

The Committee considered the attached changes to the remit, which reflect discussions since the last meeting, and **approved** the final version for submission to the Board at the end of November.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an update on progress of the five corporate risks aligned to the Committee and highlighted the inclusion of the new pandemic risk. It was confirmed that further detail around mitigations for the pandemic risk will come forward in due course, following discussions within East Region, and the overarching approaches at a national level, which will influence mitigation locally.

It was reported that the health inequalities risk rating has reduced slightly, due to the ratification of the Prevention & Early Intervention Strategy, and the work that has been ongoing to develop the Marmot approach. It was reported that NHS Fife was not selected as one of the three initial Marmot sites for Scotland, but that the clear commitment to address health inequalities will continue within Fife. It was highlighted that the gap between deprived and less deprived areas is widening, and it was noted that evidence-based actions are being taken forward through the refresh of the Plan 4 Fife and working towards a universal approach in terms of preventative actions within the Prevention & Early intervention strategy.

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

6.2 Delivery of Annual Workplan 2024/25

The Director of Public Health highlighted that consideration has been given to providing a mid-year report for each of the annual reports, and that the detail has been added to the workplan, including those where it would not be feasible to have a mid-year report.

The Committee agreed to the proposal to extend the January 2025 Committee meeting to incorporate a deep dive on the drugs-related deaths risk, and aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.
Action: Director of Public Health / Board Committee Support Officer

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

7. STRATEGY / PLANNING

7.1 Population Health and Wellbeing Strategy 2024/25 Mid-Year Review

The Director of Finance & Strategy introduced T McCarthy-Wilson, Portfolio Manager, to the meeting, who outlined the key points of the report, as detailed within the executive summary of the paper. The Rapid Cancer Diagnostics Service was highlighted by the committee as a positive example of service improvement within the report. Suggestion was made to strengthen the aspects of participation & engagement, and achievements around digital.

It was noted that the majority of performance data is measured on a yearly basis and included within the annual report. It was agreed to reference these measurements within the mid-year report.

The importance of aligning objectives to delivery plans was highlighted. Discussion took place on the challenges and importance of balancing qualitative information, case studies and robust metrics, and capturing insights from the reporting metrics of various underpinning strategies and frameworks to measure outcomes from the overall Population Health & Wellbeing Strategy in a way that was consistent with other reports. It was noted that an early draft of the corporate objectives for 2025/26, which will be linked to the overall strategy, will be developed in the forthcoming months.

Members commented on the challenges of measuring outcomes, and therefore agreed to take a lower level of assurance than was recommended within the report. The Committee, therefore, took a **"moderate" level of assurance** that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated.

7.2 Annual Delivery Plan (ADP) Quarter 2 Report

The Director of Finance & Strategy advised that of the 35 deliverables within the ADP, which are aligned specifically to improving health & wellbeing, 22 (63%) are on track. It was advised that, of the remaining 9, which are described as being as at risk, 4 have

moved into that category since the previous reporting period. It was advised that the main factor for the movement of the deliverable around improving access and uptake of vaccinations across the whole population is largely due to difficulties releasing nursing capacity over the autumn/winter months. Activity is ongoing to reduce that level of risk before the year-end. In terms of the deliverable to refresh the Mental Health Strategy and the review of existing wellbeing indicators, it was reported that work is ongoing for those deliverables. The position is likely to improve before the year-end. Difficulty was reported in progressing an increase to specialist clinics in deprived areas to achieve higher levels of smoking quits.

It was highlighted that two deliverables are categorised as 'unlikely to be completed/meet target'. The first being the challenges to increase capacity in dental services, due to the supply of dental practitioners. The second is difficulty progressing the children's speech, language and communication development plan, which is due to the pressure on services. It was reported that there is one deliverable that has been suspended in relation to developing community services for drug & alcohol services, which is due to funding restrictions. Teams are exploring other options for an outreach service.

Members questioned the impact of actions within the ADP and determining whether these actions are sufficient. Committee members raised concerns in regard to the detail provided within the ADP, noting that it was difficulty to identify priorities, due to the large scale and number of deliverables. Members also noted that it is difficult to take assurance that targets will be achieved. In response, it was advised that the priorities within the ADP are all set by Scottish Government. This report provides high-level detail, and that any areas that have a significant risk or are a broader organisational concern, would be reported separately. It was also noted that, as per the discussion on the previous agenda item around triangulation, consideration will be given to capturing insights from the reporting metrics from the variety of other strategies and frameworks.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Annual Delivery Plan Q2 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

7.3 Anchor Institution Programme Board Update

Sharon Crabb, Public Health Service Manager, and Lyndsey Thomson, Employability Officer, were welcomed to the meeting to provide an update on the Anchor Institution programme of work.

It was reported that the last update to the Committee was provided in May 2024, following the development and submission of the Anchor Institution Strategic Plan and prior to submission of the baseline anchor metrics. It was advised that recent feedback from the Scottish Government was positive about the progress in Fife. A collated report on progress is being used as a comparison and for benchmarking against other NHS Scotland Health Boards, as the work of the Anchor Operational Group is taken forward. It was noted that there was one recommendation, around having a stronger focus on employability, which is being addressed.

It was advised that a six-month review has been carried out using the progression framework, and that a key finding was the level of engagement with local authorities and community planning partners, exploring joined up working. It was noted that updated self- assessment progress has been reported to the Fife Anchor Institution Programme Board.

An overview was provided on the employability work and initiatives that have been undertaken over the previous six months, which are detailed within the paper. One observation from the EMERGE programme has been much higher uptake amongst young women, there will be focus on increasing male participation in future cohorts.I It was noted that there are opportunities for trainee pharmacy technicians in this area that could be usefully promoted.

The Public Health Service Manager agreed to share the Fife baseline data with the Committee.

<div align="right">**Action: Public Health Service Manager**</div>

The Board Chair acknowledged all the hard work of the teams and thanked them for their efforts in this area.

The Committee took a **"moderate" level of assurance** from the work progressed by the Anchor Operational Group and noted the progression over a six-month period from our baseline metrics.

7.4 Sustainability & Greenspace Update Report

The Director of Property & Asset Management advised that a large amount of work has been undertaken over the previous 18 months, and that two Sustainability Officers are now in post on a permanent basis. Jimmy Ramsay, Head of Sustainability, was welcomed to the meeting and provided an overview on the key aspects of the report, noting that the report includes a deep dive into the environmental management and climate change corporate risk.

It was advised that there are teams within NHS Fife who have Sustainability Champions and that work is ongoing to collaborate with those teams and identify the wider challenges and objectives. It was noted that decarbonisation is the main challenge due to a lack of funding, and an overview was provided on the work for a whole system approach for NHS decarbonisation solutions, Fife wide.

It was reported that positive progress has been made on greenspace, and that an action plan has been developed that is linked to the Greenspace Strategy. It was also reported that positive progress is being made on the Environmental Management System.

In terms of the Sustainability Ambassadors' network, it was advised that 35 people have signed up to date, which is positive.

Following a query, the difficulties in identifying the carbon footprint for the whole organisation was explained. It was noted that building, travel & transport are the largest contributors to the carbon footprint, and the detail will be provided in the report that will be presented to the NHS Fife Board at their November 2024 meeting. An explanation

was also provided on the specific design guide that is required to be followed for capital processes.

It was noted that the Sustainability & Greenspace Annual Report will be presented to the Committee at the January 2025 meeting.

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

7.5 Delivering 'The Promise' in NHS Fife

The Director of Health & Social Care provided an update on the delivering 'The Promise' activity and highlighted the key points from the paper, noting that the paper focuses on what is being delivered both nationally and locally. It was highlighted that work is underway in relation to targeted work for the development of e-learning for the workforce. It was noted that there is a commitment to strengthen the governance and assurance processes across the wider NHS Fife / IJB structure for this area, and to drive forward key initiatives, escalations and regular reporting.

It was noted that an updated progress framework has not yet been published by the Scottish Government, and that it may have an impact on the work that is being undertaken.

A request was made to include within the report the detail in relation to connecting the children's social work aspects with 'The Promise'. The Director of Health & Social Care agreed to consider including within future reporting an action plan, which includes priorities to measure progress of delivery, without duplicating governance with other high level corporate boards that are in place.

The Committee agreed to reduce the level of assurance recommended, based on the work that is required around the future governance arrangements, and took a **"moderate" level of assurance** from the paper.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Public Health reported that the immunisation data within this most recent report is from June 2024, and that the publication data is slightly behind current actual performance. It was advised that there was a slight reduction in the six-in-one immunisation, compared to the previous quarter, however, the position is close to the target. In terms of the MMR2 immunisation, it was advised that the position has remained static. It was highlighted that the quality improvement work that has been taking place is detailed within the report, and that uptake for childhood immunisation is being promoted through a programme of work, including the winter programme.

It was reported that uptake for Covid and influenza immunisations at this point in the season is encouraging, particularly for priority groups in care homes.

It was advised that the IPQR is collated and based on when public health data is released, hence the data is not the most up to date. It was noted that the teams gather as much data in real time as possible.

It was noted that there is no change to the adult screening programme uptake statistics which are published nationally on an annual basis. The annual report covering all of the screening programmes will be covered later on this agenda.

Members raised concern around performance for breast and bowel screening, and also for Child & Adolescent Mental Health Therapies and Psychological Therapies.

The Committee took a **"moderate" level of assurance** from the report and **endorsed** the Quality and Care section of the IPQR.

8.1.1 Fife Smoking Cessation Services Deep Dive

The Director of Health & Social Care presented the smoking cessation services deep dive and provided background to the service, advising that the Scottish Government published its tobacco & vaping framework, which includes a five-year implementation plan with actions. It was noted that it was positive that vaping has been included within the Scottish Government's framework, given the rise in the number of teenagers who partake in vaping. In terms of the prevalence in Fife, it was advised that Fife is 2.7% higher than the Scottish average, including pregnant smokers. It was noted that the number of pregnant smokers has reduced slightly over time.

It was reported that three different approaches have been put in place for the smoking cessation service, which are described in the paper. These are provided by the health promotion specialist service, who provide intensive 1:1 support, the community pharmacy support, which has a high volume of quit attempts, however, this reduces as the 12-week programme progresses. In terms of pregnancy support, it was advised that there is higher retention in this area.

An overview was provided on performance, and it was advised that more work is required to be carried out to meet the LDP standard (target) that is set and agreed with Scottish Government. This target is due for review and has not been updated since 2017. It was reported that the service is looking to increase face-to-face provision to improve the performance quit rate, and that this has been progressed in the most deprived areas within Fife, which has resulted in an increase in referrals for those on low incomes.

The challenges of benchmarking with other NHS Scotland Health Boards were highlighted, due to the differences in recording data. The example was given of differences in approach, with some areas counting vaping within their quit attempts.

It was noted during the meeting that the service is carrying a number of vacancies, and a question was raised about the impact of this on achieving target quit rates. It was advised that improving recruitment retention in specialist workforce has been highlighted from a national review, with a focus on maternity as a key priority.

The new vaping bill within the UK, which is currently going through the bill passage to become law, was highlighted, and it was noted that this will be mirrored within Scotland.

The Director of Health & Social Care agreed to provide members, via email, with further detail on areas that have not yet been explored, to improve the position.

The Committee took a **"moderate" level of assurance** from the deep dive.

8.2 Joint Health Protection Plan

Duncan Fortescue-Webb, Consultant in Public Health, was welcomed to the meeting.

The Director of Public Health advised that there is low residual risk that the plan will not achieve its purpose, as the model of establishing a Joint Health Protection plan has been well tested over the previous eight years. It was noted that while there are some workforce challenges, there is no immediate risk to workforce within NHS Fife.

A request was made to consider the timing of the reports being brought forward to the Committee, with it being noted that the updated plan and programme of work commenced in April 2024.

The Committee took a **"significant" level of assurance** from the paper and **endorsed** the updated Joint Health Protection Plan 2024-26.

8.3 No Cervix Exclusion Final Audit

The Director of Public Health explained that the nationally-led process was followed in NHS Fife, in terms of sending reminders to people to come forward. It was noted that the national team have received feedback on the process and experience from local Boards, and that the findings of the national audit report is anticipated will be published during 2025.

The Director of Public Health agreed to send J Bennett, Non-Executive Member, detail on the mechanisms in place, at a national level, to prevent the issue from happening again.

The Committee took a **"significant" level of assurance** from the paper.

8.4 East Region Health Protection Service Overview

The Committee discussed the Single-Employer approach and Fife's readiness to support the delivery arrangements currently in place for East Region Health Protection Service. The Director of Public Health provided an overview on the benefits realisation of the service, and agreed to provide A Wood, Non-Executive Member, with further detail on the unintended consequences and risks that might result for Fife with the host Board approach.

Action: Director of Public Health

In response to a question about specialist workforce retention, it was explained that the duration of the Public Health Consultant training programme is five years, with only six months in a particular sub-specialist area such as health protection Trainees who have completed the programme do not necessarily choose health protection as their specialist area of interest. Committee members sought assurance about staff perspectives within the service. It was explained that there are mixed views with staff who are involved in the service, with some concerns relating to equity issues between

employees and challenges with transition. It was noted that this is an early stage in considering the single-employer approach and expert advice and input is being provided from partnership and HR leads.

Committee members sought assurance on the availability of funding for planned expansion of the workforce. In response, it was advised that Health Protection Teams and NHS Health Boards have been given an additional baseline allocation to be able to respond to future variants and mutations. This will support workforce plans and will enable resilience for the service.

Points were raised in relation to the governance structure and details previously shared at Board level, and it was agreed to discuss this further outwith the meeting, including any further updates to be provided to NHS Fife Board.

Action: Director of Public Health

The Committee took a **"moderate" level of assurance** of the delivery arrangements currently in place for East Region Health Protection Service.

8.5   Child & Adolescent Mental Health Services Update

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Child & Adolescent Mental Health Services outwith the meeting.

Action: Director of Health & Social Care

8.6   Psychological Therapies Standard Update, including Improvement Plan

Due to time constraints during the meeting, it was agreed to consider the best approach for the update on Psychological Therapies outwith the meeting.

Action: Director of Health & Social Care/Director of Public Health

9.   ANNUAL REPORTS / OTHER REPORTS

9.1   Public Health Screening Programmes Annual Report 2024

Cathy Cooke, Public Health Scientist, was welcomed to the meeting.

A query was raised in relation to the issue highlighted with the report around the availability of audiology staff in relation to newborn screening, and it was advised that a further two additional audiologists have since been trained, which is expected to eliminate any further issues in that area.

The targeted work around breast and bowel screening was highlighted, and it was reported that there are challenges around slippage, particularly for breast screening.

It was advised that the public health screening programmes are nationally led. The Committee agreed to reduce the recommended level of assurance, due to the difficulty in reflecting a significant level of assurance across all six programmes, and thus took a **"moderate" level of assurance** from the report.

9.2   Pharmaceutical Care Services Annual Report 2023/24

The Acting Director of Pharmacy & Medicine advised that there is a requirement for NHS Scotland Health Boards to publish a pharmaceutical care service annual report. It was advised that, following an assessment using a range of critical data analysis, and significant public engagement through the Health & Social Care Partnership, it has been identified that there is no unmet need for pharmaceutical care services within Fife, and that a focus is to continue improving the quality of service to our patients.

It was further reported that there is a separate nationally defined process around control of entry for new pharmacies and a separate report will be presented to the Finance, Performance & Resources Committee.

The Committee took a **"significant" level of assurance** from the report.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Public Health Assurance Committee held on 21 August 2024 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

It was agreed that two matters be escalated to NHS Fife Board, via the Chair's Assurance Report, as detailed below.

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

It was agreed to highlight to the NHS Fife Board the smoking cessation service performance, and to raise awareness overall about the significance of harm from smoking. It was also agreed to highlight the potential for a new Board or Committee development session covering the Scottish Government's 10 Year Population Health & Wellbeing framework, which is due to be published in January 2025, with tobacco as a key theme.

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

13. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 13 January 2025 from 10am – 12.30pm via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 5 NOVEMBER 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, Director of Nursing
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Jane Anderson, General Manager, Women & Children's Clinical *Services (observing and for Item 6.3)*
Vicki Bennett, Health & Social Care Partnership (H&SCP) LPF *(deputising for Lynne Parsons)*
Claire Dobson, Director of Acute Services
Lynne Garvey, Director of Health & Social Care
Jenni Jones, Associate Director of Culture, Development & Wellbeing *(part-meeting)*
Ben Hannan, Director of Reform & Transformation
Alison McArthur, Employability & International Recruitment Co-ordinator *(for Item 7.4 only)*
Debbie McGirr, NHS Fife Speak Up / Whistleblowing Coordinator *(observing)*
Margo McGurk, Director of Finance & Strategy *(deputising for Carol Potter)*
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director *(part-meeting)*
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sue Ponton, Head of Occupational Health *(for Item 10.4 only)*
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 warm welcome to Lynne Garvey, who was attending her first meeting as the newly appointed Director of Health and Social Care. A special welcome was also extended to Debbie McGirr, NHS Fife's newly appointed Speak Up/ Whistleblowing Coordinator, who was attending the Staff Governance Committee as part of her induction activities. It was noted that Vicki Bennett, H&SCP LPF, was deputising for

the Employee Director, who was in attendance, but may be required to leave the meeting intermittently.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to those who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of producing the minutes.

1.   **Apologies for Absence**

Apologies for absence were received from members Carol Potter, Chief Executive, Kirstie Macdonald, Non-Executive Member & Whistleblowing Champion and Sinead Braiden, Non-Executive Member & Equality & Diversity Champion.

2.   **Declaration of Members' Interests**

There were no declarations of interest made by members.

3.   **Minutes of the Previous Meeting held on Tuesday 3 September 2024**

The minutes of the meeting held on 3 September 2024 were **agreed** as an accurate record.

4.   **Chair's Assurance Report presented to Fife NHS Board on 25 September 2024**

The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 25 September 2024.

5.   **Matters Arising / Action List**

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

6.   **GOVERNANCE MATTERS**

6.1   **Update on Equality, Diversity and Human Rights**

The Chair invited the Director of Nursing to speak to the report, which provided an update on the work being undertaken to support the Board's Equality and Diversity agenda.

Providing an overview of the various programmes of work, the Director of Nursing highlighted the support for International Recruits, Employee Networks, Fife Pride, Speak Up Week, the planned implementation of the NHS Scotland Anti-Racism Guidance, development of Transgender Policies for staff and patients, the work of the Equality Workforce Sub-Group and workforce monitoring data.

The Committee noted that the NHS Fife Equality Outcomes Report for the period 2021 to 2025 was currently being finalised and that discussions regarding the Equality Outcomes Plan for 2025 to 2029 had commenced. It was agreed that the

Workforce-related Equality Outcomes, which had been drafted as part of the 2025 to 2029 Plan, would be shared with the Committee after the meeting.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised of the successful launch of the LGBTQ+ Network and provided an update on plans being developed to support the management of the network going forward. It was intended that lessons learned from Employee networks that are currently operating will be used to inform plans to re-establish the Diverse Ethnicity Network early next year.

The Committee was apprised of positive collaborations that had resulted in an invitation to all NHS Fife staff to participate in the Neurodiversity Network being established by Fife H&SCP. It was noted that the first meeting is due to take place in December 2024.

The Committee **took a 'moderate' level of assurance** from the report and **noted** the work being undertaken to support the Board's Equality, Diversity and Human Rights agenda.

6.2   Improved and Safe Working Environment / Health & Safety Quarterly Report

The Chair invited the Director of Property & Asset Management to speak to the report.

The Committee was informed that Fire Advisors will now operate under the Health & Safety Department and that, following discussions with H&SCP, the department will also assume responsibility for providing Violence & Aggression training across the Board. Reiterating the importance of training, an overview of the statistics detailed in the H&S Quarterly Incident Report (which included Sharps, Slips, Trips and Falls, Violence & Aggression, Musculoskeletal, Patient Self-Harm and RIDDOR) was provided. Indicative of an emerging pattern, it was highlighted that 88% of Violence & Aggression incidents are reported to occur within H&SCP areas, with a significant number of these incidents taking place within specific mental health wards. It was confirmed that Incident statistics were also reported to the Area and Local Partnership Forums.

Whilst describing the challenges associated with manual handling training uptake, it was emphasised that staff need to be supported to be released from their day-to-day jobs to promote attendance. The Committee was informed that the Board is now accredited to participate in the Scottish Manual Handling Passport Scheme, which ensures that employees will be trained to a national standard, and that staff from other participating Public Sector bodies who join NHS Fife will not need to be trained again, provided their training is in date.

The Employee Director and J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, commended the level of detail provided in the paper. In response to a query from the Chair, the Director of Health & Social Care offered assurance on the governance pathways in place for escalating, when required, H&S incidents which occur within the Partnership. The Director of Health & Social Care agreed to consider how H&SCP H&S information can be reported into the Committee going forward.

Action: Director of Health & Social Care

Whist commenting favourably on the reporting culture in relation to Health & Safety incidents within the organisation, the Director of Property & Asset Management advised that the Board was considering the benefits of implementing a more user friendly reporting system.

The Committee **took a 'moderate' level of assurance** from the update and from the Health & Safety Quarterly Incident Report for the period June to August 2024.

6.3   Attendance Management Update

The General Manager, Women & Children's Clinical Services, spoke to the paper in her capacity as Co-Chair of the Absence Management Oversight Group.

It was noted that Staff Absence had increased from 6.51% in August to 7.07% in September. The Committee was updated that, following a recent Area Partnership Forum, three teams which fall into the high priority areas for Staff Absence within Critical and Complex Care have been identified and managers within these services have committed to exploring the causes for absence and undertaking a Test of Change to support improvements. A progress update will be provided to a future Committee meeting.

Areas with improved attendance figures were highlighted, with due consideration being given to good practice that could potentially be adopted in teams with higher than expected absence rates. It was noted that benchmarking work undertaken with other Boards has indicated that the main variance appears to be in the handling of long-term absence. It was clarified that some Health Boards use policy triggers whilst others use a target setting approach to manage absence. A meeting has been scheduled with Staff Side colleagues to examine the possibility of moving to a target setting approach and to consider how recommendations from the benchmarking exercise can be utilised to reduce absence.

Reference was made to the Heat Map in Appendix 2, which illustrated Staff Sickness Absence against the Scottish Index of Multiple Deprivation Score by postcode and there was discussion as to how this information could be triangulated with other data to provide a wider understanding of Staff Absence.

The Head of Workforce Resourcing & Relations advised that learning gathered from a "What Matters to You" survey, undertaken as part of a multifactorial review conducted by the H&SCP, was being explored to understand how the results could potentially be used across the whole system.

Discussions took place on the importance of having the appropriate level of resources within the HR function to support staff and managers in all aspects of promoting attendance. The Director of Workforce advised that a paper highlighting the resources available within the Workforce Directorate to support the organisation was due to be presented to the Executive Directors' Group later in November.

The Committee **took a 'moderate' level of assurance** from report and the ongoing activity aimed at delivering and sustaining a reduction in sickness absence.

6.4   Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the Annual Workplan 2024/2025, since it was last presented to the Committee on 5 September 2024.

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

7.   STRATEGY / PLANNING

7.1   Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Non-Compliant Rotas, Voluntary Severance, Recurring Pay Pressures and the Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award.

To ensure the most effective use of resources, a decision had been taken to stand down the Supplementary Staffing Group. The Committee noted that this workstream now falls under the scope of the People & Change Board. It was highlighted that Supplementary Staffing costs within the Board's retained staff have reduced from an average monthly spend of £1.75 million in 2023/2024 to around £1 million in 2024/2025. In response to a query from J Kemp regarding the net savings achieved, the Director of Finance & Strategy advised that the September 2024 report reflected a net saving of £2.4 million in the first half of the financial year. J Kemp commented that it would be helpful for future iterations of Supplementary Staffing savings updates to be detailed at a net level.

The Committee noted that the Direct Engagement model of Locum engagement, which had been rolled out in early August 2024, has realised savings to date of £109,503 across NHS Fife (Acute and H&SCP). Additional work is being undertaken to increase compliance rates, which are currently at 50%, with the aim of meeting a stretch target of 90% by January 2025, to maximise the savings potential.

The Director of Workforce reported that, at the time of writing, three out of four doctors' rotas are compliant. Additional processes are being put into place to reinforce the requirements for adherence to rest-break policies and protected time, so that rotas are more robust and sustainable going forward.

Discussions are ongoing for plans in relation to voluntary severance as well as to address the challenge of pay pressures. Decisions at a national level are awaited to move forward with the implementation of the Non-Pay elements of the 2023/24 Agenda for Change Pay Award, specifically in relation to the Reduced Working Week and Band 5 Nursing Review.

The Director of Workforce expressed sincere thanks to all stakeholders for their commitment and dedication to deliver improvements within the above workstreams.

The Director of Reform & Transformation commented favourably on the progress that had been made with regard to the Whole Time Equivalent review overseen by

the People & Change Board and how this would support workforce planning assumptions for 2025/26.

The Committee **took a 'moderate' level of assurance** in relation to the work being undertaken by the People & Change Board.

7.2   Annual Delivery Plan 2024/2025 Quarter 2 Report

The Director of Finance & Strategy spoke to the report, which detailed the Quarter 2 update on the progress of the Annual Delivery Plan (ADP) 2024/2025.

Whilst highlighting key aspects of the report, the Committee was informed that of the 200 deliverables included in the 2024/2025 ADP, 21 are aligned to the Strategic Priority to improve Staff Experience and Wellbeing. Reference was made to Appendix 1 of the report, which illustrated that, as of September 2024, 16 of these deliverables have been assessed as being 'on track' and five are 'at risk'. The Committee was offered assurance that none of the 'at risk' deliverables are unlikely to be completed.

The Committee **took a 'moderate' level of assurance** from the report and **endorsed the ADP Q2 return**, prior to formal approval by the NHS Fife Board and onward submission to the Scottish Government.

7.3   Employability Initiatives & Programmes Update

The Head of Workforce Planning & Staff Wellbeing introduced the paper, which provides an overview of the Employability initiatives and programmes being developed within the Board.

The Employability & International Recruitment Co-ordinator provided a comprehensive overview of this programme of work as detailed in the paper, which included plans to host Health & Social Care Careers Events, two in March and two in September 2025. It was noted that seven pupils are currently on the EMERGE programme and efforts are underway to arrange placements for these pupils in NHS Fife. The Committee was advised that, with the support of the Committee Chair, a donation had been received from the Raymond Fernie Foundation, which would be utilised to purchase uniforms and sundry items to support pupils who have been offered placements in NHS Fife as part of this programme.

A number of other initiatives were also highlighted including Foundation Apprenticeships, partnership with Motivation Commitment and Resilience (MCR) Pathways, the Youth Recruitment Pathway (which includes a collaboration with The King's Trust), Fife Council Community Wealth Building 'Life Chances' programme, Targeted Modern Apprenticeships, engagement with the Department for Work & Pension (DWP), Work Placements and the Armed Forces Talent Programme.

The Committee commended the partnership working evidenced across the whole system between NHS Fife, H&SCP, Fife Council, DWP and other bodies and how this links with the Board's aspirations as an Anchor organisation. The Director of Communications & Engagement extended an offer of support to ensure that the various programmes were appropriately publicised across the organisation's internal and external communication networks and channels.

The Committee **took a 'moderate' level of assurance** from the report, including the implications of the current Employability initiatives and how these align with the Board's Corporate Objectives and Anchor Institution ambitions.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflects the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

The Committee was informed that that Sickness Absence as at September 2024 was 6.5%, however, this figure had since increased to 7.1%. PDPR performance had reduced from 44.5% to 42.9% and vacancy rates for Medical & Dental had improved from 6.2% to 2.8%. Nursing & Midwifery vacancy rates had seen a marginal reduction from 3.8% to 3.5%, whilst there had been an increase from 3.7% to 5% in Allied Health Professionals (AHPs) vacancy rates. The Director of Workforce highlighted the impact of ongoing service pressures on the metrics reflected in the IPQR.

The Director of Acute Services drew the Committee's attention to current significant operational pressures owing to increased admissions within the Emergency Department and Admissions Units. These challenges were further exacerbated by ongoing efforts to manage the implementation of service redesign. Noting that the operation was currently compromised on a number of fronts, it was advised that an escalation would be made to the Chief Executive.

The Director of Health & Social Care highlighted the high level of absence due to stress, particularly in Community Care settings, where critical need had seen a dramatic increase from 40 to 150. It was reiterated that the system was under intense pressure, compounded by the ongoing financial challenges.

In response to a query from V Bennet, H&SCP LPF, regarding the decline in PDPR metrics, the Director of Workforce and Associate Director of Culture, Development and Wellbeing recognised the importance of PDPR, but highlighted the importance of taking a balanced view as to how this can be managed, in light of the significant operational pressures being faced by the organisation.

The Committee **took a 'moderate' level of assurance** from the report, acknowledging the operational pressures impacting the organisation at the present time and **endorsed** the workforce section of the IPQR.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Professional Standards Update

The Chair invited the Medical Director to speak to the report, which summarised the approach being adopted by NHS Fife to enhance management of the Professional Standards for Doctors and Dentists.

A comprehensive overview of the remit and governance structures linked to the workstreams that fall within the purview of the newly established Medical and Dental Professional Standards Oversight Group was provided.

The Committee noted the scope of activity, which included Medical Appraisal and Revalidation, Consultant and SAS Doctor Job Planning, all aspects of Undergraduate Medical Education, Post Graduate Medical Education, including Rota Compliance, Deanery visits and Medical Workforce strategic planning.

The Committee **took a 'moderate' level of assurance** from the report in relation to the work of the Medical and Dental Professional Standards Oversight Group.

9.2 Treated Fairly & Consistently: Workforce Policies Update

The Head of Workforce Resourcing & Relations spoke to the report, which provided an update on the Workforce Policy development work being undertaken by the HR Policy Group.

Reference was made to Section 2.3 of the report, which detailed the policies that have been reviewed and updated by the HR Policy Group. It was advised that a soft launch of the Once for Scotland refreshed workforce policies under phase 2.2 would take place between October 2024 and January 2025. A self-assessment of the policies was currently being conducted in partnership, and awareness sessions would be arranged during December 2024 and January 2025, to support Board readiness. The new suite of policies would be implemented from February 2025.

The Committee **took a 'significant' level of assurance** from the report, which confirms the work undertaken by the HR Policy Group in support of the Once for Scotland Workforce Policies Programme.

9.3 Staff Governance Standard 2023-2024: Assurance of Compliance

The Head of Workforce Resourcing & Relations spoke to the report, which reflected the content of the draft Staff Governance Standard 2023/2024 Assurance of Compliance Return, required to be submitted to the Scottish Government by 6 December 2024.

Reference was made to Annex A, which detailed the Draft 2023/2024 Assurance Statement, and Annex B, which contained information requested by the Scottish Government in relation to Bullying and Harassment, Whistleblowing and Retire and Return data within the Board.

The Committee **took a 'significant' level of assurance** from the report, **approved** the draft Staff Governance Standard 2023/2024 Assurance of Compliance (Annex A) and **noted** the progress on the Staff Governance Annual Monitoring Return and iMatter Staff Experience 2022/2023 report, which continues to provide evidence of compliance with the Staff Governance Standard, in line with the Committee's Workplan.

9.4   Appropriately Trained: Core Skills / Mandatory Training, PDPR Uptake and Protected Learning Time

The Associate Director of Culture, Development and Wellbeing spoke to the report, which provided an update in relation to the organisation's Core Skills training compliance, PDPR and ongoing activities to support the implementation of the Protected Learning Time policy (PLT).

It was reported that, as at September 2024, overall Core Skills training compliance was 60%, reflecting a 7% increase since May this year. The Committee noted that targeted support offered across Workforce, Finance, Estates & Facilities and H&SCP has resulted in the positive outcomes evidenced in the report. Core and Mandatory training resources are currently being reviewed by the Core Skills Short Life Working Group, with the aim of delivering a refreshed programme by the end of March 2025. This programme will include a blended Corporate Induction programme and combined Core Skills training sessions, in addition to updated eLearning resources. Consideration is also being given to how more face-to face training can be delivered, whilst making employee attendance as easy as possible. Work to develop a dashboard report for managers in eESS/OBIEE is in the testing phase and will be available to managers by the end of 2024.

It was highlighted that 163 managers have attended PLT Lunchtime Byte sessions, with 95 scheduled to attend before the end of November 2024. Overall, feedback from attendees has been positive. Team contributions to national workstreams in relation to PLT, including development of a Training Passport, measures for success and system modifications are ongoing.

The Committee noted that PDPR engagement levels have seen a reduction from 44.5% in July to 42.9%, against the corporate objective of 60%. It was agreed that careful consideration needs to be given as to how increased engagement levels can be supported in the context of current significant operational pressures.

In response to a request from the Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF), the Associate Director of Culture, Development and Wellbeing welcomed the suggested participation of Trade Union colleagues in future Corporate Inductions, with the aim of providing employees an understanding of partnership working and Trade Union recognition in the NHS Fife.

The Committee **took a 'limited' level of assurance** from the report detailing the work currently underway to support Core Skills Training compliance, PDPR and PLT in NHS Fife.

9.5   Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member & Staff Health & Wellbeing Champion, to provide an update on this area of work.

Whilst sharing feedback from conversations that took place with staff during the walkabouts conducted during the recent Speak Up Week, J Kemp emphasised the importance of direct management engagement and communication with staff,

particularly when implementing changes as part of the RTP agenda, in order that the impact on employees and their wellbeing can be considered.

In response to a comment from the Speak Up / Whistleblowing Coordinator, the Director of Acute Services recommended that feedback and outcomes from Speak Up Week be shared with staff to demonstrate that their voice has been heard and to reinforce speaking and listening as a normal part of the organisation's culture. It was agreed to consider further how this feedback could be communicated in future Whistleblowing reports.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.6   Whistleblowing Quarter 2 2024/2025 Report

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

The Committee noted that there has been one whistleblowing concern raised during the previous quarter, which remains under investigation but close to resolution at Stage 2, while two anonymous concerns have been raised during the second quarter. There have been no articles within the local press highlighting new issues of a Whistleblowing nature. Key points in the Quarter 2 report were highlighted, including the activities during Speak Up Week and the commitment demonstrated by the Board's Senior Leadership Group, via individual pledges to support a Speak Up culture within the organisation. Going forward, it was intended to develop a schedule of events throughout the year, aimed at encouraging staff to speak up.

The Committee was updated on the dedicated Speak Up email and phone line that had been set up, as well as plans to utilise a contact tracker to record all staff engagement, so that themes could be identified going forward. The work being undertaken by the Whistleblowing Oversight Group was also highlighted.

The Speak Up / Whistleblowing Coordinator was invited to provide an overview of her new role and remit.

The Committee **took a 'moderate' level of assurance** from the update provided in the Quarter 2 Whistleblowing Performance Report.

9.7   Whistleblowing Champion Update

There was no update provided, due to apologies tendered by K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion.

10.   ANNUAL REPORTS / OTHER REPORTS

10.1   Nursing, Midwifery & Allied Health Professionals (NMAHP) Annual Reports 2023/2024

The Chair invited the Director of Nursing to speak to the report, which provided an assurance that all Nursing, Midwifery and Allied Health Professionals (AHPs) in

NHS Fife are up-to-date and practising to the appropriate regulatory and professional standards.

In relation to AHPs, the Committee was advised that 88% have completed supervision whilst there has been 81% engagement with Personal Development Planning. An overview of the Nursing & Midwifery registration and revalidation process was provided, which encompassed a review of Practice hours, Continuous Professional Development related feedback, written Reflective Accounts and Reflective Discussion.

The Committee **took a 'significant' level of assurance** from the 2023/2024 NMAHP Annual Reports.

10.2   Volunteering Annual Report 2023/2024

The Chair invited the Director of Nursing to speak to the report, which outlined the important contributions of volunteers in NHS Fife and the challenges of maintaining and expanding the services provided by this group.

The Committee was informed that efforts are ongoing to recruit additional volunteers, with 200 individuals currently going through the recruitment process.

In response to a query from the Chair regarding the possibility of utilising employability initiatives to recruit volunteers, the Director of Nursing advised that collaborative work with Fife Voluntary Action Group in this area was ongoing.

The Committee **took a 'Significant' level of assurance** from the 2023/2024 Volunteering Annual Report.

10.3   Medical Appraisal & Revalidation Annual Report 2023/2024

The Medical Director spoke to the report, which provided an update on the Appraisal and Revalidation activity required to be completed every five years by all Doctors in Primary and Secondary Care, as stipulated by the General Medical Council (GMC).

The Committee was advised that doctors in NHS Fife are up to date and practising to the appropriate professional standards. It was noted that the recruitment of Appraisers in Secondary Care remains a challenge, due to the pressures in Job Planning.

The Committee **took a 'significant' level of assurance** from the report, noting that NHS Fife continues to support doctors to comply with the GMC requirements in relation to Appraisal and Revalidation.

10.4   Occupational Health and Wellbeing Annual Report 2023/2024

The Head of Workforce Planning & Staff Wellbeing introduced the report, which provided an overview of the 2023/2024 Occupational Health Service activities, highlighting key successes and challenges.

Emphasising resource pressures and the increasing demand for services, the Head of Workforce Planning & Staff Wellbeing invited the Head of Occupational Health to speak to the report.

The Committee noted that there had been a 59% increase in demand across all core services and that the department has lost 20% of its resource since 2019 due to high levels of staff absence, loss of significant posts such as the OH Physician, Administration Team Lead and experienced Bank staff, all of which have had a significant impact on the service.

The Head of Occupational Health provided a comprehensive overview of the services provided, including the requirement to respond to unplanned activities such as outbreaks, establishment of a combined Occupational Therapy Service to address mental, physical and fatigue management issues, provision of mental health support via the OH Mental Health Nurse, reduction in waiting times for Staff Counselling Services and development of a robust Management Referral Triage process. Ongoing challenges were described as increased demand, reduced resources, conflicting priorities and high DNA and cancellation rates, particularly with regard to immunisation appointments. It was clarified that whilst this posed a risk, staff vaccination is not mandatory, and efforts are ongoing to improve attendance.

Priorities for 2024/2025 were highlighted, which included the introduction of a new OH software platform that would potentially reduce DNA and cancellation rates, improvement in musculoskeletal pathways and accessibility for staff and increasing the visibility of the Service among employees.

The Committee commended the work of the Occupational Health Service whilst acknowledging the challenges being faced by the Service.

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

11.   LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:
11.1 Area Partnership Forum held on 18 September 2024 (unconfirmed)
11.2 Acute Services Division & Corporate Directorate Local Partnership Forum held on 15 August 2024 (unconfirmed)
11.3 Health & Social Care Partnership Local Partnership Forum held on 2 July 2024 (confirmed)
11.4 Health & Safety Sub Committee held on 6 September 2024 (unconfirmed)
11.5 Medical & Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)

13.   ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noted the continual challenges around managing the Board's sickness absence position.

12.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters identified for escalation to the NHS Fife Board.

13. Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 26 November 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 outstanding business not otherwise covered on the agenda.

15. DATE OF NEXT MEETING

Tuesday 7 January 2025 at 10.00 am via MS Teams.