NHS Fife Public Health & Wellbeing Committee

Mon 11 November 2024, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

John Kemp

10:00 - 10:00
0 min

2. Declaration of Members' Interests

John Kemp

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Monday 9 September 2024

Enclosed   *John Kemp*

Approval

📄 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240909.pdf (11 pages)

10:00 - 10:00
0 min

4. Chair's Assurance Report presented to Fife NHS Board on 25 September 2024

Enclosed   *John Kemp*

📄 Item 4 - PH&WC Chair's Assurance Report 20240909.pdf (3 pages)

10:00 - 10:20
20 min

5. Matters Arising / Action List

Assurance

📄 Item 5 - Public Health & Wellbeing Action List 20241111.pdf (3 pages)

5.1. Review of Committee's Terms of Reference

Enclosed   *Dr Gillian MacIntosh*

Decision

📄 Item 5.1 - SBAR Review of Committee's Terms of Reference.pdf (4 pages)
📄 Item 5.1 - Appendix 1 PHW Terms of Reference Nov 24.pdf (4 pages)

10:20 - 10:35
15 min

6. GOVERNANCE MATTERS

6.1. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed   *Dr Joy Tomlinson*

Assurance

📄 Item 6.1 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (7 pages)

- 📄 Item 6.1 - Appendix 1 Corporate Risk Register PHWC as at 18 October 2024.pdf (8 pages)
- 📄 Item 6.1 - Appendix 2 Assurance Principles October 2024.pdf (1 pages)
- 📄 Item 6.1 - Appendix 3 Risk Matrix.pdf (2 pages)

6.2. Delivery of Annual Workplan 2024/25

Enclosed   *Dr Joy Tomlinson*

- 📄 Item 6.2 - Delivery of Annual Workplan.pdf (6 pages)

10:35 - 11:20
45 min

7. STRATEGY / PLANNING

7.1. Population Health and Wellbeing Strategy 2024/25 Mid-Year Review

Enclosed   *Margo McGurk*

Assurance

- 📄 Item 7.1 - SBAR Population Health and Wellbeing Strategy 2024-25 Mid-Year Review.pdf (5 pages)
- 📄 Item 7.1 - Appendix 1 Population Health and Wellbeing Strategy 2024-25 Mid-Year Review.pdf (31 pages)

7.2. Annual Delivery Plan Quarter 2 Report

Enclosed   *Margo McGurk*

Decision

- 📄 Item 7.2 - SBAR Annual Delivery Plan Quarter 2 Report.pdf (5 pages)
- 📄 Item 7.2 - Appendix 1 Annual Delivery Plan Quarter 2 Report.pdf (38 pages)

7.3. Anchor Institution Programme Board Update

Enclosed   *Dr Joy Tomlinson*

Assurance

- 📄 Item 7.3 - SBAR Anchor Institution Programme Board Update.pdf (7 pages)
- 📄 Item 7.3 - Appendix 1 Anchor Delivery Group, Paper 7 – Analysis of Anchor Baselines.pdf (46 pages)

7.4. Sustainability & Greenspace Update Report

Enclosed   *Neil McCormick / Jimmy Ramsay*

Assurance

- 📄 Item 7.4 - SBAR Sustainability & Greenspace Update Report.pdf (7 pages)
- 📄 Item 7.4 - Appendix 1 Sustainability and Greenspace Progress Report.pdf (24 pages)
- 📄 Item 7.4 - Appendix 2 Corporate Risk Deep Dive SBAR.pdf (5 pages)

7.5. Delivering the Promise in NHS Fife

Enclosed   *Lynne Garvey*

Assurance

- 📄 Item 7.5 - SBAR Delivering the Promise in NHS Fife.pdf (9 pages)

11:20 - 12:00
40 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

Enclosed   *Dr Joy Tomlinson / Lynne Garvey*

Assurance

- 📄 Item 8.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
- 📄 Item 8.1 - Appendix 1 Integrated Performance & Quality Report.pdf (16 pages)

8.1.1. Fife Smoking Cessation Services Deep Dive

Enclosed   *Lynne Garvey*

Assurance

- 📄 Item 8.1.1 - SBAR Fife Smoking Cessation Services Deep Dive.pdf (8 pages)
- 📄 Item 8.1.1 - Appendix 1 Fife Smoking Cessation Services Deep Dive paper.pdf (10 pages)

8.2. Joint Health Protection Plan

Enclosed   *Dr Joy Tomlinson*

Assurance

- 📄 Item 8.2 - SBAR Joint Health Protection Plan.pdf (4 pages)
- 📄 Item 8.2 - Appendix 1 Joint Health Protection Plan.pdf (29 pages)

8.3. No Cervix Exclusion Final Audit Report

Enclosed   *Dr Joy Tomlinson*

Assurance

- 📄 Item 8.3 - SBAR No Cervix Exclusion Final Audit Report.pdf (5 pages)
- 📄 Item 8.3 - Appendix 1 Report of the 2021 sub-total hysterectomy audit NHS Fife.pdf (3 pages)
- 📄 Item 8.3 - Appendix 2 NHS Fife Cervical Exclusion Audit Report 2023-24 Wider Cohort October 2024.pdf (15 pages)

8.4. East Region Health Protection Update

Enclosed   *Dr Joy Tomlinson*

Assurance

- 📄 Item 8.4 - SBAR East Region Health Protection Service Overview.pdf (5 pages)
- 📄 Item 8.4 - Appendix 1 Quarterly Report Q2 2024.pdf (11 pages)
- 📄 Item 8.4 - Appendix 2 Financial performance report Q1 2024.pdf (4 pages)
- 📄 Item 8.4 - Appendix 3 ERHPS Governance Paper.pdf (17 pages)
- 📄 Item 8.4 - Appendix 4a Single employer decision making process and information pack.pdf (2 pages)
- 📄 Item 8.4 - Appendix 4b Single employer decision making process and information pack.pdf (26 pages)

8.5. Child & Adolescent Mental Health Services Update

Enclosed   *Lynne Garvey*

Assurance

- 📄 Item 8.5 - SBAR Child & Adolescent Mental Health Services Update + appendices.pdf (15 pages)

8.6. Psychological Therapies Standard Update, including Improvement Plan

Enclosed   *Lynne Garvey*

Assurance

- 📄 Item 8.6 - SBAR Psychological Therapies Standard Update, including Improvement Plan + appendix.pdf (13 pages)

12:00 - 12:20
20 min

9. ANNUAL REPORTS / OTHER REPORTS

9.1. Public Health Screening Programmes Annual Report 2023/24

Enclosed   *Dr Joy Tomlinson*

Assurance

9.2. Pharmaceutical Care Services Annual Report 2023/24

Enclosed   *Fiona Forrest*

Assurance

12:20 - 12:25
5 min

10. LINKED COMMITTEE MINUTES

10.1. Public Health Assurance Committee held on 21 August 2024 (unconfirmed)

Enclosed

12:25 - 12:25
0 min

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1. To the Board in the IPQR Summary

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

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12:25 - 12:25
0 min

12. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 NOVEMBER 2024

12:25 - 12:25
0 min

13. ANY OTHER BUSINESS

12:25 - 12:25
0 min

14. DATE OF NEXT MEETING - MONDAY 13 JANUARY 2025 FROM 10AM - 12.30PM VIA MS TEAMS

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 9 SEPTEMBER 2024 AT 10AM VIA MS TEAMS

Present:
John Kemp, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:
Pat Kilpatrick, Board Chair
Elizabeth Butters, Fife Alcohol & Drugs Partnership (ADP) Service Manager *(item 10.1 only)*
Lisa Cooper, Head of Primary & Preventative Care Services *(deputising for Fiona McKay)*
Esther Curnock, Deputy Director of Public Health *(deputising for Joy Tomlinson)*
Tom Donaldson, Public Health Registrar *(observer)*
Fiona Forrest, Acting Director of Pharmacy & Medicines
Duncan Fortescue-Webb, Consultant for Public Health *(item 6.1.1 only)*
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Kirsty MacGregor, Director of Communications & Engagement
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Shirley-Anne Savage, Associate Director for Risk & Professional Standards *(item 6 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Jo Bennett, Non-Executive Director, who has joined the Committee as a new member. A warm welcome was also extended to Tom Donaldson, Public Health Registrar, who was joining today's meeting as an observer.

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

1. **Apologies for Absence**

   Apologies were received from members Alistair Morris (Non-Executive Member), Dr Chris McKenna (Medical Director), Dr Joy Tomlinson (Director of Public Health) and Fiona McKay (Interim Director of Health & Social Care).

2. **Declaration of Members' Interests**

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 12 July 2024

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

4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024

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

5. Matters Arising / Action List

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

<u>Development Sessions</u>

Following a suggestion, it was agreed to hold the two outstanding development sessions (Child & Adolescent Mental Health Services and Psychological Therapies, and Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards) as separate sessions.

Action: Board Committee Support Officer

<u>Marmot Framework</u>

The Board Chair requested that a copy of the Board's submission to the Marmot Framework be circulated to the Committee in advance of its submission by the end of September 2024.

Action: Director of Public Health

5.1 Review of Committee's Terms of Reference (ToR)

The Board Secretary reported that a review of the Committee's ToR has been carried out following earlier discussion at the March 2024 Committee meeting. The changes related to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of quality and performance, particularly those within Primary Care and Mental Health, for which the Integrated Joint Board (IJB) sets the strategic priorities.

The Board Secretary highlighted the importance of the Committee's workplan, in ensuring that the full remit of the Committee is included within that plan and covered throughout the reporting year. It was noted that a review of the workplan will be undertaken on a rolling basis as agendas for future meetings are set.

Discussion took place, and the following comments were noted for further consideration within the draft text:
- To consider the wording in terms of the 'quality' and 'performance' aspects
- To consider the wording within section 1.2, in terms of the 'direction of delegation to the Board by the Integrated Joint Board', to ensure it confirms with legislation.

- To consider explicitly stating that the Committee will have oversight for the delivery of the Population Health & Wellbeing Strategy delivery.

The Committee **considered** the attached changes to the remit and the Chair **agreed** to finalise outwith the meeting, before onward submission to the NHS Fife Board for further consideration and approval.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Chair welcomed the Associate Director for Risk & Professional Standards to the meeting, who provided an update on the four corporate risks aligned to the Committee.

It was reported that the target date for the Population Health & Wellbeing Strategy corporate risk has been amended to 31 March 2025, to ensure alignment with the Reform, Transform, Perform (RTP) programme of work. This risk remains at the current level of moderate.

In terms of the health inequalities corporate risk, it was advised that the target date has been amended to 31 October 2024, and that the current risk rating is expected to remain once the Prevention & Early Intervention Strategy has been ratified this month and thereafter will be aligned to the health inequalities corporate risk.

An update was provided on the policy obligations in relation to environmental management and climate change, which is managed through the Annual Delivery Plan, and it was reported that ten of the deliverables are on track, with one deliverable at risk.

It was reported that, in terms of the Primary Care Services risk, which is managed through the Primary Care Governance & Strategy Oversight Group, that there are 41 actions, with 25 that have been completed. The remainder are on track.

It was advised that work is underway to discuss further and agree the Board's risk appetite in the forthcoming weeks.

An update was provided on the new emerging risk in relation to drug related deaths, and it was advised that discussions are ongoing and are in the early stages. It was advised that it is essential to include this risk within the corporate risk register, noting that this area is not covered by any other corporate risk. Suggestion was made to link in with the Integrated Joint Board's risk register, to avoid duplication, and for opportunities to share assurances for risk mitigation as a whole system.

It was suggested that there were public health risks around surveillance and health protection that weren't necessarily population risks that may be considered for the corporate risk register. The Deputy Director of Public Health advised that a wider set of Public Health risks were reviewed routinely by the Public Health Assurance Committee and minutes were shared with this group, with escalation where required.

Action: Associate Director for Risk & Professional Standards

Following discussion on the challenges within Fife around population dental provision, the Head of Primary & Preventative Care agreed to discuss further with the Medical

Director in relation to adding a potential corporate risk around dental services or strengthening this within the existing Primary Care risk.

Action: Head of Primary & Preventative Care

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

6.1.1 Pandemic Preparedness Risk Deep Dive

The Chair welcomed Duncan Fortescue-Webb, Consultant for Public Health, to the meeting, who joined to provide an update on the pandemic preparedness risk.

Background to development of the pandemic preparedness risk was provided, and it was advised that the risk description has had oversight from the Executive Directors' Group and Clinical Governance Committee. It was explained that the risk has been developed with the approach recommended from the World Health Organisation and their prep framework, to ensure that all areas are covered.

An explanation was provided on the definition of biological threats. Following a query in relation to co-dependences, the Consultant for Public Health agreed to add to the risk descriptor the extent of our co-dependences and constraints.

It was noted that as the UK and Scottish Covid Inquiries progress, associated recommendations and management actions for the pandemic preparedness risk will be reviewed, updated and changed accordingly. The importance of monitoring lessons learned from the national Covid Inquiry exercises was highlighted.

The Public Health teams were thanked for all their hard work.

The Committee took a **"limited" level of assurance** from the addition of the pandemic preparedness risk onto the Corporate Risk Register. The Committee also **agreed** the 'pandemic preparedness' risk description and identified management actions within the deep dive review, as set out in the appendix, and noted that these will evolve over time.

6.2 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2025/26

The Committee **agreed** the proposed Public Health & Wellbeing Committee dates for 2025/26, for onward approval of the Corporate Calendar at the NHS Board meeting in September 2024.

6.3 Delivery of Annual Workplan 2024/25

The Board Committee Support Officer highlighted that the Climate Emergency & Sustainability risk, Greenspace Strategy Update and Joint Health Protection Plan, have all been deferred to the November 2024 meeting.

The Committee agreed to remove the Health Promoting Health Service Annual Report 2023/24 from the workplan, with it being noted that this report has not been requested

from the Scottish Government. A further update on how this was being captured within business-as-usual processes was provided later on the agenda.

Following discussion, it was agreed that the Immunisation Annual Report, including Strategic Framework 2024–27, remains as one report to include both adult and children, and that any issues would be escalated accordingly to the Committee.

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

The Associate Director of Planning & Performance joined the meeting and advised that the paper presents the response from NHS Fife to the Scottish Government feedback on the Annual Delivery Plan and the Quarter 1 Report.

It was reported that there are 194 actions within the Quarter 1 Report in terms of the Annual Delivery Plan and agreement has been made with Scottish Government that 36 actions are part of strategic priority to improve health & wellbeing. It was further reported that eight actions were marked as red, which indicates these are unlikely to be completed on time or meet the target within the reportable year. These include one that relates to the Public Health & Wellbeing Committee, namely: increasing capacity for providing in-house routine and urgent dental care.

Assurance was provided that actions relating to the Reform, Perform, Transform programme of work will be captured and reported as appropriate.

Following a question around the impact of the amber and red risks in relation to population public health related risks, the Associate Director of Planning & Performance agreed to include mitigation actions on any aspects that are at risk within the red and amber categories.

Action: Associate Director of Planning & Performance

The Committee **endorsed** submission of the Quarter 1 update and response to Annual Delivery Plan feedback to Scottish Government.

The Committee also took a **"moderate" level of assurance** from the report.

7.2 Prevention & Early Intervention Strategy

The Head of Primary and Preventative Care Services advised that the Prevention & Early Intervention Strategy is presented in draft for members' comment. It was reported that significant work has been undertaken through core and wider stakeholder groups, through a discovery and design phase for the Prevention & Early Intervention Strategy.

It was reported that the strategy sits as one aim of the nine key enabling strategies of the Health & Social Care Partnership, and that it is a critical objective for the Population Health & Wellbeing Strategy 2023-28 to improve health & wellbeing for the population of Fife to provide the quality of health & care services. It was noted that delivery of the

strategy requires a whole system approach, and that the strategy has been framed in line with the Marmot Principles.

It was advised that the strategy is a life course approach, and that significant engagement has been carried out with our communities, further detail on which is provided within the appendix.

Discussion took place, and an overview was provided on the key deliverable aspects specific to child health & wellbeing and mental health indicators, with it being noted that the Stakeholder Design Group will move to an Implementation Oversight Group within year one of delivery, and that an action plan will be developed with appropriate measures. The importance of innovation due to the funding restraints was highlighted, and further detail is included within the key deliverables.

The Head of Primary & Preventative Care Services agreed to share the three-year high level delivery plan with the Committee, and an overview was provided on the deliverables and key enablers contained within the plan.

Action: Head of Primary & Preventative Care Services

It was noted that an Annual Report will come back to the Committee in due course, on progress of the strategy.

The Committee **supported** the strategy and agreed to consider the three-year high level delivery plan outwith the meeting.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

8.1.1 Development of Public Health Indicators

The Associate Director of Planning & Performance introduced the IPQR, advising that additional metrics have been introduced to the report that are related to the remit of the Committee.

The Deputy Director of Public Health provided an update on the screening and immunisation data, noting that three screening indicators have been added to the report. In terms of breast screening, it was advised that performance is at the highest level since 2011, however, is still below the 80% target. It was noted that there is a backlog in meeting the three-year rolling target, and that inequalities and improvement work is ongoing. An update was also provided on performance for bowel screening and AAA screening.

The Deputy Director of Public Health also provided an update on performance for immunisations from the latest quarterly published data. It was advised that a large amount of work has taken place for the MMR2 vaccination, and that a strategic review of childhood vaccines was carried out and reported to the Immunisation Programme Board in October 2023, and followed a series of improvement actions are in progress. As part of the improvement work, it was noted that professional links have been strengthened between the immunisation team and health visitor team. An overview was provided on the childhood programme in terms of immunisation records.

Clarity was provided that the mental health quality indicators are around ligature instances of self-harm and instances of restraint, and that it had been previously agreed these would not be part of the public health IPQR indicators but would be taken to the Clinical Governance Committee.

The Head of Primary and Preventative Care Services reported that the new indicators for the Health & Social Care Partnership are around child health & wellbeing and a further indicator to understand mental health readmission does not yet have a trajectory set. It was advised that, through improvement plans, these new indicators are being worked through within the Health & Social Care Partnership.

A question was raised as to why cervical cancer indicators had not been included along with the addition of the other screening indicators as it was a big population and a locally delivered service. It was advised that it was likely that the data available did not align with the principles for selection as outlined in the accompanying paper on the development of public health indicators.

The Associate Director of Planning & Performance agreed to discuss with the Director of Public Health the issues with the cervical screening indicators.

Action: Associate Director of Planning & Performance

Concern was raised for the psychological therapies position in terms of not delivering against our local trajectory, and the Head of Primary & Preventative Care provided assurance that an improvement plan is being developed and will be brought back to the Committee.

Action: Head of Primary & Preventative Care

The Committee took a **"moderate" level of assurance** from the inclusion of the new Public Health Indicators within the IPQR.

8.2 High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report

The Acting Director of Pharmacy & Medicines presented the report, advising that the programme is now complete, a year earlier than expected. Background detail was provided on the establishment of the programme as one of our corporate objectives in 2022, in response to national and international growing concern about the adverse events and harm to patients, when high risk pain medicine is used ineffectively or inappropriately. An overview was provided on the aim of the programme, and it was advised that the report outlines the key deliverables and outcomes, and the next steps for transitioning the programme to business-as-usual to ensure a continued focus on pain management and safer use of high risk pain medicine.

It was reported that a risk has been identified in relation to the full benefits of the programme not being realised, and that the High Risk Pain Medicine Safety Group have identified mitigations and are aligning the programme of work under the prevention & early intervention strategy, and identifying mitigating actions to take forward which will have maximum impact and minimum resource to NHS Fife. The launch of the 'Pain Talking' website was highlighted, which has gained significant interest.

Discussion followed, and it was highlighted that NHS Fife is above average in terms of prescribing high risk pain medicine, and that there has been a continued increase in the use of high risk pain medicine across Scotland. It was noted that there has been improvement to the NHS Fife baseline data, and the benefits to the programme were outlined. In terms of auditing the compliance of prescribing these medicines, an explanation was provided around monitoring, and it was noted that a Patient Safety Group has been established, for that continued focus. It was reported that there continues to be a variation in prescribing, which is being targeted through improvement work and taken forward through the High Risk Pain Medicine Safety Group. An overview was also provided on the constraints of patient pathways, and it was noted that patients are encouraged to access self-management resources through the 'Pain Talking' website, and that specialist input is provided where necessary.

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

9. **INEQUALITIES**

9.1 **Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24**

The Deputy Director of Public Health advised that the Tackling Poverty & Preventing Crisis Report complies with our legal duty to work with local authorities to produce a child poverty report on a yearly basis under the Child Poverty Act. It was noted that this is the second joint report that has been provided, and that it covers anti-poverty work for both adults and children in Fife, and describes the progress made and priorities for 2024/25. The benefits of partnership working were highlighted, including the training aspects for staff and income maximisation projects that have been taking place. The Deputy Director of Public Health agreed to ensure partners were made aware of potential community grant opportunities through the Fife Health Charity

Action: Deputy Director of Public Health

Following questions, it was explained that, for the unclaimed benefits aspects, there is a requirement for a partnership approach for the benefit maximisation campaigns to be successful, and the importance of the training model was highlighted to ensure that reaching people is effective. It was also noted that the Tacking Poverty & Preventing Crisis Delivery Board has oversight on the implementation of the strategy and delivery plan, and that governance was provided by Fife Partnership Board.

The Committee took **"moderate" level of assurance**.

10. **ANNUAL REPORTS / OTHER REPORTS**

10.1 **Alcohol & Drugs Partnership (ADP) Annual Report and Survey 2023/24**

The Chair welcomed the ADP Service Manager to the meeting, who spoke to the report. It was advised that the report covers two parts, with the first part covering local progress on activity, outputs & outcomes in terms of improvement work, and commissioning our approach towards elements of the national standards, particularly for the MAT standard. The second part of the report is a survey detailing funds and progressed activity against national priorities, and that the survey was a requirement from the Scottish Government.

An overview was provided on the contents of the report, and it was advised that the majority of the report focusses on our system of care towards recovery, and an overview was provided on the improvements that have been made this year, in terms of delivery against all ten national MAT standards, which were assessed by Public Health Scotland. A brief overview was provided on the new strategy for 2024-27, which has been developed, and it was reported that a communication strategy is in development.

Discussion followed, and it was reported that the Scottish Government has made a commitment to increase capacity of beds in terms of residential rehab across Scotland. It was advised that a national framework is being developed, which would likely increase the number of residential rehab facilities available to Fife.

In terms of risks to the service going forward, it was advised that certain areas of delivery will be protected and reprioritised, as required. It was advised that prevalence data is expected to be available in early 2025, and the study will be carried out through Public Health Scotland.

The Director of Reform & Transformation agreed to share the alcohol-specific death work that was carried out through the Alcohol & Drugs Partnership Subgroup.

Action: Director of Reform & Transformation

It was noted that a Committee Development Session is being arranged for the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.

The Committee **supported** the Alcohol & Drugs Partnership Annual Report and the survey, for submission to the Scottish Government.

10.2 Health Promoting Health Service Annual Report 2023/24

The Head of Primary & Preventative Care Services advised that the majority of work is led by the Health Promotion Service based within the Health & Social Care Partnership, and that the report is being presented as part of the annual reporting locally around the Health Promoting Health Service, which aims to support the development of a health promoting culture and embed effective health practices within the hospital setting. It was noted that there is currently no national guidance around local reporting, which was suspended in April 2024; however, the work has continued locally.

Discussion took place, and the Head of Primary & Preventative Care Services agreed to review the appendix, in terms of where the outcomes and indicators sit, and noted that work being taken forward is an approach and not a specific service.

Action: Head of Primary & Preventative Care

The Committee **agreed** to the Health Promoting Health Service becoming business-as-usual, subject to review of the embedded outcomes and priorities.

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

10.3 Primary Care Strategy Year 1 Report 2023/24

The Head of Primary & Preventative Care Services presented the Primary Care Strategy Year 1 Report 2023/24 and reported that a significant amount of work has been progressed very positively. The challenges around primary care services in terms of demand and resources to deliver effective sustainable services was highlighted. An overview was provided on the contents of the report, and it was noted that 60% of the improvement actions have been completed in year 1, with the remainder appropriately carried forward to year 2.

It was reported that, as part of the deliverables, a communication plan has been developed and ratified at the Primary Care Governance Strategic Group and will be implemented within year 2 of the strategy.

The challenges around dentistry were highlighted, and it was advised that a deeper dive will be carried out to improve supporting the position in this area.

The Head of Primary & Preventative Care Services agreed to provide the Committee with the Performance Assurance Framework, which has been ratified at the Primary Care Governance Strategic Group and includes quality indicators.

Action: Head of Primary & Preventative Care Services

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

11. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

11.1 Equality and Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

11.2 Public Health Assurance Committee held on 12 June 2024 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

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

14. ANY OTHER BUSINESS

None.

Date of Next Meeting - Monday 11 November 2024 from 10am – 12.30pm via MS Teams

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**9 September 2024**
Title:	**Committee Chair's Assurance Report**

1. Committee's Performance against Annual Workplan

1.1 The Committee reviewed the workplan for the financial year 2024/25.

Deferred:
- Policy obligations in relation to environmental management and climate change risk
- Greenspace Strategy Update
- Joint Health Protection Plan
- East Region Health Protection
- Director of Public Health Annual Report 2023/24
- Response Plan for Alcohol and Drugs Deaths

Removed:
- Health Promoting Health Service Annual Report 2023/24

2. The Committee considered the following items of business:

2.1 The Committee took a moderate level assurance from the High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report. The programme is now complete, a year earlier than expected, and next steps are for transitioning the programme to business as usual to ensure a continued focus on pain management and safer use of high risk pain medicine. NHS Fife is above average in terms of prescribing high risk pain medicine.

2.2 The Committee took a moderate level of assurance from the Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24. The Tacking Poverty & Preventing Crisis Delivery Board has oversight on the implementation of the strategy and delivery plan, and that governance is provided by Fife Partnership Board.

2.3 The Committee supported the Alcohol & Drugs Partnership Annual Report and the survey, for submission to the Scottish Government.

2.4 The Committee supported the Prevention & Early Intervention Strategy and agreed to consider the three-year high level delivery plan outwith the meeting.

2.5 The Committee took a "moderate" level of assurance from the Primary Care Strategy Year 1 Report 2023/24. The challenges around dentistry were highlighted, and it was advised that a deeper dive will be carried out to improve supporting the position in this area.

3. Delegated Decisions taken by the Committee

3.1 The Committee agreed to finalise the Committee's Terms of Reference outwith the meeting, before onward submission to the NHS Fife Board for further consideration and approval.

3.2 The Committee endorsed submission of the Quarter 1 Annual Delivery Plan update and response to Annual Delivery Plan feedback to Scottish Government.

3.3 The Committee agreed to the Health Promoting Health Service becoming business-as-usual, subject to review of the embedded outcomes and priorities.

4. Update on Performance Metrics

4.1 The Committee took a "moderate" level of assurance from the inclusion of the new Public Health Indicators within the IPQR.

4.2 It was noted that a large amount of work has taken place for the MMR2 vaccination, and that a strategic review of childhood vaccines was carried out and reported to the Immunisation Programme Board in October 2023.

4.3 The new indicators for the Health & Social Care Partnership are around child health & wellbeing and a further indicator to understand mental health readmission does not yet have a trajectory set.

4.4 The issues with the cervical screening indicators are being taken forward.

4.5 An improvement plan is being developed for psychological therapies and will be brought back to the Committee.

4.6 There were no performance-related matters to escalate to the Board.

5. Update on Risk Management

5.1 The Committee took a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate the corporate risks aligned to the Public Health & Wellbeing as far as is possible to do so.

5.2 The target date for the Population Health & Wellbeing Strategy corporate risk has been amended to 31 March 2025, to ensure alignment with the Reform, Transform, Perform programme of work.

5.3 In terms of the health inequalities corporate risk, the target date has been amended to 31 October 2024, and that the current risk rating is expected to

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remain once the Prevention & Early Intervention Strategy has been ratified this month and thereafter will be aligned to the health inequalities corporate risk.

5.4   Ten of the deliverables are on track, with one deliverable at risk for the policy obligations in relation to environmental management and climate change risk.

5.5   There are 41 actions, with 25 that have been completed, for the Primary Care Services risk.

5.6   Discussions are in the early stages for the new emerging risk in relation to drug related deaths.

5.7   A wider set of Public Health risks are reviewed routinely by the Public Health Assurance Committee and minutes are shared with the Committee, with escalation where required.

5.8   A potential risk in relation to dental services is being considered or strengthened this within the existing Primary Care risk.

5.9   A deep dive was provided on the pandemic preparedness risk, and the Committee took a "limited" level of assurance from the addition of the pandemic preparedness risk onto the Corporate Risk Register.

6.   **Any other Issues to highlight to the Board:**

None.

John Kemp
Chair
Public Health & Wellbeing Committee

KEY:

Deadline passed / urgent
In progress / on hold
Closed

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 11 November 2024

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	15/01/24	**Corporate Risks Aligned to Public Health & Wellbeing Committee**	To confirm timelines for roll-out of the risk dashboard to Committees.	MM	Currently a work in progress. Timescale extended.	November 2024
2.	09/09/24	**Development of Public Health Indicators**	Psychological therapies improvement plan, to be brought back to the Committee.	FM	**In progress.** A review is currently being undertaken. Deadline extended from November 2024.	January 2025
3.	13/05/24	**Development Sessions**	To have a Development Session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.	FM/HT	**In progress.** It is proposed that there is an extension to the January Committee meeting to allow presentation of the ADP strategy and Mat standards. This will replace the possible separate development session for February.	January 2025
4.	13/05/24	**Integrated Performance & Quality Report**	A deep dive to be provided on the smoking cessation service.	FM	**Closed.** On agenda.	November 2024
5.	13/05/24	**Development Sessions**	To have a Development Session on Child & Adolescent Mental Health Services and Psychological Therapies.	FM/HT	**Closed.** A Board Development Session will be held in December on mental health services.	November 2024
6.	09/09/24	**Alcohol & Drugs Partnership (ADP) Annual Report and Survey 2023/24**	To share the alcohol-specific death work that was carried out through the Alcohol & Drugs Partnership Subgroup.	BH	**Closed.** Complete.	November 2024
7.	13/05/24	**Delivery of Annual Workplan 2024/25**	To add regular reports from the transformation schemes to the workplan.	JT/HT	**Closed.** The RTP programme has four portfolios of work which are aligned to assurance committees, and these will provide the mechanism of oversight.	November 2024

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NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
8.	09/09/24	**Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report**	To include mitigation actions on any aspects that are at risk within the red and amber categories.	**SF**	**Closed.** The Q2 report will include updates for all ADP actions, and all future updates will include mitigations for all red and amber actions.	November 2024
9.	09/09/24	**Development of Public Health Indicators**	To discuss with the Director of Public Health the issues with the cervical screening indicators.	**SF**		November 2024
10.	13/05/24	**Integrated Performance & Quality Report**	To revisit the Integrated Performance & Quality Report metrics in relation to the Population Health & Wellbeing Strategy activities.	**JT/SF**	**Closed.** Screening indicators added to the IPQR and early years indicators for improvement. SBAR setting out principles for Public Health metrics presented and agreed by Committee in September 2024.	November 2024
11.	01/07/24	**Update on Plan for Fife and Shared Ambitions**	To take forward as an action regarding external discussions being carried out around the Marmot Framework to support and influence our application as part of Fife Partnership.	**JT**	**Closed.** Fife Partnership application shortlisted as one of three funded pilot sites as Marmot/Health Equity place. This work will contribute to future Plan For Fife (2027-2037).	November 2024
12.	09/09/24	**Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24**	To ensure partners were made aware of potential community grant opportunities through the Fife Health Charity.	**EC**	**Closed.** Information about the community grants available from Fife Health Charity will be cascaded widely, including to the Tackling Poverty Preventing Crisis Board, once available.	November 2024
13.	09/09/24	**Prevention & Early Intervention Strategy**	To share the three-year high level delivery plan with the Committee.	**LC**	**Closed.** Complete.	September 2024
14.	09/09/24	**Health Promoting Health Service Annual Report 2023/24**	To review the appendix, in terms of where the outcomes and indicators sit.	**LC**	**Closed.** Complete.	November 2024

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NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
15.	09/09/24	**Primary Care Strategy Year 1 Report 2023/24**	To provide the Committee with the Performance Assurance Framework, which has been ratified at the Primary Care Governance Strategic Group and includes quality indicators.	LC	**Closed.** Will come forward with subsequent annual report.	November 2024
16.	09/09/24	**Matters Arising - Marmot Framework**	A copy of the Board's submission to the Marmot Framework to be circulated to the Committee in advance of its submission by the end of September 2024.	JT	**Closed.** The application prepared by Fife Partnership, was shared with Board Chair and BCE prior to submission and was shared with non-executives later in October.	September 2024
17.	13/05/24	**Delivery of Annual Workplan 2024/25**	To consider inclusion of mid-year reports to the workplan.	JT/HT	**Closed.** Workplan updated.	November 2024
18.	09/09/24	**Corporate Risks Aligned to Public Health & Wellbeing Committee**	To discuss further with the Medical Director in relation to adding a potential corporate risk around dental services or strengthening this within the existing Primary Care risk.	LC	**Closed.** Discussions are ongoing with LC, CMcK and the Consultant in Public Dental Health.	November 2024
19.	09/09/24		To consider public health risks around surveillance and health protection that weren't necessarily population risks that may be considered for the corporate risk register.	SAS	**Closed.** On agenda - East Region Health Protection Service Overview will address the concerns.	November 2024
20.	01/07/24	**Integrated Performance & Quality Report**	To discuss mental health learning disabilities delayed discharge, with the Chair, outwith the meeting.	FM	**Closed.** Complete.	September 2024

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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Review of Public Health & Wellbeing Committee's Terms of Reference**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary:

- This paper provides the suggested text of an updated remit for the Public Health & Wellbeing Committee, as discussed at the Committee's September meeting. Further discussion has also taken place with the Committee Chair and Executive Lead to confirm the extent of these changes, noting further review of the remit will take place in March as part of the annual review cycle.

- Proposed changes (tracked within) relate to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.

- This closes the outstanding action for the Public Health & Wellbeing Committee to review its Terms of Reference following earlier discussion at its March 2024 meeting, with further reflection to be undertaken by the new Committee Chair via routine agenda planning / workplan review, to ensure any gaps in reporting are addressed.

1   Purpose

This report is presented for:

- Decision

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

The current Terms of Reference for the Public Health & Wellbeing Committee were last reviewed in March 2024, as per the above cycle. At that discussion, it was suggested a further in-depth review should be undertaken of the Committee's remit and workplan, and that has now been undertaken, with the input of the new Board Chair and Committee Chair. The main changes tabled initially to the September meeting reflect enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.

At the Committee's September meeting, there were queries raised about the extent of the proposed changes and if these should explicitly mention quality. Further discussion since that date between the Committee Chair, Director of Public Health and incoming Director of Health & Social Care, along with review of the quality aspects of the Clinical Governance Committee's area of remit, has helped clarify the wording proposed in the current draft.

The proposed changes enclosed in this paper would be an in-year adoption, given that the next cycle of formal review is over four months away.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Following endorsement by the Board, the Board's Code of Corporate Governance will be updated accordingly.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care
N/A

2.3.2 Workforce
N/A

2.3.3 Financial
N/A

2.3.4 Risk Assessment / Management
The regular review and update of Committee Terms of Reference ensures appropriate governance across all areas and that effective assurances are provided to the Board.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions
This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact
N/A

2.3.7 Communication, involvement, engagement and consultation
N/A

2.3.8 Route to the Meeting
This paper has been considered initially by the Board Chair, Committee Chair, Lead Executive Director and both the Interim and Incoming Director of Health & Social Care and their input is reflected within. Discussion on the paper was undertaken at the Public Health & Wellbeing Committee's September meeting that led to further discussions on the wording related to the Board and IJB's respective roles and whether 'quality' should be included in the remit. The current wording reflects those follow-up discussions on the Board / IJB roles and reflects the fact that quality is already included in the remit of the Clinical Governance Committee.

2.4 Recommendation
This paper is provided for

- **Decision** – consider the attached changes to the remit, which reflect discussions since the last meeting, and approve a final version for submission to the Board at the end of November.

3 List of appendices
The following appendices are included with this report:

- Appendix 1 – Public Health & Wellbeing Committee's revised Terms of Reference

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

PUBLIC HEALTH & WELLBEING COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~26 November 2024

1. PURPOSE

1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.

1.2 To exercise scrutiny and challenge over the delivery performance of a range of services, including those delegated by the Board to the Integration Joint Board, for which NHS Fife is accountable to Scottish Ministers.

1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.

1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

2. COMPOSITION

2.1 The membership of the Public Health & Wellbeing Committee will be:

- Four Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or Area Clinical Forum)
- Employee Director
- Chief Executive
- Director of Finance & Strategy
- Director of Nursing
- Director of Public Health
- Medical Director

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

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

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

3.   QUORUM

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

4.   MEETINGS

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

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

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

5.   REMIT

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

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

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

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

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

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

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

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

6. AUTHORITY

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

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

7. REPORTING ARRANGEMENTS

7.1   The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2   Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Update on Corporate Risks Aligned to the Public Health and Wellbeing Committee**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health, NHS Fife**
Report Author:	**Dr Shirley-Anne Savage Associate Director for Risk & Professional Standards, NHS Fife**

Executive Summary

- The report highlights a number of updates to existing risks aligned to this committee. A combination of service demand/capacity and the financial context means that the overall risk levels in a number of areas remain high.
- Members are asked to take a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 9 September 2024. The Committee is invited to:

- note details of the corporate risks as at 18 October 2024 at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2, and the Risk Matrix at Appendix 3;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

The Strategic Risk Profile as at 20 August is provided in Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	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	7	6	1	-	-	◄►	**Moderate**
Total	**20**	**15**	**5**	**0**	**0**		

Summary Statement on Risk Profile
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. A review of Risk Appetite is currently underway with the Board members.
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.
Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key			**Movement Key**	
High Risk	**15 - 25**		▲	Improved - Risk Decreased
Moderate Risk	**8 - 12**		◄►	No Change

Low Risk	**4 - 6**	
Very Low Risk	**1 - 3**	

▼   Deteriorated - Risk Increased

The risks aligned to this Committee are summarised in Table 2 below and at Appendix 1.

Table 2: Risks Aligned to the Clinical Governance Committee

Strategic Priority	Overview of Risk Level				Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve health and wellbeing	1	2	-	-	◄►	• 1 - Population Health and Wellbeing Strategy • 2 - Health Inequalities • 4 - Policy Obligations in Relation to Environmental Management and Climate Change • 21 – Pandemic Risk	Mitigations updated for all risks. Risk 21 – new Pandemic Risk added to the CRR with a current high-risk rating
To improve the quality of health and care services	1	-	-	-	◄►	• 10 - Primary Care Services	

Since the last report to the Committee on 9 September 2024:
- One new risk has been added – Pandemic Risk with a current high risk rating
- The are now five risks aligned to this Committee.
- The risk level breakdown is now - 3 High and 2 Moderate.

Key Updates

Risk 1- Population Health & Wellbeing Strategy
The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions. The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.

An Acute Services Clinical Framework is underway that will align to the PHWS and will outline the clinical plans and ambitions for clinical services.

In terms of reporting progress the following reports have been produced:
- PHW Strategy Mid Year Report 23/24
- PHW Annual Report 23/24The mis year report for 2024/25

Risk 2 – Health Inequalities
Fife Partnership submitted an application to work with the Institute of Health Equity and become a Marmot place and have been short-listed. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.

Prevention and early intervention strategy has recently been ratified by the IJB. Public Health supported development of the 'Fair financial decision making' checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.

Work is also underway to develop an Inclusion Health Network that will seek to provide a focal point for a range of partners, including the Third sector. This network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless.

Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. The approach will focus on support for families with children who have a potential disability or long-term condition. Subject to satisfactory progress this may be continued into 2025/26.

Risk 4 - Policy obligations in relation to environmental management and climate change
Regional working group and representation on the National Board is ongoing. The new RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026.

We have increased our commitment to partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council).

A secondary mid-year sustainability & greenspace report has been produced to provide a progress update following the publication of the board report in January 2024.

A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This is to ensure there will be effective management of the risk that will allow us to meet our strategic priorities.

New Risk 21 – Pandemic Risk

There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.

The risk rating aligns with the UK National Risk Register 2023. The current and target risk rating are both 20, reflecting that the likelihood of a pandemic is not within local control and, although consequences may be mitigated through local preparation, consequences will remain extreme.

An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.

Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally.

Preparation underway to deliver large-scale population immunity and immunisation campaigns.

Details of all risks are contained within Appendix 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position. There is work currently underway with the Board to review the Risk Appetite.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more co - ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

The Committee is asked to note the risk appetite status of its corporate risks.

Risks 1, 2, 4 and 21 align to *Strategic Priority 1: 'To Improve Health and Wellbeing'.*

The Board has a High appetite for risks within this domain.
Risks 1 and 4 have a current risk level of Moderate and are therefore below risk appetite.
Risk 2 and 21 have a current risk level of High and is therefore within risk appetite.

Risk 10 aligns to *Strategic Priority 2: 'To improve the Quality of Health and Care Services'.*

The Board has a Moderate appetite for risks within this domain.
The risk is currently assessed as High and is therefore above appetite. This reflects the sustained level of challenge across all aspects of Primary Care Services delivery.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Fiona McKay, Acting Director of Health & Social Care, on 25 October 2024
- Susan Fraser, Associate Director of Planning & Performance, on 25 October 2024
- Neil McCormick, Director of Property & Asset Management, on 25 October 2024
- Margo McGurk, Director of Finance & Strategy, on 25 October 2024
- Dr Chris McKenna, Medical Director, on 25 October 2024
- Carol Potter, Chief Executive, on 25 October 2024
- Dr Joy Tomlinson, Director of Public Health, on 25 October 2024

2.4 Recommendation

- **Assurance** – For Members' information. This report provides the latest position in relation to the management of corporate risks linked to this Committee. Members are asked to take a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3   List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 18 October 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix

Report Contact
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No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1	**HIGH**	**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years. The service, workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy. NHS Fife's Annual Delivery Plan 2024/25 was agreed by Scottish Government. Together with the Corporate Objectives and RTP, this lays out the plans for 2024/25. Regular updates describe the progress against these plans. The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions. An Acute Services Clinical Framework is underway that will align to the PHWS and will outline the clinical plans and ambitions for clinical services. In terms of reporting progress the following reports have been produced: • PHW Strategy Mid Year Report 23/24 • PHW Annual Report 23/24The mis year report for 2024/25 The PHW Strategy Mid Year Report 24/25 is in draft form.	Below	Mod 12	Mod 12 by 31/03/25	◄►	Chief Executive	Public Health & Wellbeing (PHWC)
2		**Health Inequalities**	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged	Within	High 20	High 15 by	◄►	Director of Public Health	Public Health & Wellbeing (PHWC)

	HIGH	There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	in supporting wider population health and wellbeing for the local population. The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities. Consideration of Health Inequalities within all Board and Committee papers. Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. Development of Anchors strategic plan with links to addressing determinants of health inequalities. Key achievements to date: - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife Fife Partnership submitted an application to work with the Institute of Health Equity and become a Marmot place and have been short-listed. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas. Prevention and early intervention strategy has recently been ratified by the IJB. Public Health supported development of the 'Fair financial decision making' checklist to ensure that financial decisions			31/10/24			

			under RTP take into account impacts on protected characteristics and inequalities. Work is also underway to develop an Inclusion Health Network that will seek to provide a focal point for a range of partners, including the Third sector. This network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless. Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. The approach will focus on support for families with children who have a potential disability or long-term condition. Subject to satisfactory progress this may be continued into 2025/26.						
4	**HIGH**	**Policy obligations in relation to environmental management and climate change** There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion. Regional working group and representation on the National Board ongoing. The new RTP infrastructure and change board has evolved to now include sustainability projects designed in response to the NHS Scotland Climate Change Emergency & Sustainability Strategy 2022 – 2026. Active participation in Plan 4 Fife continues. The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.	Below	Mod 12	Mod 10 by 01/04/25	◄►	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)

			Our objectives are set out and monitored through Section 10 of the ADP						
			Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.						
			We have increased our commitment to partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council).						
			The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38. A secondary mid-year sustainability & greenspace report has been produced to provide a progress update following the publication of the board report in January 2024.						
			Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will be key in supporting the requirements of the strategy and policy.						
			The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.						
			A partnership plan for Fife Council, Fife College and University of St Andrews was prepared for submission to the Fife Partnership board in May 2024. This set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint						

			actions we will work on as part of the climate emergency in Fife.

A corporate risk deep dive was produced in October 2024 on the risk of Environmental Management & Climate change. This is to ensure there will be effective management of the risk that will allow us to meet our strategic priorities. | | | | | | |
| 10 | **MODERATE** | **Primary Care Services**

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

A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 has now progressed to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan.

Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024.**Completed** – this will go to the Primary Care Governance and Strategic Oversight Group for ratification. Complete

Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.– Complete as above | Above | High 16 | Mod 12 by 31/03/25 | ◄► | Director of Health & Social Care | Public Health & Wellbeing (PHWC) | |

			A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. A Primary Care Strategy Stakeholder workshop for year two is now being planned. A report describing progress of PCIP 23/24 was presented and supported at PCGSOG – 16 August 2024 and has now progressed to Committees of IJB and NHS Fife. Local negotiations in relation to MOU2 transitionary payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received and detailed within PCIP report above. Discussions continue locally. Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024. - Complete Pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of						

			Pharmacy which outlines the vision to transform the pharmacy service in GP Practices. Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative MOU2 remains the national direction regarding delivery of PCIP. Programme of work continues with regular monitoring and oversight by GMS groups and governance structures of the IJB. Awaiting further direction and/or guidance from Scottish Government for 24/25– see above re PCIP report. GMS IG have now approved end point to delivery of PCIP as March 2026. Planning is now being progressed in line with this. Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.– Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service. Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now a key deliverable of the year two strategy.							
21	 **HIGH**	**Pandemic Risk** There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to	An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.	Within	High 20	High 20			Director of Public Health	Public Health & Wellbeing (PHWC)

| | | healthcare, supply chains, and social functioning. | Work is underway to collate lessons from the COVID-19 response and outputs of related inquiries and implement these locally.

Preparation underway to deliver large-scale population immunity and immunisation campaigns. | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

Risk Movement Key

▲   Improved - Risk Decreased
◄► No Change
▼   Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or → Escalation / 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

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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? Ae 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

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

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)

NHS Fife

PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025

Governance - General

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓

Governance Matters

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	**Director of Public Health**	✓					
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	**Director of Finance & Strategy/Director of Public Health**	✓ **Population H&W Strategy**	✓ **Primary Care Services**	✓ **Pandemic Preparedness** **Environmental deferred due to timings of data**	✓ **Environmental (included within Sustainability & Greenspace Update Report)**	✓ **Health & Inequalities**	✓
Scottish and UK COVID 19 Inquiries Update	**Director of Public Health**			✓ **Private Session**			
Review of Annual Workplan 2024/25	**Board Secretary**					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	**Director of Public Health**	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	**Board Secretary**						✓ Approval

Strategy / Planning

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

Quality / Performance

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
CAMHS Performance Update	**Director of Health & Social Care**	✓			✓		✓

Quality / Performance (cont.)

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Dental Services & Oral Health Improvement	**Director of Public Health**					✓ TBC	
Eating Well & Having a Healthy Weight and Staying Physically Active	**Director of Public Health**					✓	
Green Health Partnership Update	**Director of Public Health**					✓	
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	**Director of Pharmacy & Medicines**			✓			
Integrated Performance & Quality Report	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	✓ **Including Smoking Cessation Deep Dive**	✓	✓
Joint Health Protection Plan (two yearly)	**Director of Public Health**			**Deferred**	✓		
No Cervix Exclusion Audit	**Director of Public Health**		**Deferred**		✓		
Psychological Therapies Standard Update	**Director of Health & Social Care**	✓			✓ **Including Improvement Plan**		
Spring Booster Campaign	**Director of Health & Social Care**	✓					
East Region Health Protection	**Director of Public Health**			**Deferred - East Region Programme Board meet in October**	✓		

Inequalities

	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equalities Outcome Annual Report *(also goes to CGC)*	**Director of Nursing**						✓ **2025 Report**
Participation & Engagement Report	**Director of Nursing**					✓	
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24	**Director of Public Health**			✓			

Annual Reports / Other Reports							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Adult Support & Protection Annual Report 2023/25 *(also goes to CGC)* *(mid-year report not feasible)*	**Director of Nursing**	**Deferred to May 2025**					
Alcohol & Drugs Partnership Annual Report 2023/24	**Director of Health & Social Care**			✓			✓ **Mid-year**
Annual Climate Emergency and Sustainability Report 2023/24	**Director of Property & Asset Management**				✓ **Mid-year**		
Director of Public Health Annual Report 2023/24 *(and additional updates, based on agreed priorities) (also goes to CGC)* *(no mid-year report available)*	**Director of Public Health**			**Deferred**	**Deferred**	✓	
Fife Child Protection Annual Report 2023/24 *(also goes to CGC)*	**Director of Nursing**		✓				
Health Promoting Health Service Annual Report 2023/24	**Director of Public Health**			✓	**Removed from workplan: moving to business-as-usual**		
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027 *(no mid-year report available)*	**Director of Public Health**		✓				
Public Health Screening Programmes Annual Report 2023/24 *(no mid-year report available)*	**Director of Public Health**					✓	
Pharmaceutical Care Services Annual Report 2023/24 *(mid-year report in May 2025)*	**Director of Pharmacy & Medicines**					✓	
Primary Care Strategy Year 1 Report 2023/24	**Director of Health & Social Care**			✓			✓ **Mid-year**
Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 *(mid-year report in September 2025)*	**Director of Health & Social Care**					✓	
Violence Against Women Annual Report 2023/24 *(mid-year report in September 2025)*	**Director of Health & Social Care**						✓

Linked Committee Minutes							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Equality and Human Rights Strategy Group	**Director of Nursing**	-	~~02/05~~	✓ 06/08	-	✓ 07/11	-
Public Health Assurance Committee	**Director of Public Health**	✓ 21/02	✓ 17/04	✓ 12/06	✓ 21/08	✓ 23/10	✓ 18/12

Ad Hoc Items / Additional Items							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Update on Plan4Fife and Shared Ambitions	**Director of Public Health**		✓				
Equality And Health Inequalities Impact of Financial Decisions	**Director of Public Health**	✓					
Draft Public Participation and Community Engagement Strategy 2024-2028	**Associate Director of Communications**	✓					
Medical Assisted Treatment Standards	**Director of Health & Social Care**	✓					
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	**Director of Public Health / Director of Health & Social Care**	✓					
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	**Director Health & Social Care**		✓				
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	**Chief Executive**		✓				
Food4Fife Delivery Plan	**Director of Public Health**						✓

Matters Arising							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Updated Public Health & Wellbeing Committee Terms of Reference	**Board Secretary**			✓	✓		

Development Sessions							
	Lead	**13/05/24**	**01/07/24**	**16/09/24**	**11/11/24**	**13/01/25**	**03/03/25**
Oral Health Prevention & Treatment	**Director of Public Health**			✓ 18/10/24			
Focus of Committee, followed by a fundamental review of the Terms of Reference	**Director of Public Health**		09/07/24 – Initial discussion 11/11/24 – Final ToR on agenda				
Child & Adolescent Mental Health Services and Psychological Therapies	**Director of Health & Social Care**	Removed – Board Development Session in December 2024 will cover mental health					
Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards	**Director of Health & Social Care**	TBC – February 2025					
Joint Working with Fife Partnership – TBC 2025	**Director of Public Health**						
Health & Transport – TBC 2025	**Director of Public Health / Director of Estates & Property Management**						

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Population Health and Wellbeing Strategy, 2024-25 Mid-Year Report**
Responsible Executive:	**Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

<u>Executive Summary</u>:

- The NHS Fife Population Health and Wellbeing Strategy 2023-28 was published in March 2023.

- The corporate risks to the ongoing implementation of the strategy were explored in a deep dive of this risk during summer 2023. It was agreed that to mitigate this risk a mid-year progress update would be provided along with an annual report. This would provide assurance to the board of the work to take forward the strategy

- This paper provides the draft mid-year progress update for the second year of the implementation of the strategy covering the period April-September 2024.

- The paper is structured around the 12 corporate objectives which are aligned to the four strategic priorities outlined in the strategy.

- The report also includes two case studies providing examples of our strategy in action: these include findings of our evaluation of the Rapid Cancer Diagnosis Service (RCDS) and information on how we are improving care for people living with frailty at the front door of the Victoria Hospital Kirkcaldy.

- This report provides Significant Level of Assurance.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategic Priorities

This report provides an update on all of the NHS Fife Board Priorities.

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Following the publication of the [NHS Fife Population Health and Wellbeing Strategy](#) in March 2023, it was agreed that going forward, a mid-year progress update and an annual report summarising the progress of the strategy would be shared with the NHS Fife Board.

The 2024-25 mid-year Report has been prepared detailing the work taken forward in the first 6 months of the 2024-25 financial year. It provides significant assurance around the ongoing work to implement the Population Health and Wellbeing Strategy.

2.2   Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on how we provide assurance on progress of implementation to the NHS Fife Board.

It was agreed to produce a mid-year report and an annual report providing a summary of progress with key achievements and impact. The first [mid-year report](#) covering April 2023- September 2023 was published in January 2024. This was followed by the first [annual report](#) covering the first full year of strategy implementation published in May 2024.

We are now in the second year of implementation of the strategy. The draft second mid-year report outlining the progress made in April- September 2024 is appended to this paper.

2.3   Assessment

This draft mid-year report has been prepared by reviewing a range of existing reports including Corporate Objectives Review Group, Annual Delivery Plan quarter 2 reporting and where necessary, discussion from a range of colleagues across NHS Fife. The report is structured around the following sections:

Case Studies

- Two case studies outlining examples of the work that is underway in Fife are included in the report. These include findings of our evaluation of the Rapid Cancer Diagnosis Service (RCDS) and information on how we are improving care for people living with frailty at the front door of the Victoria Hospital Kirkcaldy.

Reform, Transform, Perform

- There is an overview of our Reform, Transform, Perform framework explaining how this is our tactical approach addressing our financial challenges and driving transformation of our organisation. This narrative explains the links with our strategy and how our work is aligned to RTP.

Summary of work undertaken April-September 2024

- There is a summary of key pieces of work that have been undertaken for the first 6 months of this financial year.
- This narrative has been structured around the 12 corporate objectives that were agreed by the Board in July 2024. The Corporate Objectives are aligned to the 4 strategic priorities detailed in the strategy:
  - o   Priority 1- Improve health and wellbeing
  - o   Priority 2: Improve the quality of health and care services
  - o   Priority 3: Improve staff experience and wellbeing
  - o   Priority 4: Deliver value and sustainability
- For each corporate objective we have provided context explaining how the linked work builds on what we have already been doing and/or explained why this work is important. There is then a summary on what we have done and what we are going to do for the remainder of the current financial year.
- Narrative has been kept succinct and brief with a focus on how we are realising our strategic objectives rather than a detailed description of all our work across the organisation.
- Where relevant, the linkages between the corporate objectives and the RTP programmes have been described.

Appendices
- Appendix one describes the links between the corporate objectives and RTP.
- Appendix two provides an overview of the supporting Strategies and Programmes that are aligned to the Population Health and Wellbeing Strategy.
- Appendix three provides a glossary of acronyms used in the report.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year report provides a high-level progress update on the work being undertaken to deliver high quality, patient centred and value-based health & care in the 2024-25 financial year, with a focus on how we are addressing the impact of health inequalities.

2.3.2 Workforce

The enclosed report provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the 2024-25 financial year in line with the commitments we have made in our Corporate Objectives, the Annual Delivery Plan and the vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will support reduced demand on our healthcare system through preventive actions which will improve the health and wellbeing of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients, staff and communities. Following the deep dive reporting mechanisms have been agreed which include a commitment to the production of this a mid-year report each year.

We know that our ongoing work to address our financial position may have an impact on our organisational capacity to deliver all our ambitions associated with the Population Health and Wellbeing Strategy. We are actively monitoring this and, if necessary, we will update the related corporate risks.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The annual report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update makes reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation across NHS Fife and beyond.

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 17 October 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – this paper provides **"significant" assurance** that the identified risks associated with the ongoing monitoring of the implementation Population Health and Wellbeing Strategy continue to be mitigated

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report 2024-25

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Population Health and Wellbeing Mid-Year Report 2024-2025

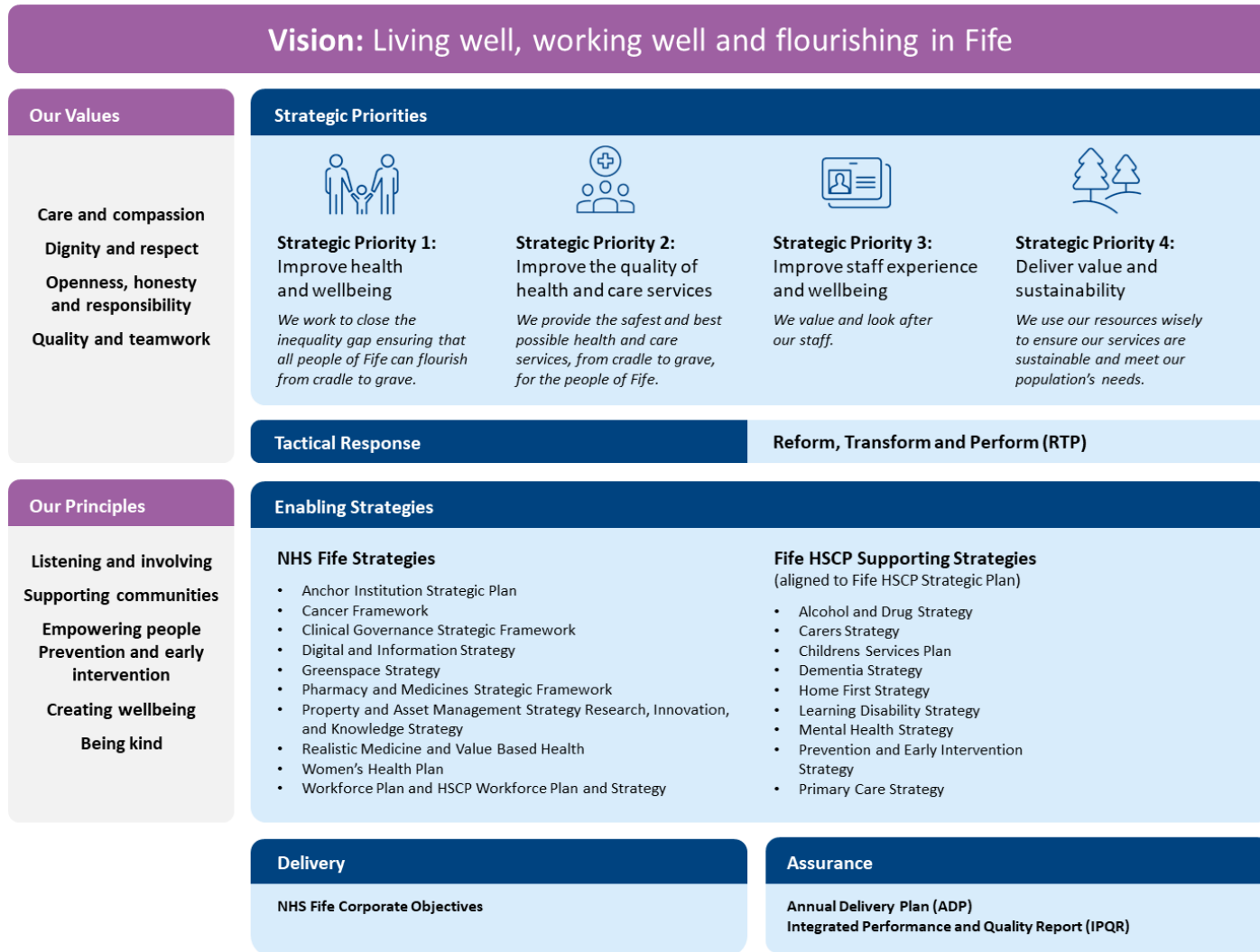Living well, working well and flourishing in Fife

October 2023   nhsfife.org

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Our strategic framework: *how we're delivering our population health and wellbeing strategy*

Vision: Living well, working well and flourishing in Fife

Our Values

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

Strategic Priorities

Strategic Priority 1: Improve health and wellbeing

We work to close the inequality gap ensuring that all people of Fife can flourish from cradle to grave.

Strategic Priority 2: Improve the quality of health and care services

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

Strategic Priority 3: Improve staff experience and wellbeing

We value and look after our staff.

Strategic Priority 4: Deliver value and sustainability

We use our resources wisely to ensure our services are sustainable and meet our population's needs.

Tactical Response

Reform, Transform and Perform (RTP)

Our Principles

- Listening and involving
- Supporting communities
- Empowering people Prevention and early intervention
- Creating wellbeing
- Being kind

Enabling Strategies

NHS Fife Strategies

- Anchor Institution Strategic Plan
- Cancer Framework
- Clinical Governance Strategic Framework
- Digital and Information Strategy
- Greenspace Strategy
- Pharmacy and Medicines Strategic Framework
- Property and Asset Management Strategy Research, Innovation, and Knowledge Strategy
- Realistic Medicine and Value Based Health
- Women's Health Plan
- Workforce Plan and HSCP Workforce Plan and Strategy

Fife HSCP Supporting Strategies
(aligned to Fife HSCP Strategic Plan)

- Alcohol and Drug Strategy
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- Childrens Services Plan
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- Learning Disability Strategy
- Mental Health Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy

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NHS Fife Corporate Objectives

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Integrated Performance and Quality Report (IPQR)

Introduction

We are now into the second year of implementing our [Population Health and Wellbeing Strategy](#). Signed off by NHS Fife's Board in March 2023 we are continuing to work towards the vision outlined in this strategy of *Living Well, Working Well and Flourishing in Fife*. Building on the work in 2023-24, this report provides an update on the progress we have made in the period April-September 2024.

The focus of our strategy is to ensure that we are improving population health and wellbeing, recognising where we can make an impact on the social determinants of health and address health inequalities. When we developed the strategy, recognising the high degree of uncertainty we faced, we chose to not develop detailed plans and commitments. Instead, we committed to take a more agile approach allowing us to adapt our approach as circumstances necessitated.

As we move forward both the opportunities and challenges are becoming clearer. Recognising the significant financial challenges we face as an organisation, whilst also mindful of our commitment to delivering high quality care, we have developed our Reform, Transform, Perform (RTP) framework. This is our tactical response to addressing our financial challenges, whilst in tandem, describing how we will create the conditions for us to evolve our services, empower our staff and to secure a more sustainable future. This approach is supporting closer whole system working with our strategic partners across the Fife health and care system. Our RTP Framework is firmly rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy and will accelerate progress with our transformation journey.

Updates in this report are structured around the NHS Fife Corporate Objectives. Appendix one details how these are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the NHS Fife Annual Delivery Plan for 2024/25 agreed with Scottish Government. For each corporate update we have provided context, where necessary explaining how the corporate objective builds on work already undertaken. There is then an update on what has been achieved in April-September 2024 and what we plan to do in the latter half of the financial year (October 2024-March 2025).

Additionally, there is a range of information included in appendix two which provides more detail on our strategies and programmes across NHS Fife as well as the work underway supporting implementation of our RTP Framework. We also have provided two case studies which show how we are redesigning our services in practice. The first describes the impact of the recently implemented Rapid Cancer Diagnostic Service and the what the evaluation of this service has showed. The second outlines how we are reducing admissions to hospital for our most frail patients through collaborative working across our admissions team and our Hospital at Home Service.

The breadth and range of work described in this report is a testament to the continued efforts and support all the staff employed by NHS Fife who have demonstrated their ongoing commitment to the ambitions set out in our Population Health and Wellbeing Strategy. We thank them for all of the work that they do and how they allow us to care for the population of Fife.

Our work in action: *how we are making a difference to our health and wellbeing*

Evaluating the impact of the Rapid Cancer Diagnostic Service

About the Rapid Cancer Diagnostic Service

When John first visited his GP, he had vague symptoms—nothing too alarming, yet enough to concern him. His journey could have led to multiple appointments, tests, and long waiting times, adding to his anxiety. Instead, thanks to the Rapid Cancer Diagnostic Service (RCDS), John received prompt, coordinated care.

We have well established standard cancer referral pathways for patients who meet clear referral criteria. However sometimes patients present to their GP with non-specific symptoms such as vague discomfort, unexplained fatigue, or subtle changes. These symptoms might be early signs of something serious, like cancer, but they don't meet the criteria for referral to secondary care.

NHS Fife established an award-winning RCDS in June 2021, supporting patients like John, whose story we shared in the Population Health and Wellbeing Strategy (page 23). The RCDS provides primary care with an alternative route to refer patients with non-specific symptoms where the GP is concerned about the possibility of cancer. Patients referred to the RCDS receive co-ordinated examination and investigations based on their needs with rapid reporting of results.

How did we evaluate our Rapid Cancer Diagnostic Service?

The University of Strathclyde completed an evaluation of three pilot RCDS sites in Scotland, which includes the service provided in NHS Fife. A range of data was collected on the activity and performance of the RCDS for patients referred between June 2021 – June 2023. Opinions of the RCDS from patients and health professionals were also sought through online surveys and qualitative interviews. Further feedback was also gathered from Care Opinion.

What did the evaluation tell us?

The evaluation of all three RCDS pilot sites found:

- 12% of patients seen over the two-year period were diagnosed with cancer.
- 6% were given a pre-cancer diagnosis, meaning they required further monitoring in case a cancer develops.
- 41% were diagnosed with a non-cancer condition.
- 41% were given the all-clear and referred back to primary care.

It also highlighted that the model delivers a **quality service at speed, is cost effective** compared to previous pathways, and **highly valued by patients and staff**. Positive patient experience is attributed to the speed of referral, reduction in waiting times for diagnostic tests, having a single point of contact and enhanced information and communication throughout the RCDS pathway.

When patients are referred to the RCDS, they receive an experience built on speed, support, and understanding. As one patient described, *'I could not have been treated with more courtesy…she [staff member] spent time trying to put me at ease.'*

Our RCDS is breaking down barriers, reaching people in Fife's most deprived communities. As shown in the figure below, most referrals into the service were made for patients living in the most deprived areas (SIMD 1). This compares positively with the Urgent Suspicion of Cancer referral route. The services were positively received by patients, with more than 96% giving the service a positive satisfaction rating of eight or more (with a maximum score of 10).

	% RCDS Referrals June 2021-June 2023 by deprivation category	% Urgent Suspicion of Cancer Referrals June 2021-June 2023 by deprivation category
SIMD Q1 (most deprived)	24.4%	20.4%
SIMD Q2	22.1%	20.6%
SIMD Q3	19.0%	21.0%
SIMD Q4	17.8%	19.6%
SIMD Q5 (least deprived)	16.2%	18.4%

What are we doing next?

Funding for 5 pilot RCDS sites cross Scotland, including Fife, has been provided until March 2025 and outcomes are continuing to be monitored.

How NHS Fife is tackling frailty

What is Frailty?

 'Frailty' is a term that is used a lot but is often misunderstood. When used appropriately, it refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury[1]. Frailty is progressive, negatively impacting independence and quality of life and is linked to an increased use of health and social care services. Frailty can affect people as young as 50 years old. It is projected that as our population ages, there will be an increase in those living with frailty. Consequently, there is a need to plan for clinical services to manage the increase in the frail older population.

Developing our services for our frailest patients

We have been undertaking a range of redesign to improve our services for our frailest patients. Our approach is supported by working in partnership with a wide range of organisations in Fife coordinated through the Frailty Managed Clinical and Care Network (MCCN). The network priorities include frailty prevention, early intervention and integrated support and care across Fife.

Between October 2023 and January 2024, we tested an in-reach approach in which an Advanced Nurse Practitioner (ANP) working in the Victoria Hospital Kirkcaldy facilitated the earlier discharges of patients living with frailty, with support from the NHS Fife Hospital at Home.

How did we evaluate the in-reach frailty model?

During this time, 168 early supported discharge (ESD) patients transitioned from an acute setting to the Hospital at Home service, 92 of which were identified by the Hospital at Home ANP and the in-reach frailty ANPs. 77% of the patients identified by in-reach were discharged on their day of admission. A total of 555 bed days were saved (based on the monthly average LoS)

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[1] What is frailty? | Age UK

The table below details the impact our service has made.

Month	Total Patients Identified as Early Supported Discharge by In-Reach ANP	Same Day Discharge	% Same Day Discharge	Average Monthly Length of Stay (Days)	Average Acute Bed Days Saved
October 2023	18	10	56%	7.5	75
November 2023	53	41	77%	7.7	316
December 2023	10	10	100%	8.2	82
January 2024	11	10	91%	8.2	82
Total	**92**	**71**	**77%**	**-**	**555**

Over the 4-month period of the test of change we have saved 555 bed days.

What are we doing next?

Following the recruitment of two ANPs, we are now expanding the Hospital at Home in-reach frailty service, enabling earlier discharge of frail patients so they can be cared for in a homely environment in conjunction with our Hospital at Home service.

Re-form, Transform, Perform

We agreed our Reform, Perform, Transform (RTP) framework in March 2024 as our tactical response to support NHS Fife to actively undertake the transformation of our organisation. It sets out how we will implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future.

This framework is rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy and serves as a tactical plan for the organisation, underpinned by our Corporate Objectives, our Annual Delivery Plan (ADP) and Medium-Term Financial Plan (MTFP).

The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. In December 2023, following the Scottish Governments budget announcement, Richard McCallum, Director of Health and Social Care Finance, Digital & Governance at NHS Scotland wrote to all NHS Board Chief Executives, stating that *'The financial pressures across health and social care are by far the most challenging since devolution'*.

As a first step to begin addressing this financial challenge, our RTP Framework sets out how we will deliver £25million recurrent savings in the 2024-25 financial year. This equates to 3% of our total budget. To achieve our savings target we have identified 13 schemes. These schemes vary in scale and complexity but collectively are supporting delivery of our savings target.

The next stage of our framework is the development of our transformation strategic portfolio with a coordinated collection of initiatives, programmes and projects that align with our Population Health and Wellbeing Strategy and long-term ambitions. The portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value, and sustainability. Our four key transformation programmes are Acute, Business Transformation, Infrastructure, and People and Change. In tandem, a joint transformation plan is being prepared that will align the RTP framework with the transformation work of Fife Health and Social Care Partnership (HSCP).

This will support all partner organisations in Fife to jointly pursue high quality outcomes and value for the population of Fife. It also enables us to adapt our work to the emergent local, regional, and national context. Appendix One describes the alignment between the delivery of our RTP framework and the 2024-25 Corporate Objectives.

Aligning the NHS Fife and Fife HSCP Transformation Work

Fife HSCP	NHS Fife
Community Rehabilitation	Acute
Mental Health Redesign	Infrastructure
Modernising Administration	Business Transformation
Supplementary Staffing	People and Change

RE-FORM

We need to Re-form

- Immediate changes to how we work across the organisation
- Increased grip and control
- Principles to enable systems leadership to improve our position

Delivery of 3% efficiency target

TRANSFORM

We need to Transform

- Make changes to our services, structure and care delivery
- Develop proposals that will require choices to how we deliver services across NHS Fife
- Ensure change balances the financial position with safety, quality and performance

Delivery of additional 4% to support balance

PERFORM

We need to Perform

- Demonstrate sustainable improvements to our financial position
- Ensure our improvements are sustainable
- Realise our strategic ambition

Sustainable financial position

Strategic Priority 1: *improve health and wellbeing*

Corporate Objective 1: *we will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.*

Provision of good stable employment, particularly for the most disadvantaged in society, can address health inequalities and impact positively on the social determinants of health. In our Anchors Strategic Plan, we identified a key focus of our work would be to promote employment opportunities in Fife with a focus on progressive recruitment practices.

What we have done April- September 2024:

- Collaborating with NHS Education for Scotland (NES) and Fife College we are delivering 'EMERGE'. This is targeted at Fife school pupils (aged 14–16 years) from areas of multiple deprivation, with an interest in pursuing a career in health. Participants undertake a 12-month qualification through Fife College, including a placement within NHS Fife.
- Collaborating with Fife Council to deliver 'Life Chances', supporting Community Wealth Building via 13-week placements leading to sustainable employment. Fife Council provides support and training to develop employability skills.
- Working together with Fife College we are expanding the delivery of Modern Apprenticeships to Healthcare Support Workers employed within NHS Fife. In doing so employees are gaining on the job experience with a qualification, which enhances the nursing career pathway.
- We are working in partnership with St Andrew's University to deliver the innovative Scottish Community Orientated Medicine (ScotCOM) programme. This is focussed on community based clinical teaching and providing students with comprehensive understanding of community care services. It is expected that in the longer term this degree programme will train our future community based medical workforce.
- Supporting our Anchor objectives, NHS Fife has applied jointly with Fife Council to be part of the Collaboration for Health Equity for Scotland (CHES) programme. This is being delivered in partnership by Public Health Scotland (PHS), Sir Michael Marmot and Institute of Health Equity (IHE).

What we will do before 31st March 2025:

- We will continue to facilitate placements for participants on the EMERGE and Life Chances programme. We will ensure that all plans are complete for the first cohort of the ScotCOM programme starting in autumn 2025.
- We will improve our engagement with High Schools in Fife by developing and delivering dedicated Health and Social Care Careers Events for pupils to attend at our Queen Margaret Hospital Education Centre.
- In addition, we will continue to work with the Prince's Trust to provide 4 week placements to candidates interested in Health and Social Care, aged between 16 – 30 years of age who have been marginalised or are disengaged. Prince's Trust and NHS Fife will help those on placement build both confidence and skills.

Corporate Objective 2: *we will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.*

Prevention and early intervention underpins the delivery of our Population Health and Wellbeing Strategy. It will lead to better health outcomes for people, their families, and our wider communities. We can reduce the burden of illness and reduce early deaths for our population. Getting this right will lead to benefits for our health and care system through reduced demand for services.

What we have done April- September 2024:

- Developed the Prevention and Early Intervention Strategy with input from a wide range of stakeholders. This included developing definitions of prevention and early intervention so these are shared meaningful concepts across our Health and Care System.
- The Prevention and Early Intervention Strategy has been approved by the Fife HSCP at the Integration Joint Board in September 2024.

What we will do before 31ˢᵗ March 2025:

- Gain approval from the NHS Fife Board.
- Finalise and commence our year one delivery plan which will take a life course approach working alongside existing strategies recognising the interconnectedness of factors such as social, economic, and environmental influences.

Corporate Objective 3: *we will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.*

Our services are under pressure and sometimes patients are having to wait longer than we would like. Waiting well approaches enable people to support their health and wellbeing while they are waiting for their appointment, procedure, and other care. In 2024-25, we tested ways of embedding a waiting well approach in our Orthopaedics service. This showed that there are benefits of raising awareness of all the resources available. We also found that when we communicate directly with patients, using person centred approaches to understand 'what matters', this is more likely to see positive outcomes such as increased uptake of supporting services.

Through our work to date we have built close working relationships between acute services (where patients are typically waiting) and The Well (run by Fife HSCP) who run drop-in services providing free information and general advice to help people stay well and independent within their local community.

What we have done April- September 2024:

- Building on the learning in Orthopaedics, we have ensured information on waiting well is readily available on the NHS Fife Website, on the Patient Hub app, in outpatient clinics, and in letters for patients of all specialties. We have also included links to the NHS Fife Pain Talking website.
- Developed referral pathways to The Well to ensure all patients who can benefit from this service can do so.

What we will do before 31st March 2025:

- Continue to ensure that we embed and maximise use of the wide range of resources available to us including holistic community service provided by The Well.
- Develop plans and agree next steps to take forward Waiting Well. This will include consideration on how we can provide a more proactive approach to embedding waiting well into all our services, recognising that patients are more likely to utilise services following direct contact.

Strategic Priority 2: *improve quality of health and care services*

Corporate Objective 4: *we will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.*

Urgent and unscheduled care services provide any care in an emergency including during out of hours. It includes care provided by our Accident and Emergency department, minor injury units and a range of community services. Our services have experienced increasing demand with year-on-year increases in presentations to our Accident and Emergency department. This pressure is seen in our ED waiting times which have increased. In previous years we have invested in growing our capacity and undertaken redesign of our unscheduled care services. Further work is ongoing to embed changes and take forward further improvements across our health and care system to ensure that our unscheduled care services provide high quality sustainable care in the longer term.

What we have done April- September 2024:

- We have four priority workstreams underway: Flow Navigation Centre (FNC), Rapid Triage Unit, Transforming Urgent Care, and Optimising Care Home Pathways. Progress is monitored regularly through the Integrated Unscheduled Care Programme Board.
- Following the alignment of the FNC to our Acute Services Medical Directorate in 2023-24, we have seen an increase in redirections away from A&E. This means more patients are being seen in the most clinically appropriate setting for their needs and avoids long waits at A&E.
- We have identified further options for service redesign which are currently being considered in conjunction with a range of stakeholders.
- Our performance against the 4 hour 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) is reported every month in our Integrated Performance and Quality Report (IPQR). In September 2024 was 75.4%. The most recent publication from PHS, for month of Aug-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish average.

What we will do before 31st March 2025:

- We will continue working in partnership across the Fife health and care system to support the ongoing transformation of unscheduled care. This includes working with the public, primary care colleagues such as GPs, and staff side representation.

Corporate Objective 5: *We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.*

Supporting our Population Health and Wellbeing Strategy, we are developing an Acute Services Clinical Framework covering the period
2025-28. We will also prepare a delivery plan which will detail changes we want to make. Together, this will outline how we will deliver safe and sustainable acute services that meet the needs of Fife. This will guide the transformation of acute services and will be aligned to our Reform, Transform, Perform framework.

What we have done April-September 2024:

- We have begun scoping the Acute Services Framework through reviewing of existing directorate plans and strategies with a focus on the ambitions of clinical services for next three years.

What we will do before 31st March 2025:

- Through engagement with our clinical stakeholders, we will prepare a framework for sign-off by the NHS Fife Board.

Corporate Objective 6: *We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.*

Realistic Medicine and Value Based Healthcare are central to our RTP framework. The realistic medicine principles include shared decision making, personalising approaches to care, reducing waste and harm caused by healthcare, reducing unwarranted variation, better managing risk, and seeking to continually improve and innovate. NHS Fife agreed its Realistic Medicine Delivery Plan with Scottish Government and the work is continuing to deliver this.

What we have done April- September 2024:

- The Realistic Medicine Principles are being embedded as part of the RTP Medicines Optimisation scheme and our Medicines Safety Programme to ensure the safety, sustainability and value from medicines.
- Delivering awareness raising sessions across all parts of our organisation which include promoting the TURAS module on Shared Decision Making and national campaign It's ok to Ask and the Benefits, Risks, Alternatives and do Nothing (BRAN) questions.
- We have tested the delivery of Quality-of-Care Reviews within acute services, and we have developed plan to scale this work up with further testing in community services from September.
- We are scoping further work around reviewing medicines and procedures of low clinical value and approaches to realistic prescribing.

What we will do before 31st March 2025:

- We will continue work already underway, embedding Realistic Medicine principles across all our work.
- Working with our frailty team to revise guidelines for Realistic Prescribing in Frailty
- Realistic Diagnostics to deliver value based care.

Strategic Priority 3: *improve staff experience and wellbeing*

Corporate Objective 7: *We will develop a workforce staffing model in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.*

NHS Fife's workforce is essential to the delivery of high-quality services. We know that the best way to deliver high quality care is to have substantive staff that are part of our clinical teams. Our Workforce Plan (2022-25) sets out our plans for how we will develop our workforce to ensure that we deploy our staffing resources effectively and this aligns with plans to redesign and transform services. Much of this work aligns with RTP and is being managed as part of the RTP People and Change Programme and Business Transformation Programme. We are also making links with the HSCP Modernising Administration Services and Supplementary staffing programmes.

What we have done April- September 2024:

- Across all staff groups we have taken steps to move away from using supplementary staffing. Where we do need to use supplementary staffing, we have taken steps to increase the governance and scrutiny of this. For services with specific staffing challenges, we are looking at redesign to protect continued delivery of care.
- The Health and Care (Staffing) (Scotland) Act came into force on 1 April 2024. In line with the provisions of the Act we have commenced use of a range of tools to assess our staffing levels and provide assurance these are safe to meet the safe delivery of patient care.
- Commenced reviewing our staffing structures across all grades and all parts of our workforce. This will ensure that our staff maximise their impact and support delivery of everything we do. In particular, we are considering how the deployment of digital approaches can support our workforce to deliver their roles.
- We are developing workforce models for all parts of our medical, nursing, midwifery and Allied Health Professional (AHP) workforce to project our workforce requirements in future years.

What we will do before 31st March 2025:

- Use the outputs of the work underway to inform our workforce plans going forward.
- Commence reporting of the Healthcare Staffing Programme tools via internal governance routes.
- Begin development of the board's workforce plan for 2025 to 2028.

Corporate Objective 8: *We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of Personal Development Plans and Reviews (PDPR)[2].*

NHS Fife is committed to improving the wellbeing of our staff, believing that this supports the ongoing retention of our workforce and positively contributes to improved patient care and clinical outcomes. Our staff governance metrics provide an insight into how well we are delivering this in practice. Recognising that there is room for improvement we are seeking to reduce sickness absence rates and increase uptake of mandatory training and PDPR. As we take this forward, we are ensuring that we deliver Protected Learning Time (PLT) for all relevant staff groups.

What we have done April- September 2024:

- Refreshed our data on absence management, working hours lost and trajectory information reviewed to help us understand how we are currently doing.
- Reviewed our 'Promoting Attendance' panels to ensure a consistent approach to the management of attendance.
- Commenced development of a refreshed core skills training programme and a blended corporate induction programme.
- Opened the Victoria Training Hub which provides a dedicated space for the provision of resuscitation, manual handling, and clinical skills training. It also includes a digital training suite. This space will support effective delivery of PLT once fully established.
- Tested the provision of a core skills compliance report which details rates of completion of mandatory training.
- At the end of September 2024 our sickness absence and PDPR completion performance was reported in the IPQR:
  - Sickness absence rate was 6.51%, a decrease from 7.47% in Jul-24. The latest benchmarking for Jun-24 shows NHS Fife to be in the mid-range of all the territorial NHS Boards.
  - PDPR completion was 42.9%, a decrease from the previous month but an increase of 1.6% on the same month in 2023.

What we will do before 31st March 2025:

- Benchmark to other NHS Boards to identify further opportunities where we can improve attendance in a supportive way.
- Deliver a Managers Essential Learning Programme designed to support new managers in their role to manage, engage and support team members.
- Provide a reporting dashboard for managers detailing team members engagement in core skills training activities and highlighting outstanding requirements.

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[2] The PDPR in developed between an employee and their line manager. It sets out the employee's objectives for the year ahead, any agreed development needs, and a plan for how these will be achieved.

Corporate Objective 9: *We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.*

As a priority commitment this year, we are seeking to develop our Fife Leadership Framework that has reach and relevance for all of us in NHS Fife. This puts a significant stake in the ground for Fife at a time when both performance and culture are mission critical to our ambitions and capabilities to deliver excellent care, with our people at the heart of our approach. The intention of developing Our Leadership Way is that we co-design it, so that we build confidence in the leadership behaviours that matter the most to us here in Fife. These leadership behaviours will be applicable to all of us, regardless of role, grade, or profession, we are all leaders, with a voice and responsibility to make a difference.

What we have done April- September 2024:

- Commenced our inquiry work to bring forward of 'Our Leadership Way' which seeks to develop a shared leadership philosophy for NHS Fife. This will be informed and shaped by the experiences and expectations of colleagues at all levels across the organisation.
- Formed a collaborative volunteer group who have come together to drive forward the development of Our Leadership Way. This diverse group of interested and passionate colleagues are actively creating ways to engage, inquire and inform to bring forward a leadership framework developed for Fife, by Fife.

What we will do before 31st March 2025:

- Finalise and publicise Our Leadership Way by the end of March 2025. This work will continue into 2025-26 and beyond with the aim of growing and developing our leadership capability and supporting teams to embed our shared leadership philosophy in practice.

Strategic Priority 4:
deliver value and sustainability

Corporate Objective 10: *We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.*

The first phase of our Reform, Transform, Perform framework has been a series of savings schemes to help us secure the minimum 3% savings target. This equates to £25million of savings across our total expenditure.

What we have done April- September 2024:

- As part of the first phase of RTP, we have implemented 13 schemes which are currently in the process of being delivered with monthly reviews thought our governance and assurance framework.
- As at the end of September 2024, there has been moderate assurance provided to the Board that £23.2m savings are on track. Work is ongoing at pace to close the gap to achieve the remainder of the savings target.
- We have now established a strategic portfolio with a coordinated collection of initiatives, programmes and projects which will be developed throughout the remainder of 2024-25.

What we will do before 31st March 2025:

- We will continue monitoring and delivery of the RTP 13 schemes.
- We will move towards a wider transformation portfolio, focussing on addressing medium- and longer-term challenges, alongside the ongoing urgent financial sustainability work.

Corporate Objective 11: *We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.*

Use of digital approaches is central to how we are redesigning services. To support this work, we are replacing our existing digital strategy with an updated Digital Framework. This will build flexibility into our delivery plans, underpin our RTP Business Transformation Programme, and ultimately ensure that we utilise our financial resources wisely.

What we have done April- September 2024:

- Commenced drafting our digital framework including identifying key objectives and how these align with national, regional and local objectives (including RTP)
- Working with key suppliers, revised our programme plans and timelines to deliver prioritised digital programmes including electronic immediate discharge documentation, pharmacy stock control and Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Worked collaboratively with suppliers to identify cost savings for NHS Fife to continue to ensure best value.
- Begun scoping the Business Transformation Programme seeking to improve use of digital solutions to complete internal administration and digital functions. For example supporting the recruitment process.

What we will do before 31st March 2025:

- Finalise and publish our Digital Framework.
- Deliver Electronic Immediate Discharge Documentation (EIDD) and continue working towards delivery of Pharmacy Stock Control and HEPMA.
- Finalise the scoping and delivery of the Business Transformation Programme.

Corporate Objective 12: *We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.*

NHS Fife, in common with other NHS Boards, recognises the climate emergency and has made a commitment to developing sustainable practices and working towards net zero. Our aim is to reduce greenhouse gas emissions from our buildings by at least 75% by 2030 compared to a 1990 baseline, by 2038 to use renewable heating systems for all NHS-owned buildings, and by 2040 for all our estate to achieve net-zero emissions (meaning overall we are not increasing levels of carbon dioxide in our atmosphere). Recognising the scale of this work, we have developed a range of interconnected strategies and programmes which support us to deliver this in a phased way.

What we have done April- September 2024:

- Published a Prior Information Notice (PIN) to test the market for fully funded renewable technology solutions (for example, Battery Energy Storage Systems (BESS), additional solar PV installations, solar car park hubs and EV charge hubs). This will support generation of renewable energy.
- Continued to reduce the impact of our waste through taking steps to actively reduce, reuse and recycle across the organisation. For example, we have NHS Fife is using 'Warp-it' to create an internal reuse network across the organisation. Since March 2024 over 500 staff members joined the platform and have recycled a range of furniture, supplies and other equipment across the organisation.
- Reducing the impact of travel. For example, we have applied for grant funding to improve cycling infrastructure at our main sites through provision of showering and changing facilities.
- Developing plans for how we can utilise our green spaces, for example we have undertaken a detailed full site survey at Lynebank Hospital to explore the scope to create a therapeutic garden to support the Pain Management Service.

What we will do before 31st March 2025:

- Continue with the national procurement process towards development of renewable energy infrastructure.
- Exploring ways to increase our recycling rates across clinical settings.
- Continuing our work to develop our green spaces.

Appendix One: *Alignment of RTP Portfolio with Corporate Objectives*

	Acute	Business Transformation	Infrastructure	People & Change
Corporate Objective 1: *we will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.*				●
Corporate Objective 2: *we will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.*	●			
Corporate Objective 3: *we will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.*	●			
Corporate Objective 4: *we will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.*	●			
Corporate Objective 5: *We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.*	●			
Corporate Objective 6: *We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.*	●			
Corporate Objective 7: *We will develop a workforce staffing model in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.*				●
Corporate Objective 8: *We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of Personal Development Plans and Reviews (PDPR).*				●
Corporate Objective 9: *We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.*		●		●
Corporate Objective 10: *We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.*	●	●	●	●
Corporate Objective 11: *We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.*		●		
Corporate Objective 12: *We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan*			●	

Appendix Two: *Strategies and Programmes Update*

NHS Fife Local Strategies

	Strategy	Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Anchor Institution Strategic Plan	2023-2028	Delivery	●		●	●	The focus of the current workplan is on Employability in collaboration with various groups. Work is ongoing to develop opportunities for child poverty priority groups, within areas of multiple deprivation.
2.	Cancer Framework	2022-2025	Delivery		●			Work has started on the refresh of the Cancer Framework and delivery plan. A draft has been developed with meetings scheduled to review the commitments of the revised framework.
3.	Clinical Governance Strategic Framework	2022-2025	Delivery		●		●	Over all on track to deliver; update scheduled for Clinical Governance committee in November 24.
4.	Digital and Information Strategy	2019-2024	Delivery				●	A closure report will be provided to NHS Fife Board in November 2024, outlining the progress associated with the Digital Strategy 2019-2024.
5.	Greenspace Strategy	2023-2030	Delivery	●			●	Agreement, via the corporate objectives, to move to a Digital Framework aligned to the Population Health and Wellbeing Strategy has been agreed and will be delivered by March 2025
6.	Pharmacy and Medicines Strategic Framework	2024-2026	Development		●			Continued partnership working with Fife Communities Climate Action Network (FCCAN) and community groups to establish opportunities.
7.	Property and Asset Management Strategy (PAMS)	2023-2030	Delivery				●	Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership.
8.	Research Innovation and Knowledge Strategy	2022-2025	Delivery	●	●		●	Draft Research Innovation and Knowledge Strategic priorities have been identified through a development workshop session.
9.	Realistic Medicine and Value Based Health	2024-2025	Delivery	●	●		●	Consideration being given to how realistic medicine can be further embedded within the RTP programme.

	Strategy	Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
10.	Women's Health Plan	Ongoing	Delivery		●			Nurse led appointments have significantly reduced menopause waiting times. Menopause educational activities are in place in secondary care, with discussions ongoing with GPs regarding online training. EPC scanning expansion has been paused and a bereavement nurse led service for patients who have suffered pregnancy loss, has been well received.
11.	Workforce Plan and HSCP Workforce Plan and Strategy	2022-2025	Delivery			●		Linkages between RTP and future shape / size of workforce are being explored. Revised SG Workforce Planning 2025-2028 guidance and plan anticipated to be issued imminently.

NHS Fife Strategic Programmes Update

	Strategy	Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Integrated Unscheduled Care Programme	March 2025	Delivery		●			The Integrated Unscheduled Care Programme remains on track for the deliverables set out for 2024-25. There is a focus on joint working across the Fife health and care system to develop transformed models of care, utilising learning from FNC redesign, and development of the Rapid Triage Unit. We are also analysing attendances and admissions from care home to identify opportunities for further improvement.
2.	Integrated Planned Care Programme	March 2025	Delivery		●			The Integrated Planned Care Programme remains on track for the deliverables set out for 2024-25, incorporating pathway and service improvements, with a clear focus on optimising productive opportunities, enabled by associated digital and information schemes to deliver the remobilisation and recovery of elective care. These workstreams aim to continue to develop and improve Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) usage, day surgery and theatre capacity and waiting times trajectories alongside digital improvements such as digital hub and results reconciliation.

Fife HSCP Strategies

	Strategy	Timeline	Status	Strategic Priority				Summary of Progress
				1	2	3	4	
1.	Alcohol & Drug Strategy	2024-2027	Development	●				The Alcohol and Drug Partnership have finalised the 2024 to 2027 strategy and this is supported by a delivery plan, centred around five themes from the National Drugs Mission Plan priorities.
2.	Carers Strategy	2023-2026	Delivery		●			Strategy in delivery focussed around five outcomes. Key challenges being addressed by collaborative working with external partners.eg recruitment of staff to provide support to carers.
3.	Childrens Services Plan	2021-2023	Delivery		●			Children's Services Plan is now in delivery with 4 priorities: Closing the Equity Gap; Supporting Wellbeing; Children's Rights; and, Delivering the Promise.
4.	Dementia Strategy	2024-TBC	Development		●			A draft Fife Dementia Strategy is in development with a target delivery for March 2025. The purpose of the strategy is to provide realistic and achievable priorities supported by an implementation plan covering a four-year period.
5.	Home First Strategy	2023-2026	Delivery		●			First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.
6.	Learning Disability Strategy	2024- TBC	Development		●			A draft Learning Disabilities Strategy is in development with a target delivery for March 2025
7.	Mental Health Strategy	2024-2027	Development		●			A draft strategy is in development and will be supported by a delivery plan, informed from outputs from the Mental Health Services Redesign Programme.
8.	Prevention and Early Intervention Strategy	TBC	Development	●				The Prevention and Early Intervention Strategy was approved by the Fife Integration Joint Board (IJB) at the end of September and will be submitted to the NHS Fife Board for approval.
9.	Primary Care Strategy	2023-2026	Delivery		●			First Annual Report was delivered in September 2024 and provides an update of actions referenced in the delivery plan.

Appendix Three: *Glossary of Abbreviations and Acronyms*

A&E   Accident & Emergency
ADP   Annual Delivery Plan
AHP   Allied Health Professional
BRAN   Benefits, Risks, Alternatives and do Nothing framework
EV   Electric Vehicle
FCCAN   Fife Communities Climate Action Network
FNC   Flow Navigation Centre
HEPMA   Hospital Electronic Prescribing Management Administration
HSCP   Health and Social Care Partnership
IJB   Integrated Joint Board
IPQR   Integrated Performance Quality Framework
PHS   Public Health Scotland
PIR   Patient Initiated Review
RCDS   Rapid Cancer Diagnostic Service
USC   Unscheduled Care

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NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Annual Delivery Plan 2024/25 Q2 update**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

Executive Summary

This report contains quarter 2 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are **35** deliverables aligned to **Improve Health and Wellbeing** Strategic Priority. As of the end of Sep-24 (quarter 2 of 2024/25), there is **one** that is **'complete'** with majority of deliverables (**62.9%/22**) being **'on track'**. Additionally, there are **nine** deliverables that are **'at risk'**, **two** that are **'unlikely to complete on time/meet target'** and **one 'suspended /cancelled'**.

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

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	9	22	1	1	35
Improve Quality of Health and Care Services	1	24	58	4	-	87
Improve Staff Experience and Wellbeing	-	5	16	-	-	21
Deliver Value and Sustainability	6	12	40	2	-	60
Total	**9**	**50**	**138**	**7**	**1**	**205**

This report provides Moderate Level of Assurance.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective

- Person Centred

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

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

2   Report summary

2.1   Situation

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

2.2   Background

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

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

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

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

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

2.3   Assessment

2024/25 Quarter 2 Update
There are now **205** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are 43 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=163
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	27
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=205
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	87
Improve Staff Experience and Wellbeing	21
Deliver Value and Sustainability	60

As of end of Sep-24 (Quarter 2 of 2024/25), there are **seven** deliverables that are **'complete'** with most (**67.3%/138**) **'on track'**. There are **nine** deliverables that are **'unlikely to complete on time/meet target'**. There is also **one** deliverable that has been **'suspended/ cancelled'**.

Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met
Purple - Suspended/ Cancelled
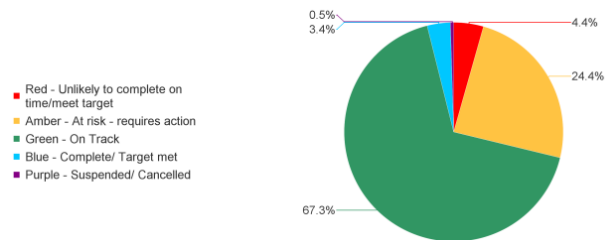
There are **35** deliverables aligned to **Improve Health and Wellbeing** Strategic Priority. Details for deliverable that is **'unlikely to complete on time/meet target'** is below**.**

Deliverable	Comment
Increase capacity for providing in-hours routine and urgent dental care	The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients. We work closely with the Scottish Government to have a collaborative approach to Dental body corporates. Ensure SDAI grants are available to GDP's in the areas of greatest need.
Children's speech, language and communication development Plan	Work with Health Promotion has not been a focused priority due to other pressures in both services. Although relevant strategic strands have been identified, SLT colleagues have not yet been informed of the forums that exist and how to start to engage with others to develop a plan.

Listed below are the deliverables **'at risk'** at quarter 2 than were 'on track' at quarter 1, as well as those that were **'complete'** or **'suspended/ cancelled'** during quarter 2.

Deliverable	
At risk – requires action	
	Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population
	Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027
	Review existing wellbeing indicator collection data to develop multiagency response in line with GIRFEC framework.
	Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25

	Complete
■	Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people
	Suspended/ Cancelled
■	Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development

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

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

2.3.1 Quality, Patient and Value-Based Health & Care
The main aim of ADP process is to continue to deliver high quality care to patients.

2.3.2 Workforce
Workforce planning is key to the ADP process.

2.3.3 Financial
Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management
Risk assessment is part of ADP process.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions
Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Climate Emergency & Sustainability Impact
N/A

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

2.3.8 Route to the Meeting

This paper has been approved by Director of Finance & Strategy and Associated Director of Planning & Performance.

2.4 Recommendation

This Committee are asked to:

- **Assurance** – this report provides a **"moderate" level of assurance**.
- **Endorse**– Endorse the ADP Q2 return for formal approval at the NHS Fife Board and for submission to the Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q2

Report Contact
Susan Fraser
Associate Director of Planning and Performance
Email: Susan.fraser3@nhs.scot

Annual Delivery Plan 2024/25 - Q2 Progress Summary

Q2 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	1	8	13	1		23
2. Urgent and Unscheduled Care	2	6	7			15
3. Mental Health		5	11	2		18
4. Planned Care			9			9
5. Cancer Care	1	1	4			6
6. Health Inequalities		7	18	1	1	27
7. Women & Children Health	2	5	5	1		13
8. Workforce		2	16			18
9. Digital & Innovation	1	8	12			21
10. Climate		2	11			13
Other	2	6	32	2		42
To Improve Health and Wellbeing	2	9	22	1	1	35
To Improve the Quality of Health and Care Services	1	24	58	4		87
To Improve Staff Experience and Wellbeing		5	16			21
To Deliver Value & Sustainability	6	12	40	2		60
ALL			2			2
Total	**9**	**50**	**138**	**7**	**1**	**205**

Legend:
- Red - Unlikely to complete on time/meet target
- Amber - At risk - requires action
- Green - On Track
- Blue - Complete/ Target met
- Purple - Suspended/ Cancelled

Pie chart values: 0.5%, 3.4%, 4.4%, 24.4%, 67.3%
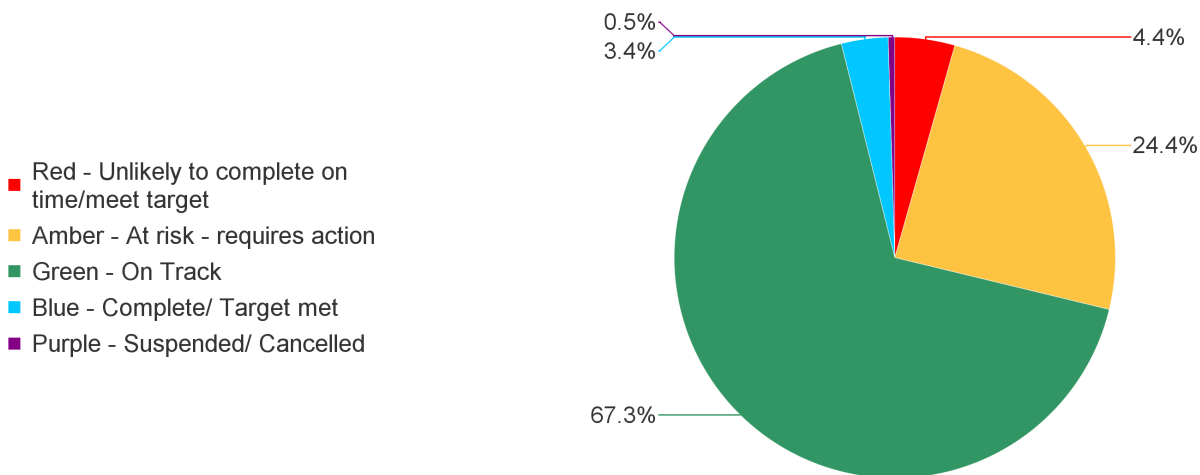
Annual Delivery Plan 2024/25 - Q2 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation	Digital	Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services'	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
SLA and External Activity	Finance & Strategy	Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	To Deliver Value & Sustainability	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	To Deliver Value & Sustainability	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Digital & Information Projects	Digital	Ongoing	Assess Benefits for Quarter	To Deliver Value & Sustainability	**Green - On Track**	**Amber - At risk - requires action**
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing. Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.	To Deliver Value & Sustainability	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	Directorate	2024/25 Q2 Comment	2024/25 Q2 Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Estates Rationalisation	Property & Asset Management	Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead) Cameron phased decants are underway as planned and on track. Site plans for Stratheden and discussions with Fife Council are underway and on track	VHK E&F/L8 bookable desks works Identify further hot desk hubs Cameron alternative clinical area identified for displaced team Fife Council solutions in place (Fife House & Bankhead) including IT Cameron phased decants Site consolidation/disposal plans further developed	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**
Infrastructure - Workforce	Digital	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	To Deliver Value & Sustainability	**Green - On Track**	**Green - On Track**
Non-compliant Rotas	Medical Directorate	Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins	To Improve the Quality of Health and Care Services	**Green - On Track**	**Green - On Track**
Procurement Savings within Acute Services	Acute Services	21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	**Amber - At risk - requires action**	**Green - On Track**

Annual Delivery Plan 2024/25 - Q2 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	The PDS cannot influence Dental registration in Fife, however we continue to provide targeted and emergency treatment appointments for patients. We work closely with the Scottish Government to have a collaborative approach to Dental body corporates. Ensure SDAI grants are available to GDP's in the areas of greatest need.		1. Primary and Community Care	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Children's speech, language and communication development Plan		Work with Health Promotion has not been a focused priority due to other pressures in both services. Although relevant strategic strands have been identified, SLT colleagues have not yet been informed of the forums that exist and how to start to engage with others to develop a plan.		7. Women & Children Health	**Green - On Track**	**Red - Unlikely to complete on time/meet target**
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		National discussions ongoing to scope Public Health response	No further progress from Q1		**Amber - At risk - requires action**	**Amber - At risk - requires action**
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		A delivery plan for Fife has been developed, due to be reviewed and agreed by End of October. Task Group for HCV elimination in Fife has not yet been reestablished due to operational/workforce pressures. SG expectation is for elimination by March 2025. Finance & resource dependencies being considered as available budget insufficient to meet in year target.		1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Improved Fife-wide ADHD pathways for children & Young people	7.1	Due to a change in Children's Service Manager in the H&SCP and also the lead for the ADHD review, there has been no further progress or update provided. It is hoped this will recommence as soon as possible.		7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
National - Child Health Replacement	9.1	Await delivery via National Teams		9. Digital & Innovation	**Amber - At risk - requires action**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Initial application decision expected 03.10.2024 with final decision 03.11.2024.	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Contribute to Fife Partnership Board review of Fife strategic assessment and opportunities for collaborative working and using the Marmott principles. Application submitted for the Institute of Health Equity and Public Health Scotland Collaboration Programme using the Marmot Principles.	6. Health Inequalities	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.		1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	The aim is to take the strategy to IJB within 3rd quarter and will align with the national strategy. The working group has been established and work is ongoing.	Work on the draft strategy will continue, this will include a review of the draft strategic priorities to ensure alignment with identified issues and challenges.	3. Mental Health	**Green - On Track**	**Amber - At risk - requires action**
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	The refreshed National CP Guidance has meant that all processes within multi agencies have had to be reviewed and streamlined. This is transformational change and has required extensive work to put in place. we envisage all pathways to be completed and full guidance implementation by Dec 24.		7. Women & Children Health	**Green - On Track**	**Amber - At risk - requires action**
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis		Clinic provision running at 45 clinics per week. Q1 data 85% of LDP Standard. We have progressed this work on target with provision of stands as planned.	Weekly Outreach work in identified localities of deprivation and need. Work continues to develop a robust referral pathway to the service from across the FHSCP, acute & primary services. Referrals from maternity services for pregnant smokers has remained steady, there are currently 42 active caseloads for pregnant smokers, weekly clinics in the VHK maternity unit.	1. Primary and Community Care	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group.	Identify funding source to continue NHS actions including income maximisation for pregnant women and parents of under 5s beyond Sept 2024; explore expansion to community child health services, bid submitted. Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty	7. Women & Children Health	**Amber - At risk - requires action**	**Green - On Track**
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	Work continues on the development of Clinical Pathways and achieving the National CAMHS spec.		3. Mental Health	**Green - On Track**	**Green - On Track**
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	Ongoing recruitment continues to ensure the service is fully staffed.

The Early Intervention Service continues to ensure children and young people receive the right intervention at the right time and by the right people.

The focus groups continue to be developed and will be rolled out in due course.

The service has recently reviewed its RTT trajectory and introduced improvements to ensure it meets and sustains RTT by February 2025. | Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access

Ongoing recruitment to ensure workforce is at full capacity

Fife CAMHS Early Intervention Service will develop a Parent and Carer Focus Group to identify areas of improvement to better meet the needs of families in Fife prior to referrals being made. | 3. Mental Health | **Green - On Track** | **Green - On Track** |
| Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award | 6.3 | Work remains on track to achieve our milestones outlaid in Q4 for 2024/25 | | 6. Health Inequalities | **Green - On Track** | **Green - On Track** |
| Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines. | 6.7 | Contributed to End of Yr 2/Programme End Report which was received favourably at governance groups.

Attended 2nd meeting of new HRPM Safety Group, contributed to discussions re dissemination of Programme End Report, ongoing EQIA requirements for HRPM work and prioritisation of future areas of work of group, including ways to demonstrate impact | Provide public health perspective on HRPM Safety Group

Advise and support evaluation aspects of HRPM work | 6. Health Inequalities | **Green - On Track** | **Green - On Track** |
| Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners. | | The Public Health Intelligence Team has continued to undertake work across all priorities including work on children and young peoples health and wellbeing, infant feeding and alcohol and drug related hospital admissions. | Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate. | 6. Health Inequalities | **Green - On Track** | **Green - On Track** |

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	The safety programme is progressing as planned, with key groups and engagement in place. The annual report is currently going through governance committees.	Continuing to ensure safety groups have focussed delivery of agreed objectives. Establishment of owners within MDT to broaden buy-in and drive. Continued development of engagement report Board development session on meds safety to be delivered Annual report progressing through governance committees for review	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Develop and Enhance Children's Services		Phase 2 IRD health operating model pilot PDSA completed, final phase commenced. Project team established to progress phased approach to health raised IRDs. Multi agency GIRFEC Guidance Training through PDS (Funded through WFWF). Child Wellbeing Pathway Implementation Group established to lead on the CWP refresh which aligns to the GIRFC refresh. UNCRC Incorporation Act becomes law in July 2024. Merging of health care and care experience community group with the Promise SLWG to progress the Promise work in NHS/HSCP Fife. Promise Plan 24-30 published by SG and being discussed at HC & The Promise merged group.	Continue Roll out of multiagency training (GIRFEC)	7. Women & Children Health	**Green - On Track**	**Green - On Track**
Development of improved digital processes i.e. online pre-employment and management referral programmes.		COHORT upgrade in progress.	Consideration and development of options for OH system procurement in line with current system contract expiry.	8. Workforce	**Green - On Track**	**Green - On Track**
Ensure effective coordination and governance for adult screening programmes in Fife		The Cervical Exclusion Audit - review of all 10,409 records is complete and all participants have received letters about the audit outcome. Follow up clinics at Primary Care and Gynaecology are still ongoing. Ongoing work to recruit staff to deliver the Inequalities Action Plan and the Bridging the Gap Project.	Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit.	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.		Review of vaccine preventable disease and uptake data as per annual workplan at Area Immunisation Steering Group (AISG) meeting on 03/06/24. AISG Annual Assurance statement submitted to Public Health Assurance Committee at meeting 12/06/24. Annual Immunisation Report submitted and presented at Public Health & Wellbeing Committee on 01/07/24 along side refreshed Immunisation Strategic Framework 2024 - 2027.	Submission of Annual Immunisation Report. Refreshed 2024-2027 Immunisation Strategic Framework. Submission of AISG annual assurance report to Public Health Assurance Committee.	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	EDG paper prepared on future OH Service delivery.	Review and retention of bank and admin fixed term contracts Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife Examine the effects of diversification of service provision and implications on OH Team resources Consultation on model of OH Service delivery ongoing	8. Workforce	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Home First Strategy Delivery Plan 2024-2025 has received Committee(s) approval; delivery plan also includes progress against 2023 deliverables. First Annual Report for the Home First Programme was submitted to Committee(s) in summer 2024.		2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	A new NHS Fife/HSCP community transport leaflet has been produced. A refresh of the NHS Fife/HSCP travel expenses leaflet has been completed. Both leaflets are being promoted and distributed through a range of networks and are on NHS Fife and HSCP webpages. Progressing work on gathering data on travel claims.	Transport information and resources available and a system in place to measure uptake .	1. Primary and Community Care	Green - On Track	Green - On Track
Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.	6.5	During Q2 Locality Planning Groups and short life work groups continue to manage and execute the 7 locality delivery plans. Below highlights projects that started/finished in Q2. •Ongoing monitoring and evaluation of the KY Clubs – supporting people affected by alcohol and drug harm (Kirkcaldy and Cowdenbeath) •Home First – weekly verification to review patients with 2+ admissions or 3+ attendance to A&E in the previous 12 weeks (Levenmouth). The data collection for the ToC end 24th Sept. •Mental Health Response Car – test of change commenced in the Levenmouth Locality on 7th June for 6 months. •Local Development Officers continue to monitor the projects awarded funding from the Unpaid Carers Community Chest fund (Fife wide). •Falls Prevention initiative in partnership with Mobile Emergency Care Service and Community Safety completed test of change (Dunfermline) – recommendation to extend the pathway Fife wide.	Establish short life working groups to manage and execute the 7 locality delivery plans. Monitor and evaluate the round 1 of the community chest applications (fund for unpaid carers). Co-ordinate and facilitate the 7 locality meetings in September - review and update delivery plans.	6. Health Inequalities	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	On Track Group has been established and approved by the ADP Committee. TOR in place, chair appointed, process tested and approved in line with PHS guidance	Establish stand up ADP subgroup with TOR and reporting governance to ADP Committee Monitor process for efficiencies Manage action planning and implementation group	6. Health Inequalities	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health continues to provide support to the ADP on alcohol and drugs issues including in the implementation of the ADP Annual Delivery Plan, mapping the provision of alcohol services in Fife and the redesign of pathways into, through and out of residential rehabilitation. The purpose of the multi-agency exercise was to ensure system resilience in the event of an emergency involving unknown potent substances in the community.	Provide public health advice on alcohol and drugs to support Fife ADP and other colleagues. Contribute to the implementation of the National Drug Mission Priorities, MAT treatment standards and the ADP 2024-2027 strategy and delivery plan as required. Continue to advocate for prevention and early intervention. A multi-agency suspected drug related mass casualties incident exercise was held in late August 2024.	6. Health Inequalities	Green - On Track	Green - On Track
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Working groups of Food4Fife partnership have developed action plans and are implementing them. Partnership awarded Silver Sustainable Food Places Award for the Food4Fife Strategy. Community Planning partners met with Public Health Scotland and agreed systems approach to physical activity to be adopted in Fife.	Priority actions from the food strategy delivery plan to be agreed. Partnership approach to physical activity being developed with public health Scotland	6. Health Inequalities	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		BCMS dashboard is monitored by resilience team. A resilience co-ordinator job recruitment is confirmed as now approved, this will support the resilience BCMS & reporting needs.	Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Confirmation of successful bid to Child Poverty Accelerator Fund which will enable expansion of income max referral pathway across child health services with a focus on children with a disability. This work is being progressed by short life working group. Monitoring of income maximisation pathway - MW, HV, FNP, CARF		7. Women & Children Health	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Work with partners to increase efforts to reduce the impact of climate change on our population.		Invitations have been issued for interest in Sustainability Ambassador forum. Until interest is expressed and reviewed, this element will not progress. Early actions have been taken this quarter. Continuing to support our planning colleagues to review and submit health elements of the LDP evidence report. The evidence report is required to progress with "The place matters call".	Green Health Partnership funding application has been submitted with an expected outcome November 2024. Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan. Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.	10. Climate	**Green - On Track**	**Green - On Track**
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	Achievement of Disability Confident level 3 status Work ongoing to progress with employability programmes - making focus on developing the young workforce and exploring links to scope engagement making a focus on child poverty and the priority groups and areas of multiple deprivation Employability engagement sessions planned for September 2024 and Feb/March 2025 targeting high school pupils Continue working in collaboration with Fife College to progress EMERGE initiative. Explore routes and links to promote Community Benefits Portal NHS has partnered with MCR Pathways to support care experienced and vulnerable young people to realise full potential through education Roll out Life Chances initiative with Fife Council, develop Armed Forces Talent Programme	Continue to scope out opportunities whilst working through NHS Anchor strategic objectives to build upon our AI workplan. Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas. Employability engagement sessions and future programmes are being developed. Continue to explore opportunities and promote Community Benefits Portal to attract bids. Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups, this event is likely to be into 2025	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1	The Fife ND service has recently rolled out a new service design. This is not yet fully operational as requiring to respond and adapt to initial issues.	Co-produce and deliver pre and post diagnostic support to children, siblings and families Fully operationalise Triage model aligned to National ND Specification Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD Fife CAMHS and partner agencies will work towards achieving the standards set out within the National Neuro-developmental Specification. This will be achieved through the reallocation of and streamlining existing assessment pathways and the implementation of learning from partnership test of change to co-produce delivery of pre and post diagnostic support to children, young people and their families.	3. Mental Health	**Green - On Track**	**Blue - Complete/ Target met**
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	Due to funding restrictions this deliverable cannot be achieved. However additional one stop shop in Kirkcaldy launched and has evaluated well. This will continue and has been sustained by a grassroot organisation	Set up SLWG to focus on locality based approaches for alcohol and drug use in the Glenrothes area with support from locality and community workers, lived experience and ADP commissioned services Project plan development for KY Glenrothes Assessment of additional Kirkcaldy locality one stop shop to be conducted and hand over to grassroot organisation to continue delivery	6. Health Inequalities	**Green - On Track**	**Purple - Suspended/ Cancelled**

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of a new OP specialist Gynaecology Unit	7.2	All capital projects are on hold.		7. Women & Children Health	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		There are a number of delayed Stage 1's within in the system Concentrated focus on reducing all Stage 1's that are over 10 days. New system to ensure all Stage 1's without consent are closed on day 11. Concentrated focus on ensuring there is a greater uptake from Services to close Stage 1's through local resolution.			**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		PET and services have agreed to temporarily pause weekly complaint meetings to focus on more timely updates and escalation of Stage 2 complaints. Commence data collection within PET to review the length of time taken to draft a response letter and to focus on improvement work. This should be completed within 5 working days.			**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**
Continue to deliver the Community Listening Service.		Discussions ongoing within Directorate as to possible solutions to ensure service is maintained	Review impact of withdrawing service in light of financial constraints of continuing coordinator role. Review possible avenues how any possible gap can be filled	8. Workforce	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.		Work on finalising the Mental Health & Wellbeing Strategy has re-started and contributions from PH perspective have been incorporated into draft Strategy and accompanying EQIA. Mental Health SIG still to be re-established and PH representation on this and advisory role into the evaluation framework will recommence once this group starts to meet again and Mental Health & Wellbeing Strategy is approved.	Attended meetings of Mental Health & Wellbeing Strategy Working Group Provided PH perspective on draft Mental Health & Wellbeing Strategy Provided PH perspective on EQIA for strategy	3. Mental Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Awaiting a meeting to discuss and plan a lived experience group.			**Amber - At risk - requires action**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	Life Curve App to be further rolled out across Fife. Perusing ReSPECT. Scottish Government removing funding and currently arranging a meeting with SG to look at options. Ongoing discussions with digital colleagues in regards to potential solution (To support SPOA). Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	Advanced plans to test Urgent care hub within a Cluster, plans to be agreed at end of Quarter 4. Initial plans presented and endorsed by GMS implementation Group Sept 2024.	Clearly agree scope and ambitions from this work; identify potential test initiatives	2. Urgent and Unscheduled Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Test of 'waiting well' approach commenced in AMH Psychology	Begin testing a 'waiting well' approach to improve the experience of people who have to wait for PT. Review supervision and support for other services and agencies to increase access to high-quality interventions. Scope options for 3rd and Independent Sector commissioning to support delivery.	3. Mental Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Implement IP Workforce Strategy 2022-24		Working Together engagement event re-arranged for October 2024. Ongoing collaborative working for a whole system approach to infection prevention continues through LISDP. Progress of delivering strategy must be considered in line with RTP and available resources.	Continue bi-monthly LISDP Steering Group meetings HAI-Executive, ICM and ICD to attend CNOD "Working Together" engagement event	1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Transition to new systems are now in the preparatory phase with forms being streamlined and templates being created, however at this stage D&I have not yet been able to give a definitive transition and 'go live' date. Q2 milestones moved forward to Q4 instead.		1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Implement preventative podiatry service in care homes		We have recruitment challenges in Podiatry, limiting our workforce to deliver on this milestone.		1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Ongoing review of roles, especially epilepsy in view of the difficulty recruiting to the B6 post. Job evaluation is required.	Ongoing review of specialist services required. Epilepsy B6 out for recruitment, but may require an amended JD to go through job evaluation for consideration at B7.	7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**
Support the creation of Person Centred Care Planning Principles		Challenges due to clinical pressures			**Amber - At risk - requires action**	**Amber - At risk - requires action**
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Progress has slowed in order to align with Acute Services.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care.	2.2	Awaiting approval by EDG and NHS Fife Board- not approved at first submission. From August new model redesigned and remains in development. Acute Medical Recruitment unsuccessful for new consultant post. Work progressing to schedule unscheduled care.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Children's Services is developing a data dashboard to ensure visibility of all relevant multi-agency data, which will be used to inform KPIs and measure progress.		7. Women & Children Health	**Green - On Track**	**Amber - At risk - requires action**
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6	Ongoing discussions with digital colleagues in regards to potential solution. Feasibility study almost complete and this will inform next steps.		2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Specification shared with MDT. Meeting requires to be held with MD which will inform workforce. Competing demands have delayed same. Will recover in Q3	MDT to Scope clinical demand to review / refine service specification to inform workforce. Pathways meeting o be held with MDT	3. Mental Health	**Green - On Track**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	MAT 3 could not be reviewed and other provision responding high risk events has not been included due to a failure of the referral pathway for NFO caused by an IT upgrade within SAS with a new process trialled by SAS. This has delayed until November.	New SLAs developed Phase 2 for MAT 7 and MAT 9 commenced Developing better mechanisms for capturing numerical and experiential data Experiential Plan developed with Lived Experience Panel to include feedback to ADP subgroups delivering plan Mapping of MAT Standards across other commissioned service and to include Justice Services	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
Rheumatology workforce model redesign		An options appraisal is underway for the workforce model that can deliver the service needs. Baseline work underway to understand the capacity of the resource and the demand for service - this involves review of overdue review patients, review of referrals process and review of internal processes		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.82	Guide has been circulated across clinical groups and will be considered in detail in the coming months, including delivery of targeted patient reviews	Circulation of guide to key stakeholders within the Board	10. Climate	Green - On Track	Amber - At risk - requires action
Targeted actions to improve the quality of our Immunisation services	1.2	Limited progress on proposals within 2023 Strategic Review of Childhood Immunisation Programme. Proposed new 'transformation oversight group' structure approved within 2024 - 2027 Immunisation Strategic Framework submitted to Public Health & Wellbeing Committee 01/07/24. This will bring together inclusion and quality improvement work and report into CIS programme board. Improvement activity groups for childhood, teenage & adult programmes to sit under this oversight group. Limited capacity from service nursing leads to engage over Autumn /Winter programme may delay progress. Paper brought to CIS programme Board on 01/10/24 outlining position.	QI work programme	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		St Andrews staff changes and appointment of new Dean in 4Q 24/25. Meetings with new Director of Research at St Andrews. Focus of discussions has become about Sponsorship, meeting planned with leadership from St Andrews in Oct/November		6. Health Inequalities	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		All milestones completed; awaiting further information on the implementation timeline of InPhase in NHS Scotland. ICM to join NHS Fife InPhase project team Lead IPCN contributed to the national task and finish group to establish requirements for a once for Scotland eSurveillance system for IPCTs	MEG- completion of initial scoping exercise and quote for IPC Audits across NHS Fife. InPhase - Introductory meeting with NHS Fife D&I and Clinical Governance teams Completion of first Task and Finish Group for once for Scotland eSurveillance system			**Amber - At risk - requires action**
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		The IPCT have launched the new IPC Link Practitioner Framework across NHS Fife in September 2024, after a successful pilot at QMH. IPCT welcome the opportunity to facilitate a hub and spoke model with 1 day placements for student nurse`s.  Furthermore, NHS Fife IPCT were invited to deliver bespoke IPC training to over 100 second year student nurse`s at University of Dundee School of Nursing Fife campus. NHS Fife IPCT are engaging with the consultation process for new LDP standards with ARHAI Scotland. Changes to the NIPCM and TBPs - postponed by ARHAI Scotland to Spring 2025.	Explore opportunities for implementing IPC Link Practitioner Framework Further develop student nurse placements with the IPCT Engagement with ARHAI Scotland for new LDP standards for CDI, ECB and SAB		**Amber - At risk - requires action**	**Green - On Track**
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Work started on the refresh of the Cancer Framework. A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps. A refreshed Framework has been created in draft format. Meetings are in the process of being arranged to review commitments		5. Cancer Care	**Green - On Track**	**Green - On Track**
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Continuity of carer streams have commenced in inpatient areas, week commencing 9 Sep. Full Implementation will be rolled out Apr-25 with new annual leave allocation. Pause on antenatal audits as implementation of RSV. Antenatal Education, positive reviews from service users.	Continuity of carer: Implementation plan has an extended date of June 26. Recruitment has taken place and vacant posts appointed to. Full implementation is expected within the timeframe. Antenatal education programme is in place and being reviewed on a regular basis Neonatal redesign - continued engagement with Regional planning team to review modelling and escalate concerns.	7. Women & Children Health	**Green - On Track**	**Green - On Track**
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	This work continues in order that the service can achieve full compliance.	Work with system supplier to embed supplementary questionnaire within TrakCare as part of current clinical workflow to allow recording Work with NHS Fife Information Services to ensure reporting of items from supplementary questionnaire	3. Mental Health	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	Process maps finalised - management team will arrange sessions with the 3 localities to go through the new processes and will be embedded by end October 2024.

New OA CMHT SOP near completion and will be ready to be shared at the policy and procedure group at the end of the year.

New Transition of care between adult and older adult services SOP has been ratified at the policy and procedures group 18/09/2024 and will be circulated thereafter.
3 localities - East, West and Central are all now co-located - some remedial works have just been completed in Central. | Continue progression of CMHT development now encompassed within scope of the Reform, Transform and Perform Framework.

CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery

Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/5

Integration of SW/Third Sector as part of CMHTs | 3. Mental Health | Green - On Track | Green - On Track |
| Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office. | | Ongoing requests for information, provided as requested for the different COVID-19 inquiries | Provide information as requested to aid the COVID-19 inquiries | | Green - On Track | Green - On Track |
| Continued development of digital front door for patients | 9.62 | Waiting List Validation work completed.
Digital Letters testing ongoing | Extension of Waiting List Validation | 9. Digital & Innovation | Green - On Track | Green - On Track |
Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups		Ongoing	Link practitioner event for falls in September, CAIR used to show data		Green - On Track	Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service in hours, and local service out of hours.		1. Primary and Community Care	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		VAM guidance and funding unchanged. Additional recruitment to East Region Health Protection Service completed, which will support early stages of investigation and response. Community testing functions would require to be stood-up again, and being explored as part of HCID pathways.	Have additional workforce in post to support any VAM response. Draw on findings of inquiries.	1. Primary and Community Care	Green - On Track	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	On trajectory.
Orthopaedic waiting times reducing with no Fife patients over 102 weeks.
Ophthalmology numbers remain high and focus on theatre efficiency to increase throughput.
Cancer and diagnostics monitored through weekly meetings.	New OP waiting list at end Sept 31,783 against proposed figure of 33,532	4. Planned Care	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Team to commence reviews of packages first week in October	Review of packages to comment in next quarter regarding change of equipment provided.
Reducing the unit cost on target also - increase in hours provided inhouse reducing the unit cost	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track
Delivery of Clinical Governance Strategic Framework		Overall on track to deliver; update scheduled for CGC in November 24	Delivery of work plan		Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Delivery of Clinical Governance Strategic Framework - Adverse Events		Adverse event lead is working collaboratively with 2 other boards as an expert advisor to devise and deliver 'Safety Learning Reviewer' foundation programme. The programme is the first step in Scotland's Health and Social Care, to provide education on human factors and a training package to assist boards to embed human factors approaches to adverse event reviews consistently.	Development of human factors approach to support Adverse Events management and proactive quality planning.		Green - On Track	Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Strategic framework objectives have been agreed within Pharmacy and are progressing with agreed leadership	Deliverables within each workstream agreed and outline plans in place	8. Workforce	Green - On Track	Green - On Track
Delivery of the Risk Management Framework		Awaiting outcome of the work on risk appetite and on track for completion.			Green - On Track	Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Framework at final draft stage. Shared governance model agreed, to be launched and implemented.		8. Workforce	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	Regional working across a range of specialties continues. Progression made with bariatric services and reciprocal hernia surgery with NHS Lothian.	Aim to complete recruitment for long term vascular vacancy achieved.	4. Planned Care	Green - On Track	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Service recommendations presented to CCCS QMAQ and awaiting feedback.	Service recommendations to be presented via C&CCS QMAG initially for consideration. Cost neutral recommendations to be considered.	3. Mental Health	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	Review of draft framework with wider engagement to develop further		Green - On Track	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Continue to focus day surgery within QMH and scheduling of VHK day surgery kept to a minimum. No cancellations of lists within Q2 due to bed pressures		4. Planned Care	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Regular meetings with Academic Liaison Group set up. Collaborative working opportunities can be identified via this group. Connections made with University of St Andrews funding specialists for potential collaborations.	Attend meetings of the HISES Academic Liaison Group of 5 regional Universities plus 3 regional NHS Boards.	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance Theatre efficiency	4.1	Theatre efficiency on average 85%. Continue to monitor activity through Theatre Action Group monthly and minimise elective cancellation on the day. Continue to explore opportunities to increase trauma operating capacity. Actively contacting patients to ensure DNA rates remain low. Backfill of unused sessions being utilised with waiting times monies to increase cost efficiency whilst managing waiting times.	All targets for Green Theatre Project have been met. Target of reducing spend by £100K by end Q2 delivered (actual £130K).	4. Planned Care	Green - On Track	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Waiting Well workshop planned for October 2024 to promote existing work.	SLWG to convene to assess pathways and minimise duplication of work across Acute and Community.	4. Planned Care	Green - On Track	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	This work remains ongoing and on track to achieve milestones.	Trial additional MDT roles within UCSF, including Pharmacy and Mental Health roles	1. Primary and Community Care	Green - On Track	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Continue to have low waiting times compared to Scotland average. Surveillance numbers of cancer monitoring at lowest number for some time. Telephone pre-assessment has improved patient experience and reduced unnecessary cancellations	Test and implementation of telephone pre-assessment for endoscopy patients	5. Cancer Care	Green - On Track	Green - On Track
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Increasing utilisation of block room continues	Training of anaesthetists for block usage and development of SOP to support new pathways	4. Planned Care	Green - On Track	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	All areas performing and feedback on heat map to SG shows engagement across all specialties.		4. Planned Care	Green - On Track	Green - On Track
Improve compliance with CAPTND dataset	3.1	Fife Psychology Service continuing work on Trak implementation - IT advising will be implemented 16/12/24		3. Mental Health	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Programme of works established with revised dates for phase 1 (Ward 1 to Ward 3) completed	Revise programme of work to move Ward 1 first to Ward 3 followed by Ravenscraig to ward 1. Dates established for move due to delay in redesign and works completion: March 2025	3. Mental Health	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Terms of reference for Steering Group confirmed and monthly meetings confirmed. Monthly review by Steering Group to confirm governance routes, or identify efficiencies for the group.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	CBC calls continue to increase. FNC data submitted monthly to National team in line with data definitions.	Schedule of patients TOC High priority placed on alternative pathways and support given to ANPs with GP discussion	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		EiC lead shares progress of CAIR users with HON across Acute and HSCP	Numbers reported to SG		**Green - On Track**	**Green - On Track**
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		High uptake of SICPs training sessions across Fife Care Homes Care Home IPCT over 70% of care Homes have partaken in annual IPC Assurance walkarounds	Promote SICPs training sessions to all care homes in Fife Promotion of yearly IPC assurance walkabouts to all Homes	8. Workforce	**Green - On Track**	**Green - On Track**
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Continue to work with Clinical Governance to improve service and try to reduce amount of legal claims	Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		**Green - On Track**	**Green - On Track**
Local Enhanced Services Review		There is a risk that by carrying out this review, in light of wider sustainability pressures, practices stop some LES, impacting on HSCP service delivery. Working closely with practices, LMC and GP Sub-Group to conduct a full review, ensuring recommendations and action planning are fully scrutinised prior to implementation.		1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Local - Implement Paperlite / Electronic Patient Record	9.61	Plan agreed by Steering Group	Complete Waiting List Validation work	9. Digital & Innovation	**Green - On Track**	**Green - On Track**
Maximising Scheduled Care capacity	4.3	Overall waiting times on track with the submitted trajectories presented to FP&R in July. Backfill and additional theatre lists throughout Q2 and increase on OP activity.		4. Planned Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services.	3.3	Coproduction work continuing, focused on identifying potential opportunities within existing funding.		3. Mental Health	**Green - On Track**	**Green - On Track**
Non-compliant Rotas		Assurance remains as moderate due to controls put in place at service level to encourage rota compliance. Rota monitoring began in September 2024. A second stage of monitoring will be completed from February 2025 with final savings being reported at the end of the financial year.	Approve SOPs/escalation process Approve and distribute new induction packs and implementation Approval of Wellbeing comms Potential Doctors mess redesign Rotas go live, monitoring to commence Communications strategy for new DDiT & Gateway EU live Rota monitoring begins		**Green - On Track**	**Green - On Track**
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Initial hubs commence middle of October 2024, with initial focus on ear care clinics Continued development of HUBS to support MOU2 .		1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Pandemic Preparedness: Critical to major incident levels.		NHS Fife Pandemic Framework document draft in progress	COVID -19 Public Enquiry module 1 recommendations to be published		**Green - On Track**	**Green - On Track**
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	On Track Rapid Action Group established more fully. All actions have commenced and are overseen by a senior leadership meeting on a monthly basis. Links to CPC supported. Continual monitoring of harm has continued. CPC training focused on risk in development and to be delivered next quarter. Changes to hospital liaison pathway agreed including use of third sector QR code and education provision changes to be rolled out	Actions within action plan to commence Regular monthly meetings of rapid action group to continue YP and children alcohol and drug use training plan for workforce to begin Thorough monitoring of data including hospitalisation rates, ED attendance and non fatal overdoses to continue	6. Health Inequalities	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertaken IV Abs. Additional staff across Fife are now also undertaking training. DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions. Discussions are being held as to how this work can be increased.		2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	Assessment practitioners based within hospital settings to facilitate discharge as soon as fit to leave Delayed discharges have remained at low level in 2 years DN ANP's are now undertaking Frailty assessments and preventing hospital admissions and re-admissions (FELS) - Increased capacity achieved. Drivers to technician Change management process advancing to completion.		2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Undertake MHUUC Project Board directed activities to develop evidence base to support development of change and improvement ideas for MH urgent care	Progress delivery of Mental Health Urgent & Unscheduled Care (MHUUC) Project to benchmark and develop options appraisal for service improvement	3. Mental Health	**Green - On Track**	**Green - On Track**
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Ongoing review of the Optimal Lung Cancer Pathway with improvements made and actions identified Review of the Prostate Improvement Group to revise purpose and remit.		5. Cancer Care	**Green - On Track**	**Green - On Track**
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope and contribute to areas which would benefit from Public Health research/evaluation input including inequities in palliative care, evaluating impact of green health initiative and considering ways to demonstrate impact of inclusion health framework	Contribute to discussions around evaluating impact of different areas of work being taken forward across Fife to improve the health of the Fife population	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Support for Doctoral Training Program (DTP) Fellows		Budget review submitted with some discussion re: duplication and accurate reporting from Finance Dept at University of St Andrews. Meetings with potential Cohort 4 candidates took place, 6 selected for interview	Budget reviews for Cohort 1 and Cohort 2 to submit to Wellcome Trust/DTP. Cohort 4 interviews and selection.	8. Workforce	**Green - On Track**	**Green - On Track**
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Emergency planning metrics are currently being assessed for EPRR report metrics with Datix administrators	Meeting with risk and governance Director July 24 to agree risk profiling metrics /reporting procedure for NHS Fife	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
To meet the recommendations of the WHP by end Dec 2024	7.2	Nurse led appointments have reduced menopause waiting times from 54 weeks to 15 weeks with increased nurse and consultant cover. Menopause educational activities in place in secondary care. Discussions ongoing with GPs re: new BMS on line training. Unable to expand EPC scanning with current clinical geography and band of EPC staff. Significant investment required to workforce. Currently good access to bereavement nurse for all pregnancy loss patients at all gestations All TOP patients get offered post TOP contraception. TOPS rates rising nationally.	Endometriosis is now covered within the existing gynaecology OP nurse team as noted in Q1 with a specific focus on signposting to existing services for pain management to prepare for surgical journey if this is the chosen pathway.	7. Women & Children Health	**Green - On Track**	**Green - On Track**
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		HCSA Quarter 1 Report submitted to Fife NHS Board meeting on 25 September 2024. Initial HIS Board Engagement meeting held 9/09/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	**Green - On Track**	**Green - On Track**
Undertake regular waiting list validation.	4.7	Use of patient hub to contact patients to assess ongoing need for surgery.	Implementation of weekly validation report to medical secretaries.	4. Planned Care	**Green - On Track**	**Green - On Track**
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	Work started on the refresh of the Cancer Framework. A comparison between the Cancer Strategy for Scotland and Population, Health and Wellbeing Strategy has been carried out to identify gaps. A refreshed Framework has been created in draft format. Meetings are in the process of being arranged to review commitments		5. Cancer Care	**Green - On Track**	**Green - On Track**
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Shared care remains in place, however unable to fund deliver Open Eyes locally, which has reduced our ability to fully deliver Glaucoma shared care scheme	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Delivery of Research Innovation and Knowledge Strategy		Draft RIK Strategic priorities identified from Development Day Workshop session, reviewed and comments from RIK leadership team incorporated. Survey developed for input/comments from RIK Dept staff.	Draft RIK Strategic Priorities generated and available for review by RIK leadership team	9. Digital & Innovation		**Green - On Track**
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		Launch of national guidance Sept 2024, EiC lead meeting with HON and lead nurses	Testing guidance			**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		Ongoing	Ongoing review			Green - On Track
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	MDO protocol meeting held 29/8/24. Next review of MDO protocol due Aug 2025.

Procedure for ensuring follow up on release from prison remains in date and appropriate (next review due Aug 2026) | Training sessions on MDO protocol delivered on 27/3/24, 8/4/24, 29/3/24, 2/5/24. Multiagency MDO protocol review meeting has been arranged for 29/8/24. | 3. Mental Health | Green - On Track | Blue - Complete/ Target met |
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.		New objectives written	New objectives written		Green - On Track	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.		EPRR Framework documents are now published. Emergency planning and exercising ongoing. Business Continuity support to services ongoing.		6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	The investment for additional staff to lead on the production and delivery of awareness raising campaigns has been cut from 3 staff to just 1, with the expectation that this will increase back to 3 staff next financial year. The recruitment of a Project Worker to lead on this work was not successful in recruiting a suitable candidate. The role will be readvertised in Q3. As a result the action is behind schedule.	Plan and begin delivery of improvements resulting from Carers Experience Survey.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analysis on an ongoing basis of the existing staffing model to ensure HV pathway is being delivered.		7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1	a review of the eligibility criteria is being led by the Principal Social Work Officer. This work is in the early stages to which we have contributed information about eligibility regarding unpaid carers and other authorities approach to eligibility criteria for unpaid carers' access to additional support.	We will review the local eligibility criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national carers strategy and national care service	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action
National - eRostering	9.1	Rosters to be rebuilt to support RWW and Finance Establishment corrections		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	A planned review of the Social Work Assistants (Carers) has started but not completed yet. The results of the satisfaction survey are being worked on and further work will take place during Q3 to progress the review of the model.		6. Health Inequalities	Green - On Track	Amber - At risk - requires action
PPD Succession Planning		In collaboration with Services, ~180 NQP recruited to B5 vacancies. Cohort 3 Assistant Practitioner now complete. 3 Return to Practice staff now in post (1 x Acute, 2 x Partnership). 5 HCSW recruited to the Open University programme (4 x Adult, 1 x Mental Health). 11 HCSW recruited to hence programme (9 x Adult, 2 x Mental Health, 1 x Learning Disability).	Review current training programme and commence regular meetings with Fife College and partner HEIs.		Amber - At risk - requires action	Green - On Track
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Most recent cohort have been retained into operational roles per plans - this ensures development of the skill mix within Pharmacy	Planning for recruitment and exploring options to create local pipeline via Modern Apprenticeships Retention of current cohort into operational roles		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Continue to deliver and enlarge on Staff Support/VBRP Project.		Ongoing collaborative work with a number of aligned services to support delivery of this project	In order to evaluate the programme, IPQR measures (e.g. Scottish Spiritual Care Patient Reported Outcome Measure) in place for Spiritual Care along with staff feedback will be used to: Establish how, through the provision of dedicated resources, the continued delivery of project has supported the development and delivery of VBRP® within NHS Fife; Evaluate the value of VBRP® to staff well being, Demonstrate how learning from and development of VBRP® was shared across the organisation, Explore how reflective practice is essential if we are to learn from what happened to develop and improve not only our future practice, but our personal and professional wellbeing too, reconnecting with the values that brought us into healthcare; Evaluation of how the implementation of offering a dedicated reflective space supports recovery and supports resilience amongst staff and; Communicate with all staff ensuring those staff groups which have not previously engaged in Phase 1 are targeted. This includes offering VBRP® on a variety of sites and days / times. Identify any barriers which may prevent certain staff teams / groups engage with VBRP® and work with Heads of Departments and service managers to overcome such barriers	8. Workforce	**Green - On Track**	**Green - On Track**
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	EMERGE programme commenced August 2024 in collaboration with Fife College. Life Chances programme launched in September 2024.	Implementation of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Identification of an accreditation framework underway.	Consideration of impact of outputs of activities on absence and other agreed measures and review.	8. Workforce	**Green - On Track**	**Green - On Track**
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.		Rollout of SafeCare within 7 HSCP wards. Review of Acute activity necessitates rebuild of some rosters and re-alignment to finances. Pause in Acute activity until corrections completed.	BAU Team established and in place.	8. Workforce	**Green - On Track**	**Green - On Track**
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2	Work continues to be taken forward to both increase staffing across CIS and CTAC as an integrated Service and advances around Locality based teams	Workforce education strategy & training programme.	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Exploring linkage between RTP and future shape / size of workforce, exploring some analytics with D&I. Revised SG Workforce Planning guidance with timescales for publication of 2025-2028 Workforce Plan publication anticipated to be issued within near future.	Review and continued development of Service level Workforce Plans.	8. Workforce	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		On track. Board continues to increase DPP numbers as a key enabler of future prescribers	PGFTPs commence on revised rotational programme Further Legacy staff commence IP course. First cohort of PSWs complete MA. Revised rotational programme for B6 and B7 Pharmacists agreed DPPs increased to 11 Increase peer review for staff on programmes.	8. Workforce	**Green - On Track**	**Green - On Track**
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		FTY pharmacists started with cohorts also completing in November. Development of internal approaches following review is ongoing. Simulation planning also ongoing. .	Foundation year trainee pharmacists start. Further completion of cohorts at end November. This new cohort will have a revised approach to prescribing education, developing towards graduate prescribers from 2025/26, around a six week block in one clinical area Board considering role of simulation in Fife		**Green - On Track**	**Green - On Track**
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1	The work remains ongoing in partnership with our commissioned third sector partners. The additional internal role for participation and engagement has been vacated. This, together with the unsuccessful recruitment noted in reference HBE2425-01, may have an impact on the delivery of this specific action which itself is secondary to the other support offered in schools to support unpaid young carers.		6. Health Inequalities	**Green - On Track**	**Green - On Track**
Improving support and developing the Mental Health workforce	3.5	Service redesign proposals in order to achieve financial efficiencies have been submitted for approval to SLT. Workforce tools due to be run for inpatient services in October however application of outcomes will need to reflect outcome of proposals	Establish Workforce projections and skill mix required, informed by workforce tools. Develop workforce plan, aligned to national MH workforce delivery plan and local strategy	3. Mental Health	**Green - On Track**	**Green - On Track**
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce review underway in the Acute Division to provide baseline data			**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Progression with ScotCOM in collaboration with the University of St Andrews		Student numbers reached to go live with programme as planned. Work continues to secure full GMC approval. Recruitment for clinical educators and support staff started.	Staff recruitment to support ScotCOM programme. Collaborative working with NHS Forth Valley and Borders.		**Green - On Track**	**Green - On Track**
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	6.1	the review of the Short Breaks Service Statement has commenced. Additional investment in short breaks has been commissioned although only a third of the available investments has been commissioned due to our partners' risk assessment of deliverability with the resources available and significant sector wide recruitment challenges. We aim to secure further commitments as staff members are recruited. This is a systemic and longer term sector wide issue.	Commence a complete a review and update our short breaks service statement (SBSS).	6. Health Inequalities	**Green - On Track**	**Green - On Track**
We will launch and develop a leadership framework – Our Leadership Way in Fife.		The volunteer group have met twice (July & Sept) and have begun to build further insights into the core leadership behaviours that matter the most. Plans are emerging to set up focus groups in Nov-Jan, and to extend efforts to reach the broad network of the volunteer group.	The collaborative volunteer group will look to build on the SLG initial exploration of Our Leadership Way by; Exploring ways to gather further perspectives on the leadership behaviours that matter, matter the most; develop and take forward the initial ideas for action to form a programme of work that will underpin the leadership framework.	8. Workforce	**Green - On Track**	**Green - On Track**

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Business Transformation		Bridging actions identified Mid Year review being completed	PID Approved Agreement of workforce mechanisms to support transformation Further development of digital solutions planning Establishment of programme to support project delivery (co-ordination of digital enablers and delivery of direct impact projects, including work on a new model for 'administration services'	9. Digital & Innovation	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Preparatory work continues, however funding has not yet been secured to progress the full ambition around automation. Discussions are ongoing	Progress on centralisation of procurement to VHK, including establishment of workplan and agreed dates		**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
SLA and External Activity		Whilst there is ongoing review of the data to establish opportunities, there is national discussion on SLA potential uplifts through FLG, CFN and DOFs. There is likely to be a separate DOF session to further discuss with a view to achieving resolution.	Ongoing review of data to help establish opportunities for repatriation and identify reasons for inappropriate referrals to other boards Ongoing development of Performance Management group and subsequent arrangements with NHS Lothian and NHS Tayside		**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	Supported Discharge Units implemented in July however due to continued increased demand occupancy has remained at over 100% of agreed 30 beds. Locum surge Consultant remains after a review with Clinical leads. Gateway Dr's & JCF's supporting 6&9 and surge model.	Reduction of Ward 9 to 11 beds and associated maintenance of new footprint Launch of Supported Discharge Units Awareness Raising Programme of Discharge Planning & Surge Review of Locum Surge Consultant post	2. Urgent and Unscheduled Care	**Red - Unlikely to complete on time/meet target**	**Red - Unlikely to complete on time/meet target**
Roll out of Digital Pathology	5.1	No progress due to difficulties with LIMS, Vantage and Digital Pathology integration, meetings are being held to find resolution.		5. Cancer Care	**Amber - At risk - requires action**	**Red - Unlikely to complete on time/meet target**
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Development of final re-design elements prior to re submission of final plan prior to implementation. Flow improved across Front Door with Ambulance Turnaround Times achieving trajectory.	Redesign TOC SDEC commenced	2. Urgent and Unscheduled Care	**Green - On Track**	**Red - Unlikely to complete on time/meet target**
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Local implementation (phase one) continues with significant numbers of issues still to be resolved. National timeline remains unclear.		9. Digital & Innovation	**Red - Unlikely to complete on time/meet target**	**Amber - At risk - requires action**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	We continue to onboard staffing groups beyond nursing as we move to a staff bank however we do not have the financial envelope to consolidate all local banks as this time. There fore there is a risk this is not delivered by March 2027.	Continue implementation of Direct Engagement under RTP and then transition of medical locums into Staff Bank	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Significant focus both in Pharmacy, Digital and wider MDT on delivery of stock control system and meds rec system, from September through to Spring 2025 particularly. Timelines are challenging but plans for delivery are in place.	UAT on meds rec system following change controls Further build and train of pharmacy stock control - primary file control complete Preliminary start of HEPMA build. Project plan finalised.	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Enhanced data availability and sharing		Work continues with Finance and Workforce on data availability - items being built	Work commence with availability of corporate data	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4	Work is on going to review the combined monitor (NHS & FC) spend on Mental Health. Once confirmed, this will allow us to gain greater understanding of the totality of spend against frontline services and the ability to deliver by March 2026 (noting the SG target - 10% of the boards income is given to MH services). Q3 and Q4 milestones may need to be reviewed in due course.		3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	MIU re-directions improved to 80%. Breaches have reduced by 50% compared to same time previous year	Review of overnight provision ensuring patients go attend right place New skill-mix staffing model to support minors triage and reduce waits implemented	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action
National - GP IT Reprovisioning - GP Sustainability	9.1	Business Case moves through Primary Care Governance Delays to Docman Upgrade	Have agreed implementation plan	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Await delivery via National Teams		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.		We will continue to develop the programme of works. SG have confirmed the LCITP funding route is closed. Previously stated milestones relating to this funding will not be completed.	Full development of programme of works showing alignment to 2030 emissions targets	10. Climate	Amber - At risk - requires action	Amber - At risk - requires action
Digital & Information Projects	9.31	Ongoing	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The Board is ahead of previous years in delivery of medicines efficiencies work. However, the scale of targets this year is high and there are challenges in securing full delivery. Significant engagement work across sectors and MDT is ongoing. The medicines waste campaign has been launched	Formal launch of medicines waste campaign for the public and staff, to reduce medicines waste and volume of prescribing. Ongoing delivery of Medicines efficiencies plans across Acute services and HSCP, aligned to 15 box grid.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	SG Funding to support additional CT MR and US activity has resulted in significant improvement of waiting times with 65% of patients being seen within the 6 week target in Aug-24, up from 45% in Mar-24. Withdrawal of US funding from end of quarter 2 will, without locum activity, reduce department's capacity. Monthly demand exceeds core capacity by 132 patients (2,168 - 2,036). By 31 Mar-25 longest waiting time will likely exceed 15 weeks.	Ongoing monitoring of DCAQ, processes in place to monitor cancellations ,short notice cancellation processes in place to maximise capacity, booking guidance SOP's updated and staff training programme development. Collaborative work with service leads to monitor diagnostic turnaround times and assess options for optimising pathways Review of Radiology out of hours service to maximise efficiency to support hospital flow particularly in light of new models of care in medical and surgical directorates. Radiology OOH service currently adopts an on-call model, this requires financial investment to expand to a shift system with increased workforce to meet the out of hours demand for imaging.	5. Cancer Care	Green - On Track	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		The Corporate Communications Strategy was approved by EDG in August 2024. The Communications team will now work to implement this inline with NHS Fife's Population Health and Wellbeing Strategy and Re-form, Transform and Perform objectives over the coming months and years. Supported by project communications plan and quarterly communications activity reports and evaluation.	Corporate Communications Strategy and Framework at EDG for approval on 1 Aug-24		Amber - At risk - requires action	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy		The Public Participation and Community Engagement Strategy and Operational Plan were approved by the Board in July 2024. Now working to implement in support of projects associated with Re-form, Transform and Perform and coordinate activity with the HSCP Engagement Team as appropriate.	Community Engagement and Public Participation Strategy and Operational plan presented to Board on 30 Jul-24 Public Engagement Campaign launched in Sep-24 to help educate and inform the people of Fife of the pressures on the health care budget, changes that will need to be made to ensure and break-even position and opportunities around how they can help inform some of the more difficult decisions or changes to services being explored		Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop Strategic vision across all of Primary Care	1.2	Progress to BAU status ongoing; current SLA with being explored for best value, with possible move to formal tender by end of financial year. Phase 3 PCIP Comms Plan commenced and progressing. CTAC and CIS continue to grow connections between the services; evaluation and final implementation plans progressing. PCIP update report presented across governing bodies July-Sept.	Progress Community Link Workers workstream to a state of business as usual. Commence phase three of the PCIP Communication Plan (public facing phase). Evaluate the effectiveness of the integration between CTAC and the Community Immunisation Service.	1. Primary and Community Care	**Amber - At risk - requires action**	**Green - On Track**
Procurement Savings within Acute Services		21 schemes in progress, In year on track for 79%/ FYE will be 88% of target: -2 cost avoidance (not included in target savings) -9 underway -4 due to commence Sept. -2 awaiting approval -4 having logistics worked up 11 other schemes in initial development. The aim is that these 11 will close the gap in the current in year impact forecast. Continued risk that objective will not be reached but continued activity to identify opportunities to mitigate this risk. Assurance is moderate.	Ongoing reviews of expenditure and savings opportunities.		**Amber - At risk - requires action**	**Green - On Track**
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Standard RTP reporting established with reporting calendar. Portfolio approach agreed and further work will be delivered in Q3 Programmes now established with PIDs approved by NHS Fife Board. Programme Boards now meeting fortnightly.	Monthly performance reporting established Portfolio approach agreed 4 key Programmes established with Boards		**Amber - At risk - requires action**	**Green - On Track**
Achievement of Waste Targets as set out in DL(2021) 38	10.3	Waste initiatives progressed so far: Exploring funding for new bins and a trial within a ward is going ahead, a blueprint will then be created for all other wards with improved recycling processes. Glass recycling is in place. Updated posters and bin labelling has been applied.		10. Climate	**Green - On Track**	**Green - On Track**
Action plan for the National Green Theatres Programme		We are on target with the CfSD bundles. The most recent bundle included rub not scrub which NHS Fife has already adopted.	Continue to make progress with implementation bundles supplied by CfSD	10. Climate	**Green - On Track**	**Green - On Track**
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		International recruitment saw 105 applicants join NHS Fife however due to finances this activity is paused for 24/25. Work continue on the ERRS model to introduce further phases of the model.	Continue to review of ERRS model to gain wider service benefits across the model	8. Workforce	**Green - On Track**	**Green - On Track**
Complete NHS Fife's Phase 2 M365 Programme		MCAS deployed	Complete implementation of additional security controls	9. Digital & Innovation	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Decarbonisation of Fleet in line with Targets	10.41	Infrastructure Update NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installs across 7 sites within NHS Fife. We also introduced an EV charging Hub at VHK site (located at the laundry area) This will facilitate charging of our 3.5t Luton vehicles for our 2030 decarbonisation objective.	Set out plans to increase charging infrastructure using 'switched on fleet' grant	10. Climate	Green - On Track	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	NISD Audit complete August 2024	Cyber Resilience Audit	9. Digital & Innovation	Green - On Track	Green - On Track
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	On Track - Evaluation complete and outcomes for staff and students are good. Workforce development commenced and school nurses have been trained in ABI and DBI to improve delivery and response to children and young people affected by alcohol and drug use.	Evaluate process and outcomes comparable to previous year and/or to other schools on staff confidence/knowledge and student knowledge Establish workforce development network alliance for school nursing, and third sector services delivering education, support and counselling to children and young people of school age	6. Health Inequalities	Green - On Track	Green - On Track
Delivery of Property and Asset Management Strategy		PAMS Strategy has been suspended by SG in favour of the Whole System Infrastructure Plan	Papers taken to FCIG, FP&R and the Board outlining the process for submission of part 1 to SG in January 2025	10. Climate	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	The strategy was positively received and supported at IJB on the 27th of September.	Draft Strategy will be presented to NHS Fife Board and IJB for approval via committees Commence 1st phase of 3 year delivery plan	1. Primary and Community Care	Green - On Track	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife Innovation Project Review Group Terms of Reference confirmed and meetings being set for every second month.	Confirm Terms of Reference for Group. Review governance routes to identify any efficiencies and improvements	9. Digital & Innovation	Green - On Track	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		Through various methods local teams have been encouraged to consider current and future atlas of variations RM work now incorporated into the RTP Programme.	To encourage local teams consider current and future atlas of variations		Green - On Track	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2	Clear governance process, with all scheduling plans overseen via the CIS Programme Board. This sees a review of individual plans and overarching, in terms of workforce, logistics and communication. Midwifery supporting flu and covid vaccinations		1. Primary and Community Care	Green - On Track	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	Ongoing	Key Process Review Implemented	9. Digital & Innovation	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Enhance the capacity and capability across the team		All procurement vacancies successfully filled. There is an ongoing development plan in place to improve knowledge and capability.			**Green - On Track**	**Green - On Track**
Estates Rationalisation		Work has progressed with the closure of HH and Cameron House and Haig House. Staff have moved into Fife Council (Fife House and Bankhead)

Cameron phased decants are underway as planned and on track.

Site plans for Stratheden and discussions with Fife Council are underway and on track | VHK E&F/L8 bookable desks works

Identify further hot desk hubs

Cameron alternative clinical area identified for displaced team

Fife Council solutions in place (Fife House & Bankhead) including IT

Cameron phased decants

Site consolidation/disposal plans further developed | | **Green - On Track** | **Green - On Track** |
| Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme. | | Focus on RTP led workforce growth analysis and refining HCSA reporting to satisfy future SG requirements and High Cost Agency legislative reporting. These align to eRostering, SafeCare and Workforce Planning actions. | Creation of on line Workforce information overview accessible within NHS Fife

Review of Workforce Analytics as part of Directorate service change proposals completed

Ongoing production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements. | 8. Workforce | **Green - On Track** | **Green - On Track** |
| Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support. | | Staffing turnover within the Financial Management Team has been a challenge, and it has been difficult to recruit to posts at all AFC bandings. At the commencement of Q2 we had 26% vacancies however at the end of Q2 we have identified 4 preferred candidates to 4 posts. The remaining 3 vacancies will be addressed as a priority but within vacancy panel conditions. | | | **Green - On Track** | **Green - On Track** |
| Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 | | We are undertaking targeted reviews of the use of dry powder inhalers in place of those containing propellants such as CFC, particularly for reliever inhalers, currently prescribed as metered dose inhalers (MDI). We are also exploring the potential reduction in the number of reliever MDI inhalers prescribed which are often disposed of unused/ partially used. | | 10. Climate | **Green - On Track** | **Green - On Track** |

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Improve sustainability of Primary Care	1.1	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) (On track to test in West of Fife) Test Urgent Care Hub close to Acute site to determine potential increased redirection rate (Consider this test post west of Fife test) Develop hub to establish MDT approach, across Primary care and community services (Consider this test post outcome of West of Fife Test) Develop workforce across in/out of hours (Consider SANP role in hours. Out of Hours testing Pharmacist resource in PHs and with quantify effectiveness of the role post October PH) Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF) (As above west of Fife TOC)	Test an urgent Care hub within a cluster area (targeting cluster(s) with high referral rates into unscheduled Care) Test Urgent Care Hub close to Acute site to determine potential increased redirection rate Develop hub to establish MDT approach, across Primary care and community services Develop workforce across in/out of hours Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care. (In collaboration with UCSF)	1. Primary and Community Care	**Green - On Track**	**Green - On Track**
Increase capability within the team to deliver service improvement and meet growing service demand		Development of the financial services team is ongoing. As of August 2024 the Direct Engagement process has gone live and the financial process has been robustly implemented.			**Green - On Track**	**Green - On Track**
Infrastructure - Workforce	9.31	Completed work for Cameron	Decommission Cameron Establish other hotdesking locations	9. Digital & Innovation	**Green - On Track**	**Green - On Track**
IPQR Review		Monthly reports continue to be produced and distributed to relevant groups. Population Health metrics relating to Screening and Child Health/ Development have now been incorporated. Quarterly review of trajectories complete, will be ongoing. Service updates are now collated on MSTeams, no issues reported. Team are currently exploring use of PowerBI, undertaking a 4-week course run by KIND network.	Embed new process for Service Updates Quarterly review of trajectories/targets Monthly reports produced and distributed accordingly Incorporate agreed metrics relating to Population Health Agree BI tool to use		**Green - On Track**	**Green - On Track**
Local - Records Management Plan Implementation	9.2	Ongoing		9. Digital & Innovation	**Green - On Track**	**Green - On Track**
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Mental health data group established as business as usual. Dashboard available and demand and capacity information in development	Dashboard with core dataset available to access Demand and Capacity data available for all specialities All Mental Health Quality Indicators will all be reported on monthly basis	3. Mental Health	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Outline plans to implement an approved Environmental Management System.		We have finalised our environmental policy and it has been approved by the board. It is not publicly available on our website	Have a full environmental policy approved by the board	10. Climate	**Green - On Track**	**Green - On Track**
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel		We have launched a year round cycle to work scheme with Halfords which is already had high staff uptake	Put in place a new cycle to work scheme for staff	10. Climate	**Green - On Track**	**Green - On Track**
Outline plans to increase biodiversity and improve greenspace across our estate		We hosted an online event alongside FCCAN which outlined greenspace opportunities to community groups. The event was successful and we have had many follow up discussions with community groups since.	Host a greenspace event to outline opportunities available to community groups	10. Climate	**Green - On Track**	**Green - On Track**
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Two NHS Fife vacancies successfully filled. Dialogue continues with the consortium re further development. NHS Fife are a proactive member of the consortium board.			**Green - On Track**	**Green - On Track**
Reduction of Medical Gas Emissions through implementation of national guidance		Work is still ongoing and we are tracking usage. We are projecting the lowest use of nitrous this year since reporting began and we are tracking usage. We are introducing an alternative to Entonox in ED.	Review the use of cylinder use for Nitrous oxide and aim to reduce where possible	10. Climate	**Green - On Track**	**Green - On Track**
Refreshed Performance Reporting	6.1	These will be signed off on 4th October at the HSCP Performance Board	Finalise and agree KPI Metrics	6. Health Inequalities	**Green - On Track**	**Green - On Track**
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	Collaborative work with the resilience team and forum has been ongoing. A connection with SEPA was recently made to address the flooding at Cameron Hospital		10. Climate	**Green - On Track**	**Green - On Track**
Support Delivery Strategic Planning function		ADP Q1 report was produced. Report was approved and tabled at EDG, Committees and Board. Submitted to SG, awaiting feedback. Adaptations were made to template to link to Corporate Objectives and relevant Strategies (where progress is reported through the PHWS progress report). Planning/Review process for System Flow was approved by Operational Group. Event held in August on MSTeams with attendees across the NHS and HSCP, write up is in progress.	Finalise Corporate Objectives for 24/25 and first CO review meeting Agree Planning/Review process for 24/25 Organise Planning/Review Event (Aug-24) ADP24/25 Q1 to be produced Ensure relevant NHS/HSCP Strategy updates are included within ADP24/25 to include in PHWS mid-year report		**Green - On Track**	**Green - On Track**
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Transfer to trakcare is pending but we began planning with Digital around this .	Transfer successfully to Morse	1. Primary and Community Care	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/ employee self-service		Work continues to identify funding for new posts, systems development and a transformation of the Workforce Directorate as a whole.	Appoint new Team Leaders, develop SOP's and service now.	8. Workforce	**Green - On Track**	**Green - On Track**
Delivery of Digital and Information Framework		Agreement to process via D&I Board		9. Digital & Innovation		**Green - On Track**
Refresh of the Primary Care Improvement Plan	1.1	In line National PCIP version 6; carry out extensive engagement with General Practice to delivery PCIP in line with specific needs of each Practice and cluster.		1. Primary and Community Care	**Blue - Complete/ Target met**	**Blue - Complete/ Target met**
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	**Blue - Complete/ Target met**	**Blue - Complete/ Target met**

Deliverable	ADP Reference	2024/25 Q2 Comment	2024/25 Q2 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Change model engagement work completed and begun drafting framework.	Complete engagement work and begin drafting framework.		Green - On Track	Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Work to develop framework for monitoring the Population Health and Wellbeing Strategy has been completed and write up of the Mid-Year Report has commenced. This will be presented to Board in Q3.	Finalise delivery framework for 2024-25 for the strategy		Green - On Track	Green - On Track

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health and Wellbeing Committee**
Meeting Date:	**11 November 2024**
Title:	**Anchor Institution Progress Update**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Sharon Crabb, Public Health Service Manager** **Alison McArthur, Employability and International Recruitment Co-ordinator**

Executive Summary

This report provides an update to the Public Health and Wellbeing Committee on the progression of our strategic intention as an Anchor Institution.

The report also provides an update on the feedback received from Scottish Government on our submitted baseline metrics and the comparison of NHS Fife to other Boards.

1.   Purpose

This report is presented for:
- Assurance

This report relates to:
- Government policy / directive
- Local policy

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

2.   Report Summary

2.1   Situation

This report is focussed on the developing Anchor programme of work and expectations of the National Place and Wellbeing programme. It follows the submission of baseline metrics in March 2024 and the recent feedback received from Scottish Government (Appendix 1). This report is focussed on the developing Anchor programme of work, progression from baseline activities and future ambitions.

2.2 Background

All NHS Boards were asked to submit a baseline of metrics in March 2024 of their anchor activity in relation to three key strands: workforce; local procurement; and use or disposal of land and assets for the benefit of the community, using the set of metrics that had been agreed in consultation with NHS Boards and other stakeholders. NHS Fife were in a fortunate position as some Anchor ambitions were already developing and progressing.

NHS Fife baseline metrics were presented to the Anchor Institution Programme Board in February 2024 ahead of submission to Scottish Government. The recommendation from the Anchor Institution Programme Board was to focus our ambitions on making progress within the employability strand, paying particular attention to the six key priority areas. Anchor work has been ongoing since the last update paper submitted to Public Health and Wellbeing Committee on 13th May 2024. NHS Fife ambitions have been set out in the Annual Delivery Plan submission to Scottish Government and are aligned with our corporate objectives and local strategies.

Members of The Place and Wellbeing Team had individual discussions with each of the territorial Boards, NHS Fife on 14th May 2024.The purpose was to discuss and provide verbal feedback on the process of pulling together and progressing our Anchor Strategic Plans, our metrics and future ambitions. The Place and Wellbeing team have since shared the findings from all the Boards metrics with the Anchor Delivery Group on Thursday 19th September 2024.

A local review of the anchor progress was taken to the Anchor Institution Programme Board on 23rd September 2024. The information was collected over a 6-month period and collated in the format of self-assessment using the Progression Framework devised by Public Health Scotland.

2.3 Assessment

The Anchor Operational Group has coordinated a second review of the self-assessment framework developed by Public Health Scotland; particularly in relation to employability, procurement and spend, estates, property, and land. This has been the first review following the submission of our Anchor metrics in March 2024. The updated progress review did highlight progression of our anchor ambitions in all the strands reviewed and also identified a range of work that was already underway. Consideration is now being given to how greater intentionality can be brought to our activities to enhance health and wellbeing in local communities.

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

Through the creation of our Anchor Strategic Plan and by collating our metrics, one of the most striking findings was the level of engagement that is now underway with our local partners, particularly local authorities and Community Planning Partnerships. This has acted as a catalyst for more focused engagement with public sector partners to explore areas of

joint work, a key aspect of Community Wealth Building. This is supportive of a 'prevention' public health approach and contributes to both community wealth building and reducing child poverty. This approach and progress have been strengthened by ensuring the appropriate governance structures are in place for reporting and accountability.

Employability

The strand evidencing most progress is employability, aiming to widen employment access, building a more inclusive and diverse workforce by engaging with priority groups and areas of multiple deprivation within Fife. NHS Fife evidenced accreditation in various workplace schemes. Acknowledgement and recognition of areas for further development were Defence Employer Recognition Scheme and Equally safe accreditation. Possessing a clear strategy for engaging with Local Employability Partnerships as well as having a dedicated post has made a significant difference to our employability work.

A report has since been presented to Executive Directors Group on 5th September 2024 updating on Employability Initiatives and Programmes. This report provided detail on a number of employability programmes and initiatives that are now in progress to support the development of a talented workforce that is able to meet existing and future demands. It highlights barriers and challenges faced, directing our ambitions to the family priority groups and those within our population that are more likely to experience poverty and/or health inequalities is progressing with wider areas of engagement forecast for the future.

The current employability initiative and programmes are:

- **Career events** – in collaboration with Health & Social Care Partnership (HSCP), Social Work and Social Care develop and deliver two events for 18 high schools throughout Fife.
- **The Care Academy** - NHS Fife, HSCP, Fife College, representatives from the independent and voluntary carer sectors work together to promote and support recruitment, retention and retrain staff within the care sector. The Care Academy offers a careers event twice a year for the general public to attend.
- **Foundation Apprenticeships** - S5 and S6 pupils can take a foundation apprenticeship as one of their senior subject choices, pupils are offered a placement within the workplace.
- **EMERGE** - is a collaboration between NHS Fife, HSCP and Fife College, targeted at school leavers from the Levenmouth, Glenrothes and Dunfermline areas of deprivation, with an interest in a career in NHS Fife. Applicants undertake a 12-month qualification through Fife College, part of which will be a placement within NHS Fife and related site visits.
- **MCR Pathways** - NHS Fife have partnered with MCR Pathways, a high school mentoring and talent development programme which supports over 3,000 care experienced and other vulnerable young people experiencing disadvantage across Scotland to realise their full potential through education. There are currently 4 high schools in Fife where MCR are seeking mentors.
- **Youth Recruitment Pathway** – is a pathway means to recruiting local young people to entry level positions through defined training, development, and progression opportunities to skilled careers.
- **Princes Trust 4-week Get into Healthcare Career Exploration** - participants receive two days of employability training from the Princes Trust and three days of work experience with either NHS Fife or HSCP. Participants interested in roles specifically within NHS Fife and who are considered work-ready, will be supported to apply for and progress onto the Life Chances placement.

- **Fife Council Community Wealth Building - Life Chances 13-week Placement -** Fife Council will work with the young person(s) and NHS Fife to identify the equipment and uniform requirements, and any additional support required before entering the workplace. Fife Council will employ and pay the participants, with NHS Fife and HSCP hosting the placement. A suitable mentor will be identified within the recruiting team to informally support the young person. This full-time placement provides participants with the opportunity to gain in-depth work experience in a Band 2 role within NHS Fife, and the platform to demonstrate their potential, work ethic and values to the department, whilst also allowing recruiting managers to assess their suitability and capability for further progression into a permanent position. During the placement, participants will be supported to apply to ring-fenced modern apprenticeship vacancies.
- **Targeted Modern Apprenticeship Recruitment to NHS Fife -** suitable vacancies with established career pathways which would allow for ongoing training and development will be identified for the purpose of targeted recruitment within the established talent pool. These vacancies will be aligned with a Modern Apprenticeship SVQ courses to allow for suitable educational training of the new employee within their role. Modern apprenticeship courses provide vocational training and accreditation tailored to the role. It ensures staff have the right knowledge and skills to be successful within their role and facilitates further training and progression.

  An application for funding is to be submitted to support 20 Life Chances placements to commence in October 2024, working alongside The Prince's Trust to establish the appropriate number of placements.

The ambition is to introduce the initiatives above as a pathway.

The following initiatives are currently ongoing within NHS Fife and HSCP:
- Modern apprenticeships are being utilised within NHS Fife as a means to up-skill existing staff. Nursing and Midwifery aim to enrol 66 nurses onto Modern Apprenticeships within this financial year 2024/2025. Pharmacy and Labs are also using modern apprenticeships to up-skill their entry level staff. Other apprenticeships are Graduate Apprenticeship and Technical Apprenticeship.
- HSCP hosted one candidate from the Prince's Trust in July 2024. This was very successful, and the candidate has gone on to secure a Healthcare Support Worker post on the Nurse Bank. HSCP are looking to recruit a further 2 candidates via the Prince's Trust in October 2024.
- Use Life Chances model for entry level posts that are hard to fill, mirroring the approach taken by Fife Council which has been very successful within their Cleansing Team.

Armed Forces Talent Programme
The Employability Team are working with representatives of the Armed Forces Talent Programme (national programme) and local Armed Forces Ambassadors employed within NHS Fife to support veterans, together with their partners and dependants in applying for NHS jobs.

Work Placements
Work placements are offered on an ad hoc basis when requests are made by candidates. The Employability Team aim to establish a programme for work placements within NHS Fife and HSCP.

Procurement

NHS Fife were one of the ten boards who awarded contracts which delivered community benefits, theses ranged from employment opportunities to various community projects. 100% of our newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real living Wage, based on contracts of £50K and above. Processes are in place for embedding anchor procurement activities in new developments, working with local suppliers and providing local employment opportunities. Improvements have been made in payment timescales, reducing from 19days to 15 days.

Spend on local businesses and SMEs continue however are challenged by current financial pressures and RTP ambitions.

By working collaboratively with Fife Voluntary Action, an interface for the Community Benefit Gateway was devised to make it more user friendly for voluntary organisations. The uptake has not been as plentiful as was intended; this has been a trend nationally. In Fife this may be a possible duplication between the Community Benefit Gateway and the online community benefits portal, ESES Communities, that has been set up by the Edinburgh and Southeast Scotland City Region Deal.

Land and Assets

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

Wider engagement with partners in planning new developments on our land is progressing. Some targeted areas of land are being considered for community projects. The creation of resources for community groups to promote our land and assets aims to strengthen the uptake. The NHS Fife Greenspace strategy complements our anchor ambitions.

Financial savings of £59,600 have been generated from the launch of Warp it. Cycle to work scheme has been launched as well as other transport initiatives. We will continue to progress with energy use, efficiency and renewable initiatives.

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

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Widening access to employment will have a positive impact on reducing health inequalities of the local population. There are resource implications of engaging with the initiatives in relation to the training and line management support to the person(s) on placement.

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

2.3.3 Financial Employability

- EMERGE programme, NHS Fife will be expected to contribute to the cost of uniforms. Support is being sought from Fife Health Charity. There will be costs in terms of the time employees and managers spend with students during their work placements.
- MCR Pathways is fully funded by the organisation, and they will provide training to volunteers. Volunteers will be required to provide one hour per week on a weekly basis for one academic year during work time.
- The Prince's Trust - The time provided by managers to support the candidate will be the only cost.
- Life Chances - paid placement is part funded by Fife Council and covers 36 hours per week at Living Wage for 13 weeks.

The continued limited capital funding from Scottish Government has restricted the major capital projects and therefore be unable to deliver associated benefits from this procurement stream. This is also the challenge from our land and assets strand.

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment. No separate reporting of progress is required as there

are already established lines of reporting progress to Scottish Government in these areas; Scottish Government acknowledged there will be ongoing progress through other focused areas of work.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This is an updated paper prepared for Public Health and Wellbeing Committee as agreed with the Anchor Institution Programme Board.

This paper has been considered by the Director of Public Health, Public Health Management Team and EDG on 17 October 2024.

2.4 Recommendation

The Committee is asked to take a **"moderate" level of assurance** from the work progressed by the Anchor Operational Group and note the progression over a 6-month period from our baseline metrics.

3. List of Appendices

The following appendices are included with this report:

Appendix No. 1 – Anchor Delivery Group, Paper 7 – Analysis of Anchor Baselines

Report Contact(s):
Sharon Crabb
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Email: sharon.crabb@nhs.scot

Anchor Delivery Group
Thursday 19 September, 2024

Paper 7– Analysis of Anchor Baselines

1. Purpose

This paper encloses a report with an analysis of the baselines that NHS Boards submitted in March 2024 of their Anchor activity, together with a circulation list for dissemination of the report.

2. Analysis of Anchor activity

All NHS Boards were asked to submit a baseline in March 2024 of their anchor activity in relation to three key strands: workforce; local procurement; and use or disposal of land and assets for the benefit of the community, using the set of metrics that had been agreed in consultation with NHS Boards and other stakeholders.

An analysis of the baselines has been undertaken by Scottish Government Health and Social Care analysts and a report with the full analysis can be found at Annex A.

The draft report of the analysis was agreed by the Place and Wellbeing Programme Board at its meeting on 4 June 2024, subject to the following amendments, which have now been incorporated:

- Figures subject to further quality assurance by analysts.
- Statistics on the protected characteristics of the general population (for comparison purposes) updated with 2022 census data where available, using labour market statistics to compare against the working age population.
- Infographics included in the executive summary to illustrate the key statistics.

The report with the analysis will be distributed to the stakeholders listed in Annex B. It should be noted that while this report will be circulated to stakeholders, it will not be officially published by Scottish Government due to the additional costs that would incur and the delays in disseminating it to key stakeholders, particularly NHS Boards.

3. Recommendations

Members are asked to:

- note and approve the analysis of Anchor baselines at Annex A
- review the dissemination list at Annex B.

Authors
- Úna Bartley, Team Leader, Place and Wellbeing Programme
- Eilidh Currie, Principal Research Officer, Health and Social Care Analysis

NHS Boards as Anchor Institutions

Analysis of baselines of NHS Anchor activity

September 2024

Scottish Government
Riaghaltas na h-Alba
gov.scot

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Contents

Executive summary

Background

Beyond providing excellent care, our health and social care bodies have a vital role to play in reducing inequality in Scotland. Through the Anchors workstream, the Scottish Government is supporting NHS Boards to address the wider determinants of health by contributing to the wider Community Wealth Building agenda and operating as effective 'Anchor' institutions.

As 'Anchor' institutions, NHS Boards can use their significant spending power to improve the lives of people in the communities they serve by taking deliberate decisions to: increase fair employment opportunities for target groups; procure more goods and services locally; and use or dispose of their land and assets for the benefit of their local community.

As part of the NHS Scotland Delivery Plan Guidance, issued in February 2023, all NHS Boards were asked by the Scottish Government to develop Anchor Strategic Plans to set out how they plan to progress Anchor activity in the three key strands of workforce, local procurement, and use or disposal of land and assets for the benefit of the community. In March 2024, all NHS Boards were asked to submit a baseline of their Anchor activity in relation to those strands, using a set of metrics that had been agreed in consultation with NHS Boards and other stakeholders.

This report sets out the findings from an analysis of the baseline data provided by each of the fourteen territorial and the eight national Boards. The data relates to the financial year 2022/2023 unless stated otherwise.

Key findings

Workforce

NHS Scotland is Scotland's largest employer, with over 180,000 employees.

Over **1,700 people** engaged in **86 employability programmes** offered by NHS Boards in 2022/2023.

NHS Boards were accredited with various **workplace schemes**:

| **91%** | **68%** | **59%** | **55%** |
| Disability Confident | Defence Employer Recognition Scheme | Carer Positive | Real Living Wage |

| **41%** | **14%** | **5%** |
| Young Persons' Guarantee | Equally Safe | Menopause Friendly |

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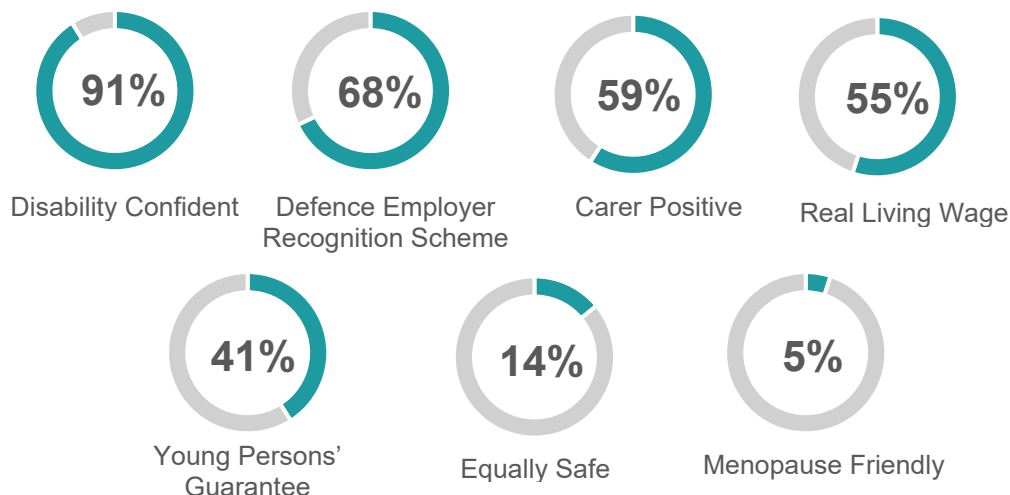
The majority of Boards published a **race and/or pay gap**:

Race pay gap	Disability pay gap	Both
55%	**59%**	**50%**
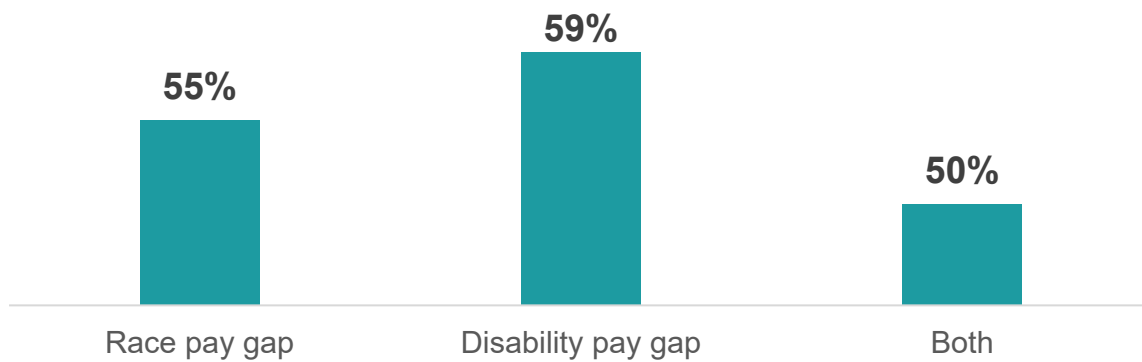
The majority of NHS Boards had a clear strategy for engaging with **Local Employability Partnerships** (LEPs) and an identified representative to engage with their LEP(s):
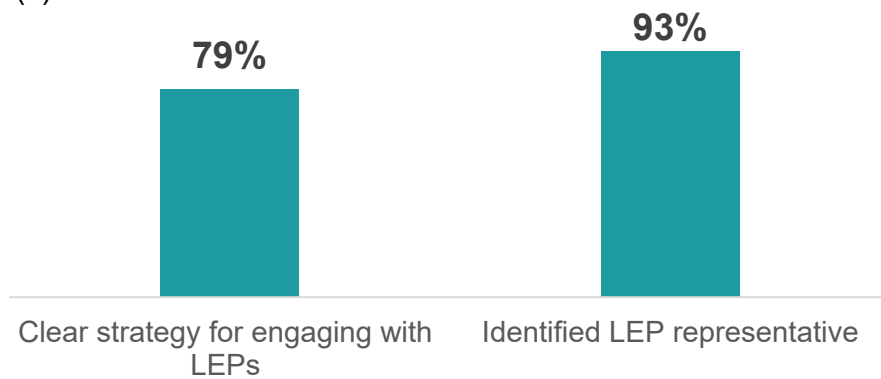
Clear strategy for engaging with LEPs	Identified LEP representative
79%	**93%**

Six Boards were targeting their employability programmes on at least one of the **family priority groups** outlined in Best Start, Bright Futures, with **lone parents** being the most commonly targeted group:

Lone parents	23%
Families with a disabled adult or child	14%
Families with a baby	14%
Minority ethnic families	14%
Young mothers	14%
Large families	9%

2
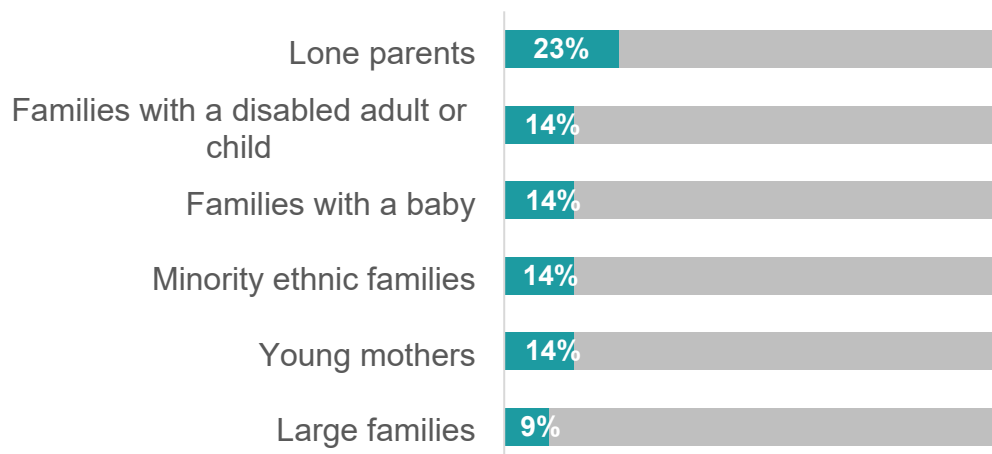
Twelve Boards were targeting their employability programmes on other groups who are more likely to experience **poverty and/or health inequalities**, with disabled people and care experienced people the most commonly targeted groups:
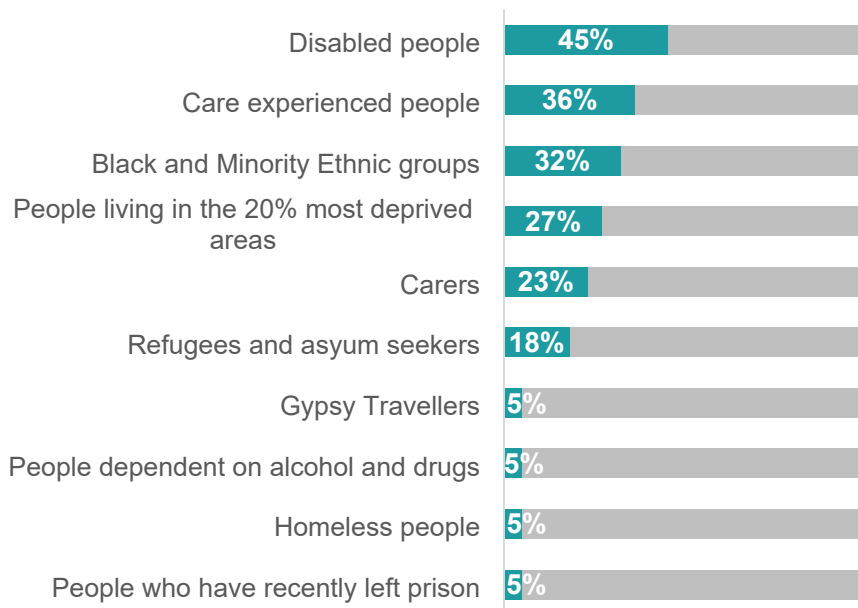
Group	Percentage
Disabled people	45%
Care experienced people	36%
Black and Minority Ethnic groups	32%
People living in the 20% most deprived areas	27%
Carers	23%
Refugees and asylum seekers	18%
Gypsy Travellers	5%
People dependent on alcohol and drugs	5%
Homeless people	5%
People who have recently left prison	5%

Just under half (47%) of NHS employees had no **religion** in 2023. This is lower than the percentage of the working age population in Scotland who identified as having no religion in the 2022 Census (59%).

A minority (3%) of NHS employees had a long-term **health problem or disability** in 2023. The proportion of the working age population in Scotland that had a long-term health problem or disability in the 2011 census was higher at 15%.

Procurement

NHS Scotland purchases around £3.6bn of goods and services each year.

Territorial Boards spent just under **£765m** on businesses located **within their geographical areas** in 2022/2023 while national Boards spent just under **£100m** with businesses located **in Scotland**.

> Boards as a whole spent:
>
> **£1.45bn**
> on Small to Medium Enterprises (SMEs)
>
> **£96m**
> on goods and services from third sector organisations
>
> **£2.3m**
> on supported businesses

3

Ten Boards awarded contracts which delivered **community benefits**, ranging from employment opportunities to construction projects.

Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were **Real Living Wage Accredited** or committed to pay the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

Land and assets

There are over 270 NHS hospital sites and buildings in Scotland.

To date, seven Boards have received a total of 15 requests for **asset transfers**, of which four have been **awarded** by four different Boards.

The majority of NHS Boards reported having processes or strategies in place around **new developments** to support Anchor activity and engage their local community:

68%	73%	50%	86%
A process for embedding anchor procurement activities	A process for embedding anchor employment activities	A strategy to include provision for community use in the future	A strategy to engage with other anchor partners in planning new developments
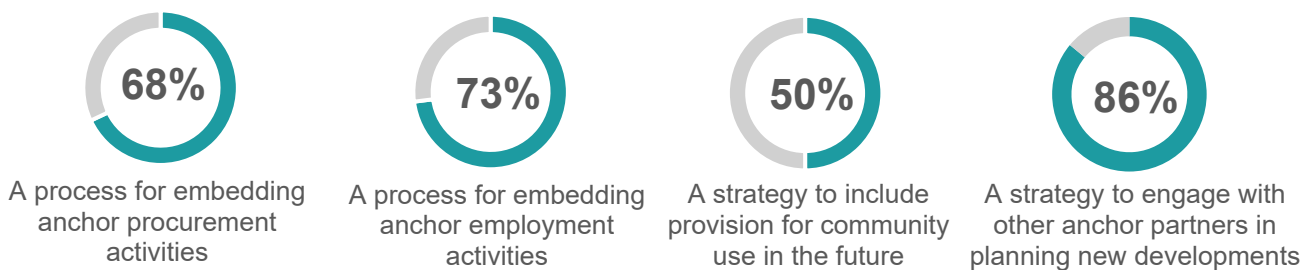
Over half (55%) of Boards had a process in place to embed Anchor activities within their **existing sites**, while 64% had a strategy in place to include provision for **community use** on their estate (for example, access to green spaces, a café or bookable multipurpose spaces).

The majority of Boards had a process in place for engaging with the local community in planning the design and use of **new developments**, while smaller proportions had a policy in place for local community use of existing lands and buildings, a process for the local community to request use of existing sites, and a mechanism in place for the community and partners to be notified of surplus assets:

Process in place for engaging with the local community in planning the design and use of new developments	73%
Mechanism in place for community and partners to be notified of surplus assets that could be transferred	50%
Process for the local community to request use of existing sites	36%
Policy or strategy in place for local community use of existing land and buildings	27%
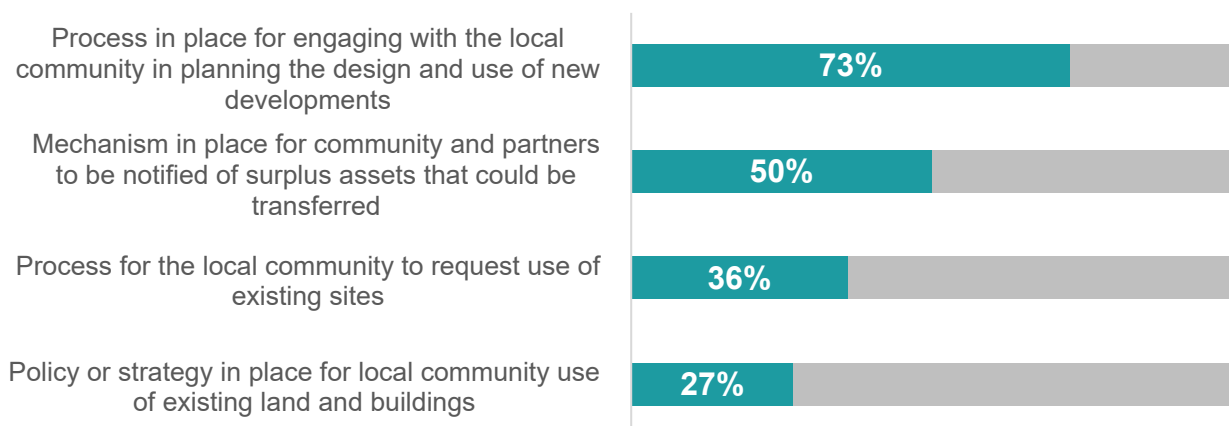
The type of groups who **made use of NHS land and buildings** included third sector organisations, social enterprises, private nurseries and local councils.

Barriers to community groups accessing or taking on NHS assets included legal and regulatory barriers, such as the complexity of the Community Asset Transfer process, operational and resource barriers, as well as concerns around security and health and safety.

5

1.   Introduction

The links between poverty and health inequalities are well established. We know that health inequalities limit the quality and length of people's lives, and that they contribute to a large proportion of preventable demand on health and care services in Scotland.

Through the Anchors workstream, the Scottish Government is supporting NHS Boards to address the wider determinants of health by contributing to the wider Community Wealth Building agenda and operating as effective 'Anchor' institutions.

Anchors institutions are large organisations that employ a significant number of people, spend large sums on goods and services, and have multiple buildings, land and other assets. These institutions already have a major presence and impact in their local area, but through adopting an anchors approach, they have the potential to do more.

NHS Boards are acknowledged to be Anchor institutions given that they can use their significant spending power to improve the lives of people in the communities they serve by taking deliberate decisions to: increase fair employment opportunities for target groups; procure more goods and services locally; and use or dispose of their land and assets for the benefit of their local community.

By working in partnership with other local Anchors (including local authorities, universities, and colleges), NHS Boards can maximise the positive impact they have within their local communities.

As part of the [NHS Scotland Delivery Plan Guidance](), issued in February 2023, all NHS Boards were asked by the Scottish Government to develop Anchor Strategic Plans to set out how they plan to progress Anchor activity in three key strands: workforce; local procurement; and use or disposal of land and assets for the benefit of the community. In March 2024, all NHS Boards were asked to submit a baseline of their Anchor activity in relation to those three key strands, using a set of metrics that had been agreed in consultation with NHS Boards and other stakeholders.

This report sets out the findings from an analysis of the baseline data provided by each of the fourteen territorial Boards (which are responsible for frontline healthcare services in Scotland), and the eight national Boards (which each cover the whole of the country, for example, the Scottish Ambulance Service and NHS24).

It should be noted that national Boards differ in a number of ways from territorial Boards which affects how they operate as Anchor institutions. For example, in general they have far fewer employees and fewer buildings or large estates than the territorial Boards. In addition, with the exception of NHS National Services Scotland, the national Boards have smaller budgets, and, as they are operating at a national level, are not as well placed to contract with local suppliers or to work in partnership with local Anchor institutions. For these reasons, for some metrics, the data that was returned from the national Boards has been reported separately.

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The findings provide a picture for the first time of how the NHS in Scotland is contributing to Community Wealth Building to address the wider determinants of health. While the concept of Community Wealth Building as an economic development model is relatively new, much of the activity and processes that contribute to it within NHS Boards predate the model. That said, as the findings illustrate, NHS Boards are each at very different stages as Anchor institutions with noticeable between Boards, for example, in the number who are accredited as Real Living Wage employers or who are actively engaging with local communities, in addition to significant variability in the proportion of spend with local suppliers.

The conclusion suggests reasons that might explain some of those differences and provides further detail on how the findings in the report will be used.

More detailed analysis of the baselines is set out in Annex 1, while the metrics that the baselines are derived from are set out in Annex 2. The reporting period for the baselines in this report is the financial year 2022/2023, unless stated otherwise.

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2. Workforce

Employability programmes

Poverty and income inequality continue to drive high and persistent levels of health inequalities in Scotland. Enabling and supporting individuals to increase their income through paid work and earnings is a direct way to tackle poverty. With over 180,000 employees, the NHS is Scotland's largest employer, and holds significant levers for tackling inequality through the provision of fair work opportunities.

The baselines from both the national and territorial Boards illustrate that there is a range of employability activity underway to attract different groups into NHS roles in Scotland. In 2022/2023, 17 Boards had at least one employability programme in place. Across these 17 Boards, there were 86 employability programmes underway in total, with a proportionally higher number of employability programmes in the territorial Boards (68), compared with the national Boards (18). The number of employability programmes underway within these 17 Boards ranged from two to 10.

The number of people engaged in these 86 employability programmes was 1,730. This included 1,570 people participating in the programmes offered by territorial Boards and 160 participating in the programmes offered by national Boards.

Examples of employability programmes that were underway within Boards included apprenticeships (such as Modern, Graduate and Clinical Apprenticeships), work experience opportunities (such as Work Experience Weeks and placements), and specialised programmes such as Project Search and Demonstrator[1]. The number of people participating in such programmes within Boards ranged from one to 600[2].

There is also possible double counting of national Board activity to support boards across Scotland, then reporting of activity delivered locally.

Of the five Boards that had no employability programmes in place in 2022/2023, four were national Boards while one was a territorial Board.

Accreditations and pay gap information

Payment of the Real Living Wage not only directly improves the income of employees on low incomes but is also a significant indicator of an employer's commitment to Fair Work practices. It demonstrates that the employer takes a positive approach to its workforce and helps to recruit and retain staff.

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[1] The *Project Search* programme supports disabled young adults into employment. Participating Health Boards provide three rotational work placements alongside training in essential employability and profession specific skills. The Demonstrator Programme provides ~6 month paid placements via Parental Employability Support Fund / No One Left Behind. In 22/23 the Demonstrator laritgely targeted lone parents over the age of 25.

[2] It should be noted that some Boards included in their response the number of people that had attended events, such as Careers Fairs. This is likely to have caused inconsistencies in the data, with some boards including Careers Fairs as employability programmes and others omitting this activity. In future years, metrics will be refined to distinguish employability programmes from outreach activity.

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The majority of Boards (12 Boards or 55%) reported being accredited as a Real Living Wage employer in 2022/2023, with a further four Boards (18%) working towards becoming accredited. This means that of the 22 Boards, 16 (or 73%) were either accredited as a Real Living Wage employer or working towards becoming accredited, while six Boards (or 27%) were neither accredited nor working towards accreditation.

Accreditation to other workplace schemes demonstrates that an employer takes a positive approach to attracting and retaining staff from different sections of the community. The majority of Boards have demonstrated such a positive approach by being accredited with the following schemes: Disability Confident (20 Boards or 91%); the Defence Employer Recognition Scheme (15 Boards or 68%); and Carer Positive (13 Boards or 59%). In addition, a number of Boards are accredited as Equally Safe (three Boards or 14%), or signed up to the Young Person's Guarantee (nine Boards or 41%). One Board (5%) is also accredited as Menopause Friendly.

The majority of Boards publish a race and/or a disability pay gap, with 12 Boards (55%) publishing a race pay gap and 13 Boards (59%) publishing a disability pay gap.

Local Employability Partnerships

Within each local authority area, Local Employability Partnerships (LEPs) bring together Anchor institutions and other partners to take a strategic approach to identifying and offering ways to improve job opportunities for particular target groups in the local area. Engagement with LEPs can be a key way for the territorial Boards to access funding and work with other employers, such as local authorities, to maximise fair work opportunities for local people.

Of the 14 territorial Boards, 11 (79%) reported that they had a clear strategy for engaging with LEPs, while 13 (93%) stated that they had an identified representative to engage with their LEP(s). It should be noted that of the 13 who had an identified representative this may not cover all of the LEPs within a Board's area.

Target groups

The drive behind the Anchors workstream is to support a reduction in health inequalities. The focus of the workforce strand is therefore on providing and sustaining employment for those groups most likely to experience poverty as well as those groups most likely to experience health inequalities, such as Gypsy Travellers, refugees and asylum seekers and those who have lived experience of addiction, homelessness, or the criminal justice system.

For that reason, Boards were asked which, if any, of the following groups they were targeting through their recruitment, employability programmes or progression schemes, or through partners' employability programmes:

- Care experienced people
- Carers
- BME groups

- People living in the 20% most deprived areas
- Disabled people
- Gypsy Travellers
- People dependent on alcohol and drugs
- Homeless people
- People who have recently left prison
- Refugees and asylum seekers

Twelve Boards (seven territorial and five national) were targeting their employability programmes on one or more of the groups listed above. The most common groups being targeted were disabled people (10 Boards or 45%) and care experienced people (eight Boards or 36%), followed by BME groups (seven Boards or 32%), people living in the 20% most deprived areas (six Boards or 27%) and refugees and asylum seekers (four Boards or 18%).

No territorial Boards were targeting Gypsy Travellers, people dependent on alcohol and drugs, homeless people, or people who had recently left prison, while one national Board said it was targeting all of these groups. More detail can be found in Annex 1, Figure 3.

Given the size of the NHS workforce, the Anchors workstream is increasingly viewed as a vehicle to address child poverty, a key Scottish Government priority. Boards were therefore also asked about whether they were targeting any of the family priority groups outlined in Best Start, Bright Futures[3]:

- Lone parents
- Young mothers (under 25 years old)
- Minority ethnic families
- Large families (with three or more children)
- Families with a baby (under one)
- Families with a disabled adult or child

Six Boards (five territorial and one national Board) were targeting their employability programmes on at least one of the family priority groups. Of those, two Boards (one national and one territorial) were targeting all six priority groups, while other Boards targeted one, two or three of them. Five Boards (23%) were targeting lone parents, three Boards (14%) were targeting young mothers, minority ethnic families, families with a baby or families with a disabled child respectively, and two Boards (9%) were targeting large families. More detail can be found in Annex 1, Figure 4.

Overall, 12 Boards (55%) were targeting at least one of the groups likely to experience health inequalities and/or the family priority groups, while 10 (45%) Boards were not targeting any of them.

Future data collection

Boards were also asked to report whether they had plans to systematically collect data on any of the groups listed above. While workforce data in 2022/2023 captured

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[3] Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026

BME groups, people living in the 20% most deprived areas, and disabled people, the NHS Scotland Equality and Diversity monitoring form for recruitment and HR was updated in April 2024 so that all Boards will collect data on socioeconomic background, care experience, caring responsibilities, and Gypsy Travellers.

One Board reported that they plan to collect data on veterans in future but no Boards reported having plans to collect data on: people dependent on alcohol and drugs; homeless people; people who have recently left prison; or refugees and asylum seekers.

Three Boards reported having plans to collect data on the family priority groups, including one Board who reported that they plan to collect data on lone parents, one Board who reported that they plan to collect data on lone parents and young mothers, and one Board who reported that they plan to collect data on all six family priority groups.

Distribution of NHS employees and leavers

Boards were asked to provide information on the distribution of their workforce employees and leavers by protected characteristics and SIMD. These statistics were provided centrally by NHS Education for Scotland (NES), to enable consistent reporting across all Boards[4]. Comparisons are drawn with the Scottish population aged 16-64 using data from Scotland's Census 2022 where available, and Scotland's Census 2011 where the 2022 data has not yet been published. For SIMD, comparisons are drawn with National Records of Scotland (NRS) population estimates 2021.

It should be noted that there are limitations with the NES data, including issues with data completeness. The NES data and census/NRS data are also not directly comparable, for reasons which include the categorisation of respondents who do not provide information. For the purposes of this report NHS employees and leavers who did not provide valid information were excluded from the analysis. This means that the workforce figures contained within this report are not comparable to those published by NES[5].

While census and NRS data has been used for this report to provide an indication of differences that are likely to be of interest, comparisons should be interpreted with caution.

The workforce data on ethnicity showed that 93% of NHS employees and 91% of NHS leavers identified as being white in 2023, similar to the proportion of the working age population in Scotland that identified as being white in the 2022 Census (92%).

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[4] Due to the recency with which access to this data was gained, statistics based on the calendar year (i.e. year ending 31 December 2023) are provided for this cycle to ensure accurate reporting. This is different to the reporting period requested for other metrics (year ending 31 March 2023). For future cycles, data will be available for the financial year period.
[5] NHS Scotland Workforce Data

Just under half (47%) of NHS employees had no religion in 2023. This is lower than the percentage of the working age population in Scotland who identified as having no religion in the 2022 Census (59%).

A minority (3%) of NHS employees had a long-term health problem or disability in 2023. The proportion of the working age population in Scotland that had a long-term health problem or disability in the 2011 census was 15%.

The distribution of NHS employees and leavers by SIMD in 2023 appears broadly comparable with the distribution of the working age population in 2021, though there are slightly fewer NHS employees and leavers living in the 20% most deprived areas of Scotland (15% of both employees and leavers, compared with 20% of the working age population).

Further analysis would be required to understand whether employees with certain characteristics or from particular areas are more or less likely to leave employment with the NHS.

More detail can be found in Figures 5-10, Annex 1.

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3.   Procurement

Through its national and territorial Boards, NHS Scotland purchases around £3.6bn of goods and services each year. Like all Anchor institutions, Boards can have a significant impact on the conditions of people not directly employed by the health sector through procuring more goods and services from local businesses, Small to Medium Enterprises (SMEs), the third sector and from supported businesses.

In 2022/2023, the 14 territorial Boards spent just under £765m on local businesses (i.e. with suppliers whose postcodes were located within the local authority areas covered by their Board). The percentage of overall spend with local businesses within the territorial Boards ranged from 4.4% to 48.7%. The variation in spend with local businesses will be influenced by a number of factors, particularly the geographical location of the Board and the number of businesses within that location able to supply the goods and services that the Board puts out to tender.

The eight national Boards spent just under £100m with businesses located in Scotland, with the percentage of overall spend on those businesses within the national Boards ranging from 0.6% to 63.9%.

The total spend on SMEs reported across all Boards was £1.45bn (including £1.18bn spent by the territorial Boards in addition to £274m by the national Boards), with the percentage of overall spend on SMEs across all Boards ranging from 18.2% to 76.9%.

Based on the 19 Boards who provided a response (13 territorial and six national), in 2022/2023 at least £2.3m of the NHS budget was spent purchasing goods and services with supported businesses. In addition, based on the 16 Boards who responded (10 territorial and six national), over £96m was spent by the NHS purchasing goods and services from third sector organisations.

NHS Scotland can also positively impact the employment opportunities, services and environment of local people by building fair work and community benefit clauses into their procurement contracts.

In 2022/2023, 10 Boards awarded contracts which delivered community benefits. The types of benefits reported included:

- Employment and training initiatives (e.g. work experience placements, apprenticeships, skills development programmes)
- Community support and development initiatives (e.g. support for charities, donated products and services and volunteering opportunities)
- Infrastructure and facility improvements (e.g. furnishing and equipment provision, construction projects, renovation of community spaces)

Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage. Five Boards (three territorial and two national)

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reported that this information is not currently recorded or available, while one Board stated that they had not awarded any such contracts in the reporting year.

Land and assets

The NHS owns significant land and buildings – with over 270 hospital sites and buildings alone in Scotland – some of which can be sold or made available for community benefit. For example, the NHS can work in partnership with other Anchor institutions and/or community organisations to co-design new buildings or to dispose of their assets to meet the needs of local communities, such as for affordable housing. In addition, Boards can share assets with community and voluntary organisations, open up green spaces for community use, and provide building space for community services or to support community activities, such as fruit and vegetable sales.

Asset transfers

To date, seven Boards have received a total of 15 requests for asset transfers. Of those 15 requests received, four transfers (or 27%) have been awarded by three different Boards.

Fifteen Boards have received no asset transfer requests to date, four have received one request, two have received two requests and one has received seven requests.

New developments

The majority of Boards reported having processes or strategies in place around new developments to support Anchor activity and engage their local community. For example, for new developments: 15 Boards (68%) had a process in place for embedding anchor procurement activities; 16 Boards (73%) had a process in place for embedding anchor employment activities; 11 Boards (50%) had a strategy to include provision for community use in the future; and 19 Boards (86%) had a strategy to engage with other anchor partners in planning new developments. More detail can be found in Annex 1, Figure 11.

The territorial Boards were more likely than the national Boards to have strategies in place around new developments to support Anchor activity and engage their local community. This likely reflects the larger estates that territorial Boards generally manage compared to the nationals, and the greater potential the territorial Boards have to both define and engage with their local communities (as well as other local Anchors) and to offer them the use or transfer of their assets. More detail can be found in Annex 1, Figures 12 and 13.

Existing sites

For their existing sites, 12 Boards (55%) reported having a process in place to embed Anchor activities, while 14 Boards (64%) had a strategy in place to include provision for community use on their estate, for example by offering communities access to green spaces, a café or bookable multipurpose spaces. More detail can be found in Annex 1, Figures 14-16.

Community engagement

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Community engagement, particularly in relation to new builds as well as use and disposal of existing NHS land and assets, is a key aspect of Anchor activity.

Overall, 16 Boards (73%) reported that they had a process in place for engaging with the local community in planning the design and use of new developments. Of those Boards, their engagement with the community included engaging with target populations and/or organisations. More detail can be found in Annex 1, Figure 17.

In addition, six Boards (27%) reported having a policy or strategy in place for community use of their existing land and buildings, while eight Boards (36%) had a process for the local community to request use of existing sites. Of the Boards who engage with the community on existing sites, half (11) engage with target populations and/or target organisations. Half of all Boards (11) also had a mechanism in place for their community and partners to be notified of surplus assets that could be transferred.

Use of existing land and assets

Boards were asked to list the current use of their land and assets by community groups and activity type. It was mainly the territorial Boards who responded to this question, although one of the territorial Boards said that no community groups were making use of their land and assets currently.

The types of group mentioned by Boards who were making use of their land and buildings included third sector organisations, social enterprises, private nurseries and local councils. The types of activity being undertaken by these groups included social support services, leisure and sport activities, community gardening projects, retail and hospitality services and farming.

Barriers faced by community groups to use, or transfer, NHS assets

Ten of the territorial Boards and two of the national Boards cited a number of barriers to community groups either accessing or taking on NHS assets. They included legal and regulatory barriers, such as the Community Asset Transfer process being complex and intensive, financial barriers, operational and resource barriers, and barriers relating to community engagement and expectations, as well as concerns around security and health and safety.

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4. Conclusion

This report sets out the current position of NHS Boards as Anchor institutions, providing an overview of the contribution of NHS Scotland to Community Wealth Building.

The concept of Community Wealth Building as an economic development model is still relatively new and, as illustrated in this report, there is considerable variability between the NHS Boards as Anchor institutions.

As outlined in the introduction, some of this difference is explained by the distinct nature of the national Boards which, in general, compared with territorial Boards, employ far fewer employees and have far fewer buildings or large estates. In addition, with the noticeable exception of NHS National Services Scotland, the national Boards have much smaller budgets, and, as they are operating at a national level, are not as well placed to contract with local suppliers or to work in partnership with other local Anchor institutions.

However, there are also noticeable differences between the territorial Boards in their current position, for example, in the proportion of spend with local suppliers, the number of employability schemes in operation, and the number who are actively engaging with communities and partners over the use and disposal of their land.

There are a number of factors that may explain these differences, such as geographical location which will determine the number of local suppliers who can realistically bid for the goods and services put out to contract. In addition, some territorial Boards are operating across several local authorities while others are operating across just one, which can impact the ease of establishing and maintaining partnerships with other local Anchor institutions to progress action. Economies of scale may also impact the stage that Boards are at as Anchors, as Boards with bigger budgets are arguably better placed to dedicate more staff to establish Anchor activity. In addition, a number of Boards, particularly those serving predominantly urban populations, are located within regions or local authorities where there has been a lot of activity underway for some time to support Anchors to work in partnership to progress Community Wealth Building.

In addition to providing an overview of how NHS Scotland is currently contributing to Community Wealth Building, the findings in this report will be used by the Scottish Government alongside other evidence to define priority areas and set minimum expectations of NHS Boards as Anchor institutions.

It is also anticipated that the report will be of interest to, and used by NHS Boards and their local partners to assess how and where they might target their resources in the future to maximise the proportion of wealth that is retained in their in local communities to tackle the wider determinants of health.

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Annex 1: Analysis of NHS Boards' baselines of Anchor activity

This Annex contains the full analysis of the baseline Anchors data provided to the Scottish Government by NHS Boards. The baseline reporting period for the metrics is the financial year 2022/2023. The data relates to this period unless stated otherwise. Some metrics were not applicable to all Boards, and some Boards were not able to provide responses to certain metrics. The number of Boards on which the analysis is based is therefore specified for each measure.

1. Workforce

1.1. Number of employability programmes

Boards were asked to report how many employability programmes were underway within their Board in the reporting year.

All 22 Boards provided a response to this question. Five Boards (one territorial Board and four national Boards) had no employability programmes underway.

Across the 17 Boards who had at least one employability programme underway, the total number of employability programmes in place was 86.

Across the 13 territorial Boards who had at least one employability programme underway, the total number of employability programmes in place was 68. The number of programmes underway in territorial Boards ranged from two to nine.

Across the four national Boards who had at least one employability programme underway, the total number of employability programmes in place was 18. The number of programmes underway in national Boards ranged from two to 10.

1.2. People engaged through employability programmes

Boards were asked to report how many people they engaged through employability programmes in the reporting year.

Of the 22 Boards, 20 provided a response to this question. Two Boards (both territorial) were unable to confirm the number of people they engaged during the reporting year.

Across the 20 Boards who provided a response, the total number of people engaged was 1,730.

Across the 12 territorial Boards who provided a response, the number of people engaged was 1,570.

Across the eight national Boards, the number of people engaged was 160.

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Of the 20 Boards, five did not engage anyone through employability programmes in the reporting year. Of the 15 Boards who engaged at least one person, the number of people engaged ranged from one to 600.

It should be noted that some Boards included in their response the number of people that had attended events, such as Careers Fairs. This is likely to have caused inconsistencies in the data, with some boards including Careers Fairs as employability programmes and others omitting this activity. In future years, metrics will be refined to distinguish employability programmes from outreach activity.

here is also possible double counting of national Board activity to support boards across Scotland, then reporting of activity delivered locally.

1.3. Workplace accreditations

Boards were asked to report whether they were accredited with various workplace schemes.

All 22 Boards provided responses to these questions.

The proportions reporting being accredited with each of the schemes are displayed below.

Figure 1: Percentage of all Boards with various accreditations in 2022/23
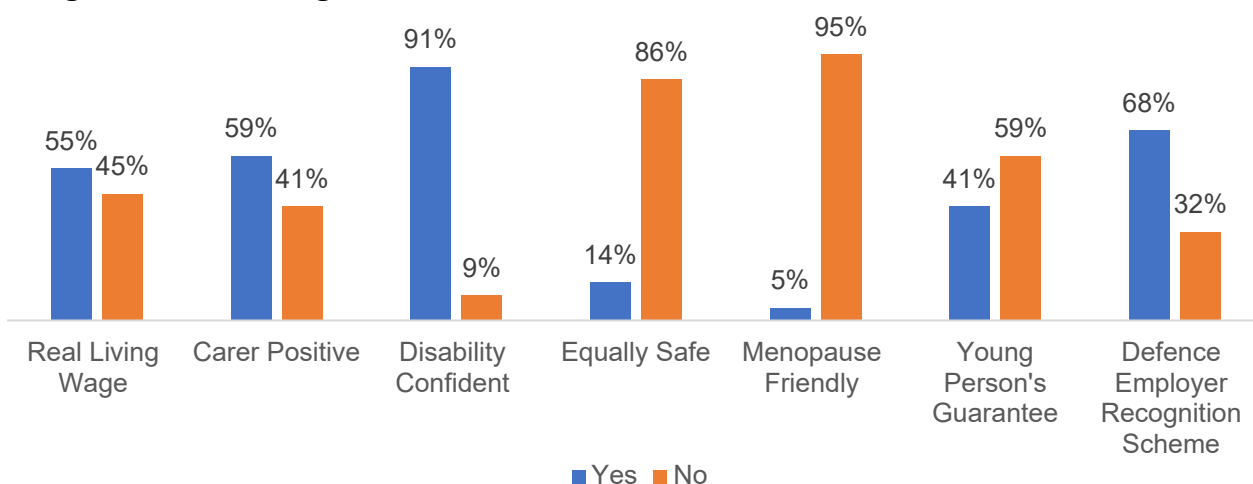
Source: Anchors baseline returns 22/23
Frequencies: Real Living Wage: Yes – 12, No – 10, Carer Positive: Yes – 13, No – 9, Disability Confident: Yes – 20, No – 2, Equally Safe: Yes – 3, No – 19, Menopause friendly: Yes – 1, No – 21, Young Person's Guarantee: Yes – 9, No – 13, Defence Employer Recognition scheme: Yes – 15, No – 7

1.4. Pay gap publication

Boards were asked to report if they published a race and/or pay disability gap.

All 22 Boards provided responses to these questions.

Of the 22 Boards, 12 (55%) published a race pay gap, while 10 (45%) did not.

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Of the 22 Boards, 13 (59%) published a disability pay gap, while nine (41%) did not.

Half of Boards (11; 50%) published both a race and disability pay gap, while eight Boards (36%) published neither.

1.5. Local Employability Partnerships

Territorial Boards were asked to report if they had a clear strategy for engaging with Local Employability Partnerships (LEPs) within their Board area in the reporting year.

All 14 territorial Boards responded to this question.

Of the 14 territorial Boards, 11 (79%) reported that they had a clear strategy for engaging with LEPs, while three (21%) reported that they did not.

Territorial Boards were also asked to report if their Board had an identified LEP representative, who regularly attends LEP meetings and contributes to the development, implementation and continuous improvement of the LEP Investment Plan, in the reporting year.

All 14 territorial Boards responded to this question.

Of the 14 Boards, 13 (93%) reported that they had an identified LEP representative, while one (7%) reported that they did not.

Figure 2: Percentage of territorial Boards with a clear strategy engaging with LEPs/who had an identified LEP representative in 2022/23
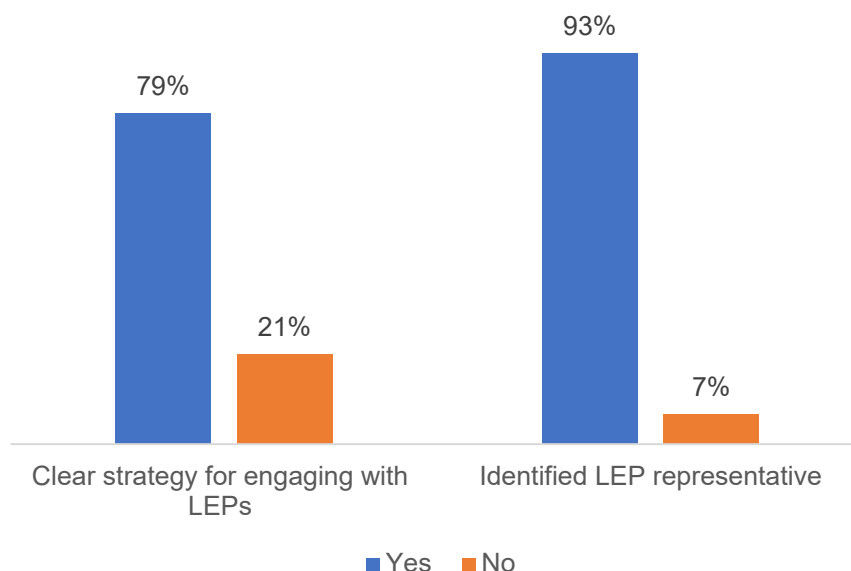
Source: Anchors baseline returns 22/23
Frequencies: Clear strategy for engaging with LEPs: Yes – 11, No – 3, Identified LEP representative: Yes – 13, No – 1

1.6. Target groups

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Boards were asked to report whether they are targeting one or more of the following groups more likely to experience poverty and/or health inequalities, either through recruitment, employability programmes or progression schemes, or through working with partners (for example LEPs, colleges, or universities):

- Care experienced people
- Carers
- Black and Minority Ethnic (BME) groups
- People living in the 20% most deprived areas
- Disabled people
- Gypsy Travellers
- People dependent on alcohol and drugs
- Homeless people
- People who have recently left prison
- Refugees and asylum seekers

As well as the following family priority groups at risk of child poverty (outlined in Best Start, Bright Futures[6]):

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

All 22 Boards provided a response to this question.

Of the 22 Boards, 10 (45%) reported that they were not targeting any of the groups stated, while 12 Boards (55%) were targeting at least one group. One Board was targeting all of the groups stated.

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[6] Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026

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1.6.1. Groups likely to experience poverty and/or health inequalities

Figure 3: Proportion of all Boards, territorial Boards and national Boards targeting other groups through recruitment, employability programmes or progression schemes, or through working with partners, in 2022/2023
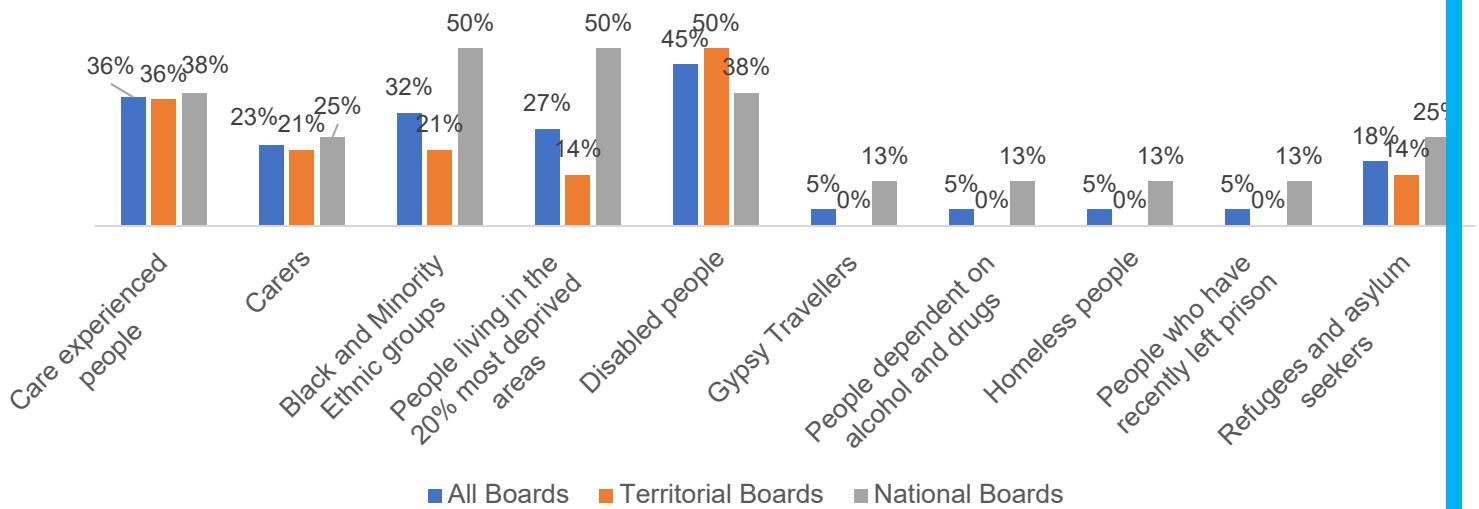
Source: Anchors baseline returns 22/23
Frequencies: ALL BOARDS = Care experienced people – 8, Carers, 5, Black and Minority Ethnic groups – 7, People living in the 20% most deprived areas – 6, Disabled people – 10, Gypsy Travellers – 1, People dependent on alcohol and drugs – 1, Homeless people – 1, People who have recently left prison – 1, Refugees and asylum seekers – 4, TERRITORIAL BOARDS = Care experienced people – 5, Carers – 3, Black and Minority Ethnic groups – 3, People living in the 20% most deprived areas – 2, Disabled people – 7, Gypsy Travellers – 0, People dependent on alcohol and drugs – 0, Homeless people – 0, People who have recently left prison – 0, Refugees and asylum seekers – 2, NATIONAL BOARDS = Care experienced people – 3, Carers – 2, Black and Minority Ethnic groups – 4, People living in the 20% most deprived areas – 4, Disabled people – 3, Gypsy Travellers – 1, People dependent on alcohol and drugs – 1, Homeless people – 1, People who have recently left prison – 1, Refugees and asylum seekers – 2

1.6.2. Family priority groups

Figure 4: Proportion of all Boards, territorial Boards and national Boards targeting family priority groups through recruitment, employability programmes or progression schemes, or through working with partners, in 2022/2023
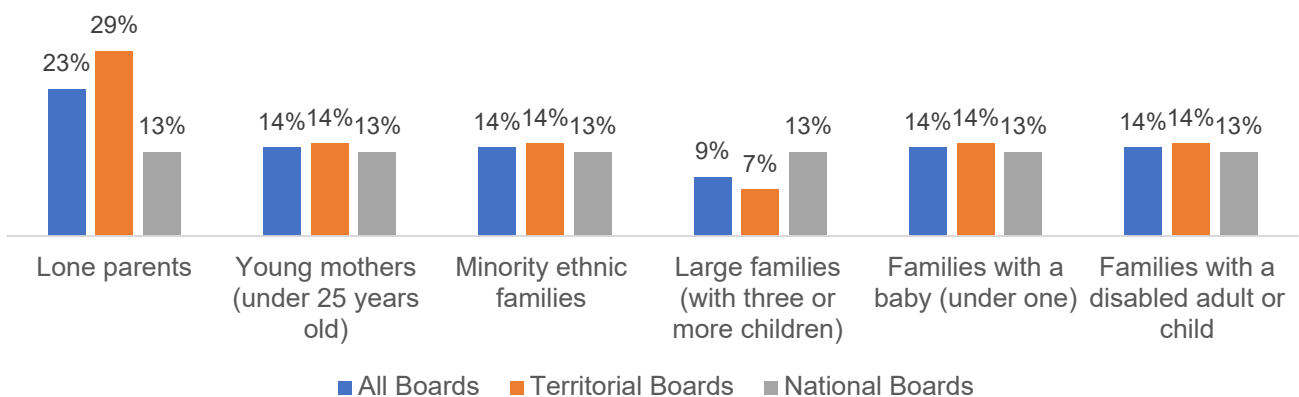
Source: Anchors baseline returns 22/23
Frequencies: ALL BOARDS = Lone parents – 5, Young mothers – 3, Minority ethnic families – 3, Large families – 2, Families with a baby – 3, Families with a disabled adult or child – 3, TERRITORIAL BOARDS = Lone parents – 4, Young mothers – 2, Minority ethnic families – 2, Large families – 1, Families with a baby – 2, Families with a disabled adult or child – 2, NATIONAL BOARDS = Lone parents – 1, Young mothers – 1, Minority ethnic families – 1, Large families – 1, Families with a baby – 1, Families with a disabled adult or child – 1

Six Boards were targeting at least one of the family priority groups. Of those, two were targeting one of the groups, one was targeting two of the groups, one was targeting three of the groups, and two were targeting all of the groups.

1.6.3. Future data collection

Boards were also asked to report whether they had plans to systematically collect data on any of the groups listed above. While workforce data in 2022/2023 captured BME groups, people living in the 20% most deprived areas, and disabled people, the NHS Scotland Equality and Diversity monitoring form for recruitment and HR was updated in April 2024 so that all Boards will collect data on socioeconomic background, care experience, caring responsibilities, and Gypsy Travellers.
One Board reported that they plan to collect data on veterans in future but no Boards reported having plans to collect data on: people dependent on alcohol and drugs; homeless people; people who have recently left prison; or refugees and asylum seekers.
Three Boards reported having plans to collect data on the family priority groups, including one Board who reported that they plan to collect data on lone parents, one Board who reported that they plan to collect data on lone parents and young mothers, and one Board who reported that they plan to collect data on all six family priority groups.

1.7. Distribution of NHS employees and leavers compared to population level data

Boards were asked to provide information on the distribution of their workforce employees and leavers by protected characteristics and SIMD. These statistics were provided centrally by NHS Education Scotland (NES), to enable consistent reporting across all Boards[7].

Figures 5-10 below show the distribution of employees and leavers across all 22 Boards by protected characteristics and SIMD compared with population level data. For the protected characteristics, comparisons are drawn with the Scottish population aged 16-64 using data from Scotland's Census 2022 where available, and Scotland's Census 2011 where the 2022 data has not yet published. For SIMD, comparisons are drawn with National Records of Scotland (NRS) population estimates 2021.

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[7] Due to the recency with which access to this data was gained, statistics based on the calendar year (i.e. year ending 31 December 2023) are provided for this cycle to ensure accurate reporting. This is different to the reporting period requested for other metrics (year ending 31 March 2023). For future cycles, data will be available for the financial year period.

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It should be noted that there are limitations with the NES data, including issues with data completeness. The NES data and census/NRS data are also not directly comparable, for reasons which include the categorisation of respondents who do not provide information. For the purposes of this report NHS employees and leavers who did not provide valid information were excluded from the analysis. This means that the workforce figures contained within this report are not comparable to those published by NES[8].

While census and NRS data has been used for this report to provide an indication of differences that are likely to be of interest, comparisons should be interpreted with caution.

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[8] NHS Scotland Workforce Data

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Figure 5: Distribution of NHS employees and leavers by ethnicity across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
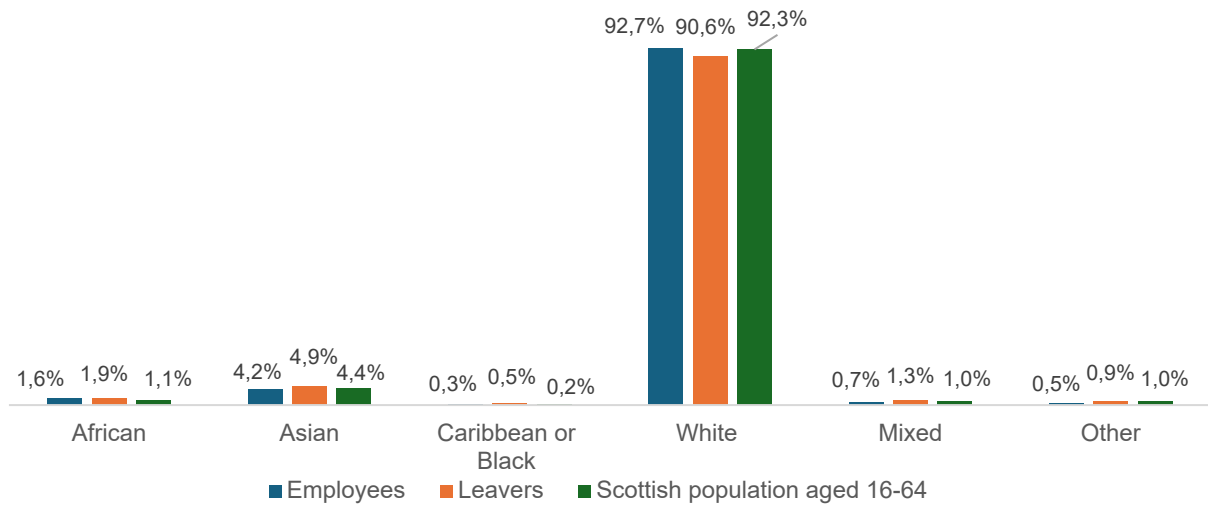
Source: NES Anchors data, Scotland's Census 2022[9]

Figure 6: Distribution of employees and leavers by religion across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
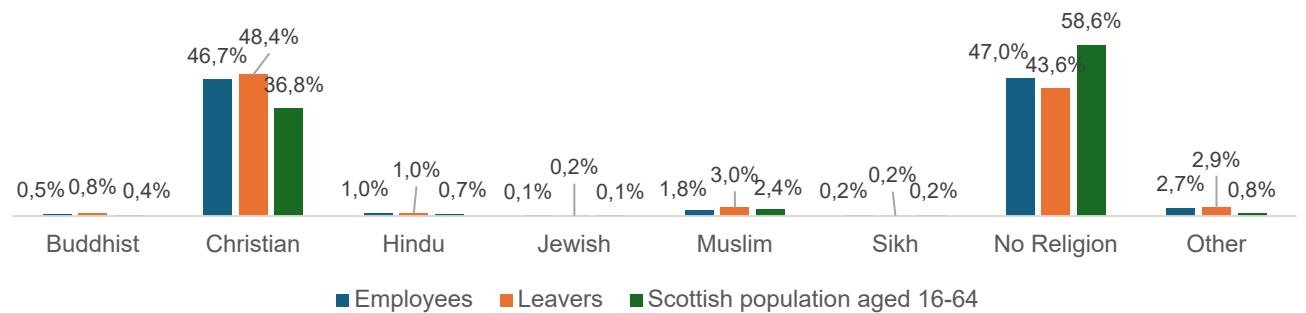
Source: NES Anchors data, Scotland's Census 2022[10]

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[9] Scotland's Census 2022 - Ethnic group, national identity, language and religion
[10] Scotland's Census 2022 - Ethnic group, national identity, language and religion

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Figure 7: Distribution of employees and leavers by disability across all Boards in 2023, compared with the Scottish population aged 16-64, 2011
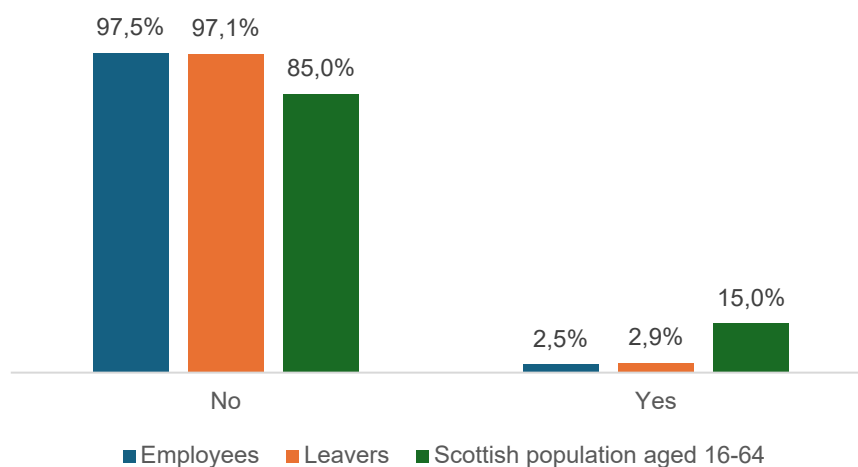
Source: NES Anchors data, Scotland's Census 2011[11]

Figure 8: Distribution of employees and leavers by sexual orientation across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
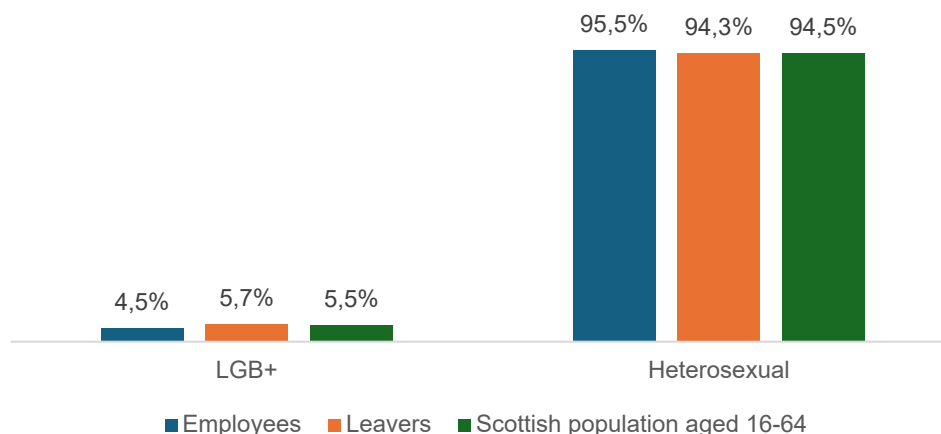
Source: NES Anchors data, Scotland's Census 2022[12]

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[11] Health | Scotland's Census
[12] Scotland's Census 2022 - Sexual orientation and trans status or history

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Figure 9: Distribution of employees and leavers by whether transgender across all Boards in 2023, compared with the Scottish population aged 16-64, 2022
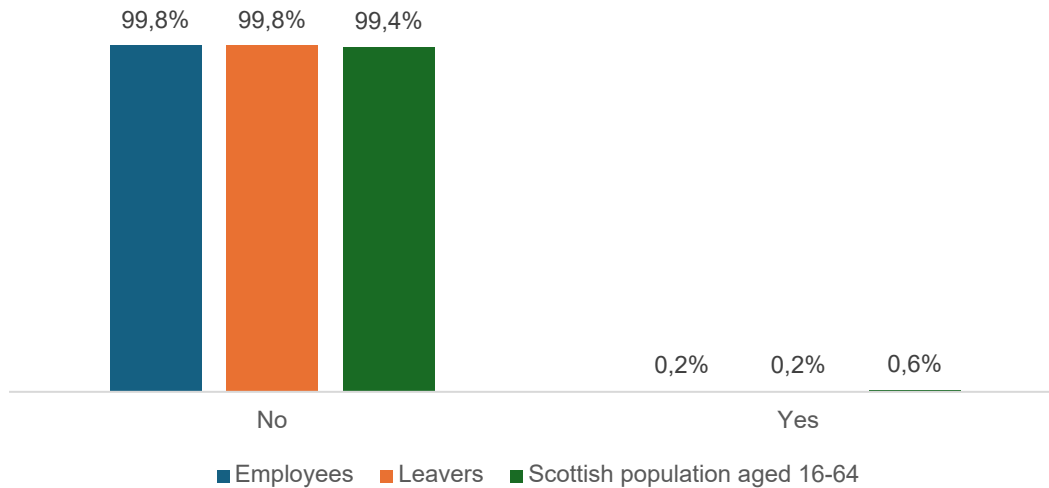
Source: NES Anchors data, Scotland's Census 2022[13]

Figure 10: Distribution of employees and leavers by SIMD across all Boards in 2023, compared with the Scottish population aged 16-64, 2021
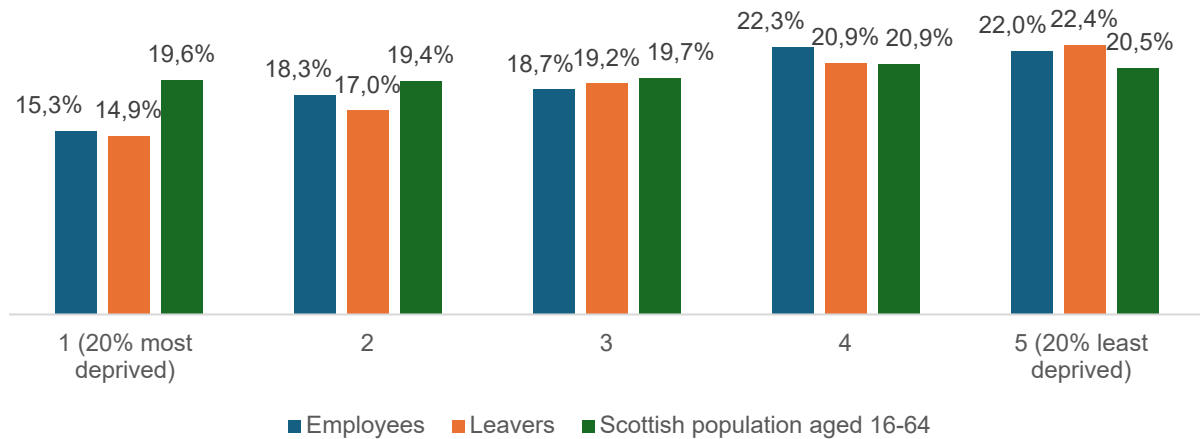
Source: NES Anchors data, NRS Population Estimates by Scottish Index of Multiple Deprivation (SIMD) 2021[14]

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[13] Scotland's Census 2022 - Sexual orientation and trans status or history
[14] Population Estimates by Scottish Index of Multiple Deprivation (SIMD) | National Records of Scotland

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2. Procurement

2.1. Spend on local businesses

Boards were asked to report both their total spend on local businesses, and the percentage of their overall spend on local businesses, in the reporting year.

All 22 Boards provided responses to these questions.

Across the 14 territorial Boards, the total spend on local businesses (i.e. expenditure with suppliers whose postcodes were located within the local authority areas covered by the Board) was £764,914,504.72. The percentage of overall spend on local businesses within these Boards ranged from 4.4% to 48.7%.

Across the eight national Boards, the total spend on businesses located in Scotland was £99,532,647.66. The percentage of overall spend on local businesses within these Boards ranged from 0.6% to 63.9%.

2.2. Spend on Small to Medium Enterprises (SMEs)

Boards were asked to report both their total spend on Small to Medium Enterprises (SMEs), and the percentage of their overall spend on SMEs, in the reporting year.

All 22 Boards provided responses to these questions.

Across all Boards, the total spend on SMEs was £1,453,093,916.47. The percentage of overall spend on SMEs across all Boards ranged from 18.2% to 76.9%.

Across the 14 territorial Boards, the total spend on SMEs was £1,179,298,239.51. The percentage of overall spend on SMEs within these Boards ranged from 18.2% to 51.7%.

Across the eight national Boards, the total spend on SMEs was £273,795,676.96. The percentage of overall spend on SMEs within these Boards ranged from 19.2% to 76.9%.

2.3. Spend on contracts with supported businesses

Boards were asked to report their total spend on contracts with supported businesses in the reporting year.

Of the 22 Boards, 19 provided a response to this question. Three Boards (two national and one territorial) reported that this information is not currently recorded or available.

Across the 19 Boards, the total spend on contracts with supported businesses was £2,345,095.87.

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Across the 12 territorial Boards that provided a response, the total spend on contracts with supported businesses was £652,824.87.

Across the seven national Boards that provided a response, the total spend on contracts with supported businesses was £1,692,271.

2.4. Spend on third sector bodies

Boards were asked to report their total spend with third sector bodies in the reporting year.

Of the 22 Boards, 16 provided a response to this question. Six Boards (four territorial and two national) reported that this information is not currently recorded or available.

Across the 16 Boards, the total spend with third sector bodies was £96,071,695.19.

Across the 10 territorial Boards that provided a response, the total spend on contracts with third sector bodies was £94,798,586.56.

Across the six national Boards that provided a response, the total spend on contracts with third sector bodies was £1,273,108.63.

2.5. Community benefits delivered

Boards were asked to report community benefits delivered through procurement in the reporting year.

All 22 Boards provided a response to this question.

Of the 22 Boards, 10 reported that they awarded contracts with community benefits during the reporting year. These included employment and training initiatives (e.g. work experience placements, apprenticeships, skills development programmes), community support and development initiatives (e.g. support for charities, donated products and services and volunteering opportunities), and infrastructure and facility improvements (e.g. furnishing and equipment provision, construction projects, renovation of community spaces).

2.6. Contracts with Real Living Wage Accredited Suppliers

Boards were asked to report the percentage of their newly awarded contracts which were with Real Living Wage Accredited suppliers during the reporting year.

Of the 22 Boards, 16 provided a response to this question. Five Boards (three territorial and two national) reported that this information is not currently recorded or available, while one territorial Board reported that they did not award any contracts in the reporting year.

Among the 16 Boards who provided a response, six Boards awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay

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the Real Living Wage. The remaining 10 Boards awarded between 0% to 56% of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

Looking at the 10 territorial Boards only, four awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage, while the remaining six awarded between 0% and 56% to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

For the six national Boards, two awarded all of their new contracts to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage, while the remaining four awarded between 14% and 36% to suppliers that were Real Living Wage Accredited or committed to pay the Real Living Wage.

3. Land and assets

3.1. Asset transfer requests

Boards were asked to report how many asset transfer requests they have received and awarded to date.

All 22 Boards provided responses to these questions.

Across the 22 Boards, a total of 15 requests have been received by seven Boards.

The number of requests received ranged from none to seven, with 15 Boards having received no requests, four having received one request, two having received two requests and one having received seven requests.

Of the 15 requests received by seven Boards, four have been awarded (27%) by four Boards (with each awarding one).

3.2. New developments

Boards were asked to report on what processes they had in place for new development to embed anchor activities and engage with their local community and/other anchor organisations.

All 22 Boards provided responses to these questions, although some national Boards responded that certain questions were not applicable to them.

Figure 11: Proportion of all Boards who had processes/strategies in place for new developments, 2022/23
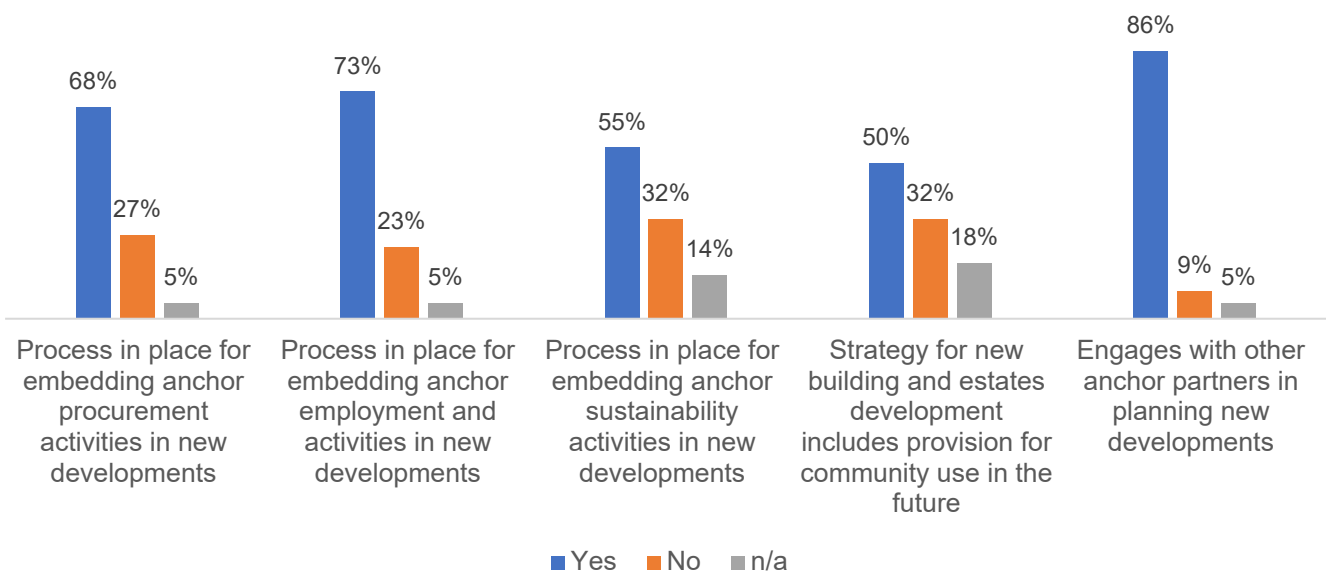
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor procurement activities in new developments:
Yes – 15, No – 6, n/a – 1, Process in place for embedding anchor employment and activities in new

developments: Yes – 16, No – 5, n/a – 1, Process in place for embedding anchor sustainability activities in developments: Yes – 12, No – 7, n/a – 3, Strategy for new building and estates development includes provision for community use in the future: Yes – 11, No – 7, n/a – 4, Engages with other anchor partners in planning new developments: Yes – 19, No – 2, n/a – 1
Percentages do not total 100 due to rounding

Figure 12: Proportion of territorial Boards who had processes/strategies in place for new developments, 2022/23
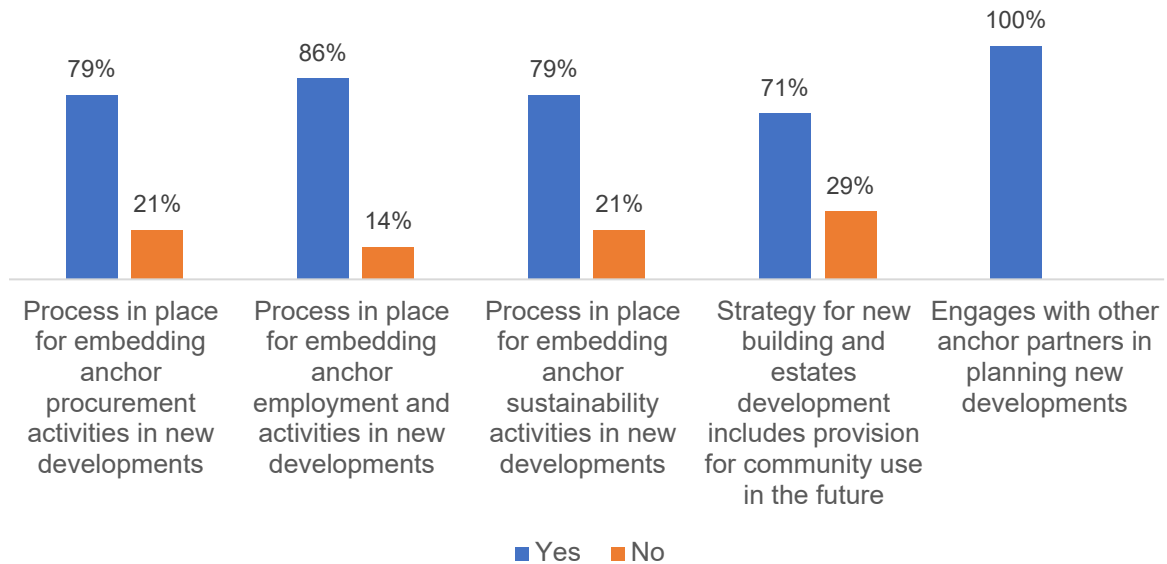
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor procurement activities in new developments: Yes – 11, No – 3, Process in place for embedding anchor employment and activities in new developments: Yes – 12, No – 2, Process in place for embedding anchor sustainability activities in developments: Yes – 11, No – 3, Strategy for new building and estates development includes provision for community use in the future: Yes – 10, No – 4, Engages with other anchor partners in planning new developments: Yes – 14
Percentages do not total 100 due to rounding

Figure 13: Proportion of national Boards who had processes/strategies in place for new developments, 2022/23
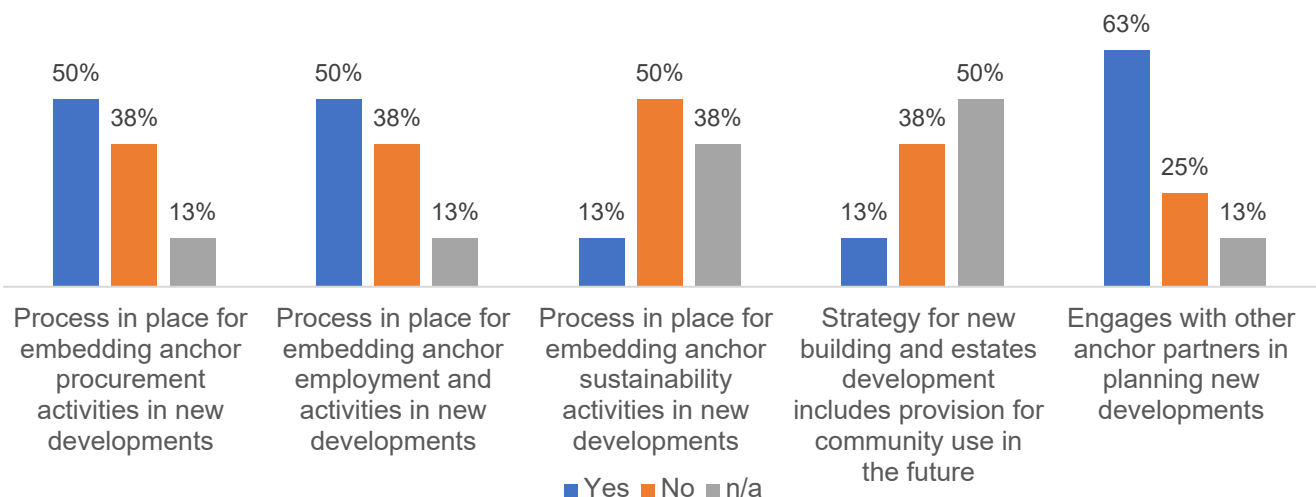
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor procurement activities in new developments:
Yes – 4, No – 3, n/a – 1, Process in place for embedding anchor employment and activities in new
developments: Yes – 4, No – 3, n/a – 1, Process in place for embedding anchor sustainability
activities in developments: Yes – 1, No – 4, n/a – 3, Strategy for new building and estates
development includes provision for community use in the future: Yes – 1, No – 3, n/a – 4, Engages
with other anchor partners in planning new developments: Yes – 5, No – 2, n/a – 1
Percentages do not total 100 due to rounding

3.3. Existing sites

Boards were asked to report:

- Whether they have a process in place for embedding anchor sustainability
  activities in existing sites.
- Whether their strategy for new building and estates development currently
  includes provision for community use.

All 22 Boards provided responses to these questions, although some national
Boards responded that the questions were not applicable to them.

**Figure 14: Proportion of all Boards who had processes/strategies in place for
existing sites**
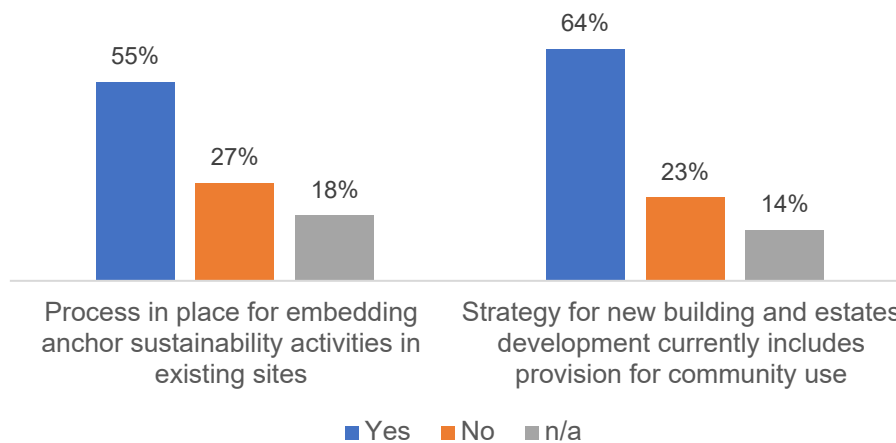
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes –
12, No – 6, n/a – 4, Strategy for new building and estates development currently includes provision for
community use: Yes – 14, No – 5, n/a – 3
Percentages do not total 100 due to rounding

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Figure 15: Proportion of territorial Boards who had processes/strategies in place for existing sites
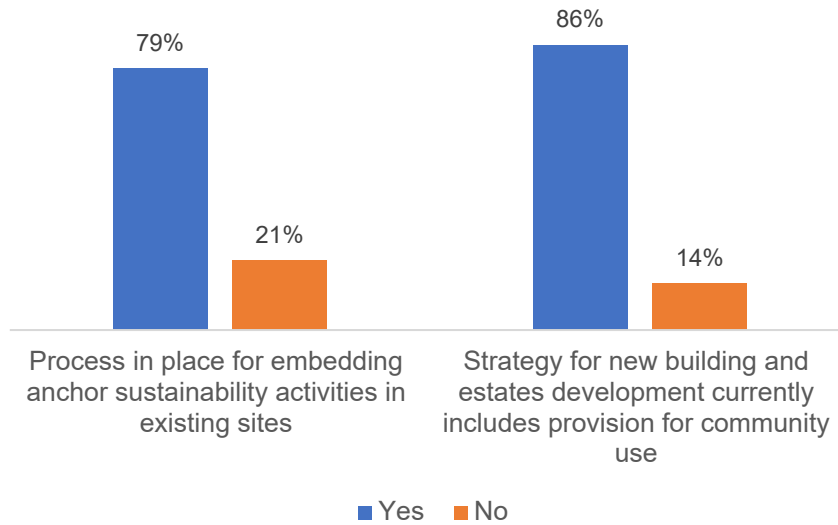
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes – 11, No – 3, Strategy for new building and estates development currently includes provision for community use: Yes – 12, No – 2

Figure 16: Proportion of national Boards who had processes/strategies in place for existing sites
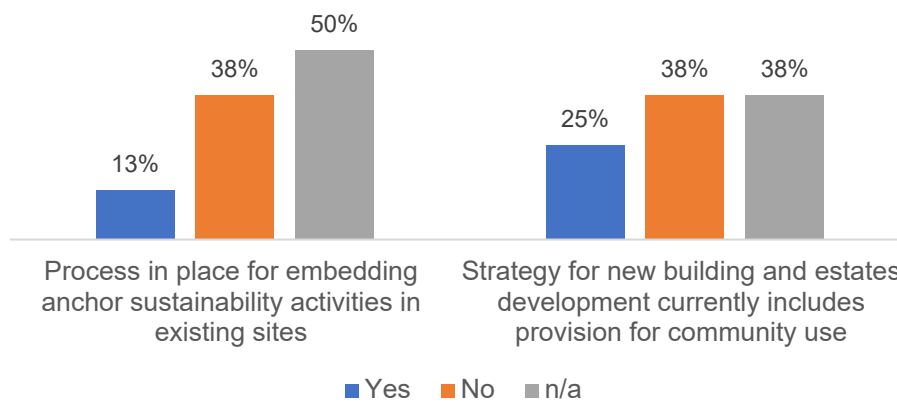
Source: Anchors baseline returns 22/23
Frequencies: Process in place for embedding anchor sustainability activities in existing sites: Yes – 1, No – 3, n/a – 4, Strategy for new building and estates development currently includes provision for community use: Yes – 2, No – 3, n/a – 3
Percentages do not total 100 due to rounding

3.4. Community engagement

Boards were asked to report what strategies they had in place around community engagement.

All 22 Boards provided responses to these questions, although some Boards responded that certain questions were not applicable to them.

Figure 17: Proportion of all Boards who engage with community in various ways
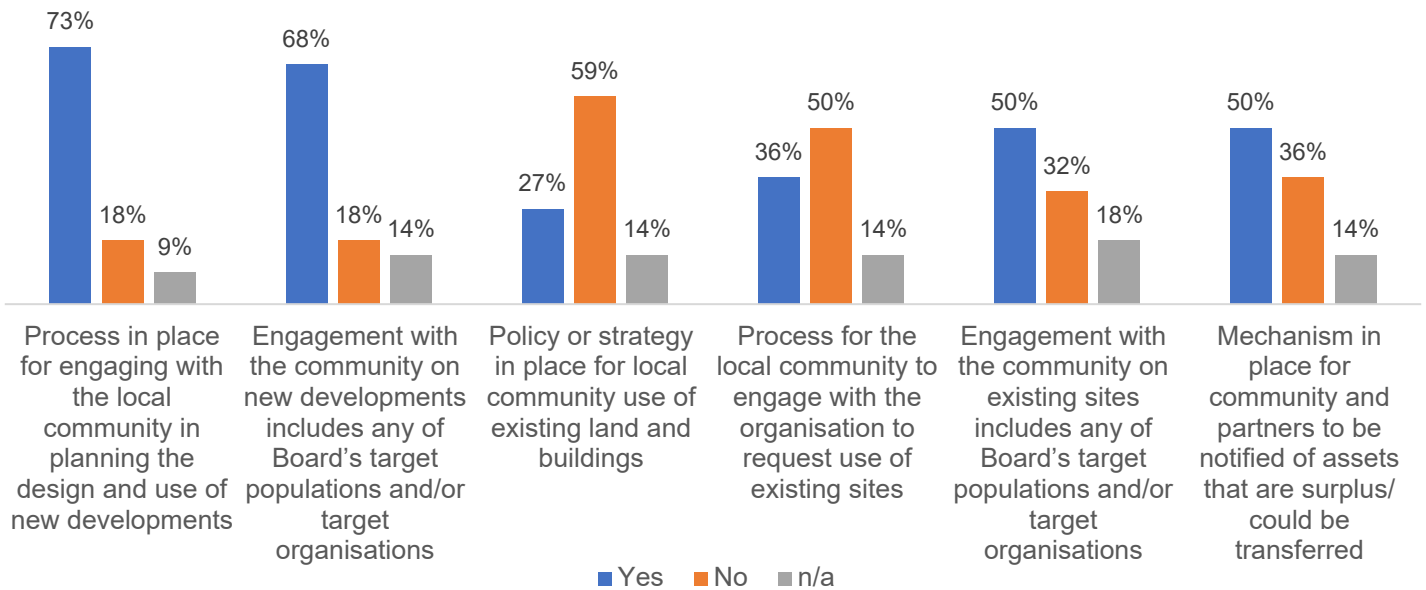
Source: Anchors baseline returns 22/23
Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 16, No – 4, n/a – 2, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 15, No – 4, n/a – 3, Policy or strategy in place for local community use of existing land and buildings: Yes – 6, No – 13, n/a – 3, Process for the local community to engage with the organisation to request use of existing sites: Yes – 8, No – 11, n/a – 3, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 11, No – 7, n/a – 4, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 11, No – 8, n/a – 3

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Figure 18: Proportion of territorial Boards who engage with community in various ways
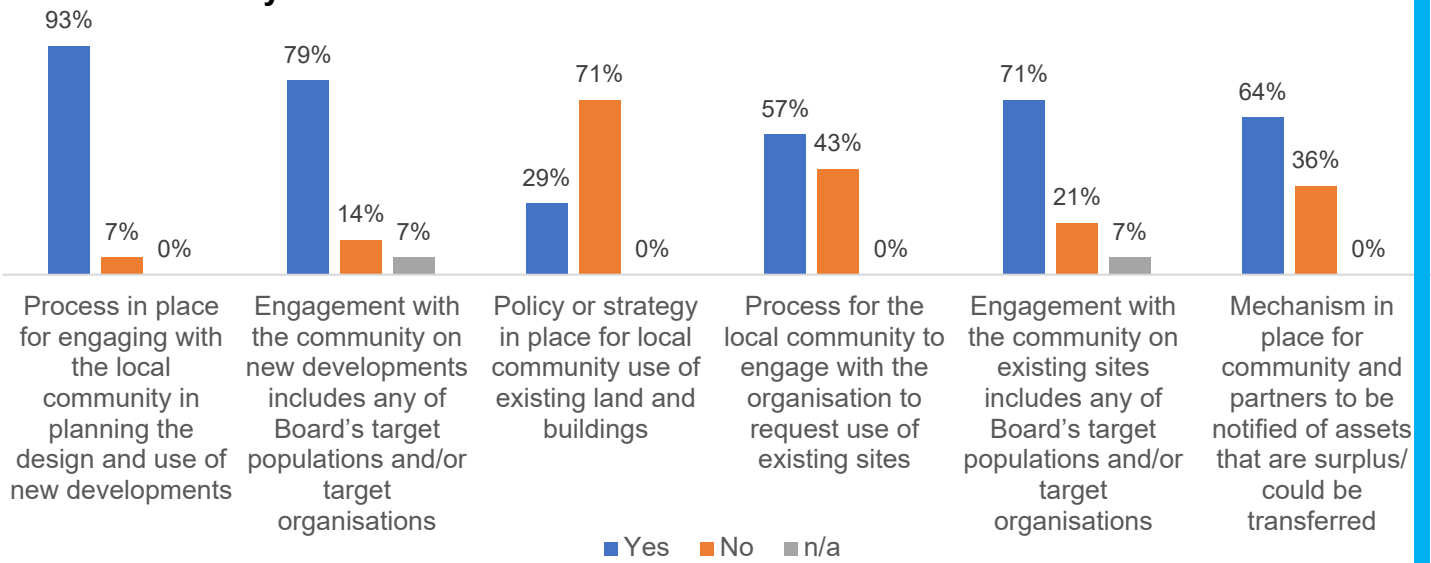
Source: Anchors baseline returns 22/23

Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 13, No – 1, n/a – 0, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 11, No – 2, n/a – 1, Policy or strategy in place for local community use of existing land and buildings: Yes – 4, No – 10, n/a – 0, Process for the local community to engage with the organisation to request use of existing sites: Yes – 8, No – 6, n/a – 0, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 10, No – 3, n/a – 1, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 9, No – 5, n/a – 0

Figure 19: Proportion of national Boards who engage with community in various ways, 2022/23
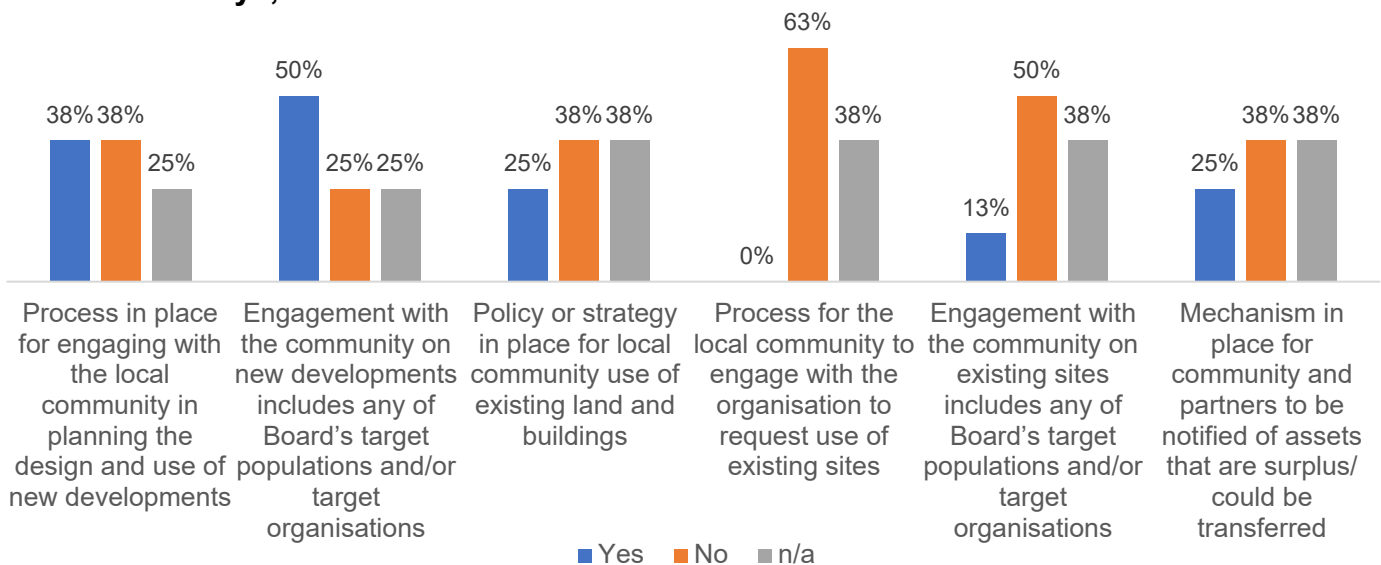
Source: Anchors baseline returns 22/23

Frequencies: Process in place for engaging with the local community in planning the design and use of new developments: Yes – 3, No – 3, n/a – 2, Engagement with the community on new developments includes any of Board's target populations and/or target organisations: Yes – 4, No – 2,

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n/a – 2, Policy or strategy in place for local community use of existing land and buildings: Yes – 2, No – 3, n/a – 3, Process for the local community to engage with the organisation to request use of existing sites: Yes – 0, No – 5, n/a – 3, Engagement with the community on existing sites includes any of Board's target populations and/or target organisations: Yes – 1, No – 4, n/a – 3, Mechanism in place for community and partners to be notified of assets that are surplus/could be transferred: Yes – 2, No – 3, n/a – 3

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Annex 2: Baseline metrics

1. Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year?	
W2	How many people have you engaged through employability programmes in the reporting year?	
W3	Are you accredited as a Real Living Wage employer?	Yes/No If no, are you working towards being a Real Living Wage employer?
W4	Are you accredited as Carer Positive?	Yes/No
W5	Are you accredited as Disability Confident?	Yes/No
W6	Are you accredited as Equally Safe at Work?	Yes/No
W7	Are you accredited as Menopause Friendly?	Yes/No
W8	Are you accredited with the Young Person's Guarantee?	Yes/No
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes/No
W11	Do you publish a race pay gap?	Yes/No
W12	Do you publish a disability pay gap?	Yes/No
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?	Yes/No
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) within your Board.	Yes/No Name and title:

Code	Metric	Response
W15	Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting	☐ Care experienced ☐ Carers ☐ Black and Minority Ethnic groups ☐ People living in the 20% most deprived areas ☐ Disabled people ☐ Gypsy Travellers ☐ Dependent on alcohol and drugs ☐ Homeless people ☐ Recently left prison ☐ Refugees and asylum seekers Priority family groups at risk of child poverty, please state which: ☐ lone parents ☐ young mothers (under 25 years old) ☐ minority ethnic families ☐ large families (with three or more children) ☐ families with a baby (under one) ☐ families with a disabled adult or child Other (please state):
W16	Do you have plans to systematically collect data on any of these groups?	Yes/No If yes, which groups:

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Code	Metric	Response
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year?	
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year?	
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year?	

2. Procurement

Code	Metric (*Please refer to guidance notes for each question below*)	Response
P1	What is your total spend on local businesses in the reporting year?	
P2	What percentage of your overall spend is on local businesses in the reporting year?	
P3	What is your total spend with SMEs in the reporting year?	
P4	What percentage of your overall spend is with SMEs in the reporting year?	
P5	What is your total spend on contracts with supported business in the reporting year?	
P6	What is your total spend with third sector bodies in the reporting year?	
P7	Please list all community benefits delivered through procurement during the reporting year.	
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	

3. Land and assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date?	
LA2	How many asset transfers have been awarded to date?	
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes/No
LA4	Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.	Yes/No
LA5	Do you have a process in place for embedding anchor sustainability activities in a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations) b) existing sites (e.g. green space, café, bookable multipurpose spaces)?*)*	a) Yes/No b) Yes/No
LA6	Does your strategy for new building and estates development include provision for community use a) now (e.g. green space, café, bookable multipurpose spaces) b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?	a) Yes/No b) Yes/No
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes/No
LA8	Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?	Yes/No

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Code	Metric	Response
LA9	Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)?	Yes/No
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	Yes/No
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	Yes/No
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes/No
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Yes/No
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	

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Annex B – Stakeholder list for dissemination of Analysis of Baselines of NHS Boards' Anchor activity

The Health Foundation
CLES
CoSLA
Anchor Delivery Group
Anchor Workforce Strategic Group
Procurement Task and Finish Group
Land & Asset Task and Finish Group
Care and Wellbeing Portfolio Board
Procurement Services SMT Group
Anchor Executive Leads
NHS Boards' Directors of Public Health
NHS Boards' Directors of Planning
Anchor Peer Learning Network
Scottish Property Advisory Group
Directors of Workforce
NHS Education Scotland (Turas Data Intelligence / CWS team)
Scottish Local Authorities Economic Development – People Group
NHS Scotland Employability Leads Group

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Sustainability & Greenspace Update**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Head of Sustainability**

<u>Executive Summary</u>:

- Net Zero Progress: NHS Fife has made significant progress in energy efficiency projects, with £1 million in savings from consumption reductions and ongoing efforts to install solar PV and other renewable technology across key sites. This workstream fully supports and aligns with the Fife Council Climate Strategy 2024, being a key player in the development of net zero for Fife.

- Greenspace Strategy Update: Key projects under the Greenspace Strategy, including biodiversity audits and staff engagement, are on track. Ongoing work includes partnerships with Fife Council to explore allotment use and further biodiversity improvements.

- Carbon Literacy Training: A peer-led 'Carbon Literacy for Healthcare Toolkit' is near completion and will launch during Carbon Literacy Action Day in November.

- Waste Management Successes: The Warp-it system has registered over 500 staff members, generating £50,000 in cost savings, and NHS Fife has successfully met 2 of 4 national waste targets.

- Upcoming Challenges: Challenges include the continued reduction of nitrous oxide usage and ensuring sustainable heat systems at key sites in partnership with Scottish Water.

- Call for Action: Support required for the full implementation of the Environmental Management System (EMS) and consideration for future capital planning to include funding for decarbonisation and greenspace development.

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Local Policy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report is brought to the committee for awareness of the progress NHS Fife has made in relation to the objectives outlined in the NHS Scotland Climate Emergency & Sustainability strategy 2022-2026 and to provide context to our sustainability & greenspace mid-year report.

NHS Fife has made considerable strides in relation to sustainability progress across all areas of the agenda: sustainable buildings and land, travel, goods & services, care and communities.

The committee is invited to:

- Consider the report.

2.2   Background

In 2022 NHS Scotland published their national sustainability strategy. Since then, NHS Fife has made great progress towards government targets and meeting the objectives set out in the national sustainability strategy.

In January 2024 the 'NHS Fife Climate Emergency & Sustainability Board Report' was published highlighting our sustainability progress as well as our ambition for the coming year. We have created a 'sustainability and greenspace progress report' which serves as a follow-up to the 2022-2023 Annual Climate and Sustainability Board Report published in January 2024, providing a comprehensive overview of ongoing efforts to integrate sustainable practices within our operations.

This report also outlines achievements relating to our NHS Fife 2030 Greenspace Strategy. The areas of work covered in the report include Net zero, emissions reduction and energy savings, Staff communication and engagement, Active Travel, Sustainable Care, Climate Change Adaptation, Greenspace and Biodiversity, Waste, Transport, and Environmental Stewardship.

2.3 Assessment

Barriers

Funding has been identified as our biggest barrier to making continued progress with our sustainability agenda. Without dedicated funding, we will struggle to meet government targets to decarbonise our estate. Additionally, we require adequate funding to deliver greenspace projects that will meet the objectives of our NHS Fife 2030 Greenspace Strategy. There will therefore be a requirement to explore funding opportunities to meet the requirements of the sustainability agenda.

With regards to the Environmental Management Policy, the barriers to significant progress were identified as follows.

- Lack of staff awareness of the policy, resulting in non-compliance.
- Lack of robust organisational arrangements around policy implementation.
- Failure to implement and maintain the required procedures associated with this policy.
- No access to up-to-date sources of information, advice, and guidance on EMS matters
- The lack of dedicated expertise, time, and resources for the creation of the EMS could result in a significant delay in the implementation of an EMS, which is highly time-sensitive given the seriousness of the climate emergency. To deal with this issue, the legal review and procedures will address conformance and current gaps in resources and set timely aims to rectify this.

Board report

Following our progress report, an NHS Fife Climate Emergency & Sustainability board report' for the 24/25 financial year will be published in January 2025. This report will outline all progress that has been made over the 24/25 financial year period, and outline ambitions for the following year.

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

Any changes that come into force for Sustainability reasons must be considered carefully in terms of clinical effectiveness and any effects to service delivery. This may also include initial time commitments by employees to adjust and adapt to any changes in service procedures.

2.3.2 Workforce

Positive Impact on Workforce:

Health and Well-being Initiatives: Ongoing green space projects and active travel initiatives are positively impacting staff well-being. Projects such as the creation of new green spaces, cycle-to-work schemes, and promoting active travel are enhancing physical and mental health, reducing stress, and promoting a healthier work-life balance.

Training and Development: The introduction of carbon literacy training offers opportunities for professional development and awareness, equipping staff with skills and knowledge that can empower them in their roles and contribute to organisational sustainability. Additionally, the Sustainability Ambassador Programme allows employees to take leadership roles, further boosting morale and engagement.

Negative Impact/Challenges:

Resource Constraints: Some sustainability initiatives may require additional staffing resources or time commitments from employees, which could lead to workload pressures, especially if current staffing levels are stretched. For example, implementing the Environmental Management System (EMS) and expanding the waste management system may require departments to allocate time and personnel for training and system integration, potentially impacting regular duties.

2.3.3 Financial

Positive Financial Impact:

Energy Savings: The energy efficiency initiatives implemented over the last three years, including solar PV installations, LED lighting, and building management system upgrades, have generated significant savings. NHS Fife has saved approximately £1 million in energy costs over this period. Further, the procurement initiative (PIN) for renewable technology partnerships is projected to generate ongoing savings and potential income generation through projects such as Battery Energy Storage Systems (BESS) and solar car park hubs.

Cost Recovery from Billing Errors: The identification of errors in energy and water billing has released £280,000 to date in the current financial year, with the potential for further recoveries from ongoing investigations.

Waste Reduction Savings: The introduction of the Warp-it system has reduced waste and administrative costs, generating over £50,000 in savings since its launch.

Long-Term Investment Returns: Renewable energy projects, particularly solar PV installations and heat network development, are anticipated to deliver long-term financial benefits by reducing reliance on external energy providers and shielding NHS Fife from future energy price increases.

Negative Financial Impact/Challenges:

Initial Investment Costs: While the sustainability initiatives deliver long-term savings, many require upfront capital investment in light of the scarce funding from SG. Approximately £3 million has been invested in energy-saving technologies through a combination of internal capital and government funding. Future initiatives, such as the expansion of renewable energy infrastructure, will require further financial commitment.

Ongoing Operational Costs: The rollout of the Environmental Management System (EMS) and the enhancement of waste management processes may require additional financial resources for training, system integration, and ongoing operational support. Although these systems are essential for compliance and efficiency, they represent a financial commitment in the short term.

2.3.4 Risk Assessment / Management

Attached is a report providing a deep dive into the corporate risk 4 - Environmental Management and Climate change.

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.

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

An Impact Assessment has not been undertaken as we are implementing Scottish Government Policy and adhering to National Strategy. Individual projects may need to be assessed through an EQIA where appropriate.

2.3.6 Climate Emergency & Sustainability Impact

This paper directly identifies issues relating to meeting the aims of the Climate Emergency and Sustainability strategy whilst also highlighting progress in this area.

2.3.7 Communication, involvement, engagement and consultation

Internal Communication and Staff Engagement:

Staff Awareness and Training: NHS Fife has actively promoted sustainability awareness through various communication channels. For example, the development of the Carbon Literacy for Healthcare Toolkit and the promotion of the National Environmental Sustainability Training via TURAS has engaged staff and equipped them with key knowledge about sustainability practices. Additionally, the Sustainability Ambassador Programme is being set up to promote green initiatives across departments and encourage active staff participation.

Staff Health and Wellbeing: Efforts to integrate sustainability into staff health and wellbeing initiatives, such as active travel promotions, including cycling training and e-bike schemes, are aimed at improving employee health while supporting environmental goals. These initiatives align with our broader sustainability strategy and demonstrate the Board's commitment to a healthier workplace.

External Collaboration and Consultation:
Collaboration with Fife Council and Other Public Bodies: NHS Fife has been deeply involved in collaborative efforts with Fife Council, Fife College, St Andrews University, and other local organisations. The Fife ACE (Addressing the Climate Emergency) Board and joint projects such as The Big Energy Move have created opportunities for resource sharing and cross-sector cooperation. This has not only expanded the scope of our sustainability initiatives but also fostered community-wide impact.

Consultation and Cross-Organisational Work: Ongoing discussions with Fife Council on land use for allotments under the Food4Fife Strategy exemplify the proactive approach taken by NHS Fife in collaborating on projects that benefit both staff and the wider community. These partnerships enable the organisation to align with local government priorities and enhance its environmental impact beyond its own estate.

Recommendation (Communication and Engagement)
To strengthen communication and engagement, we recommend that NHS Fife:

Expand Internal Engagement Efforts: Continue to support the development and implementation of the Sustainability Ambassador Programme, ensuring that each department has a dedicated ambassador to promote sustainability efforts and gather feedback from staff. This will further integrate sustainability into day-to-day operations and keep staff engaged and motivated.

Prioritise Staff Training and Wellbeing Initiatives: Fast-track the launch of the Carbon Literacy for Healthcare Toolkit and ensure that sustainability is embedded in all staff training programmes. Additionally, scale up active travel initiatives and wellbeing programs to maintain the focus on both environmental and employee health outcomes.

Strengthen Cross-Organisational Collaboration: Formalise the existing collaborations with Fife Council and other public bodies through joint working agreements to secure long-term partnerships. This will ensure that NHS Fife's sustainability efforts are aligned with broader local and regional initiatives, leveraging shared resources for maximum impact.

Broaden Public Engagement: Engage the wider Fife community through public consultations and awareness campaigns, particularly around the green space and biodiversity projects. Public-facing initiatives, such as those involving the Fife Communities Climate Action Network (FCCAN) and Tree in the Park events, should continue to be a focus for increasing community involvement and demonstrating NHS Fife's role in regional sustainability leadership.

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 Director Group on 17 October 2024

2.4 Recommendation
This paper is provided to members for:

- **Assurance** - This report provides a **"Moderate" level of assurance.**
- **Discussion** - For examining and considering the implications of this report.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Sustainability & Greenspace Update
- Appendix No. 2 - Corporate Risk Deep Dive SBAR

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Sustainability and Greenspace Progress Report

A report outlining sustainability progress and an update to the Greenspace Strategy

Jimmy Ramsay – Head of Sustainability

September 2024   nhsfife.org

Contents

Progress Overview

This mid-year sustainability report updates the NHS Fife Board and Executive Director Group (EDG) on NHS Fife's significant progress and achievements in sustainability initiatives. It serves as a follow-up to the 2022-2023 Annual Climate and Sustainability Board Report published in January 2024, providing a comprehensive overview of ongoing efforts to integrate sustainable practices within our operations.

Our 2023-2024 Annual Report is set for submission to the EDG in November 2024 and will be published in January 2025, as per policy DL38.

Additionally, this report provides an update on the progress of the Board-approved Greenspace Strategy, highlighting the important greenspace projects that align with our commitment to fostering a healthier and more sustainable environment for our staff, patients and the wider community.

By detailing our accomplishments and ongoing initiatives, this report aims to keep the Board informed and engaged with the critical work being done to advance our sustainability goals.

Net zero, Emissions Reduction and Energy Savings

NHS Fife is playing a key role in Fife's ambitious journey towards net zero, as part of the collaborative initiative known as "The Big Energy Move." in partnership with Fife Council, Fife College, St. Andrews University and other local large organisations in Fife. We are at the forefront of addressing the increasing energy demands necessitated by the electrification of heat.

Our efforts are focused on installing renewable technologies across our sites to reduce energy consumption, cut emissions and alleviate pressure on the local grid. This approach supports the expansion of heat networks in line with Fife Council's Local Heat and Energy Efficiency Strategy (LHEES), a critical component driven by the Scottish Government.

Through these actions, NHS Fife is reducing its carbon footprint and contributing significantly to the region's sustainable energy future and Fife's Council Climate Fife 2024 Strategy by ensuring the best use of our land and assets and that these align with the most appropriate sustainability solution.

Achievements:

- Over £3 million invested in energy-saving and building improvement initiatives over three years, generating approx £1 million in savings.
- Released over £280,000 this financial year by identifying errors in energy and water billing.
- Installed 550kw of solar PV systems across multiple NHS Fife sites.
- Building fabric has been enhanced and windows upgraded to improve insulation and to increase energy efficiency.
- Building Management Systems (Heating Controls) have been upgraded.
- A heat recovery unit has been recently installed in the laundry facilities to capture and reuse heat from waste water. This has an estimated savings of £100k pa.
- Strategies have been implemented to optimise the efficiency of our air conditioning systems and large freezers and chillers.
- Lighting systems have been upgraded to energy-efficient LED technology.
- We have partnered with Scottish Water and the Scottish Government to explore heat recovery from waste water for the Victoria Hospital, Kirkcaldy (VHK) site.
- Procurement Initiative (PIN): Recently published a Prior Information Notice (PIN) to test the market for fully funded renewable technology solutions. (Battery Energy Storage Systems (BESS), additional solar PV installations, solar car park hubs and EV charge hubs).

Our procurement initiative not only aims to generate renewable energy, but to reinvest benefits into the community, eg funding renewable technology training for Fife residents as one option. This will also create income generation opportunities for NHS Fife.

We will collaborate with Fife Council to ensure sites are prioritised to align with the big energy move and their priorities for heat networks.

Staff Communication and Engagement

Implementing sustainable practices and addressing climate change within an organisation requires employees to understand what climate change is and how it affects the organisation and their job roles. In line with our 2030 Greenspace Strategy and the National Sustainability Strategy, NHS Fife has been working on providing environment and sustainability training.

We are developing a 'Carbon Literacy for Healthcare Toolkit' with Fife Council, adapted from the NHS England toolkit for Scottish context. This peer-led training typically spans for eight hours and is best delivered to groups of ten to fifteen people. The course is nearly complete and will soon undergo accreditation. We aim to launch the first session on the 'Carbon Literacy Action Day' which is on 14 November 2024. Initially, we plan to train the National Sustainability Assessment Tool (NSAT) working group, but with NSAT no longer a reporting mechanism, we will need to reassess the rollout strategy.

Achievements:

- Carbon Literacy Training: We have developed a 'carbon literacy for healthcare toolkit' in collaboration with Fife Council, tailored to Scottish context. The course is near completion and will soon undergo accreditation.

- National Environmental Sustainability Training: We have promoted the environmental sustainability eLearning course to staff which is available on TURAS to raise awareness around key sustainability concepts to NHS Scotland employees.

- Sustainability Ambassador Programme: We are currently in the process of setting up a network of Sustainability Ambassadors within NHS Fife to promote sustainability initiatives and bridge the gap between the Sustainability team and employees.

- One Young World Summit: We are celebrating the success of Yasmine Morgan, Sustainability Officer with NHS Fife, being accepted as a scholarship recipient to attend the 2024 summit in Montreal, focusing on global issues such as climate change and health inequality.

- Other Communications: The NHS Fife website has been updated with new sustainability content and sustainability pages on Stafflink are continually refreshed promoting initiatives and events throughout the year.

- We have worked closely with the Communications team to highlight Scotland's Climate Week. This will involve a range of internal and external communications; placing a particular spotlight on our Sustainability team and the range of projects we are working on.

Active Travel

NHS Fife has made significant strides in promoting active travel as part of its broader sustainability goals. Through partnerships, new initiatives and continuous engagement with staff, we are fostering a culture that supports cycling and other forms of active transportation.

Our efforts aim to reduce the carbon footprint and enhance the health and well-being of our employees.

Achievements:

- Hosted a Dr Bike event and a Cycling Awareness event at VHK in collaboration with Greener Kirkcaldy.
- Cycling training opportunities have been promoted to staff which offer beginner, intermediate and advanced levels to boost confidence and encourage cycling to work.
- We achieved the Cycling Friendly Employer award for VHK which is accredited by Cycling Scotland.
- We are in the process of implementing a new e-Bike Scheme at VHK.
- We have established the NHS Fife Active Travel Group which is open to all staff interested in active and sustainable transport.

- A year-round successful Cycle-to-Work Scheme for staff has been launched.

- Alongside Public Health Scotland, we have updated the GIS maps to include NHS Fife Active Travel isochrone maps which showcase areas within a 30-minute walk or cycle from key hospital sites. We have plans to share these with staff to encourage active travel.

Ongoing Projects:

- We are preparing for an Annual Travel Survey in partnership with Mobility Ways to monitor commuting behaviour and assess change.

- Dr Bike events, led rides and cycle training as part of a broader cycling programme are planned in the future.

- We have applied for funding from Cycling Scotland to improve and upgrade cycle storage facilities at VHK.

- We continue to collaborate with Stagecoach to increase staff discounts on bus travel, with a trial period in place to evaluate demand.

- We continue to organise events with Stagecoach at main sites to promote bus travel alongside travel surveys.

- We are identifying changing facilities and look to upgrade, wherever possible.

- We continue with the development of a Travel Strategy which is focused on active and sustainable travel.

Sustainable Care

Nitrous Programme

The national figures for the use of nitrous show NHS Fife in bad standing, however, this is due to the way the figures have been reported and the timelines of events.

The nitrous manifolds completely ceased use in October 2023 and there were several returns which appear to have affected our figures for 2023/24. The most recent report shows no piped nitrous this year.

We decommissioned the QMH manifold in summer 2023 and the VHK in October 2023. We then had to wait for the manifold cylinders to be uplifted by BOC (which happened in December) and the way that was reported has impacted our figures.

There is still use of nitrous cylinders in dentistry (mix with O2 via machine) and Entonox (nitrous/O2) in maternity, plaster rooms, minor injuries (legitimately).

Our pharmacy team has the full report from NSS going back a few years and plans to analyse the usage and discuss it with the specialities/medical gas committee accordingly. Work is also progressing

specifically around Entonox and usage is being tracked. We are projecting the lowest use of nitrous since reporting began. Our biggest concern at present is exposure in relation to midwifery and the use of Entonox and we are introducing an alternative to Entonox in ED imminently.

One of Fife's consultants is leading on the green ED programme and has mase successful improvements already and continuing on this work to support the board with accreditation.

Some of the theatre achievements, a full list is available via a tracker.

- Promoting TIVA.
- Reduce desflurane.
- Switch from tympanic to temporal thermometer.
- Switch to reuseable slide sheets (£30k saving).
- Switch to reuseable BP cuffs (£43k saving).
- Neptune system in place at QMH.
- Reviewing HVAC (ventilation operating times).

Climate Change Adaptation

We are enhancing the resilience of our facilities and services by integrating climate risk assessments into our resilience plans. We work closely with the Resilience team on this matter.

We continue to enhance the green spaces around our facilities, promoting biodiversity and integrating nature-based solutions into our site management practices.

We are currently developing site management plans and updated biodiversity audits to facilitate long-term improvement and are looking at ways to better manage our outdoor space.

Achievements:

- Research has been conducted for sites at risk of flooding through NHS Scotland Climate Mapping Tool:
  - 14 coastal sites at potential risk of flooding by 2080
  - Den Burn, VHK has been risk assessed for flooding with Fife Council
- We are trialing nature-based solutions with technical surveys being carried out in conjunction with NHS Assure.
- Work continues with Sniffer who have been commissioned by CRSES (Climate ready South East Scotland) to identify risks and opportunities.

Greenspace and Biodiversity

Following the publication of the NHS Fife Greenspace Strategy, the Sustainability team has undertaken several projects to assess the Board's green estate. Following this, we looked at how to adapt and utilise these spaces to benefit staff and patients, the wider community, generate green energy and support biodiversity.

Below is a summary of key projects that meet the Greenspace Strategy's themes of energy, wellbeing, food, climate, nature and skills. We have a full action and project tracker to monitor and evaluate progress.

Achievements:

- Neil McCormick, Director of Property & Asset Management, NHS Fife joined the Fife Coast and Countryside Trust (FCCT) as a member of their Board of Directors.
- Climate literacy training has been developed for key staff within NHS Fife which will be rolled out within the coming months.
- Lynebank Hospital, Dunfermline has had a full site Greenspace consultation with staff.
- We have joined FCCAN (Fife Communities Climate Action Network).

- Engagement events have taken place with local community groups and a suite of documents has been created to enable best use of our spaces and to manage projects.

- We attended Tree in the Park along with other local organisations and businesses.

- We have joined the Dunfermline Greenspace Forum.

- The Oak Tree Planting Project have been delivered across the broad NHS Fife estate.

- A Seed Funding application has been submitted for a Pain Management Garden within one of the courtyards at Queen Margaret Hospital, Dunfermline. This will include raised beds, vertical gardens and create an outdoor exercise space for rehabilitation. The garden is planned to be fully wheelchair accessible.

- A Seed Funding application has also been submitted for Lynebank Hospital, Dunfermline to incorporate a whole site design following a recent staff consultation.

- Our greenspace management processes have been updated in conjunction with the FCCT. We continue to lower the amount of mowed grass on sites to encourage the establishment of wildflower meadows which have a higher biodiversity net benefit.

Ongoing projects

- Discussions continue with Fife Council for the best use of land owned by NHS Fife for gardening allotments. This supports the Fife Council Allotment Strategy and the Food4Fife Strategy.

- Greenspace and biodiversity audits - these will assess the way the Greenspace is currently used on our sites and what potential projects can be beneficial including techniques to support existing biodiversity and encourage new species.

- Linking into the Fife biodiversity action plan via the FCCT.

- We are hopeful that an NHS Scotland wide UK Habitat Survey will be carried out within the next year which will provide a more detailed analysis of biodiversity and encourage protection of these species.

Waste

NHS Fife is committed to improving waste management across our facilities with an emphasis on sustainability and efficiency. Our efforts include the formation of dedicated groups to enhance waste management practices, successful implementation of resource-sharing platforms and progress towards national waste targets.

Achievements:

- The Sustainable Waste Improvement Group is now established within NHS Fife, which focuses on supporting the existing waste management group to encourage the correct use of bins and raise awareness on waste management.
- The Warp-it system was launched in March 2024, which now has over 500 staff members signed up and has generated over £50,000 in savings by reducing waste and administrative costs.
- We have successfully met two out of four national waste targets, with ongoing efforts to achieve the remaining goals.
- A new Glass recycling system is in place preventing glass going into the domestic waste stream.
- Collaboration continues with Head of Nursing, NHS Fife to identify areas to target for improvement and working alongside the Programme team to run a test of change.

- New waste bins are on trial in Ward 8, VHK to assess their benefit.

- Updated posters and bin labelling have been applied. Work continues.

- Pharmacy, Dental, and GP surgeries in Fife have all been updated on the no recyclable materials which are to be placed into returns eg packaging and non-NHS products.

Ongoing Projects:

- We are exploring funding routes for new bins.

- Mandatory waste training is in the process of being put in place.

- Future roadshows are currently being put into place.

- One of NHS Fife Consultants is a lead for Green ED and has been supporting NHS Fife with initiatives, including waste.

Transport

The transport team have made significant progress with the fleet agenda.

NHS Fife has procured a further sixteen electric vehicles from March 2023. This takes our total EV quantity to fifty-eight vehicles. (fifty-five leased vehicles and three asset owned vehicles).

Achievements:

- Fleet Reduction: The Transport Department recently ran numerous utilisation reports via Questar to collate analytical data of vehicle behaviour and usage. On review, we were able to remove nine asset-owned vehicles from the profile.
- Infrastructure Update: NHS Fife secured funding via Transport Scotland of £386,115.30. This supported infrastructure installations across seven sites within NHS Fife. Ranging from single, dual 7.3kw chargers, 40Kw rapid chargers and the replacement of one public accessible 7.3kw dual charger in the Diabetic Centre.
- We have introduced an EV charging Hub on the VHK site. This will facilitate the charging of our 3.5 tonne Luton vehicles for our 2030 decarbonisation objective.
- Transport Duties - Reviewed: The Transport Department has recently reviewed all vehicle duties. We have identified and been able to merge several together. This will allow a further

reduction of two vehicles: (radiation run and stationery duty combined) and (clinical waste and waste medicine combined).

- Enterprise Car Club Relaunch: The Enterprise Car Club was relaunched in May 2024 with the introduction of monthly utilisation reports. This has and will continue to support access and usage and encourage best practice. From the data provided, we have decreased our vehicle quantity from thirty to twenty-seven.

- NHS Fleet Fuel Usage: With the further introduction of electric vehicles, NHS Fife has seen a reduction of fuel usage year-on-year from 2022-23 to 2023-24 by 21,282 litres. This equates to 52,305 CO_2e.

- Future Infrastructure**:** We are awaiting potential funding via Transport Scotland. This is currently being discussed at our bi-monthly Transport meetings.

- Progression continues with the setup of an EV Car Salary Sacrifice Scheme.

Environmental Stewardship

Collaborative Place Based Working

Adopting a place-based approach to climate is beneficial because it allows for tailored solutions that address a local area's specific environmental, social and economic needs. This approach encourages collaboration between public bodies, local businesses, and communities while ensuring that climate action is relevant, effective, and sustainable. It enhances resource efficiency by pooling local assets like land, transport and renewable energy and supports the development of locally appropriate climate adaptation and mitigation strategies. Ultimately, it fosters community engagement and ownership, driving more impactful, long-term results.

We are a Fife Council ACE (Addressing the Climate Emergency) Board member and have been working on six place-based collaborative priorities.

These priorities are:

- Transport, buildings, community land assets, renewable technology, climate adaptation and waste.

These priorities support NHS Fife's policy and strategy and the Climate Fife 2024 Strategy.

We are active members of many Fife-based and National Working Groups, covering all subjects within the sustainability agenda.

We attend the Regional Board meeting with Lothian and Borders and work closely on sustainability initiatives.

Environmental Management System (EMS)

An EMS is similar to that of a health and safety system or quality system but with a focus on the environment. It aims to streamline communication, improve environmental compliance and reduce the risk of climate impacts. The Environmental Management Policy, which was approved by the EDG in April 2024, has been published on the NHS Fife website.

The Policy will aid the Board in assessing its environmental responsibility across departments such as Procurement, Estates and Clinical Services and allow NHS Fife to lead the way in Scotland in delivering a sustainable health service that achieves its environmental targets, including the achievement of Net Zero. For more information see Sustainability | NHS Fife.

We have started building the EMS which will enable us to monitor our legal compliance, be able to control documents, have a method of reporting and have clear audit and communication trails.

Conclusion

Overall, we have made significant strides in embedding sustainability across our operations. From promoting active travel and enhancing waste management, to increasing staff engagement and training. Our initiatives are not only aligning with national targets but are also fostering a culture of environmental responsibility within the organisation. The successes highlighted in this report demonstrate our commitment to reducing our carbon footprint, improving resource efficiency and supporting the health and well-being of our staff and community. As with any transformative journey, however, there are areas where continued effort and improvements are necessary.

The implementation of the EMS will be a critical next step in providing a structured approach to managing environmental impact, ensuring compliance and driving continuous improvement. To fully realise the benefits of this system, we will require ongoing support and collaboration from the EDG, particularly when securing the necessary resources and embedding environmental considerations into all levels of the decision-making process.

As we look to the future, the commitment of the Board and EDG will be essential in sustaining momentum and achieving our long-term sustainability goals.

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

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

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Corporate Risk - Deep Dive**
	Policy Obligations in relation to Environmental Management and Climate Change
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Head of Sustainability**

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the reporting to the governance committees on the corporate risks and provides a Deep Dive into the Risk - Environmental Management and Climate Change. The Committee is invited to:

- Consider the Deep Dive Review

2.2 Background

The Corporate Risk Register aligns to the four strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

Deep Dive Review of Corporate Risks

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, Deep Dive Reviews have been commissioned for specific risks via the following routes:

- Governance Committees
- Executive Director Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations for EDG

A Deep Dive into the following risk has been prepared for members' attention.

Risk Title	Aligned Committee
Policy Obligations in relation to Environmental Management and Climate Change	Public Health & Wellbeing

Corporate Risk Selected for 'Deep Dive'

Deep Dive Review on Corporate Risk 4 - Environmental Management and Climate Change

Corporate Risk Title	Policy Obligations in relation to Environmental Management and Climate Change			
Strategic Priority	To deliver value and sustainability			
Risk Appetite	High			
Level of Risk Assurance	Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
Confirm Assurance Level (Add a Yes)		Yes		
Risk Description	There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.			
Root Cause (s)	The Scottish Government has implemented a policy on tackling climate change following the worldwide climate change requirements which are displayed as 17 United Nations (UN) Sustainable Development Goals. NHS Scotland is aiming to become a net-zero health service by 2040 at the latest. We are part of an international coalition of over 50 countries to date, who have committed to developing low-carbon health systems.			

Collaboration between the Scottish Government and NHS Scotland has resulted in the development of a 2022-2026 Climate Emergency Strategy to address areas within the Sustainability Agenda. There are five main themes currently being led by NHS Scotland in its infancy stages:

1. Sustainable Buildings & Land
2. Sustainable Travel
3. Sustainable Goods & Services
4. Sustainable Care
5. Sustainable Communities

The current resource level within the Board assigned to work on areas of sustainability has improved significantly within the last 12 months. We have increased our commitment to partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council).

However, due to the scale of the task within item 1 above alone, 'Sustainable Buildings and Land', NHS Fife will need to implement a series of projects across the estate to meet this demand over the next 16 years.

Substantial capital investment is required on the decarbonisation of heat projects to replace fossil fuel sources (gas and oil) with non-fossil fuel systems (electric heat pumps etc).

It is expected that the majority of capital will be funded by the Scottish Government, however, boards are expected to fund in conjunction with the Scottish Government as the internal resource to deliver these projects is currently insufficient. The full fund for 2024 was depleted by June and SG have recently closed the 'pre capital' applications for the rest of 2024 also.

Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood 3	Consequence 4	Level 12
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood 2	Consequence 4	Level 8 **Target Date - target dates are staged, per the Climate Strategy**

Management Actions (current)			
Action		**Status**	**Impact on Likelihood/ Consequence**
A Design Project is underway to decentralise and achieve 'net zero' at the Cameron Hospital site. (Update August 2023 - this site is at risk of non-delivery. The SG Framework does not support replacement site transformers to support the extra electrical load. Costs may run up to £1.5 million which must be funded by the Board). Update – September 2024 - This initiative is on hold due to Estates rationalisation whereby a new scheme will need to be developed to support the remaining buildings on the site		At risk of non- delivery	Reduces likelihood & consequence
Development and implementation of a long-term Site Decarbonisation Plan. All heat sources to be fossil fuel free by 2038. We are currently on track to meet the 2025 target; however, we are short of the 2030 target and significantly short of the 2038 target.		At risk of non-delivery (cost and resource)	Reduces likelihood & consequence
A report on supply chain carbon emissions is required by all Boards. NHS Scotland is taking the lead on this to ensure a consistent approach rather than Boards progressing on an individual basis.		Significant level of delivery challenge	Reduces likelihood & consequence

No change – some boards have employed an analysis company but have not progresses with internal analysing to release benefits. Cost to do this for NHS Fife is £20K		
Work is progressing both locally and nationally with regards climate adaptation. We have completed assessments and work on areas such as the VHK Den Burn and Cameron Hospital road flooding but more tangible actions are needed to fully mitigate against overheating in wards, flooding and other severe weather events. As a board, we should start to build energy/net zero, adaptation, biodiversity and greenspace into our capital planning. We are continuing to collaborate with Fife Council on place based adaptation.	Significant level of delivery challenge	Reduces likelihood
Active participation in 'Plan 4 Fife' through the Addressing Climate Emergency (ACE) Board.	Ongoing & on Track	Reduces likelihood
Attending National Working Groups with the sustainability agenda as the main focus.	Ongoing & on Track	Reduces likelihood
Work to achieve the target of a full EV fleet by 2025 is underway.	Ongoing & on Track	Reduces likelihood
Development of more EV chargers across NHS Fife to align with local and national requirements.	Ongoing & on Track	Reduces likelihood
Further discussions on sustainable care to progress, with the view that a national approach will be taken.	Ongoing & on track	Reduces likelihood
A Greenspace 2030 Strategy has been published and we are now working and partnering with external third sector organisations to link appropriate spaces with the resource and funding.	Ongoing & on track	Reduces likelihood
Create better opportunities for active travel including e-Bike Loan Schemes.	Complete	Reduces likelihood
Implementation of a Travel Platform to support NHS Fife staff with their commute which gives us the ability to track commute emissions (as required by National Reporting Standards).	Complete	Reduces likelihood
Outsourcing the data entry for the EMS (Environmental Management System), however, on-going management of this system will be required from various parties (legal requirement for Boards).	Complete	Reduces likelihood
Development of an SBAR to demonstrate employment of an energy related post within the Board. This will potentially pay for itself with the ongoing commitment to renewable energy projects. These show significant savings to the Board year-on-year in gas and electricity consumption costs, and also meet the demands of the policy and strategy requirements and the UN Sustainable Development Goals. This will align with the SPRA requirements.	Complete	Reduces likelihood
Development of reporting mechanisms to enable the Board to clearly see progress against the targets. This is crucial over the next 17 years to ensure all relevant Board members are aware of the challenges.	Complete	Reduces likelihood
An effective Governance Structure has been implemented by appointing an 'Executive Lead' and 'Sustainability Champion' as identified within the NHS Scotland Strategy and Policy. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.	Complete	Reduces likelihood
A Regional Working Group has been set up with regular meetings taking place alongside NHS Lothian and NHS Borders.	Complete	Reduces likelihood
A recent delivery of £1.5 million of renewable energy sources and energy improvement works across various NHS Fife properties.	Complete	Reduces likelihood
Twelve NHS Fife sites have been surveyed to identify a 'road map' to achieve Carbon Net Zero as result of a National Tender Programme.	Complete	Reduces likelihood

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non-delivery
Not started

2.3.1 Quality / Patient Care

Effective management of risks will support delivery of our strategic priorities, to improve the value and sustainability of our services.

2.3.2 Workforce

There are major workforce training implications to deliver a more sustainable care model through the participation of a wide range of staff across the organisation.

2.3.3 Financial

There are significant capital costs involved in the decarbonisation of our estate and fleet and there will be more expenditure on electricity as natural gas is phased out by 2038 if we do not balance this out with renewable electricity.

2.3.4 Risk Assessment / Management

Subject of the paper.

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

No Assessment has been carried out.

2.3.6 Climate Emergency and Sustainability Impact

This paper directly identifies risks and issues relating to Climate Emergency and Sustainability.

2.3.7 Communication, involvement, engagement and consultation

A significant campaign of communication and engagement will be required with our staff, partners and the wider population. A communication plan will be developed as part of the more formal programme management approach being developed.

2.3.8 Route to the Meeting

- Executive Director's Group, 17 October
- Public Health & Wellbeing Committee, 11 November 2024

2.4 Recommendation

The Committee is invited to:
- Discuss and take assurance from the Deep Dive Review

3 List of appendices

- n/a

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NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Delivering The Promise in NHS Fife**
Responsible Executive:	**Lisa Cooper, Head of Primary & Preventative Care**
Report Author:	**Rebecca Saunders, Community Children's Services EQUIP Team Lead**

Executive Summary:

The purpose of this report is to provide assurance around Fife's commitment and activity to Keeping The Promise and provide an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland.

Plan 21- 24 was developed with five key priorities to ensure Scotland keeps its Promise; the right to a childhood, whole family support, supporting the workforce, planning and building capacity.
After a review at the end of Plan 21-24 the Promise Scotland published Plan 24-30 as a website in June 2024. Plan 24-30 remains faithful to the initial conclusions of the Independent Care Review and is organised around the five foundations of the promise; voice, family, care, people and scaffolding.

The Community Child Health Management Team (CHMT) set Delivering The Promise as one of its four key priority areas in line with the key objectives of our local Children's Services Partnership Strategic Delivery Plan.

A new Healthcare and The Promise group was set up in 2024 (with the merger of 2 previous groups) to lead on the work of the promise; this groups reports monthly to CHMT.

Some current pieces of work that the group are involved in or leading on:
- The development of universally accessed e-learning for the workforce - Understanding the Promise;

- Data scoping work commenced cross CHMT members to understand the information we gather about our care experienced children and young people and therefore identify gaps in order to support improvements to service delivery;

- Connecting with local Kinship Carer's support groups to scope out needs and, if required, offer health support and information to them in their role as carers;

- Developing links with health promise leads across Scotland by taking part in the NHS Promise Partners Leads group facilitated by The Promise Scotland;

- Scoping out a targeted piece of work with Child & Adolescent Mental Health Service (CAMHS) and Maternity to support care experienced young women who are pregnant and support non-stigmatising approaches to support whilst ensuring safety for unborn baby;

- Progressing key, health relate actions as outlined in Plan 24-30. The Promise progress framework is being published later this year and this will support this action;

- Giving all participating services an opportunity to report and report any key service changes or updates that support our objectives in relations to the care experienced community.

The paper gives assurance on the work that is being undertaken both locally and nationally to ensure that services continue to remain focused on the key priorities aligned to the founding principles of the Promise.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper provides assurance on the commitment that The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland. It advises what organisations need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now or have been looked after at some point in their lives.

The purpose of this report is to provide assurance around NHS Fife's commitment and activity to Keeping The Promise and provide an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland.

2.2   Background

Scotland has an ambition 'to be the best place in the world to grow up' so that children are 'loved, safe, and respected and realise their full potential'.

In 2016 the Scottish Government promised care experienced young people that Scotland would do better and come together and love its most vulnerable children and young people and give them the childhood they deserved. To inform how this could be

achieved, an Independent Care Review heard voices from children, young people, and families who knew the care systems best - those who had experienced it. The Review sought out and listened to the voices of care experienced young people and their families for 3 years to develop a plan for Scotland on what needed to change.

Plan 21- 24 was developed with five key priorities to ensure Scotland keeps its Promise; the right to a childhood, whole family support, supporting the workforce, planning and building capacity. The Promise Plan 21-24 is now complete and a period of national review was completed in early 2024.

After the review Promise Scotland published Plan 24-30 in June 2024. Plan 24-30 remains faithful to the initial conclusions of the Independent Care Review and is organised around the five foundations of the promise: voice, family, care, people and scaffolding.

Plan 24-30 has been published as a website and builds on the progress made so far in delivering Plan 21-24. Plan 24-30 maps the milestones, timelines, roles and responsibilities required to keep The Promise, including a mid-point review of progress. As the route to keeping The Promise becomes clearer, the Plan (website) will be updated by The Promise Scotland in order to keep track of progress, and of what still needs to happen. A further progress framework will be published late in 2024 to give organisations guidance on action planning around the key objectives of Plan 24-30.

Corporate Parenting

The Children and Young People (Scotland) Act 2014, came into force on 1st April 2015. Part nine of the Act outlines the role of "Corporate Parents", with section 58 describing the responsibilities of Corporate Parents towards the wellbeing of care-experienced ("looked-after") children and young people.

 Corporate parenting is defined in the Act and places a number of legal duties on public sector organisations to uphold the rights and safeguard the wellbeing of looked after children, young people and care leavers.

The term corporate parent refers to organisations who have a legal duty to respond to and support the care and protect needs of all children and young people who are looked after by local councils through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood.

The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers".

It states that:-

> "*Corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy though to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them* "

2.3   Assessment

Delivering The Promise was identified early on as a key priority for Children's Service across Fife, and both partnership and single agency work has been established to deliver on the foundations of The Promise.

A working group in Children's Services was established to take forward the objective to raise awareness of the five foundations of The Promise across NHS Fife. The group had been working with Children's Service colleagues to raise awareness and understanding, mapping progress and setting goals and expectations for the future.

Within The Promise there are specific references to expectations of health services:

* Uphold children's right to the highest attainable standard of health and wellbeing;

* Stable, nurturing, loving relationships are fundamental to children's health and wellbeing and must be prioritized;

* Timely access to mental health support before crisis point, so that children can avoid hospitalization;

* Timely, trauma informed and thoughtful support therapies act as a cushion to all those that require it regardless of diagnosis;

* Young adults with care experience, parents and carers must be able to access mental health support at all stages of their lives;

* Support a broad understanding of the importance of the early years of parenting that does not stigmatise;

* Parents with learning disabilities must be given the right support, working with their assets to build on their capabilities as parents;

* Secure care settings must uphold children's rights to access to all they need to achieve the highest possible standard of health;

* There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities;

* Supporting the workforce to care must be at the heart of Scotland's service planning.

A commitment was given to support the progress being made to ensure we hear and value the experiences of children and young people as well as staff who may be care experienced.

The Community Child Health Management Team (CHMT) set Delivering The Promise as one of its four key priority areas in line with the key objectives of our local Children's Services Partnership Strategic Delivery Plan. Awareness raising has taken place across the organisations, through the sharing of 7-minute briefings, through the mapping of services and through the setting up of an initial Short Life Working Group within Children's Services to take the Promise forward. The Promise remains a standing item on the monthly CHMT agenda and updates from the Short Life Working Group reported monthly. In June 2023 the previous Community Children's Service Manager convened a group called 'Health in the Care Experienced Community', the aim of which was to support the delivery of high quality health services with a focus on prevention and early intervention in order to improve the health of children and young people in Fife. This group sat alongside the Promise Short Life Working Group within Children's Community Services whose aim was embed The Promise as a children services priority and support

awareness raising across NHS Fife of the five foundations of The Promise. Allowing individual services to consider how they can embed it into their own practice.

A decision was made to merge these two groups in May 2024 to streamline actions and widen the reach. The new **Healthcare and The Promise Group** has now met three times in 2024 with a current pattern of 4 to 6 weekly meetings to establish its ways of working, agree its Terms of Reference, review membership and agree and approve strategic aims and objectives. Action plans from previous groups were merged and membership is made up of leads from across Children and Young People's Health Services and members of the children's services workforce and is chaired by Community Children's Services EQUIP Team Lead. Regular attendance from the partnership promise lead and local promise delivery partner ensures the groups actions are aligned with current local and national objectives.

Governance and accountability for the Healthcare and The Promise group continues through CHMT and is aligned with partners through the work of the Corporate Parenting Board.
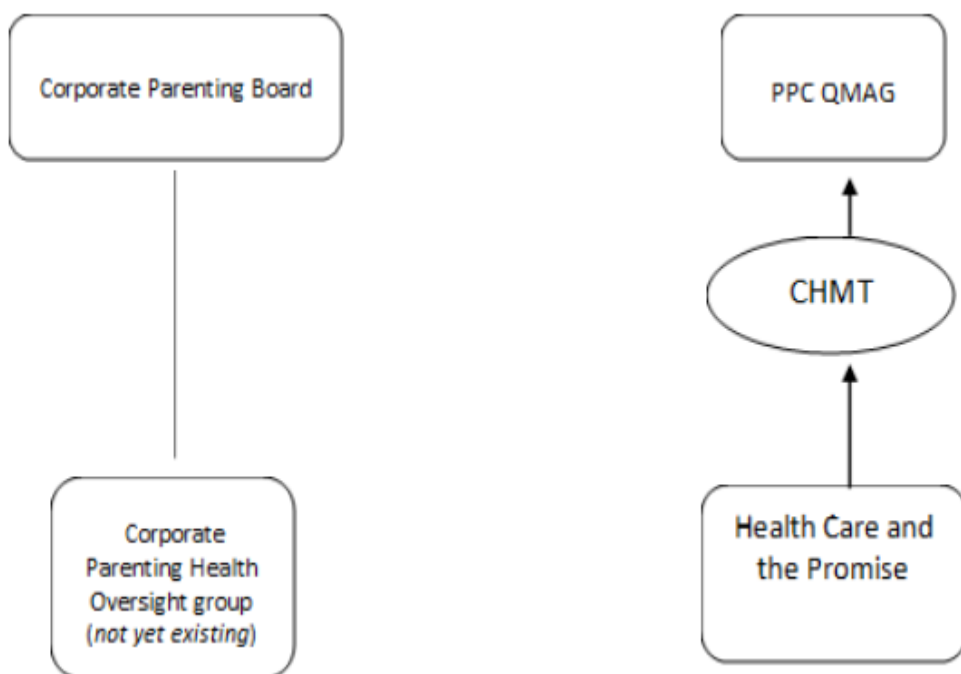
This group will report and share progress to CHMT on a regular basis.

Current actions include:

- The development of e-learning for the workforce;

- Data scoping work commenced cross CHMT members to understand the information we gather about our care experienced children and young people and therefore identify gaps in order to support improvements to service delivery;

- Working with Kinship Carer's group to establish connections, scope out needs and, if required, offer health support and information to them in their role as carers;

- Developing closer links with key health promise leads across Scotland by taking part in the NHS Promise Partners Leads group run by The Promise Scotland;

- Targeted piece of work with Child & Adolescent Mental Health Service (CAMHS) and Maternity to support care experienced young women and support non-stigmatising approaches to care;

- Progressing key, health relate actions as outlined in Plan 24-30. The Promise progress framework being published later this year will support this action;

- Giving all services an opportunity to report any service changes and updates that reinforce their objectives in relations to the care experienced community.

Some examples of ongoing work across services to support the care experienced community include:

CAMHS

- Fife CAMHS and Fife Adult Mental Health Service (AMHS) have jointly funded a Senior Mental Health Nurse embedded within the Young People's Social Work team. This project has been developed to provide specialist mental health assessment, intervention, liaison and signposting for young people aged 16-26 who are transitioning through the care system;

- Beeches offers assessment, treatment and support to care experienced infants, children and young people who are in purchased placements in Fife. The focus of their work is to gather information in order to develop a team around the child; to help support stabilisation whilst working with the CAMHS urgent response team because of concerns about self-harm and suicidal ideation;

- Willow Project expanded capacity across their therapeutic services for care experienced children and young people;

- A face to face parenting service for kinship carers.

Family Nurse Partnership

- The service is now also offering the programme to care experienced young women aged 21-25 and is working together with Maternity services to support this.

School Nursing

- Fife's young people's residential homes were visited to raise awareness of the School Nursing service and explore how their role can further support care experienced children and young people;

- Annual health reviews offered and annual LAC review meetings attend for care experienced young people;

- Full wellbeing assessments are now offered by the School Nursing service within 21 days of a child or young person entering the care system.

Sexual Health

- Young people's drop in clinic trial commenced in March 2024.

Speech & Language Therapy

- Recognising they have an important role in considering the importance of the child's voice, they use key tools & resources which support a more inclusive language towards care experienced children and young people.

Health Promotion

- Poverty awareness training available which supports practitioners to signpost care experienced young people and families to encourage income maximisation.

Maternity service

- Maternity Care Assistants work to support antenatal and postnatal education which is available to care experienced young mothers.

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

Keeping The Promise in NHS Fife will increase equity and support for children, young people and families who are care experienced.

There may be particular groups of people across both children and adult services whose voices need to be heard, for example young people currently within the care system, kinship carers (many of whom are our elderly population or staff members) and staff within our organisation who are or have been care experienced.

2.3.2 Workforce

A competent and informed workforce across NHS Fife is required to ensure that all staff understand the role they play in keeping The Promise. Training and resources are required at all levels. A number of areas have already begun to look at their training in include the principles of The Promise, e.g. child protection training has been reviewed and refreshed as appropriate to incorporate the foundations of The Promise and information services are available for managers to consider how care experienced staff can be supported within the organisation.

2.3.3 Financial

There could be financial implications if further provision of resources is deemed necessary to fully implement The Promise but there are no specific financial implications identified at present.

2.3.4 Risk Assessment / Management

The Children and Young People (Scotland) Act 2014 defines corporate parenting as those services responsible for working together to meet the needs of looked after children, young

people and care leavers. NHS Fife and all corporate bodies take on the legal role of Corporate Parent in the implementation of The Promise.

As corporate parents, NHS Fife has a statutory responsibility to ensure the rights of care experienced people are upheld and that they have the best chances and outcomes in life. Our organisation is required to develop its own approaches, either individually or in local partnership as to how we will legally uphold the rights of care experienced children and young people. Those approaches should be shaped by the needs, views and experiences of looked after children and care leavers.

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

Corporate parenting responsibilities are underpinned by the United Nations Convention on the Rights of the Child (UNCRC) and it is recommended that all corporate parents have a good understanding of the legal requirements of the UNCRC, and what it means for their organisations. Articles 20 and 25 set out rights for young people who can't live with their own family. In NHS Fife as Corporate parents there is a requirement to ensure these rights are met as the incorporation Act makes it unlawful of public bodies to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights.

The Promise prioritises an equitable approach that considers each child or young person's unique circumstances and seeks equality particularly for those who are care experienced.

In NHS Fife Kinship carers have the same rights to parental leave as birth parents under our HR policies.

The Promise Scotland promotes the use of the Scottish Government's Child Rights and Wellbeing Impact Assessment (CRWIA) template for organisations. A CRWIA is a process through which our organisation can identify and record the anticipated impact of a proposed measure of change on children's human rights and wellbeing. We will continue to use this method of evaluation now incorporated into our EQIA process throughout our organisation to ensure children's rights are assessed and upheld.

2.3.6 Climate Emergency & Sustainability Impact
No impact noted.

2.3.7 Communication, involvement, engagement and consultation
No impact noted.

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.

2.4 Recommendation

Whilst this report provides a significant level of assurance from services currently working with children and young people, there is a requirement to strengthen the governance and assurance processes across wider NHS Fife.

A local review of the governance arrangements for The Promise / Corporate Parenting arrangements was commenced in early 2024 but has been paused over the summer and with a change of leadership, but recommendations may be needed to strengthen the governance of The Promise / corporate parenting responsibilities within NHS Fife.

This paper is provided to members for a **"significant" level of assurance**.

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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

Executive Summary

There are 13 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 Aug-24.
- Psychological Therapies performance was Amber in Aug-24 just below trajectory. National target not achieved but remains within control limits.

This report provides Moderate Level of Assurance.

1   Purpose

This report is presented for:
- Assurance

This report relates to:
- Annual Delivery Plan

This report aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

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

The period covered by the performance data is generally up to the end of Jun-24; though CAMHS & Psychological Therapies are available up to the end of Aug-24. The Screening measures have significant lag: Breast & AAA Screening are up to the end of Mar-23; Bowel Screening is up to the end of Apr-23.

2.2 Background

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

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

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

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

2.3 Assessment

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

New measures included this month within Public Health & Wellbeing section relate to the uptake of winter Flu and Covid Vaccinations. Measure will be included up to end of Mar-25.

Other change is within Quality & Care section. Following review, 'LAER/SAER actions closed on time' measure has been replaced with 'SAERs closed within 90 days'. The SAER median working days to close will be reported going forward.

Highlights of September 2024 IPQR

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

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

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation (2023/24)	285	Mar-24	473	473
Alcohol Brief Interventions (2024/25)	103%	QE Jun-24	-	80%
Mental Health Readmissions within 28 days	5.6%	QE Jun-24	-	-
CAMHS Waiting Times	94.3%	Aug-24	85.0%	90%
Psychological Therapies Waiting Times	72.8%	Aug-24	73.0%	90%
Drugs & Alcohol Waiting Times	94.5%	QE Jun-24	-	90%
Flu Vaccination (Winter, Age 75+)	40.6%	Sep/Oct-24	-	80%
COVID Vaccination (Winter, Age 75+)	39.2%	Sep/Oct-24	-	80%
Breast Screening	73.4%	3YTD Mar-23	-	80%
Bowel Screening	66.2%	2YTD Apr-23	-	60%
AAA Screening	87.3%	YTD Mar-23	-	85%
Immunisation: 6-in-1 at Age 12 Months	94.5%	QE Jun-24	-	95%
Immunisation: MMR2 at 5 Years	85.7%	QE Jun-24	-	92%
Infant Feeding	36.4%	Jun-24	-	-
Child Developmental Concerns	19.4%	QE Jun-24	-	-

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the Position at July IPQR has been made available for discussion at the meeting on 11 November 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.

- Executive Directors Group 17 October 2024

2.4 Recommendation

The Committee is asked to take a **"moderate" level of assurance** from the report.

The Committee is also asked to **"endorse"** the Quality and Care section of the IPQR.

3 List of appendices

The following appendices are included with this report:
- Appendix 1 - IPQR Position at September 2024 PHW v1.0

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Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at September 2024
Produced in October 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
14 October 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	7	6	1	-	-	◀▶	Moderate
Total	**20**	**15**	**5**	**0**	**0**		

Risk Key

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

Movement Key

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

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.

There have been two new risks added and one removed from the Corporate Risk register as below:

Risk 20 - New Corporate Risk - Capital Funding - Service Sustainability

A new risk was supported by EDG and aligned to FP&R committee.

Reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.

Risk 21 - New Risk Pandemic Risk

A new risk was supported by EDG and aligned to the PHWC.

A novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service

Recommendation made to CGC (and on to the NHS Fife Board as appropriate), to move the 'Off-Site Area Sterilisation and Disinfection Unit Service' risk from the Corporate Risk Register to an operational risk held by Acute Services and the Director of Property & Asset Management.

B. Indicator Summary

Quality & Care

	Current	Previous	Change		Current	Previous	Change		Current	Previous	Change
SAER Median days to close	255		—	Inpatient Falls	6.80	6.80	◆	Pressure Ulcers	1.30	1.57	▲
Ligature Incidents (Mental Health)	1.34	0.17	▼	Incidents of Restraint (Mental Health)	12.03	7.93	▼	Incidents of Physical Violence (Mental Health)	9.53	7.93	▼
Incidents of Self Harm (Mental Health)	1.67	1.03	▼	SAB HAI	0.0	6.8	▲	C Diff HAI	13.6	17.1	▲
ECB HAI	10.2	6.8	◆	S1 Complaints Closed in Month on Time	48.7%	50.0%	◆	S2 Complaints Closed in Month on Time	25.9%	16.7%	▲

Operational Performance

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
Emergency Access	A&E	75.4%	73.8%	▲	Delayed Discharges (Standard)	Acute/Comm	52.3	51.1	◆	Cancer	31-day DTT	94.2%	98.2%	▼
	ED	67.6%	65.4%	▲		MH/LD	12.1	9.3	▼		62-Day RTT	67.5%	78.2%	▼
Patient TTG	% <=12weeks	49.5%	49.4%	◆	New Outpatients	% <=12weeks	40.1%	41.3%	▼	Diagnostics	% <=6weeks	71.0%	63.2%	▲
	>52 weeks	712	659	▼		>52 weeks	5033	4891	▼		>26 weeks	58	48	◆

Finance

	Current	Change		Current	Change
Revenue Resource Limit Performance	(£23.555m)		Capital Resource Limit Performance	£1.990m	

Workforce

	Current	Previous	Change		Current	Previous	Change			Current	Previous	Change
Sickness Absence	6.51%	7.47%	▲	Personal Development Plan & Review	42.9%	44.5%	▼	Vacancies	Medical & Dental	2.8%	6.2%	▲
									Nursing & Midwifery	3.5%	3.8%	◆
									AHPs	5.0%	3.7%	▼

Public Health & Wellbeing

		Current	Previous	Change		Current	Previous	Change		Current	Previous	Change
Smoking Cessation	40% Most Deprived	285	255	—	Alcohol Brief Interventions	103%	96%	—	Drugs & Alcohol	94.5%	93.1%	◆
CAMHS		94.3%	83.5%	▲	Psychological Therapies	72.8%	69.8%	▲	Mental Health Readmissions within 28 days	5.6%	5.9%	◆
Breast Screening		73.4%		—	Bowel Screening	66.2%		—	AAA Screening	87.3%	86.8%	▲
Childhood Immunisation	6-in-1 @ 12 months	94.5%	95.1%	▼	Infant Feeding	36.4%	29.4%	▲	Winter Vaccination — Influenza	40.6%		—
	MMR2 @ 5 years	85.7%	85.7%	◆	Child Development	19.4%	18.5%	▲	Winter Vaccination — Covid	39.2%		—

Key

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

| | 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 (2023/24)	285	YTD	Mar-24	473	473	⚪	—	—		🟡	QE Dec-23
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	94.3%	Month	Aug-24	85.0%	90%	⚪	🔺	🔺		🟡	QE Jun-24
Psychological Therapies Waiting Times	72.8%	Month	Aug-24	73.0%	90%	⚪	🔺	🔺		🔴	QE Jun-24
Mental Health Readmissions within 28 days	5.6%	Quarter	Jun-24			⚪	🔶	🔻		🟢	YE Mar-24
Breast Screening	73.4%	3-YTD	Mar-23		80%	⚪	—	—		🔴	2021-23
Bowel Screening	66.2%	2-YTD	Apr-23		60%	⚪	—	—		🔴	2022-23
AAA Screening	87.3%	YTD	Mar-23		85%	⚪	🔺	🔺		🟢	2022/23
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	94.5%	Quarter	Jun-24		95%	⚪	🔻	🔺		🟡	QE Jun-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter	Jun-24		92%	⚪	🔶	🔻		🔴	QE Jun-24
Flu Vaccination (Winter, Age 75+)	40.6%	Month	Sep-24		80%	⚪	—	—		🟢	ME Sep-24
COVID Vaccination (Winter, Age 75+)	39.2%	Month	Sep-24		80%	⚪	—	—		🟢	ME 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

C4. Public Health & Wellbeing

Data Analysis

There were 30 successful quits in Mar-24, which is 10 short of the monthly target and 4 less than that achieved in Mar-23. Achievement against trajectory is 60.3% (Mar-23 was 63.6%).

For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: although 'Other' services saw their success rate increase from 23% in Feb-24 to 43% in Mar-24.

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

Achievements & Challenges

Fife Stop Smoking Services are working to meet the Scottish Government Tobacco & Vaping action plan. The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There has been no movement on the national review of all board's standards.

There has been an increase in support requested for vaping cessation in the specialist & maternity services however this work does not contribute to LDP standard.

Significant work to improve the retention of clients in the specialist service has taken place, including attending PLT, training sessions with FHSCP services & 3rd sector organisations.

Combined with our increase in outreach work we have seen an increase in appointments from 273 in August to 681 in September. Current Fife wide weekly face to face provision is at 43 clinics, telephone & home visit provision is an additional 4 allocated clinics.

Successful recruitment will increase staff capacity to build and maintain the current engagement and progress work to improve the referral pathway from acute and primary services.

Local data reports successful quits for 40% (MDQ) is 108 for Q1 of 2024/25 which is 10 less than the 118 trajectory. LDP standard.

Public Health Scotland advise their Intelligence Team are designing a new report and as such no national smoking cessation data is available for 2024/25.

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

94.3%

Trajectory achieved
As of Aug-24

C4. Public Health & Wellbeing
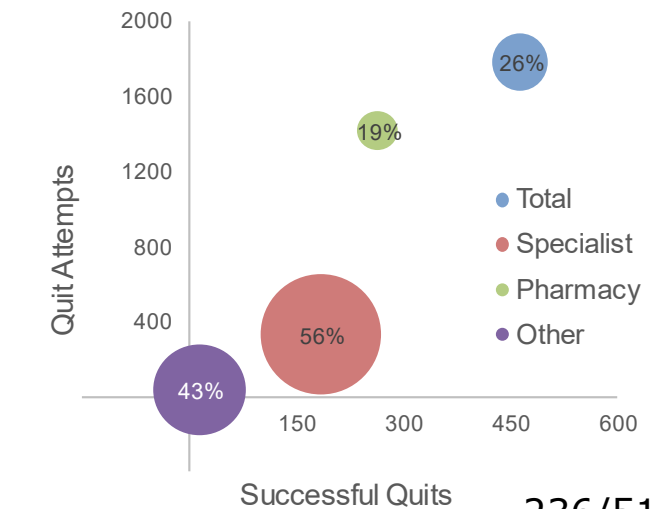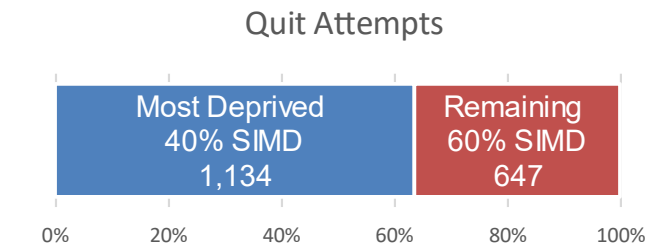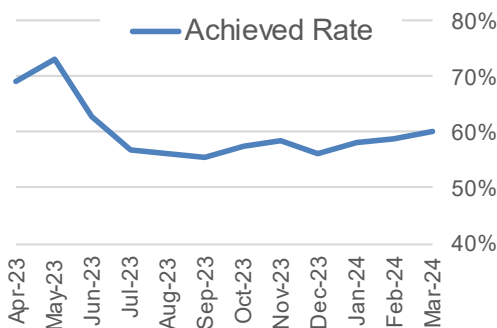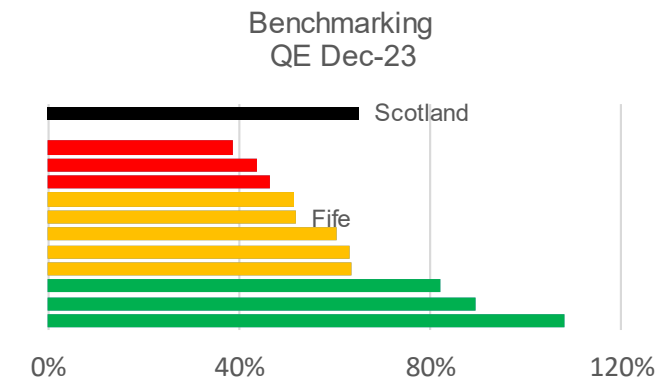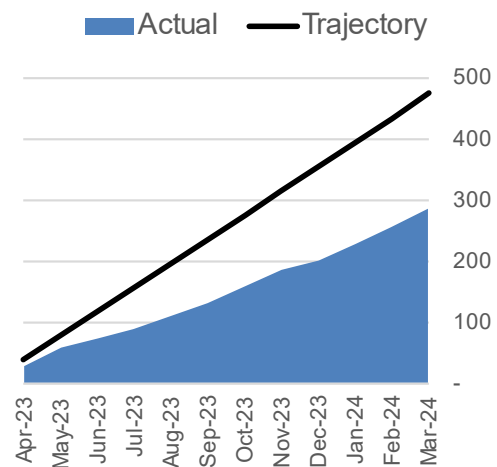
Data Analysis

Monthly performance increased from 83.5% in Jul-24 to 94.3% in Aug-24 which is above local trajectory.

In Aug-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased to 11 in Aug-24 from 10 month prior.

The percentage of those waiting less than 18 weeks decreased in Aug-24 to 91.1%.

The number of referrals received in Aug-24 was 200, an increase from Jul-24 but lower than same month in 2023 .

The overall waiting list decreased to 124.

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 Fife CAMH Service is on target to meet and sustain the trajectory submitted to Scottish Government by February 2025.

The average trend has shown a slight decrease in the number of referrals over the past year with the number of referrals accepted holding steady.

To date there are 11 unallocated children and young people on waiting list, with the longest wait 14 weeks. This figure will rise over the next 2 months as they await their appointment and treatment is started. Following this period the RTT will be met and sustained as children and young people are offered appointments straight from referral screening, which will fall under the 18 weeks.

Ongoing recruitment and review of posts continues to ensure staffing resource is maintained as vacancies directly impact capacity to meet RTT.

CAMHS 18 weeks RTT

— Standard   - - - 24/25 Trajectory

■ Accepted Referrals   ■ Treated

Waiting List

Aug-23	Nov-23	Feb-24	May-24	Aug-24
269	238	238	172	124

19 to 35 weeks

Within 18 Weeks

Aug-24

Benchmarking

Scotland

Mainland NHS Board

Fife

QE Jun-24

7/16

237/516
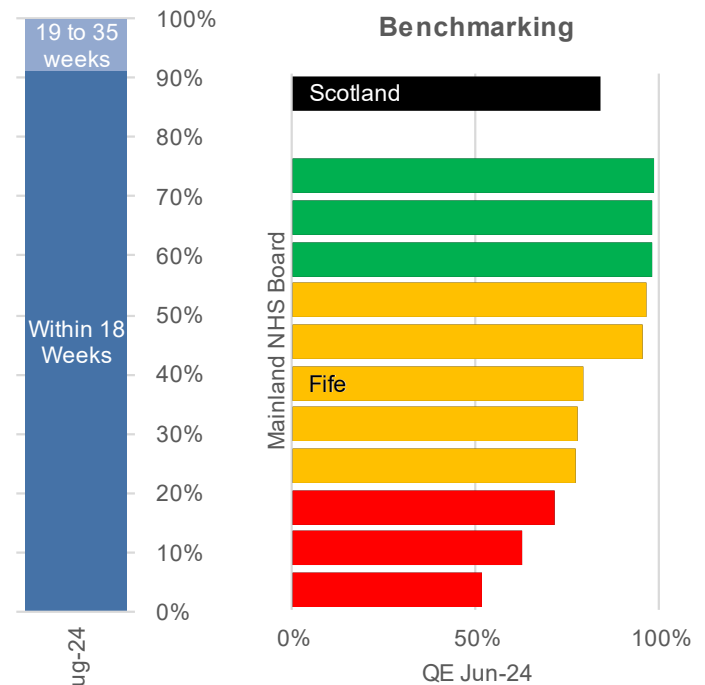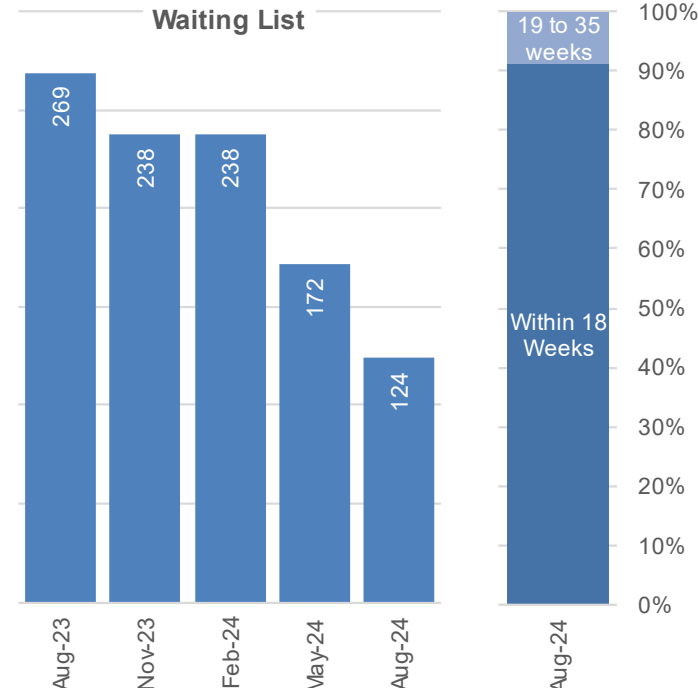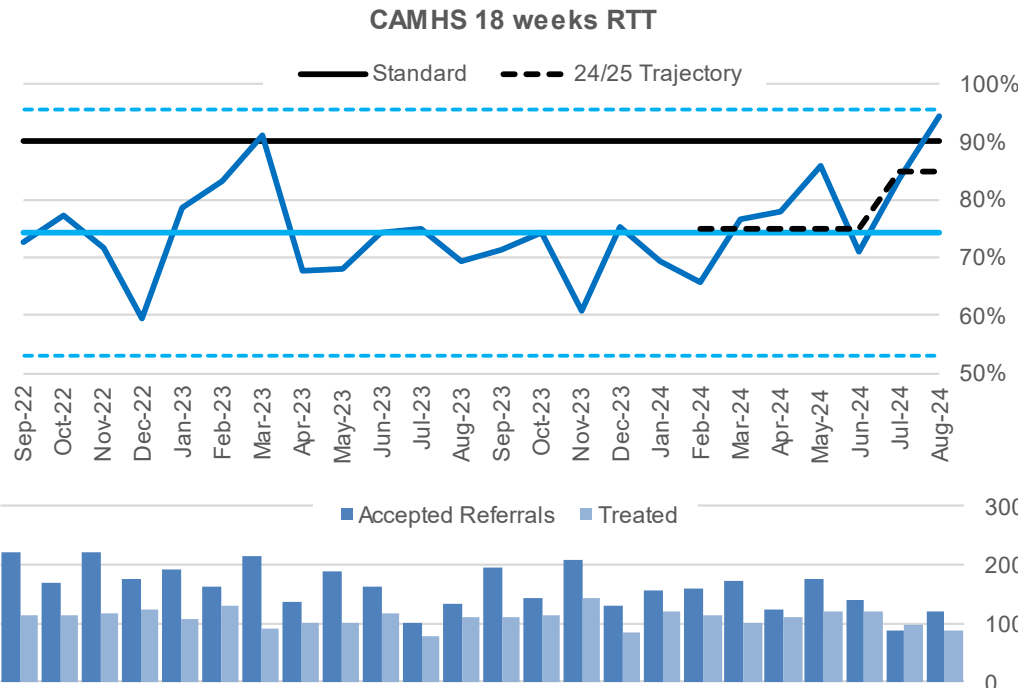
Psychological Therapies

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

72.8%

1 ⬆ Wait within 18 weeks to achieve local trajectory

Data Analysis

In Aug-24 541 patients started therapy, this was less than the 650 in Jul-24, but in line with usual fluctuations associated with clinicians' caseloads.

Fewer patients were seen within 18 weeks (394) compared to July (454), 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 72.8%, which is at local target for 2024/25.

The overall waiting list has increased to 2294 from 2181 in previous month, with the number waiting over 18 weeks increasing to 844 and the number over 52 weeks decreasing to 172.

Referrals for all ages increased by 149 from month prior and while slightly less than the number received in Aug-23, is the highest since November 2023. The % of referrals that were rejected in Aug-24 was 13.9%.

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:

The Psychology Service is offering more first treatment appointments than a year ago, continuing to make progress in reducing number of very long waits, and hit local trajectory this month. This is despite the referral rate for adults with complex problems remaining higher than capacity for provision of highly specialist PTs. Ongoing service redesign, thorough implementation of skill mix, and intensive case management has contributed to these achievements. The focus remains on the longest waits, while also supporting appropriate engagement with digital PTs and PTs which are low intensity in terms of clinician time.

The Psychology Service continues to support psychological care delivery and staff wellbeing in other statutory and 3rd sector services via provision of supervision and training, to improve access as per the SG Psychological Therapies and Interventions specification.

Challenges:

A capacity gap for highly specialist PT and cannot be fully mitigated despite the above achievements. The delay in vacancy management procedures for clinical and clinical support admin staff affects capacity and poses a risk to performance. Fife is receiving enhanced support from SG for PT performance.

Psychological Therapies 18 weeks RTT
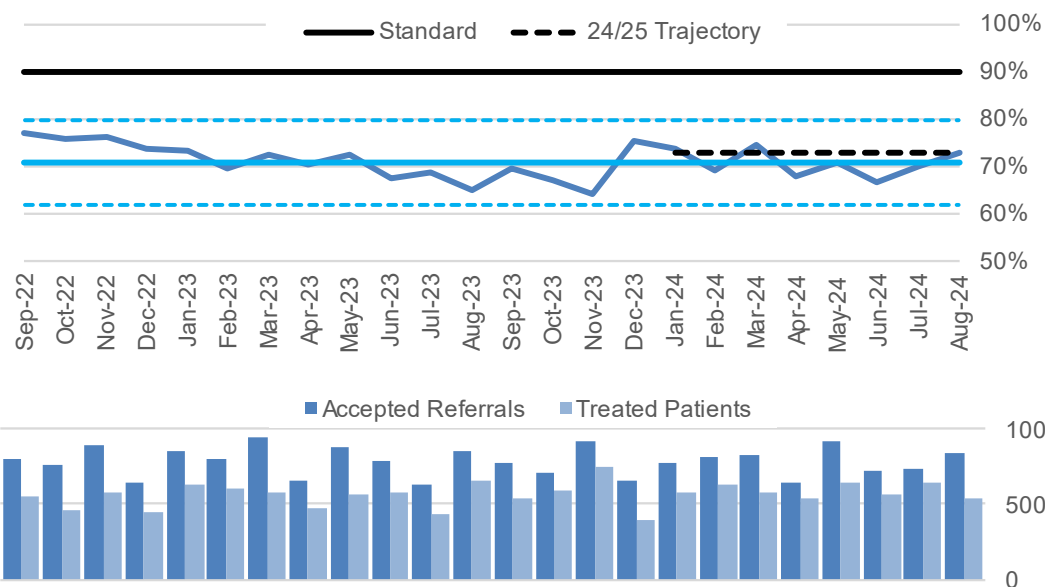
Waiting List
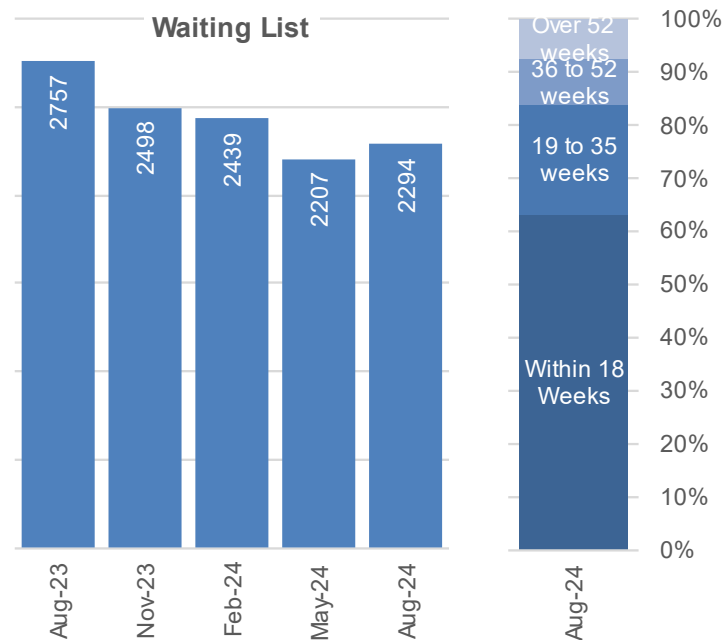
Benchmarking
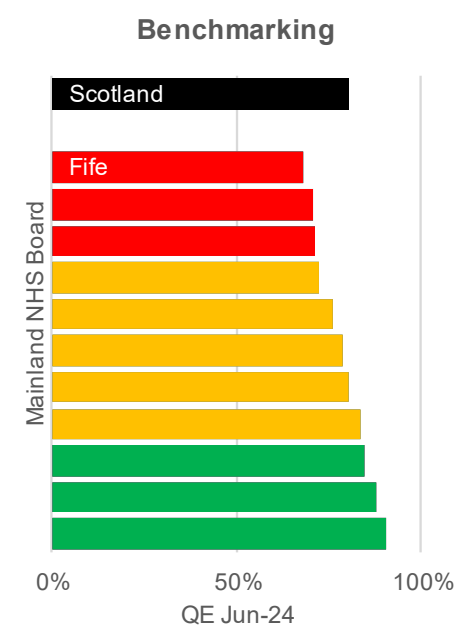
C4. Public Health & Wellbeing

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.6%, increasing from 3.6% 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 98.4 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 10.2 readmissions per month within 133 days. Rate for QE Dec-22 was 12.5% with 32 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 19.4% with 47 readmissions.

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

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. 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. It is worthy of note that our community services infrastructure is less developed than in other Board areas. In addition to this, there are ongoing challenges recruiting to AHP posts: these posts should be a core component of our CMHT model.
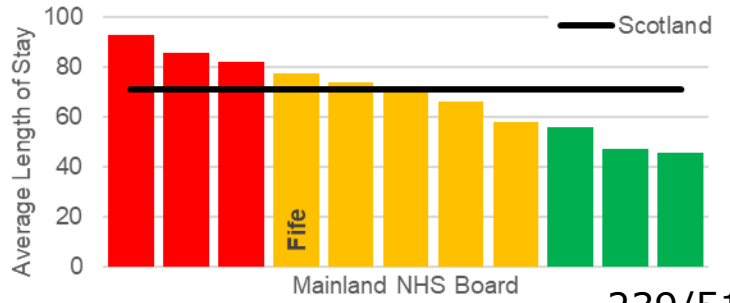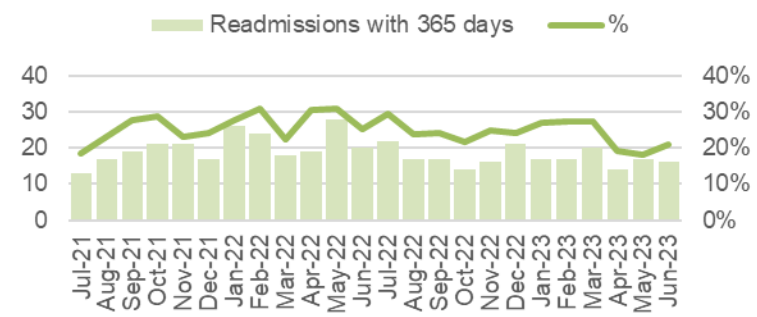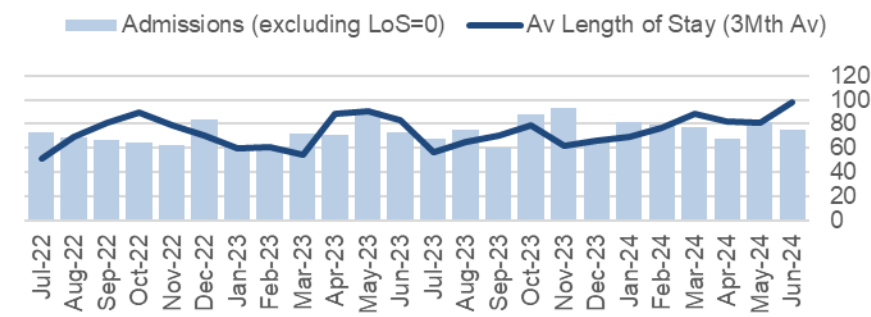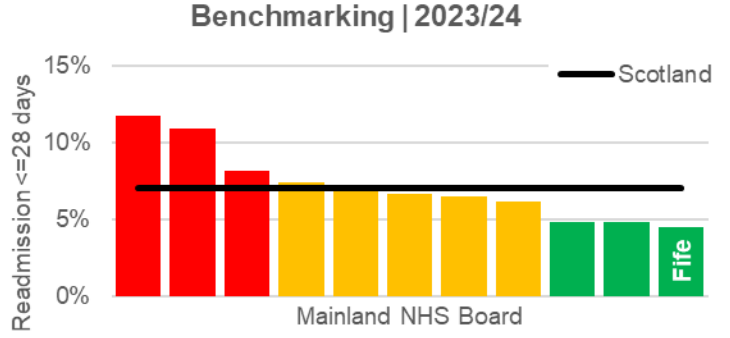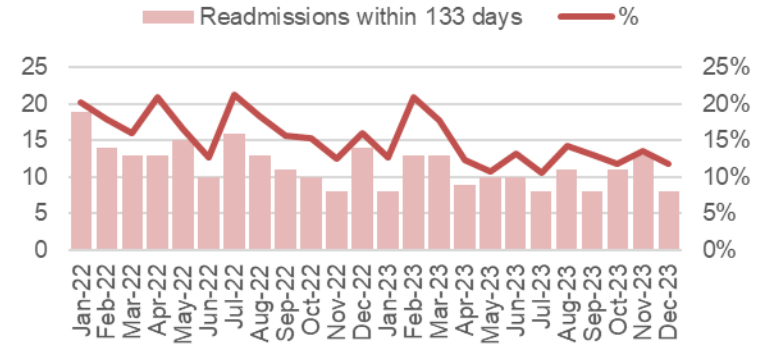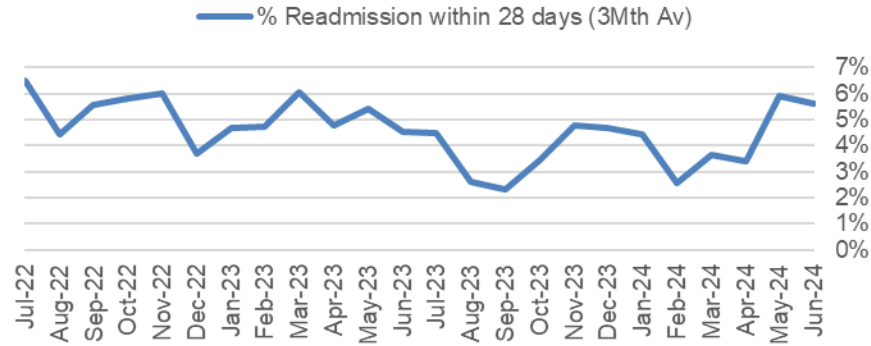
Breast Screening

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

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

| **73.4%** | **6.6%** ⬆ | To achieve target |
| **63.2%** | **6.8%** ⬆ | To achieve Minimum Standard |

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:

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 %

(Line chart: Scotland, Fife, Target, Minimum Standard; years 2011/14 to 2020/23)

Uptake % by SIMD

(Bar chart: Target, Min Standard; categories 1 most deprived, 2, 3, 4, 5 least deprived)

Benchmarking

(Bar chart: Scotland line; Territorial NHS Board; Fife highlighted)
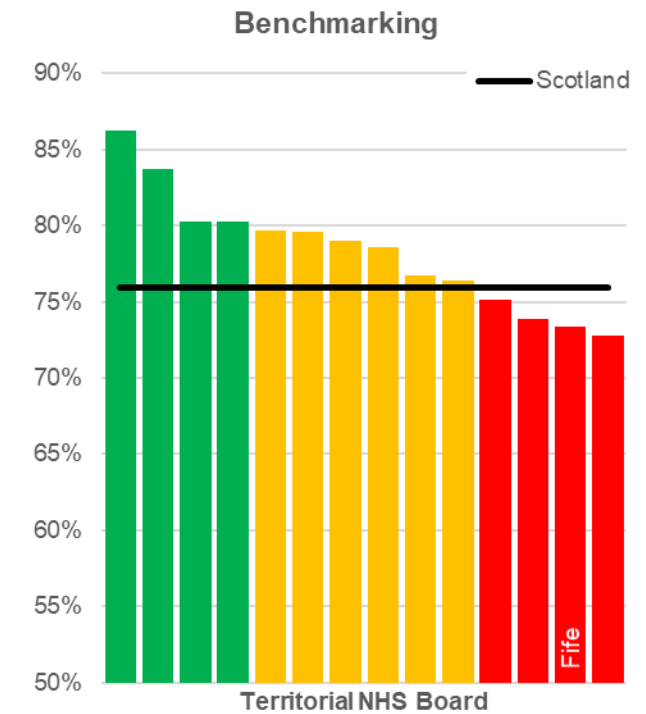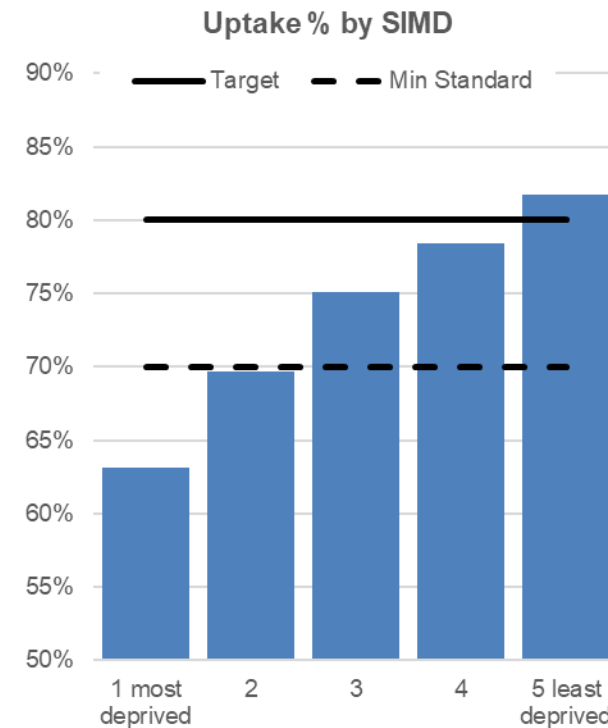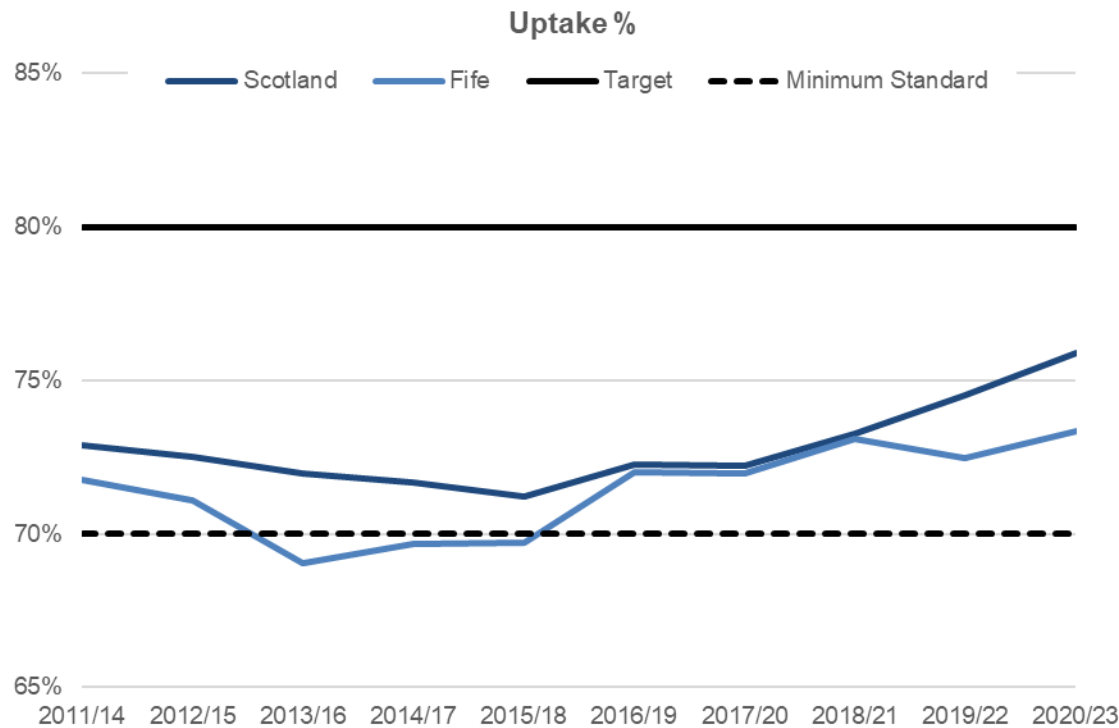
Bowel Screening

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

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

66.2%

55.4%
most deprived

4.6% ⬆

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

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

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

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

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

Achievements:

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

Challenges:

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

Uptake %
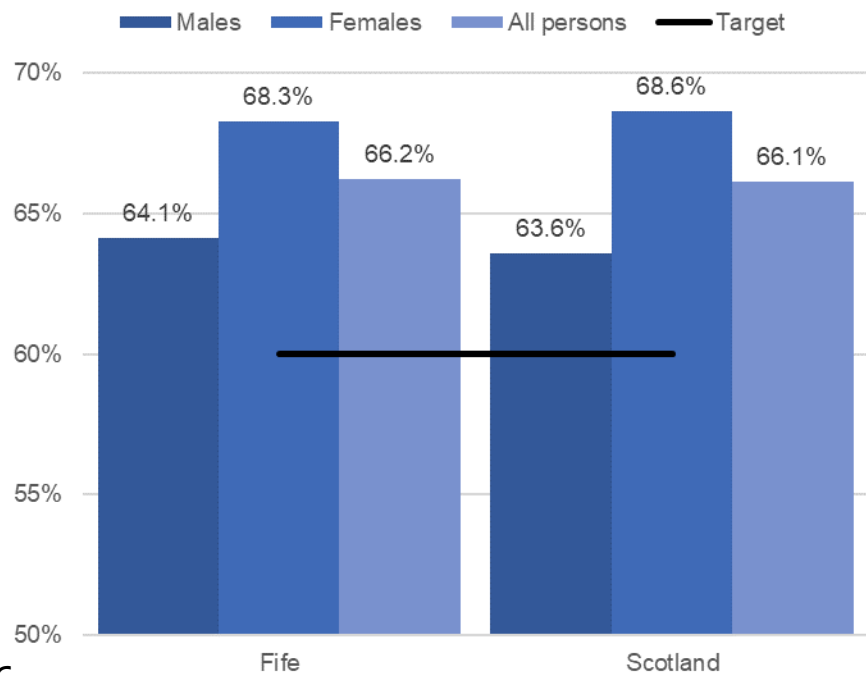
Uptake % by SIMD
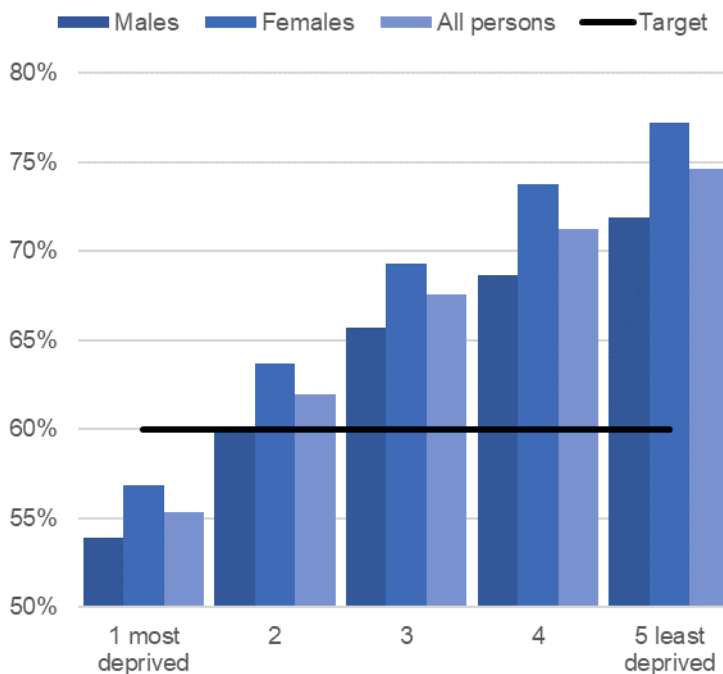
Benchmarking
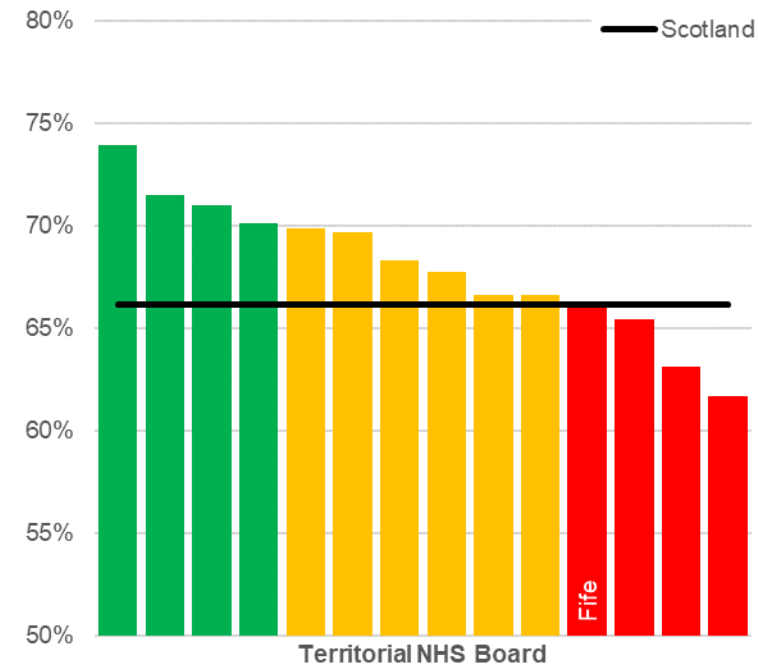
AAA Screening

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

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

87.3%

81.7%
most deprived

Desirable Threshold achieved for 2022/23

4.3% ⬆ to achieve Desirable Threshold

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 continues to achieve uptake above the Desirable Threshold year-on-year.

Text message reminders for participants' appointments are now being issued where mobile numbers are available and since July 2023, two text messages are now being sent at 10 days and 3 days before screening appointment date.

Challenges:

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

Uptake %

	2020/21	2021/22	2022/23
Fife	86.2%	86.8%	87.3%

Uptake % by SIMD

(1 most deprived, 2, 3, 4, 5 least deprived)

Benchmarking

Territorial NHS Board — Scotland
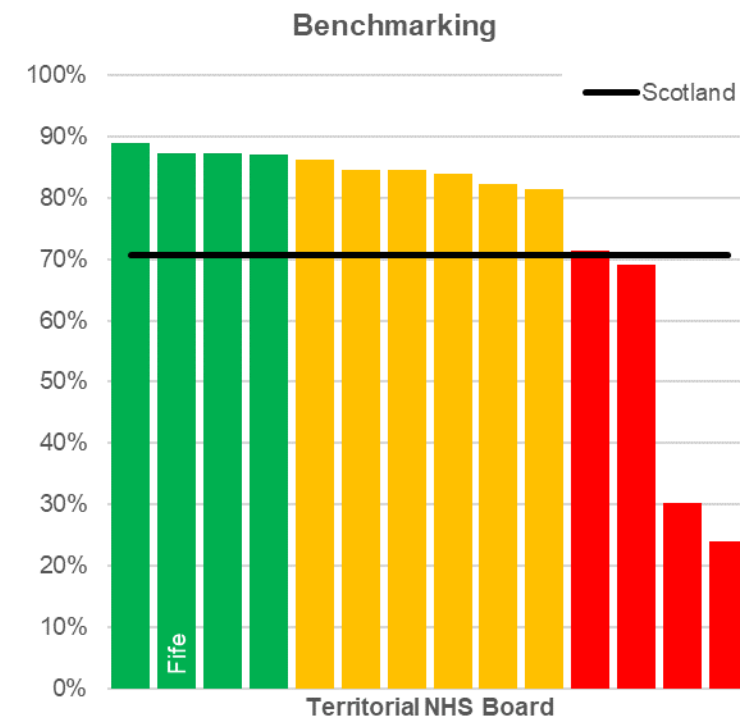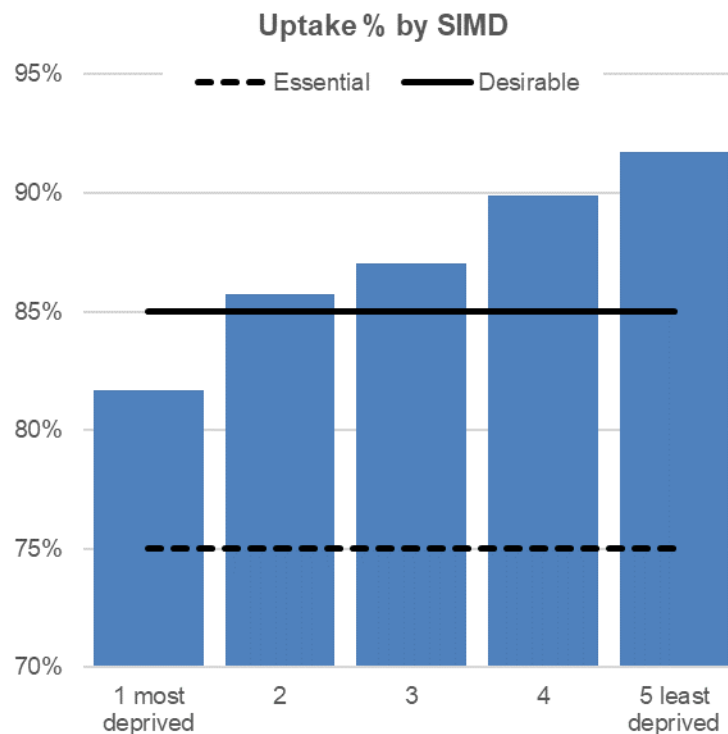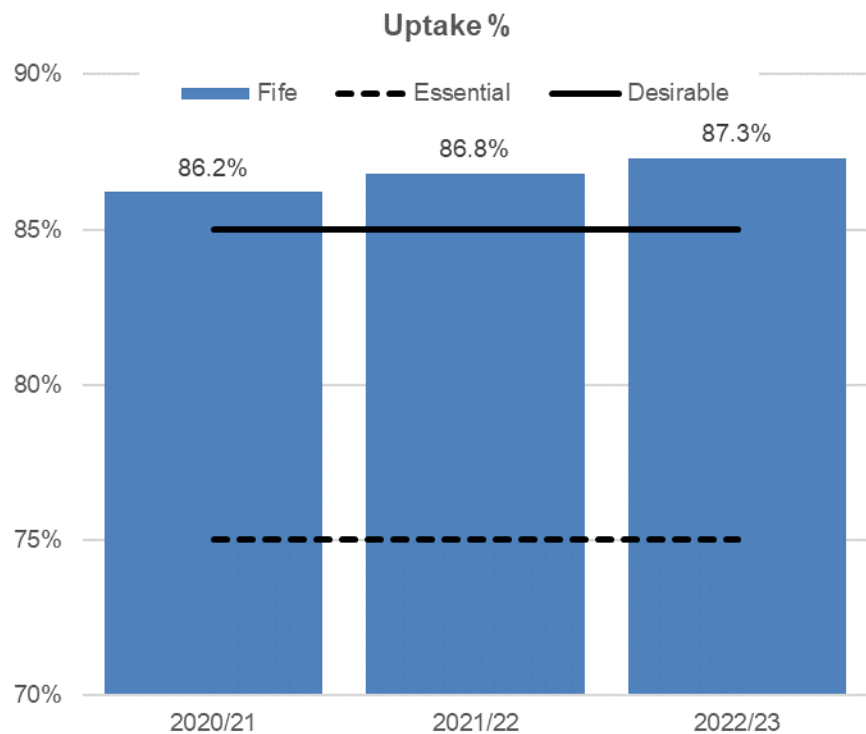
Infant Feeding

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

36.4%

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 (HV). One to one individualised support offered to BF mums by either HV or breastfeeding support worker as required.

All antenatal contacts are mandatory by HV service which includes a discussion on benefits of breast feeding before birth with parents. Health Promotion key messages on breastfeeding shared across social media platforms with a robust communications strategy now in place.

HV/FN Service received UNICEF baby friendly Gold Award.

Challenges:

Increased sickness absence rates within breastfeeding team to support complex feeding issues.

Reduction in breastfeeding training across Children's services.

Exclusively Breastfed at 6-8 week review

Infant Feeding
First Visit

6-8 week Review

Benchmarking

Exclusively Breastfed
6-8 week review;
Jun-24
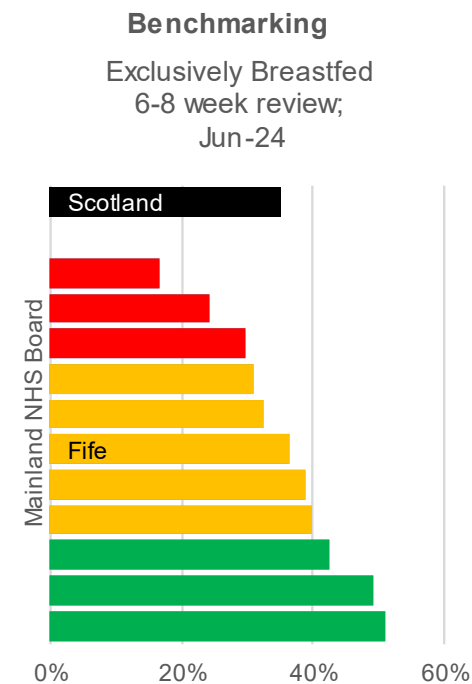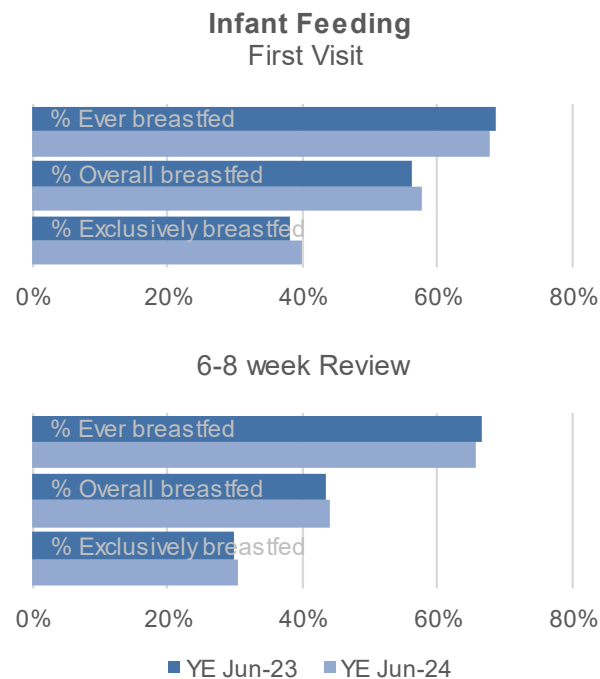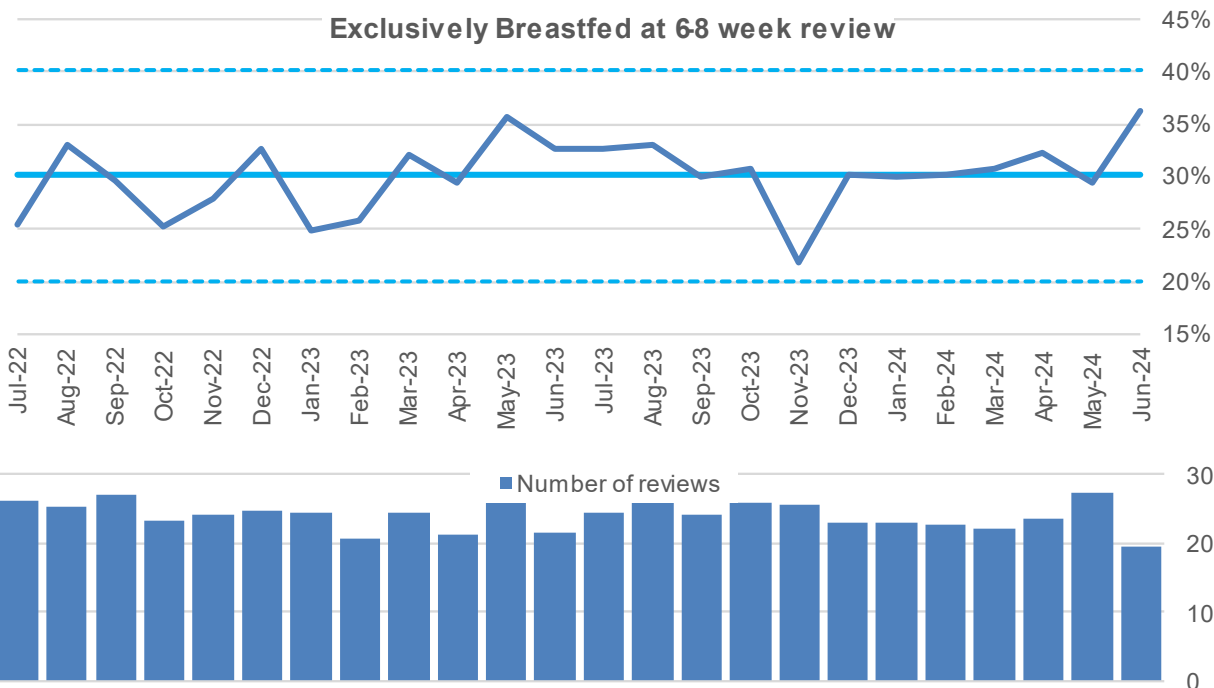
Developmental Concerns

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

19.4%

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 upper-quartile of all Mainland NHS Boards (highest was 26.3%). 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.

One or More Developmental Concerns (27-30 month review)
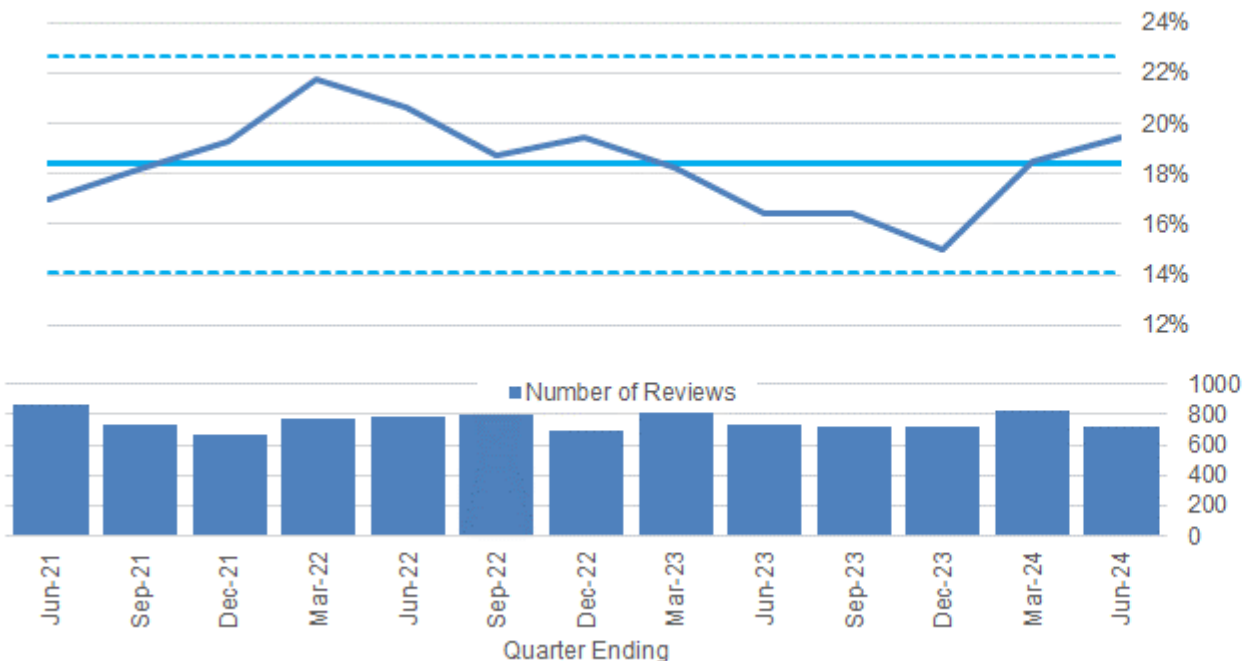
% Developmental Concerns
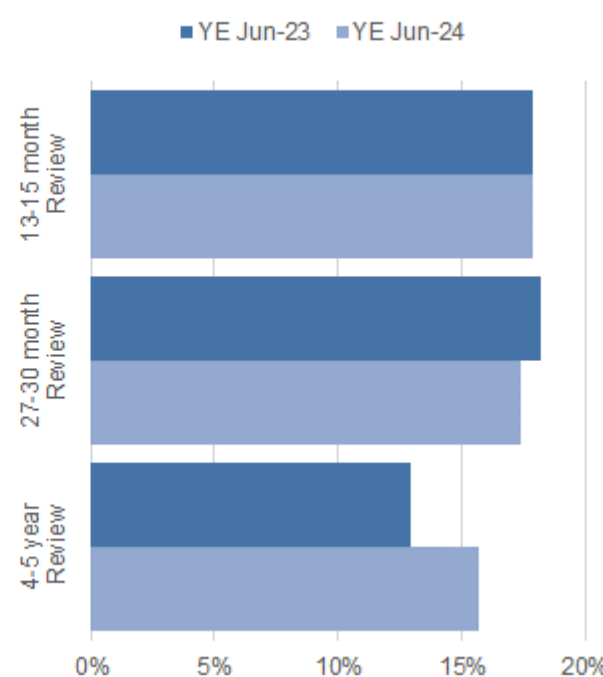
Benchmarking
27-30 month review; QE Jun-24
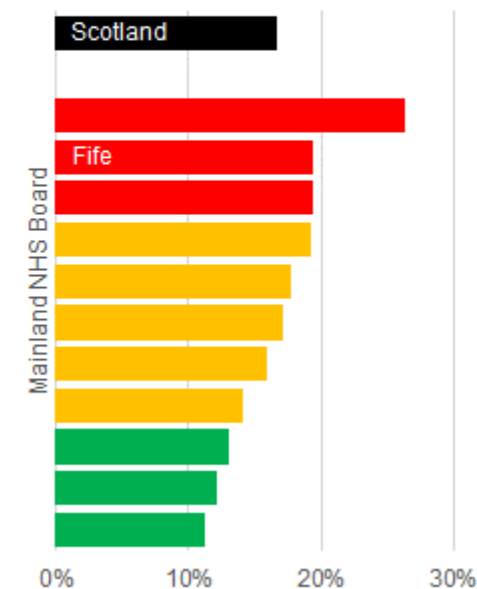
Childhood Immunisations

95% of children will receive their 6-in-1 vaccinations by 12 months of age	**94.5%**	4 ⬆ to achieve target
92% of children will receive their MMR2 vaccination by the age of 5	**85.7%**	57 ⬆ to achieve target

Data Analysis

6-in-1 at 12 months of age: The latest published data (for QE Jun-24) shows that NHS Fife uptake decreased slightly from 95.1% in the last quarter to 94.5% in the most recent quarter, which is below target and below the average of 94.6% (based on last 18 quarters). Rotavirus & MenB also saw decreases on previous quarter; PCV saw a 1.2% increase in uptake. 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 95.9%.

MMR2 at 5 years of age: NHS Fife uptake for QE Jun-24, at 85.7%, was the same as the previous quarter. This is below target, below the average of 88.5% and is the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 also saw decreases on previous quarter; 4-in-1 saw an 8.6% decrease in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.9%.

Achievements & Challenges

MMR2 QI work has included improvements in:

- 'was not brought' pathways
- use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book
- doubling of slots offered at some venues to allow those waiting to be appointed
- regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71)
- drop-in sessions planned throughout the year with occasional evening clinics
- survey undertaken on why children were not brought - which shows that families find communicating with NHS services can be a barrier, so we are currently scoping the use of a text reminder system.

Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics were offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake. In relation to MMR2 we are disappointed in the lower number being brought to clinics, we will use the 2-5yrs flu programme to promote uptake. A focused piece of work will follow in the New Year after the Winter Campaign

Childhood Immunisations — Target

Uptake
- Rotavirus
- MenB
- 6-in-1
- PCV

6-in-1 @ 12 months

Benchmarking
- Scotland
- Fife
Mainland NHS Board

MMR2 @ 5 years
- MMR2
- 4-in-1
- Hib/MenC
- MMR1

QE Jun-24

Scotland
Fife
Mainland NHS Board
QE Jun-24
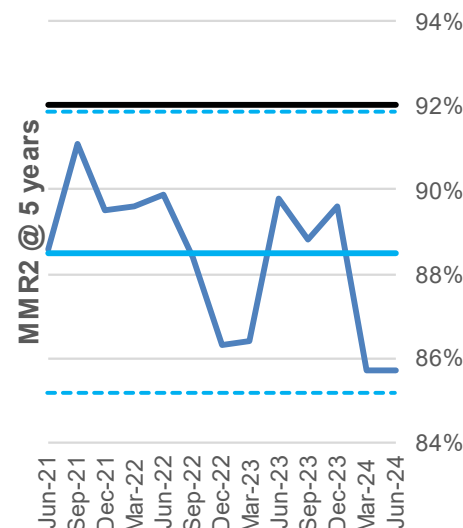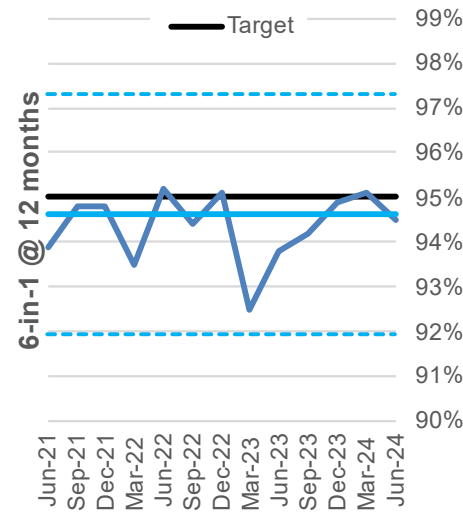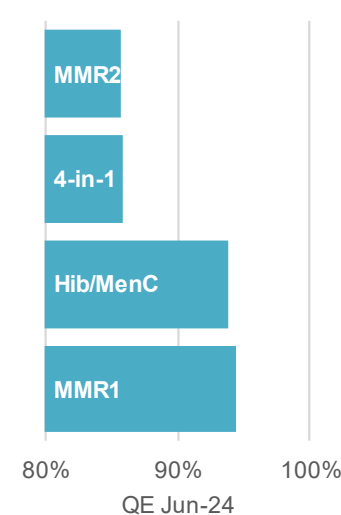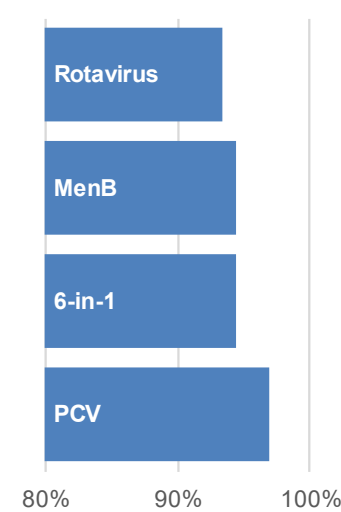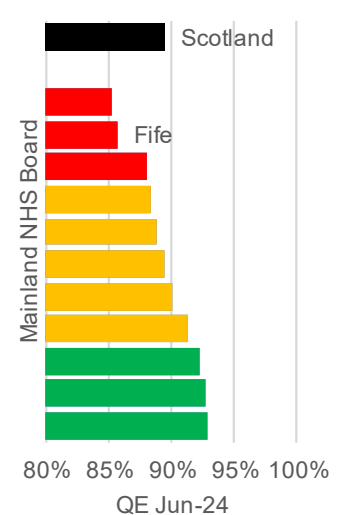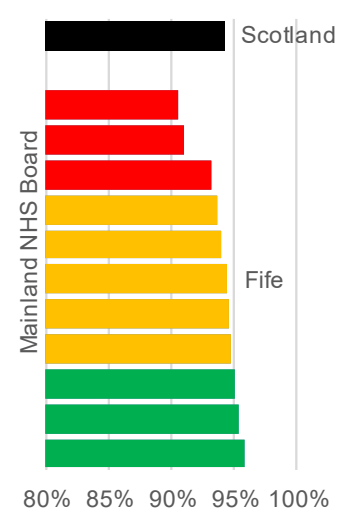
Uptake of the **Influenza** vaccination for eligible population of Fife (75+) to reach 80% by end of December 2024

40.6%

Above Scottish Average

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

39.2%

Above Scottish Average

C4. Public Health & Wellbeing

Data Analysis

Influenza: Uptake for Influenza vaccination in Fife for ages 75+ was 40.6% and increasing at mid Oct-24. Care Home residents are the priority group with the highest uptake at 69.2%. Uptake for all Health Care Workers was 3.8%.

Fife is the best performing of all Scottish boards for overall uptake in Sep-24 at 8.2% (Scottish average 5.9%).

Uptake for Children overall was 19.7% at mid Oct-24 with the highest uptake being the Pre-school cohort at 41.2%.

Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 39.2% and increasing at mid Oct-24. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 69.0%. Uptake for Frontline Health Care Workers is 2.6%.

Fife is the best performing of all Scottish boards for overall uptake at 7.3% in Sep-24 (Scottish average 4.2%).

Achievements & Challenges

Whilst the programme only commenced on 30th September, following rigorous planning, it is clear that we are on track to achieve our local target of 80% of Age 75+ citizens receiving their Covid-19 and Flu Vaccines during the winter programme.

At time of reporting, the majority of targeted programmes were active: aside from key Health and Social Worker vaccine coordinated programme and Secondary School vaccines, which are due to commence post October School holidays. Progress is monitored daily and weekly through an operational Delivery Group, with uptake scrutinised Monthly via the Community Immunisation Service: uptake in Fife is currently the highest in Scotland.

Influenza
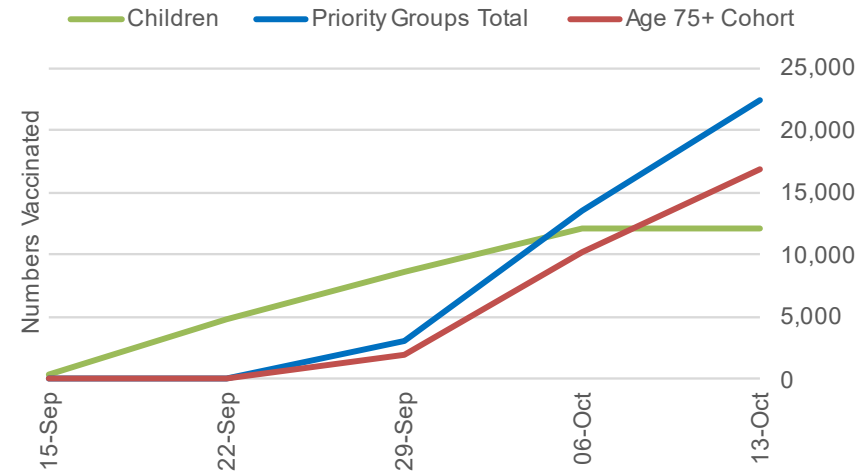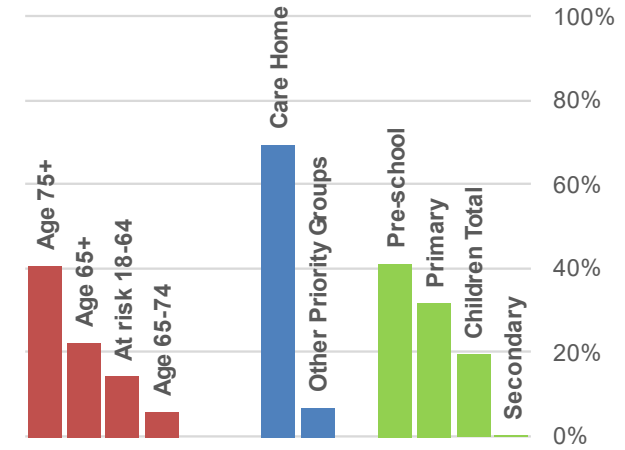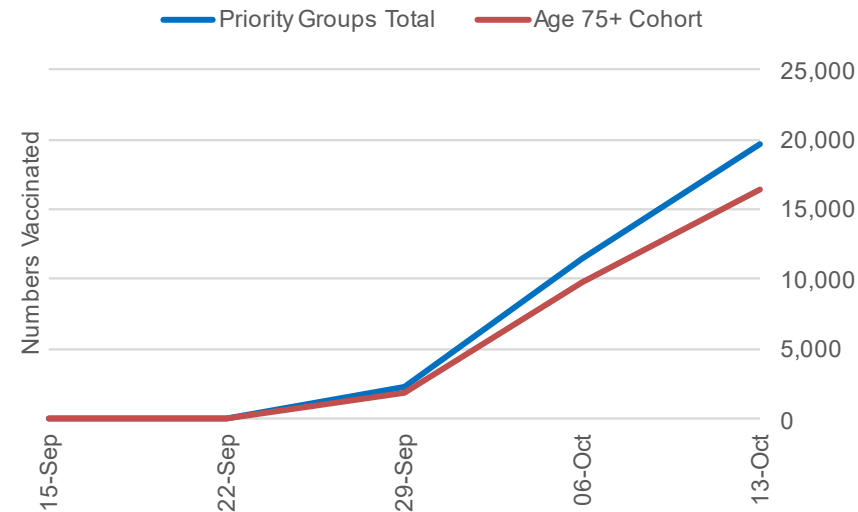
Children — Priority Groups Total — Age 75+ Cohort

% Uptake by Priority Group as of 13-Oct

Age 75+, Age 65+, At risk 18-64, Age 65-74, Care Home, Other Priority Groups, Pre-school, Primary, Children Total, Secondary

Covid-19

Priority Groups Total — Age 75+ Cohort

% Uptake by Priority Group as of 13-Oct

Age 75+, Other At risk Age Groups, Care Home, Other Priority Groups

NHS Fife

NHS SCOTLAND
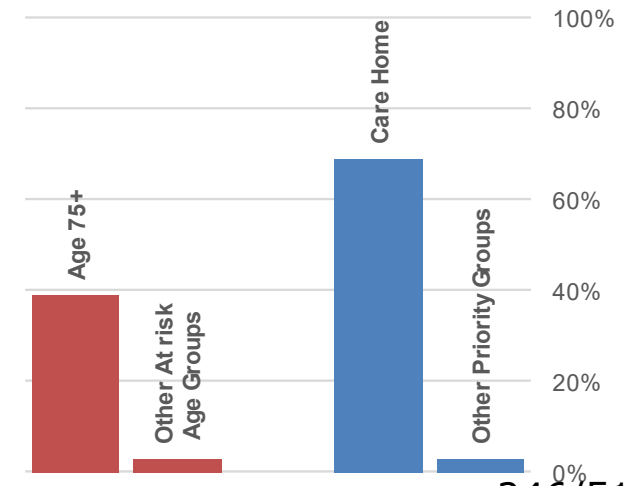
Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Fife Health Promotion Tobacco Control: Fife Smoking Cessation Services Deep Dive**
Responsible Executive:	**Lynne Garvey, Director of Health and Social Care Partnership**
Report Author:	**Patricia Allan - Senior Health Promotion Officer, Tobacco Lead, Health Promotion Service**

<u>Executive Summary</u>:

This SBAR and attached report (Appendix I) is for assurance and discussion. The paper was requested by NHS Fife Public Health and Wellbeing Committee. The SBAR and report provides assurance that a robust smoking cessation model is in place and an update on the improvement plan and new developments to deliver smoking and vaping cessation to smokers in Fife.

Across Fife we have Smoking Cessation Quit Your Way services as follows:

- **Health Promotion Smoking Cessation Specialist Service**
  Providing intensive one to one support over 12 weeks delivered within GP Practices, Health Centres, Hospitals, and a variety of community venues.

- **Health Promotion Smoking Cessation Maternity Service**
  This service is incorporated within the specialist service, with an automatic opt out model for pregnant smokers at first point of contact with midwifery services. Providing pregnant smokers with an intensive assessment and appropriate support options for smoking and vaping cessation. Service is delivered within GP Practices, Health Centres, Hospitals, and a variety of community venues.

- **Community Pharmacy Services** are contracted to provide a brief stop smoking intervention within all 86 community pharmacies.

All services collectively contribute to the Local Delivery Plan (LDP) standard (target) that is set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance.

Fife has a LDP standard to sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/2024): data is collated by Public Health Scotland quarterly. This standard sets out the key contribution of NHS Fife to reduce the prevalence of smoking in Scotland. The local board area standard (target) has not been reviewed since 2017. A national working group will progress this work later in the year. To reach the goal of a tobacco-free generation in Scotland by 2034, the Scottish Government published its Tobacco and Vaping Framework: Roadmap to 2034 in November 2023.

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Government policy / directive – Scotland's Tobacco Free Generation 2034 -Tobacco and Vaping Framework: Roadmap to 2034 published November 2024
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority 1 To Improve Health & Wellbeing

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This SBAR and attached report (Appendix I) is presented for assurance and discussion. It provides a moderate level of assurance that a robust smoking cessation model is in place and an update on the improvement plan and new developments to deliver smoking and vaping cessation to smokers in Fife.

Across Fife we have Smoking Cessation Quit Your Way services as follows:

- **Health Promotion Smoking Cessation Specialist Service**
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- **Community Pharmacy Services** are contracted to provide a brief stop smoking intervention within all 86 community pharmacies.

All services collectively contribute to the Local Delivery Plan standard (target) that is set and agreed between the Scottish Government and NHS Boards.

As outlined in the attached report (Appendix I), the LDP standard (target) has not been reviewed since 2017. A national working group to review standards will commence work later this year.

2.2   Background

Smoking is a significant public health issue in Scotland and a leading cause of preventable ill health, premature death, and disability. The annual cost to NHS Scotland of treating smoking related diseases is estimated to exceed £300m and may be higher than £500m each year.

In 2022, there were 8,942 smoking-attributable deaths, accounting for 20% of all deaths in Scotland. Smoking is linked to more deaths than suicide, alcohol, homicide, drug, fire and accidental deaths combined.

Latest data published by the Director of Public Health for Fife 2020-2021 reports that there was a total of 4,285 deaths in Fife in 2020. Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths (26%). The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Tobacco Control is aligned to published peer-reviewed evidence, key national and local policies, legislation, plans, and outcomes. This work contributes to several key local strategies; Fife HSCP Strategy 2023-2026, NHS Fife Population Health and Wellbeing Strategy, Fife Tobacco Strategy and the Fife HSCP Prevention and Early Intervention Strategy.

In 2013 the Scottish Government launched 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland. This strategy contained the ambitious aim of making Scotland tobacco-free (population smoking prevalence of 5% or less) by 2034 (hereafter referred to as the 2034 target).

To reach the goal of a tobacco-free generation in Scotland by 2034, the Scottish Government published its Tobacco and Vaping Framework: Roadmap to 2034 in November 2023. This includes the first implementation plan, which will run until 2025, key areas to note: -

Identified priority groups which are:

- people living in our lowest SIMD areas
- pregnant smokers
- people with enduring mental health problems
- people with smoking related health issues requiring acute care

Actions will be focussed around the following areas:

- Baseline indicators: implementation and reporting cycles: actions focused on people, product, and place: actions to improve transparency and accountability: ongoing actions to provide specialist smoking & vaping cessation support.

Public Health Scotland and Scottish Government have included vaping cessation as part of the action plan with a subsequent release of a position statement on behalf of the Scottish Public Health System. https://publichealthscotland.scot/media/26387/2024-03-stopping-tobacco-smoking-and-youth-vaping-english.pdf

Fife's approach to tobacco prevention, protection and cessation is guided by the principle of health optimisation – a shift towards a health service embedded in wellbeing, resilience, recovery, social prescription, prevention, and early intervention.

2.3 Assessment

Work focuses on how to prevent people from taking up smoking, protect people from second hand smoke and support those who wish to quit, which collectively contribute to reducing the prevalence of smoking and improve the population health.

There are clear links between tobacco use and inequality, contributing to health inequalities. Smoking rates are still highest in the most deprived areas. 35% of people living in the most deprived areas of Scotland smoke compared to 10% in the least deprived areas. Fife is consistent with the Scottish data.
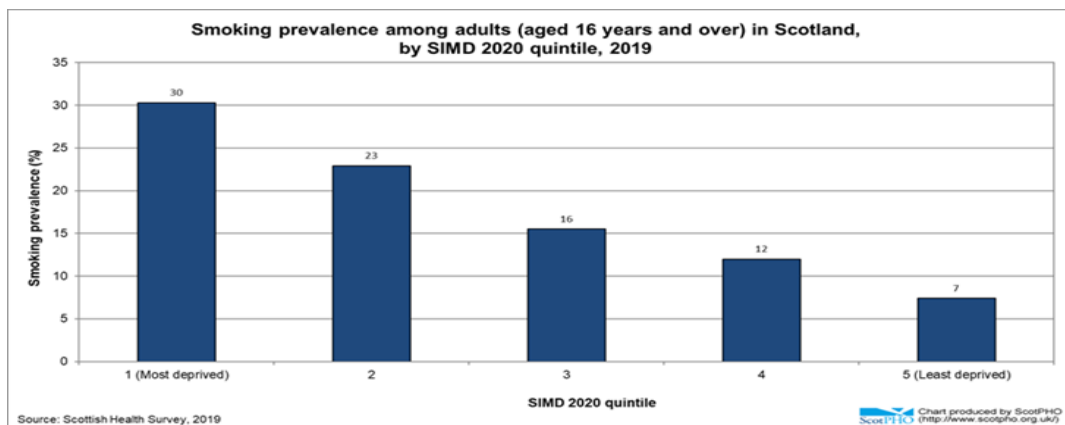
Fife Key Opportunities and Challenges

Following the NICE guidance on smoking cessation interventions, the Fife Health Promotion Specialist Service has evolved the pre pandemic model to offer person centred support which meets the needs of people who may be unable to attend the 12 week face to face support programme. Specialist support consists of face to face, telephone, and video support. (NearMe & Translator app). Flexibility within the model of support has increased engagement with the service and it is anticipated to be reflected in successful quit data for 2024/25.

Significant progress has been made across 2023/24 establishing weekly stop smoking service provision in Fife Maternity services within Victoria Hospital Kirkcaldy (VHK) and Queen Margaret Hospital (QMH). This included workforce development with midwifery staff and midwifery care assistants ensuring early intervention at first point of contact for pregnant smokers.

To increase referrals and engagement with the services, the team introduced and are delivering the Very Brief Advice model to key front-line staff (e.g. GPs, specialist nurse

practitioners, welfare advice services and other health practitioners) to ensure smoking cessation is discussed and advocated.

The service has experienced challenges with staff capacity to carry out prolonged and consistent promotion of the smoking cessation services available in targeted areas. This is primarily due to specialist advisor and administration support vacancies and the impact of the Fife Health and Social Care Partnership (FHSCP) administration model review. The Specialist service has funding for 11.10 WTE and due to vacancy is running at 6.8 WTE.

Nationally there were challenges with the accuracy of the smoking cessation database. Following local meetings with key staff from Fife Intelligence team to discuss local concerns, we have been given reassurance that the issues that occurred nationally with the database have been resolved by the Public Health Scotland Data Intelligence Team. This is consistent with the daily access needed for the specialist stop smoking team as in Quarter 1 of 2024/2025. The database has been accessible and reliable for the input and recording of smoking cessation data that is used to produce national and local statistics for the LDP standard.

Key Next Steps

Progression, completion, and Fife wide promotion of an opt out referral pathway across NHS Fife and FHSCP services.

Work with locality teams to increase engagement and retention of the identified priority groups with smoking cessation services, in line with the Scottish Government Tobacco and Vaping Action Plan.

Continued collaborative working providing specialist service support to community pharmacy model to capture accurate data.

Engage and participate with Scottish Government short life working groups to support national standards for workforce development, effective pathways for pregnant smokers, acute referrals, data management and performance standards (targets)

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 aim is to reduce prevalence of smoking-related diseases amongst the local population and staff alike to create a healthier smoke-free environment for all. Health Promotion Smoking Cessation Specialist Service has evolved support to include a choice of support levels to meet an individual's needs.

When utilising digital methods consideration is given for any limitations of access in the community and for individuals. The service seeks to address this as needed, with home visits as required, working in ways to reduce health inequalities.

2.3.2 Workforce

Specialist trained advisors within the Health Promotion Smoking Cessation Specialist Service work across specialist and maternity services, providing consistency, continuity, and specific specialist knowledge and skills.

Workforce development sessions have been provided for key front-line staff e.g. community pharmacy staff, midwifery staff. This partnership working and workforce development opportunities are promoted and open to public, private and third sector organisations in Fife.

2.3.3 Financial

Smoking imposes a huge economic burden on society. Overall, protective, and preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

Preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health. Fife receives an annual allocation from Scottish Government Outcomes Framework for Tobacco Prevention, Protection and Cessation. Community Pharmacy contracted to provide smoking cessation brief intervention. No additional funding associated with the new national Tobacco and Vaping Framework – roadmap to 2034.

2.3.4 Risk Assessment / Management

The Health Promotion Smoking Cessation Specialist Service has necessary processes and procedures in place as required for a patient facing service and for business continuity. There is a moderate risk of not achieving the Integrated Performance and Quality Report (IPQR) standard for smoking cessation.

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

Ongoing work will contribute to ensuring that population groups who may be disadvantaged are fully considered for tailored smoking cessation support.

The Fife Smoking Cessation model of delivery aims to provide fair and equitable services for all individuals and communities. Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

Staff interactions with individuals consider the needs of the individuals in their day-to-day life commitments, the ability to engage and attend appointments: adaptations are made to meet individual needs.

The Fife Smoking Cessation Model of Delivery supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership's equalities outcomes by addressing issues at their root and promoting fairness and equality for all.

Implementing stop smoking services targeting key priority groups; people living in our lowest SIMD areas, pregnant smokers, people with enduring mental health problems, people with smoking related health issues.

Identifying and addressing potential inequalities, discrimination and barriers to accessing smoking cessation services, promotes a more inclusive and equitable society.

2.3.6 Climate Emergency & Sustainability Impact

The impact of smoking and vaping on the environment is twofold in that it causes environmental pollution by releasing toxic air pollutants into the atmosphere and the plastic in cigarette butts and disposable vape devices that are causing significant damage to the environment and wildlife.

A ban on the sale and supply of single use vapes in Scotland is due to come into effect on 1 April 2025, under proposed legislation published. [Action on single-use vapes - gov.scot (www.gov.scot)](www.gov.scot)

2.3.7 Communication, involvement, engagement and consultation

The Fife Health Promotion Smoking Cessation Specialist Service undertake routine feedback from service users as part of ongoing practice in service provision throughout the year. In addition, 12 months post quit follow up calls are made when consent has been given. For example, promoting and using Care Opinion. The Stop Smoking Specialist Service continues to support community pharmacy service with involvement and engagement as capacity has allowed.

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.

- Primary and Preventative Care Quality Matters Assurance Group 30 July 2024
- Health and Social Care Partnership Senior Leadership Team - Assurance 19 August 2024
- Health and Social Care Partnership Quality Matters Assurance Group 6 September 2024
- Executive Directors Group 19 September 2024
- Quality and Communities Committee 8 November 2024

2.4 Recommendation

This paper is provided to members for:
- **Assurance** – This report provides a **"moderate" level of assurance**.
- **Discussion** – For examining and considering the implications of the matter.

3   List of appendices

The following appendices are included with this report:

- Appendix 1, Fife Smoking Cessation Services Deep Dive Paper

Report Contact
Patricia Allan
Senior Health Promotion Officer, Tobacco Lead
Email patricia.allan3@nhs.scot

Title	Fife Health Promotion - Tobacco Control Stop Smoking Services
Scotland's public health priority	**Priority 4:** A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
Key legislation and strategic governance	• The Sale of Tobacco and Nicotine Vapour Products by Persons Under 18 (Scotland) Regulations 2017 • Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 • The Sale of Tobacco (Display of Tobacco Products and Prices etc.) (Scotland) Regulations 2013 • The Sale of Tobacco (Register of Tobacco Retailers) Regulations 2010 • Framework Convention on Tobacco Control – World health Organisation • Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland 2013 • Scottish Government Tobacco and Vaping Framework: Roadmap to 2034 • Fife Population Health and Wellbeing Strategy 2023 – 2028

Background/ situation	In 2013 the Scottish Government launched the 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland'. This strategy aims to create tobacco-free generation by 2034, meaning that communities across the country will have a smoking rate of 5% or fewer.
	
	Most recent data from 2022 reports that 15% of adults (18% of men and 13% of women) aged 16 years and over were tobacco smokers in Scotland. In addition, 6% of children were exposed to second-hand smoke in the home.
	There are no positive health benefits to smoking, and it remains a leading cause of preventable disease and premature death. From the latest data available for 2022 there were 8,942 smoking-attributable deaths in Scotland these account for 21% of all deaths in 2022 in those aged 35 and over in Scotland. (gov.scot)
	
	In November 2023, the Scottish Government published its Tobacco and Vaping Framework: Roadmap to 2034. This includes a 5-year implementation plan, and outlines actions for all boards that are focussed around the following areas:
	
	    • baseline indicators.
	    • implementation and reporting cycles.
	    • actions focused on people, product, and place.
	    • actions to improve transparency and accountability.
	    • ongoing actions to provide support.
	
	Fife stop smoking services are working to achieve the above implementation plan and work with the 4 priority groups identified, which are: people living in our lowest SIMD areas, pregnant smokers, people with enduring mental health problems and people with smoking related health issues.

1

	Whilst the prevalence of smoking continues to fall there are still significant levels of inequalities and emerging evidence to suggest that smoking prevalence may potentially increase. Studies indicate this may occur due to rising use of vapes among young people, creating a nicotine dependence and a potential gateway effect to smoking. Tackling tobacco dependency is one of the most effective ways of eliminating health inequalities. Stop smoking services are extremely cost effective and play an important role, alongside other tobacco control measures, in driving down rates of smoking at national and local level. (PHS) **Smoking prevalence in Fife (data 2022 ONS)** Adult (over 16) current smokers 16.6%, up from 15.3% in 2021 this is 2.7% higher than the Scottish average of 13.9%. Fife has one of the highest rates of pregnant smokers at booking in Scotland. In 2021/22 this was 16.7% compared to Scotland at 11.8%. The proportion of women smoking at booking has decreased over time in all areas of Scotland, including Fife, and is currently at its lowest since data has been available (1997/98). All clinical data and studies relating to smoking and pregnancy provide evidence that early intervention is key for pregnant smokers, smoking in pregnancy remains the single biggest risk for adverse perinatal outcomes. Since April 2023, work has been carried out for service developments by the Health Promotion Smoking Cessation specialist team to promote changes in the support options available for pregnant smokers. It was recognised that work would prioritise the following key areas: • Raise awareness of the current support options available from the specialist service for pregnant smokers. • Address maternity department staff turnover – reduce the knowledge gap & lack of awareness of smoking cessation services. • Inform and promote opt out referral pathway for all pregnant smokers – Promote benefits of early referral at first point of contact. • Assess if maternity department staff require skills, knowledge & confidence to have positive discussions and make referral for the intensive one to one support for pregnant smokers and their networks/partner. • Assess training need for use of carbon monoxide monitoring for new staff in maternity department. Establish use and supply monitors and clinical supplies – ongoing training for key staff. • Increase new maternity staff knowledge and skills of the impact smoking has on pre and post pregnancy for the baby • Ensure accurate recording of smoking data – Badgernet & ISD
Current position – Models of service in Fife	In line with the strategic plans, Fife stop smoking services have three primary roles: - **1. Increase the number of people who make aided quit attempts, with a focus on priority groups:** Ensuring that effective services are accessible and engage with all local people to trigger quit attempts.

2

2. Provide people who smoke with access to person-centred, evidence-based stop smoking support and aids: Ensuring services are informed by local intelligence and offer a range of evidence-based behavioural support tailored to the needs of local people who smoke.

3. Work in partnership and collaborate with other organisations across systems: Ensuring services provide leadership, expertise and collaborate with partner organisations to maximise the reach, equity, and impact of stop smoking resources and support integrated models of service delivery.

Fife offers the national Quit Your Way programme through the Health Promotion specialist service, maternity service, and community pharmacy services. Since 2022 the maternity service has been fully integrated into the Health Promotion stop smoking specialist service.

Fife models of support

All service provision provides support with one or more of the priority groups: accessible and effective support to meet individual needs is a significant measure to reduce health inequalities and support positive population health in Fife.

The varying support available ranges from minimal support, a structured 6–12-week programme and more intensive specialist interventions.

Community pharmacy model offers minimal to structured support and reports a high volume of quit attempts with an equally high number of attempts lost to contact.

Specialist and maternity models offer structured and intensive support with a lower volume of quit attempts and higher retention in service for support. Health Behaviour change models are used to assess readiness to quit, maintaining a quit and individual relapse prevention plans.

Local Delivery Plan successful 12 week quit rates. pharmacy vs specialist. (PHS)

	2020/21 Q3 (Oct – Dec)	2021/22 Q3 (Oct – Dec)	2022/23 Q3 (Oct – Dec)	2023/24 Q3 (Oct – Dec)
Pharmacy %	15.3	27.3	40.6	11
Specialist %	51.1	36.9	45.1	48.6

The successful quit rate in the specialist services is significantly higher than for the community pharmacy services, in context it is key to acknowledge that the attempted quit numbers are higher within community pharmacy as they have higher footfall and self-referral compared to the other services.

Since 2022 the Health Promotion specialist service has supported the community pharmacy service to capture their "lost to contact" follow up data which is reflected in the increased percentage of successful quit rates. Reduced capacity within the specialist service to consistently carry this out in 2023/24 may be reflected in the community pharmacy reduced successful quit percentage rate.

3

	The Health Promotion Specialist Stop Smoking Service has increased face to face support provision by 33% to date in 2024 to 40 clinics per week. Increased provision has been progressed in our most deprived communities. Referrals and footfall have been fewer in number than pre-covid levels. In response to this and listening to client feedback received, the service has evolved to provide an additional 4 telephone support clinics per week. This support can meet the needs of people who are housebound or unable to attend a face-to-face appointment. Retention of clients in the specialist service remains a challenge for a variety of reasons, we are hopeful that the blended approach of telephone and face to face support will have a positive impact. **Table for Quarter 1 (2024/25) engagement in specialist service.**
Local delivery plan – Target	The current Local Delivery Plan (LDP) standards (target) are set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. Fife has a LDP standard to sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/2024): data is collated by Public Health Scotland quarterly. This standard sets out the key contribution of NHS Fife to reduce the prevalence of smoking in Scotland. Successful quit numbers are lower than anticipated against the LDP standard trajectory for 2023/24 across all Fife services. There has been a significant increase in referrals for individuals who are on low incomes and/or living in poverty, who live outside of the 40% most deprived SIMD areas and therefore do not contribute to the standard (target) set for Fife.
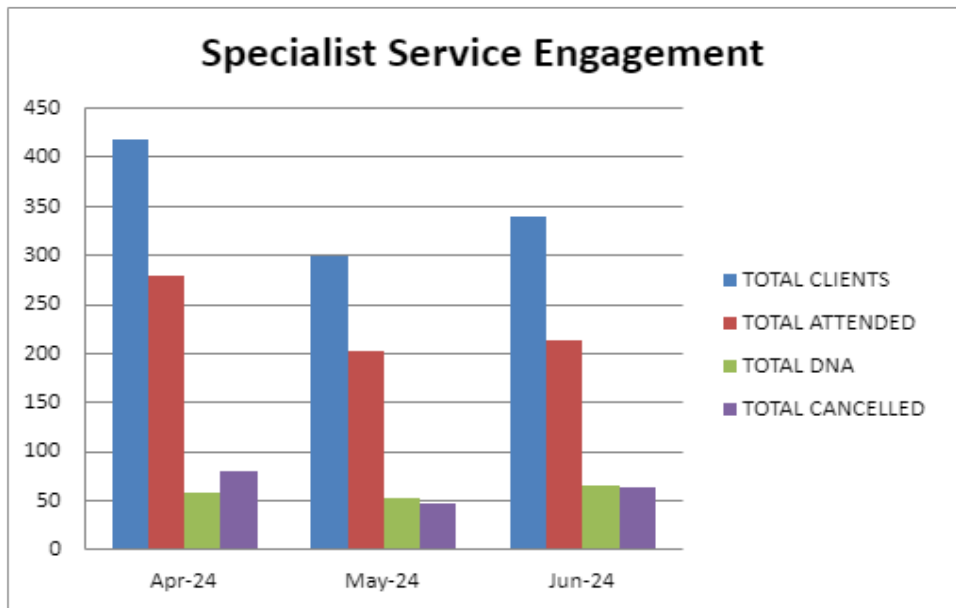
4

	Percentage of LDP Standard – PHS data April to December 2023 Fife Data Intelligence team produce monthly local updates which are taken from Public Health Scotland (PHS) quarterly data collation. There is a significant lag in the data which creates contrast and conflict with real time data and quit attempts. Currently, data from PHS is only available up to 31 December 2023. The LDP target has not been reviewed since 2017, Public Health Scotland will lead a short life working group to review targets to be completed within 2024. The outcome of this review will be beneficial and address the year-on-year challenge of trying to achieve the same target which is not reflective of the changes in smoking prevalence over the past 7 years. An additional key challenge of note to achieving the target is the national position regards Varenicline medication being currently unavailable. This was a very effective option to support successful quit rates particularly for heavy smokers.
Brief position on Nicotine Vapour Products (NVPs or vapes)	The Scottish Government Tobacco and Vaping Framework states that vaping is unknown risk of harm. Which means we must take a precautionary, low-risk approach to the use of these devices within this Framework until further evidence is developed regarding longer-term harms. Although vapes may be a tool to help adult smokers to quit, they are not intended to be used by children, young people, or indeed adult non-smokers but only as one possible option to quit smoking. (Gov.Scot) Following a national campaign to raise awareness of the harms of vaping in young people in January 2024, an updated consensus statement for vaping and young people was produced by Scotland's Directors of Public Health group and published by PHS. This provides a clear and consistent guidance for Scotland. Locally we have shared this information with key stakeholders, partners, and front-line staff. In April 2024, SG and PHS informed local leads that the Quit Your Way services would now be required to offer support to young people and adults wishing to stop vaping. Currently this work does not contribute to the LDP standard (target), and the products licenced for use are not on the NHS Formulary for the specialist team to issue.

5

	Local board areas have been informed that there will be guidance from SG and PHS to support implementation of this new requirement. However we have been informed that Scotland will not adopt the Swap to Stop vaping programme as seen in England & Wales
NHS Board comparisons	All NHS boards have Local Delivery Plan standards. We are unable to make direct comparison with all boards due to geographic, demographic, and spatial variances.

The guidance from national and local data specialists is, if required we can make comparison with Ayrshire & Arran and Forth Valley Boards as they offer the same support model across their localities and are comparable board areas to Fife.

Post pandemic we have undertaken a targeted approach to increasing the quit attempts from our most deprived areas in Fife. The community outreach work in SIMD areas 1 & 2 is challenging and time intensive to establish and progress engagement with target groups.

The table below shows a timeline of this work against the comparable boards.
Positive indication from the PHS data is that Fife is on an upward trajectory in this area.

LDP Quit attempts (Fife orange line)

 |

	Performance vs LDP Standard (Fife orange line) This table indicates that over the past 3 years all boards are in a similar position with performance.
Specialist Service case studies	Providing the impact behind what the service achieves in people's own words & case studies. **Case study 1 - NHS staff member accessing the specialist service.** I wasn't sure I wanted to stop smoking, I needed to stop to start the IVF journey with my wife. On 09/01/2024 we made our first appointment at the clinic in Broomhead Flats, Dunfermline. The first thing I remember is thinking "I am not sure I can do this", then we met Cara who put us at ease. I was surprised at the variety of stop smoking support and products, I was supported to find the right products to help me. I felt like I might need something to do with my hands, so the tangle gadget was fab in the first few months. For 3 months it wasn't easy, it was a choice I made every morning when waking up to keep going and my taste buds had changed, I had more energy, and everything smelled better (or worse!) Every week we met with Cara or Avril and talked about how we were doing, they gave us tips on how to cope, made sure the products were working for us and what we needed. I looked forward to our appointment each week to see the non-smoker reading appear on the carbon monoxide monitor. We are both at 8 months of being smokefree and feel so much better for it. I would recommend this service to anyone wanting to stop smoking. The staff are so friendly and helpful. They listen and give advice or ideas when you need them. Thank you for everything you have done for me, I appreciate it more than you will ever know.

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	Case study 2 – Pregnant smoker referred from NHS Fife Midwifery service for specialist support. Client was able to identify through their assessment that they wanted help to stop smoking for their own and their baby's health and to help financially. Client found stopping smoking easier whilst having periods of nausea and sickness related to their pregnancy but would return to smoking when they felt better. NRT was not effective due to skin reactions and ongoing sickness. Client then requested to work with the service focusing on health behaviour change support. Client reported to have a lot of maternity appointments however was committed to stopping smoking and attended all scheduled appointments. Feedback from the client once they completed the programme was that they enjoyed attending the smoking cessation appointments, they found them non-judgemental, flexible, open, and supportive to learn new skills and coping strategies. In addition, client appreciated the openness of the service.
Summary conclusion	Scottish Government are continuing to prioritise smoking cessation as a national priority and are leading a number of short life working groups to support all boards with a national standard for workforce development, effective pathways for pregnant smokers, acute referrals, data management and performance standards (targets) We expect a revised standard to be issued to boards in the next 5 months. Fife data is similar to our two most comparable boards, Ayrshire and Arran and Forth Valley. The smoking cessation provision in Fife across the Community Pharmacy and Health Promotion specialist model and Maternity service are not currently achieving LDP standard (target). Fife Health Promotion specialist service continues to support the community pharmacy model to capture accurate data. The specialist stop smoking service has a significantly higher quit rate than the community pharmacy model. To achieve successful quits with clients from identified priority groups who have long term tobacco use, complex needs and can be harder to reach and engage with, requires a skilled workforce with capacity. Significant progress has been made to achieve pre pandemic quit rates and service provision of particular note is the progress made with maternity services to address the high number of pregnant smokers. The Fife Health Promotion Tobacco Team have delivered training to key front-line staff to increase knowledge on vaping in young people. Positive attendance from the School Nursing Service in Fife provided an opportunity to implement a referral pathway to the Quit Your Way Service, with the aim to support young non-smokers who were vaping to stop and reduce their risk of taking up tobacco in the future.

Service improvements implemented	• The specialist service has evolved the model to offer person centred support which meets the needs of people who are unable to attend the 12 weeks face to face support programme. This support is now made up of face to face, telephone, and video support. (NearMe & Translator app) • Significant progress was made across 2023/24 establishing stop smoking team provision within Fife Maternity services. This included workforce development with midwifery staff and midwifery care assistants ensuring early intervention at first point of contact for pregnant smokers. • Weekly stop smoking support within the maternity department at VHK • Links with acute wards re-established – current and correct signage and resources for appropriate referral pathways for inpatients and outpatients updated. • Appointment reminder system implemented, feedback from people accessing the service is that this is a positive support measure. • Increased outreach work by using a mobile unit as a clinic in target areas. • Increased face to face support provision by 33% to date in 2024 up to 40 clinics per week in a range of venues which are accessible to the communities they serve. • Introduced and delivering the Very Brief Advice model to key front-line staff (e.g. GPs, specialist nurse practitioners and other health practitioners) to ensure smoking cessation is discussed and advocated. • Delivery of Health Promotion Stop Smoking Service communication and engagement delivery plan.
Service challenges and risks to achieving LDP Target	• Reduced Stop Smoking Advisor and specialist admin support capacity due to vacancy and the impact of the FHSCP admin model review. Specialist service funded for 11.10 WTE and have been running with 6.8 WTE due to vacancies and maternity leave. • The length of time recruitment and specialist training following successful recruitment process. • Limited capacity due to reduced specialist staff to carry out prolonged and consistent promotion of the services available in targeted areas. • Limited specialist capacity to engage with key staff groups from across a range of services and partner agencies to establish effective signposting to stop smoking services in Fife. • Until national guidance is received, we do not have the resources or capacity to provide a vaping support model that is required but does not contribute to our LDP standard. • As an outcome of the RTP infrastructure programme there is a potential impact to service provision due to organisational change. Whilst we envisage positive opportunities to service delivery as a result, there is a minimal risk to workforce capacity while the service proceeds through the change. Service leads have a plan in place to mitigate and manage any risk. • Reduced capacity to increase awareness and support for the Temporary Abstinence model available to all inpatients across NHS Fife. • Limited capacity to carry out community asset building, identifying key community reps, establishing relationships, and promoting awareness of the service in our most deprived communities.

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Next Steps	• Successful recruitment and training to vacant posts achieving staffing at full capacity. • Completion of opt out referral pathway across NHS Fife & FHSCP services. • Increase engagement and retention of priority groups in smoking cessation services. • Continued specialist service support for community pharmacy model to capture accurate data. • Develop and implement weekly stop smoking support and clinic within the maternity department at QMH. • Refresh communication and engagement delivery plan for specialist service. • Ongoing quality assurance of the specialist smoking cessation advisor patient centred practice.
Key References	Introduction - Tobacco and vaping framework: roadmap to 2034 - gov.scot (www.gov.scot) https://www.publichealthscotland.scot/publications/nhs-stop-smoking-services-quarterly/nhs-stop-smoking-services-local-delivery-plan-standard-202324-quarter-3/dashboard/ Recommendations on treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

10

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Fife Joint Health Protection Plan**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Duncan Fortescue-Webb, Consultant in Public Health Medicine**

Executive Summary:

- This is the eighth Fife Joint Health Protection Plan, covering 2024-26.

- It has been prepared jointly by Fife Council Environmental Health and the East Region Health Protection Service (which covers four health boards including NHS Fife).

- It summarises the collaborative approach to health protection in Fife that supports both local authority and health board priorities.

- The PHWC is asked to endorse this updated plan.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement

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

- Safe

2   Report summary

2.1   Situation

The Fife Partnership Board is asked to endorse the Joint Health Protection Plan (JHPP) for 2024-26 (Appendix 1) which has been prepared by Fife Council Environmental Health and the East Region Health Protection Service.

2.2   Background

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a JHPP which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

2.3   Assessment

This is the eighth JHPP for Fife and covers the period 1 April 2024 – 31 March 2026. It builds upon the series of plans issued each two years since 2010 when this became a requirement.

The purposes of the plan are:

i.   To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
ii.   To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
iii.   To improve the level of "preparedness" to respond effectively to a health protection incident and emergency.
iv.   To clarify the priorities for the period of the plan 2024 – 2026.
v.   To identify and subsequently secure the resources which are required to meet the plan.
vi.   To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
vii.   To develop "learning" across the agencies.
viii.   To provide a mechanism for reviewing and recording outcomes and achievements.

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 Joint Health Protection plan supports preparedness and the protection of population health.

2.3.2 Workforce
Existing specialist resource is included within the JHPP.

2.3.3 Financial
There are no additional costs within the plan.

2.3.4 Risk Assessment / Management
The JHPP is a legal requirement. The plan optimises co-ordination of stakeholder Health Protection action and minimises the risk of uncoordinated effort.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions
An impact assessment has not been completed because the JHPP is a statutory requirement.

2.3.6 Climate Emergency & Sustainability Impact
The JHPP will not have a significant impact on sustainability or the climate emergency.

2.3.7 Communication, involvement, engagement and consultation
The plan was prepared between the east Region Health Protection Service and Fife Council Environmental Health teams.

2.3.8 Route to the Meeting
This JHPP has been developed collaboratively by Fife Council and the East Region Health.

The paper and appendices were noted at EDG on 17 October 2024 and will be considered also at Fife Council Environment, Transportation and Climate Change Scrutiny Committee on 21 January 2025.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **"significant" level of assurance**. The Committee is asked to **endorse** the updated JHPP 2024-26.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife and Fife Council Joint Health Protection Plan 2024-26 (v1)

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NHS FIFE and FIFE COUNCIL

JOINT HEALTH PROTECTION PLAN

2024-2026

Contents

Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

This plan covers the period 1st April 2024 to 31st March 2026.

The pandemic response has inevitably drawn attention away from other issues. Now is an opportunity to take stock of events and assess how best to respond to re-emerging and novel risks.

The East Region Health Protection Service (ERHPS; covering NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian) came into place in December 2023. This regional approach will provide greater resilience and ability to respond to future pressures. Each health board area continues to have its own JHPP with its respective local authority partners.

For NHS Fife, the JHPP is authored in partnership with Fife Council Protective Services, which includes the Environmental Health remit.

This is a public document and is available to members of the public on the NHS Fife website www.nhsfife.org and on request. We hope that you will find this plan to be of interest and value, and that it will contribute to protecting the health of the people who visit, work, and live in Fife.

Signed

………………………………
Dr Joy Tomlinson
Director of Public Health
NHS Fife

…………………………..
Mr Nigel Kerr
Head of Protective Services
Fife Council

1. Overview

1.1 Fife Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Fife, Fife Council and Fife Health & Social Care Partnership have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.

The plan relates to the period 1st April 2024 to 31st March 2026.

The plan requires to be formally approved by NHS Fife and Fife Council.

The format of the plan meets the details of Annex D of the Scottish Government Guidance *Joint Health Protection Plans*.

The purposes of the plan are:

i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.

ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.

iii. To improve the level of "preparedness" to respond effectively to a health protection incident and emergency.

iv. To clarify the priorities for the period of the plan 2024 – 2026.

v. To identify and subsequently secure the resources which are required to meet the plan.

vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.

vii. To develop "learning" across the agencies.

viii. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection, and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

1.2 Review of previous Joint Health Protection Plan 2022-2024

In preparing the JHPP 2024-2026, we have reviewed the JHPP 2022-2024. This identified that:

- Priorities have shifted over the last two years to recover effectively from the pandemic and changing incidence of other infectious diseases.
- The working arrangements between local partners have continued to develop to facilitate a concerted response to incident management, while being flexible enough to evolve with changing demands and circumstances.
- Areas which are still relevant and ongoing have been taken forward into the 2024-26 JHPP.

1.3 Health protection planning infrastructure

The prevention, investigation and control of communicable diseases and environmental hazards are central to the JHPP. This requires specialist knowledge and skills. These include risk assessment, risk management and risk communication, along with individual professional skills and qualifications within our staff. These specialist skills and knowledge are applicable to a wide range of incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. Health Protection expertise is also key to many elements of Risk Preparedness and Resilience capability. There are many such national and local plans.

Effective working arrangements are in place to support partnership working and use of specialist skills and knowledge between the East Region Health Protection Service and the Environmental Health Teams within Fife Council.

Lists of the plans which are common to both agencies are in Appendix 2.

1.4 Overview of NHS board and local authority population

Population

In June 2022, an estimated 371,340 persons lived in Fife, 360 more people than in 2021. This equates to an annual growth rate of 0.1% which was less than the national growth rate of 0.5%.[1] The most recent available population projections

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[1] NRS (2024) Mid-2022 Population Estimates, Scotland. Available: Mid-2022 Population Estimates Scotland | National Records of Scotland (nrscotland.gov.uk)

estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018.[2]

Children aged 0-15 years make up 17% of the population with 61,621 children estimated as living in Fife as of June 2022. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 10% aged 75 and over.[1] By mid-2028 the number of people aged under 65 is estimated to fall but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31% which will see almost a quarter (24.3%) of the population in Fife being aged 65 and over.[2]

The most recent census has updated all of the population figures as well as providing additional information about the make-up of Fife's population. The 2022 census showed that the proportion of people in Fife with a minority ethnic background increased from 2.3% in 2011 to 3.9% in 2022 but remains lower than the Scottish average of 12.9%.[3,4]

Fife Council Area by Ethnic Group by Individuals; Number and Percentages, at census date 2022

Ethnic group	Number	Percentage
White Scottish	302087	81.3%
White: Other White British	36025	9.7%
Other White	10347	2.8%
Asian, Asian Scottish or Asian British: Total	8014	2.2%
White: White Polish	5491	1.5%
Mixed or multiple ethnic groups	3312	0.9%
White: White Irish	2658	0.7%
Other ethnic groups: Total	1899	0.5%
African: Total	1355	0.4%
Caribbean or Black: Total	316	0.1%
White: Gypsy/Traveller	277	0.1%
Total	**371781***	

Births

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[2] NRS (2020) Population Projections for Scottish Areas 2018-based. Available: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based
[3] KnowFife (2024). Available: KF-Briefing-Census-2022-Religion-Ethnic-Group-National-Identity-Language.pdf (fife.scot)
[4] Scotland's Census 2022 - National Records of Scotland, Table UV201 - Ethnic group, All people. Available: SuperWEB2(tm) - Table View (scotlandscensus.gov.uk)
* This total is not the same as the 2022 population estimate as it is at the census date, in addition, small numbers in the census tables may be perturbed to avoid potential identification of individuals which can affect overall totals. PMP017: Cell Key Perturbation - EMAPS (scotlandscensus.gov.uk)

2,939 babies were born in Fife in 2023, a 2% reduction in the number of babies born in Fife compared to in 2022.[5] This continues the trend of falling numbers of births in Fife in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife fell below those of Scotland in 2022 and remain lower at 44.2 per 1000 women aged 15-44 years compared with a national rate of 44.8 in 2023.

More than half (61%) of the babies born in Fife were born to mothers aged 25-34 years, 3% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by around two thirds whilst births to mothers aged over 40 have doubled.[6]

Deaths

There were 4,582 deaths in Fife in 2023, an increase of 22 (0.5%) compared to 2022 (4560).[7] Thirty-five percent of these, or 1,595 deaths, were in people aged under 75 years. All-cause mortality rates in Fife were higher in 2022 than the Scottish average for all ages but lower in the under 75s.[8]

Grouped together, cancers were the most common cause of death in Fife (and Scotland) with 1,163 deaths being attributed to malignant neoplasms in 2023, 25% of all deaths. The most common cancer cause of death was lung cancer which accounted for a quarter (25%) of all cancer deaths and 6% of all deaths.

Heart disease was the next most common cause of death (14%) followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (6%). There were 106 deaths recorded in Fife in 2023 where confirmed or suspected Covid-19 was mentioned on the death certificate, a reduction from 214 in 2022.[9]

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[5] NRS List of data tables 2023. Sections 3: Births. Available: List of Data Tables | National Records of Scotland (nrscotland.gov.uk)
[6] NRS births time series data, table BT7. Available : Births Time Series Data | National Records of Scotland (nrscotland.gov.uk)
[7] NRS (2024) Vital Events - Deaths. Available: Vital Events - Deaths | National Records of Scotland (nrscotland.gov.uk)
[8] NRS (2023) Age-standardised death rates using the ESP. Available: Age-standardised Death Rates Calculated Using the European Standard Population | National Records of Scotland (nrscotland.gov.uk)
[9] NRS (2024) Vital Events - Deaths. Available: Vital Events - Deaths | National Records of Scotland (nrscotland.gov.uk)

1.5   Overview of communicable diseases for 2021-23

Notifiable disease/organism	**2021**	**2022**	**2023**
Covid-19	56,252	39,217	1,768
Cryptosporidium	11	15	33
E. *coli* (non-O157 VTEC)	5	8	12
E. *coli* O157	6	19	8
Giardia	<5	<5	<5
Legionellosis	0	<5	6
Listeria	<5	0	<5
Lyme disease	27	21	26
Measles	0	<5	0
Meningococcal infection	0	<5	7
Mpox	0	<5	0
Mumps	0	<5	<5
Rubella	0	0	0
Salmonella	21	42	31
Shigella	<5	<5	5
Tuberculosis	7	5	18
Whooping cough (pertussis)	0	7	5

The above table gives an overview of *confirmed* communicable diseases notified to NHS Fife (as well as suspected pertussis cases). In addition to this, the Health Protection Team, Fife Council, and partner agencies were also notified of many possible and probable cases of communicable diseases that required investigation and implementation of control measures.

During the pandemic, notifications of other diseases declined markedly. Many factors are likely to have been involved, including: social and travel restrictions; increased ventilation, face covering and hand hygiene measures; and barriers to accessing healthcare.

1.6   Significant health protection incidents

Covid-19 impact on Health Protection
Health Protection continued to provide a full range of services through the pandemic. Most notably, the workforce expanded temporarily to include Test and Protect teams who provided testing and contact tracing services across Fife in collaboration with Fife Council and other partners. Alongside national bodies, local Health Protection is maintaining capacity to investigate and respond to any emerging variant or mutation of covid.

With most covid testing and contact tracing ending in April 2022, and pandemic-response activity declining, the service is now looking to learn lessons from the pandemic in order to better prepare for the future. In particular, we are developing processes to protect more vulnerable populations such as those in care homes, to minimise barriers for the wider community accessing services and advice, and to effectively respond to other emerging high consequence infectious diseases and pandemics.

Covid-19 impact on Environmental Health
The provision of Environmental Health services continued to operate throughout the pandemic, with some activities paused/reduced and resources redirected to the pandemic efforts including the support of contact tracing until its conclusion in April 2022.

An area of work that was paused due to the pandemic was food law activities, these recommenced in September 2021, taking cognisance of guidance issued by Food Standards Scotland. Since the recommencement of routine food law activities Officers have found that not all premises maintained their standards during the pandemic and several premises have required intensive intervention and/or enforcement action due to the findings on inspection.

Measles
In 2024 NHS Fife have been notified of several cases of measles, this reflects a notable increase in measles across the UK. All measles cases identified this year were discussed and risk assessed by an incident management team. Risk management measures included exclusion of individuals from work/school and health care settings, and offers of immunisation and immunoglobulin. Relevant risk communications went to a number of settings including universities, schools and health professionals.

Raising immunisation rates is still the best intervention we have to prevent individual cases and subsequent outbreaks. Most of the 2024 Fife cases were either travel related or unvaccinated contacts of a travel related case. However, we have seen cases of non-travel related measles in Fife this year and Public Health have liaised with GPs and other health professionals to raise awareness of measles symptoms, promote vaccination, and to encourage early notification. None of the cases developed into an outbreak beyond the case's own family.

Mossmorran flaring
There continues to be significant improvements at the Mossmorran complex since the flaring events in 2019 and 2020.This is clearly demonstrated in the 2023 general report for Mossmorran and Braefoot Bay. Investment in new technology together with improved monitoring and communication networks has reduced the number of overall complaints from over 1600 in 2020 to less than 50 in 2023.

The updated Constitution and Terms of Reference of the Safety Committee and Expert Advisory Groups provide a robust framework for oversight and scrutiny for Mossmorran and Braefoot Bay going forward (includes provision of general annual reports) and a solid foundation for alleviating any concerns local residents may have.

Fife Council has a dedicated web page covering Mossmorran and Braefoot Bay, containing links to reports and relevant websites ([Mossmorran and Braefoot Bay | Fife Council)](#)

Avian influenza
On the 4th of July 2023 the Avian Influenza Prevention Zone which covered the whole of Scotland was lifted by Scottish Ministers following the carrying out of a risk assessment.

Whilst there have been no recent outbreaks of Avian Influenza in Fife, and the risk to human health is considered low, there are international concerns and potential for a significant incident to occur which could impact on public health. As such Fife Council, and partner agencies, continue to monitor and be vigilant in relation to Avian Influenza and its potential impacts.

Tuberculosis
Tuberculosis cases have increased sharply over recent years, with cases among those arriving from abroad and among groups who have lived in Fife for a long time. Cases often require extensive support to complete treatment and to understand transmission pathways in order to offer screening to others at risk.

Refugee Resettlement
The health protection team continue to be part of the multidisciplinary response to support refugee and asylum seeker health. This includes health screening, input to support childhood immunisations, support to access health services, and emergency dental care.

Housing Emergency
In line with some other Scottish Local Authorities, Fife Council declared a Housing Emergency in March 2024 which requires the production of a Housing Emergency Action Plan.

A Housing Emergency Action Plan Programme Board has been created and meets on a fortnightly basis to develop the Action Plan and encourage partners to participate. The Board has focused on 3 themes:

1. Maintaining Affordable Housing
2. Making the best use of existing properties

3. Enhancing housing access and prevention of homelessness

There are uncertainties around resources and finances in relation the Action Plan, and work is ongoing to better understand these, to assess options and to plan and prepare for future actions.

From a Public Health perspective, access to safe and affordable housing is essential and poor standards of accommodation can directly impact on a person's health and wellbeing.

1.7 Risks and challenges

NHS Fife and Fife Council in conjunction with other partner agencies regularly review and highlight specific high-risk facilities, events, and scenarios in Fife. Based upon these reviews a local community risk register (CRR) is produced and is used to inform local contingency planning. The local community risk register is available for the public to view on the Scottish Fire and Rescue Service website.

Pandemic preparedness
Whilst there are important differences, the influenza pandemic framework was used as the basis for drafting a Fife strategic framework applied during the Covid-19 pandemic. If further additional specific covid responses are required, or other infections become established with comparable impact, the lessons from the covid response will be valuable to preparedness and response. Work is ongoing to collate and implement lessons, including from the Scottish and UK covid inquiries.

EU Exit and Imported/Exported Food Control
Food imported into Scotland or elsewhere in the UK from outside of the UK is now covered by domestic and/or assimilated EU regulation. Fife Council's Environmental Health is responsible for enforcing the relevant legislation in relation to food stuffs imported from out with the UK (3rd country).

Imported Products of Animal Origin (PAOA) (meat, eggs, milk, fish, honey, etc) and live animals present a high level of risk as they can transmit serious human and animal diseases. They can only enter the UK at a designated Border Control Point (BCP) and are subject to pre-notification, document audit and physical checks. For products entering the UK from the EU and following several delays, this system of import checks is gradually coming into force in 2024. The Border Target Operating Model (BTOM) outlines the 3 key implementation dates through 2024, which leads to a full regime of documentary and physical checks with Export Health Certification by 31 October 2024.

At this time no ports in Fife have applied for BCP status for food POAO or High-Risk Food Not of Animal Origin (HRFNAO). Rosyth is a BCP for animal feed stuffs (not of animal origin; not temperature controlled) and responsibility for this sits with Food Standards Scotland/ Fife Council Trading Standards. There are however now BCPs in Scotland or ports with applications pending for POAO and / or HRFNAO.

Currently Environmental Health continues with responsibilities for imported food as an inland authority in terms of monitoring food sampling and actions related to intelligence and incidents. Environmental Health also continues to closely monitor guidance and the situation regarding the creation and resourcing of BCPs throughout Scotland.

Exported foodstuffs of animal origin destined for the EU and other 3rd Countries require to have an Export Health Certificate. The requirements relating to Export Health Certificates are set by the importing country.

EU Exit necessitated the registration and inspection of all fishing vessels whose catch (or part of) is destined for the EU to enable Export Health Certificates to be issued. These vessels are now part of the food law inspection programme for the Authority and continue to receive food law interventions as per their risk rating and determined frequency.

Environmental Health Certifying Officers regularly inspect consignments and issue Export Health Certificates for commodities which fall within the remit of Local Authority Certifying Officers. This includes regular issuing of Export Health Certificates for fish/shellfish, alcohol, which enable local businesses to export their products. In addition, Support Attestations are issued to enable other Local Authority Certifying Officers or Official Veterinarians to issue Export Health Certificates where the products are manufactured in Fife but are being exported from a location out with Fife and/or out with the remit of Local Authority Certifying Officers.

East Region Health Protection Service
NHS Fife and nearby Health Boards (NHS Borders, NHS Forth Valley, NHS Lothian) in the East of Scotland have joined as the East Region Health Protection Service as of December 2023. This will improve resilience and availability of specialist expertise, increase career development opportunities, and support sharing of training and development.

Environmental Health resourcing

Fife Council Environmental Health like many others across Scotland have faced continued difficulty in recruiting qualified officers such as Environmental Health Officers. Consequently, this has required a shift away from traditional thinking around Service Delivery in terms regulatory activities. The traditional model relied heavily on all activities being undertaken by Environmental Health Officers, and

Environmental Health Officers & Food Safety Officers in terms of food law. It should be noted that the current Food Law Code of Practice requires food law activities to be undertaken by qualified Environmental Health Officers and Food Safety Officers.

Protective Services, which incorporates Environmental Health, is currently looking at a review of staff development to support a grow your own initiative. A Service policy related to Continued Professional Development (CPD) has been created to help drive this forward; this was launched on 6 March 2024. It is hoped this will help utilise the alternative pathways to qualifying as an Environmental Health Officer or Food Safety Officer that have been recently created by the professional body, the Royal Environmental Health Institute of Scotland (REHIS). To date there has been significant interest across the Service.

Fife Council Protective Services also supports the introduction of the Modern Apprenticeship in Regulatory Services that is currently under development. Once created this will lead to an additional entry pathway to a career within the field of Environmental Health.

The Environmental Health (Food & Workplace Safety) Team has previously been restructured due to the difficulty in recruiting Environmental Health Officers, and in 2021 introduced the roles of Environmental Health Technician and Technical Support Officer, along with reintroducing a Trainee position back on to establishment. 2023 again saw difficulty in recruiting Environmental Health Officers, however a recruitment campaign for Environmental Health Technicians in November 2023 was very successful. As a result, four rather than two Environmental Health Technicians were recruited, along with making a temporary Enforcement Officer permanent. This was achieved by utilising the existing team staffing budget. This presented an opportunity to develop and trial an alternative delivery model, to help ensure service delivery of regulatory activities while making the best use of available resources, that enables authorised Environmental Health Officers and Food Safety Officers to focus on higher risk activities.

Outbreaks of communicable disease in care homes
Outbreaks of communicable diseases in care homes are of particular concern because of the vulnerability of residents to more severe illness than the wider population. These outbreaks often require close management from Health Protection to ensure Care Homes have access to expert advice and can implement appropriate control measures. Support is also offered by the Care Home infection Prevention and Control Team and Care Home Liaison Team both to reduce the risk of infection but also during times of outbreaks.

Immunisation delivery
Immunisation is essential in protecting our communities against vaccine preventable diseases. Delivery of the national routine vaccination schedule for children & adults is through the Fife Community Immunisation Service. In addition,

clinical specialities such as maternity services, paediatrics and sexual health services support the delivery of the selective immunisation programmes.

NHS Fife and Fife HSCP have worked collaboratively to review our Immunisation Strategic 2021-2024 framework and update it for 2024-2027. Achievements over the previous framework were the creation of an integrated vaccination workforce; establishment of a community pharmacy-based travel health service; a strategic review of the delivery of childhood vaccinations in Fife; and provision of a rapid response to emerging disease threats such as mpox and measles. The vision remains for *'A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course',* and the four high-level priorities for action have been retained but with a refreshed focus.

A key activity for 2024/25 is the roll-out of the new RSV (Respiratory Syncytial Virus) vaccine programme to protect newborns and older adults. In 2025/26 we are expecting significant changes to the vaccination schedule including the introduction of an 18-month childhood visit. The Community Immunisation Service are transitioning to a locality-based service delivery model and quality improvement and community engagement work will be further embedded into the work of the team. Improvements to national vaccination reporting (for example, provision of vaccine coverage data by ethnicity) will enhance our monitoring of vaccination uptake among the Fife population. We will also continue our vaccine preventable disease surveillance activity and evaluate our response to outbreaks when these occur. A Scottish 5-year vaccination and immunisation strategy will be published in late autumn 2024 and will inform our local action planning over the coming years.

2. Health Protection: national and local priorities

2.1 National priorities

The Scottish Government set national public health priorities with SOLACE and COSLA, and these direct public health improvement across the whole of Scotland.[10] These priorities are also described in Public Health Scotland's national strategic plan[11] and NHS Fife's Director of Public Health Report 2020-2021.[12]

Public Health Priorities

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[10] Our context – public health in Scotland Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland

[11] A Scotland where everybody thrives: Public health Scotland's strategic plan 2020-2023 A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020 to 2023 - Our organisation - Public Health Scotland

[12] Director of Public Health Annual Report, Health and Wellbeing in Fife 2020-2021 nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf (nhsfife.org)

1: We live in a vibrant, healthy and safe places and communities
2: We flourish in our early years
3: We have good mental wellbeing
4: We reduce the risk of harm from alcohol, tobacco and drugs
5: We have a sustainable inclusive economy with equality of outcomes for all
6: We eat well, have a healthy weight and are physically active

Health Protection contributes to all of these priorities. NHS Fife and Fife Council have pledged to support these National public health priorities by focusing on initiatives to:

- Improving health in early years
- Ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework; and the VTEC Action Plan
- Enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV vaccine (to prevent cervical cancer)
- Improving food, water and environmental safety
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

Public Health and Environmental Health are additionally looking to support informed choices when eating out, including more information on menus about portion sizes and calories.

2.2   Local priorities

Health Protection is a core part of the services delivered by NHS Fife, Fife Council and Fife Health & Social Care Partnership, particularly through Protective Services remits (environmental health, trading standards, animal health & welfare and building standards & public safety). This is facilitated through various forums. This plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:

- Preventing the spread of communicable diseases in the community
- Improving standards of food safety
- Ensuring safe and potable drinking water supplies
- Improving health and safety standards in the workplace, including the promotion of mental wellbeing
- Ensuring adequate plans are in place to respond to incidents and emergencies
- Improving standards within the built environment
- Improving air quality and addressing historical contamination of land

In addition, several local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data, joint meetings, workshops, and stakeholder events.

The local priorities (which inform the actions now detailed in Appendix 1) will be incorporated within the operational service plans of NHS Fife, Fife Council and/or partner agencies. Where they are shared priorities, they will be delivered through effective joint working and partnership arrangements between the agencies.

To assist with statutory compliance, and as part of the national priority of promoting Good Work for All, the Workplace Team in the Health Promotion Service, Fife Health & Social Care Partnership will also help workplaces take a preventative approach in relation to mental health, specifically to:

- Promote general awareness of creating mentally healthy workplaces
- Provide support to help employers create mentally healthy workplaces
- Raise awareness of specialist support for when people become unwell and promote the employment of people with a history of mental health issues

Climate Emergency

Climate change is now recognised as the greatest global threat to health. The increased frequency of extreme weather events can reasonably be attributed to climate change. Climate change in Scotland and worldwide is now inevitable. Scotland is unlikely to be able to insulate itself against the international impact of mass human migration, global hostility and unrest caused by climate change.

During 2022/2023, an Air Quality and Climate Change co-benefits study was undertaken by Fife Council. The provisional findings of the study concluded that many of the measures being considered by Fife Council to reduce greenhouse gas emissions and reduce climate impacts will have a positive impact on emissions of air quality pollutants across the local authority area.

Indoor air quality issues will also be addressed within the Fife Council Local Heat & Energy Efficiency Strategy (LHEES) and delivery plan.

3.   Health Protection: resources and operational arrangements

Staff numbers with specialist health protection skills in ERHPS and Fife Council are limited. Appendix 3 lists the resources, operational arrangements, and numbers of designated competent persons in terms of the Act current at the time of publication.

ERHPS and Fife Council's Environmental Health Team keep up to date records of their designated competent persons.

3.1 Information, Communication and Technology

Video conferencing and teleconferencing, primarily via Microsoft Teams, is widely used for communication across health boards and local authorities. ERHPS is responsible for disease surveillance. Information collected is entered onto HPZone, our clinical management system. Routinely collected surveillance data and reports are provided to Fife Council Environmental health team.

Adequate arrangements are in place for the reporting and recording of work electronically within Fife Council. However, these systems, are currently not compatible with the NHS systems.

3.2 Emergency planning and service continuity

The Fife Local Resilience Partnership (LRP) continues to develop and now includes the Fife Health and Social Care Partnership as one of its members. The chair of the LRP is shared between NHS Fife, Fife Council, Scottish Fire and Rescue, and Police Scotland.

Scottish Government employ a number of Regional Resilience Co-ordinators, who provide a consistency of approach across the resilience community in Scotland.

3.3 Inter-organisational collaboration

Communication required for routine activities includes face-to-face, telephone and electronic communications. Where needed to manage a situation effectively, a problem assessment group (PAG) or incident management meeting (IMT) is held.

Following the Covid-19 pandemic the opportunity was taken to review the liaison arrangements between Fife Council Environmental Health and NHS Fife Health Protection colleagues. This resulted in the Joint Environmental Health Liaison Group which meets four times per year, in line with its agreed terms of reference. Core membership includes Lead Consultant in Public Health (Health Protection) and Lead Health Protection Nurse Specialist from NHS Fife, along with the two Service Managers for Environmental Health for Fife Council. This can be supported by a wider affiliate membership of partners as required.

The Joint Environmental Health Liaison Group provides a strategic and operational forum to discuss environmental health related matters including for example foodborne infections and environmental hazards in Fife, enabling support to the multidisciplinary partnership to address relevant both responsive and preventative aspects of environmental health and public health.

3.4 Maintenance of competencies for Health Protection staff

ERHPS
NHS staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and revalidation requirements for NMC registration.

Fife Council
Fife Council staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development activities and record on Fife Council's systems. Officers involved in food law enforcement activities are required to undertake CPD activities in line with the Food Law Code of Practice.

Both ERHPS and Fife Council undertake internal training events, and where appropriate cross invite staff to attend. Regionalisation will support greater sharing of training opportunities.

4. Capacity and Resilience

Fife Council will utilise staff from other teams within Protective Services. However, it should be noted that Environmental Health staff and technical support is already challenged to respond in times of major demands around incidents, outbreaks, and accidents in areas they enforce within current resources. Review of capacity and resilience is on-going, particularly in response to the current pressure on all services.

Regional Health Protection workforce provide resilience to respond to a large incident, and if needed staff from the wider public health workforce will be utilised in the first instance. For more prolonged and severe incidents, staff from other teams and departments in NHS Fife will be drawn on. Regional arrangements for sharing of expertise will further improve resilience.

4.1 Mutual aid

Formal arrangements for mutual aid with other health boards in Scotland are recorded and reviewed through Resilience procedures. Regional working will complement this as processes are aligned between nearby boards, and working relationships are developed.

4.2   Out-of-hours arrangements

NHS Fife

A senior member of public health staff is available 24 hours a day, 7 days a week. Outside of office hours, this service is provided by health board competent persons who are public health consultants, and supervised training grade Public Health specialty registrars and health protection nurse specialists. The service can be accessed through Victoria Hospital switchboard on 01592 643355.

Fife Area Laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on-call microbiology team. National Reference laboratories are able to perform analysis of urgent specimens.

It is expected that a regional out-of-hours service will be established in 2025. This will provide the same level of local service as currently, and also be better able to respond to any major incidents. Updates and contact details for any new service will be shared with partner organisations.

Fife Council

From 5pm each weekday and 24 hours at weekends and public holidays (1st Monday in May, 3rd Monday in July, 3 days at Christmas and 3 days at New Year) a weekly standby rota operates for food and waterborne incidents, with contact made via Fife Council's Emergencies Helpline on 03451 550099.

5.   Public feedback

NHS Fife and ERHPS

Information is provided to the public through local media and the NHS Fife website, along with written information where required. NHS Fife has a complaints and feedback system managed by the Patient Experience Team.

Fife Council

Information is provided to the public through local media and the Fife Council website, along with written information where required. Fife Council has enquiries, comments & compliments e-form on its website Feedback | Fife Council.

Appendix 1: Action overview

Ref	Source	Outcome	Activity descriptor	Agencies involved

1	National priority	Reduce Vaccine Preventable Diseases	1. Work towards improving uptake rates across Scotland for all vaccinations.
			2. Enhanced surveillance to monitor the effectiveness of current and new vaccination programmes to detect any changes in epidemiology.
			3. The Vaccine Transformation Programme continues to develop, and immunisation services are moving away from GP delivery to Health Boards.
			4. Eliminate Measles and Rubella in the UK by
			  • Achieving and sustaining ≥ 95% coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old)
			  • Achieving ≥ 95% coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old)
			  • Strengthening measles and rubella surveillance through rigorous case investigation and testing ≥80% of all suspected cases with an Oral Fluid Test (OFT)
			  • Ensuring easy access to high-quality, evidence-based information for health professionals and the public
				NHSF HSCP

2	National priority	Minimise the risk to the public from Gastrointestinal infections	1. Ensure that public health interventions are taken for any failing drinking water supply, whether public or private, as necessary for E. coli failures. 2. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms. 3. Monitoring of bathing water quality (designated beaches/lochs).	FC ERHPS SEPA Scottish Water

3	National priority	Monitoring and Improving drinking water quality	1. Collaboration between agencies and Scottish Water in the monitoring and improvement of public and private water supplies. 2. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017- Protective Services will ensure that the requirements of these regulations as they relate to enforcement, risk assessment and sampling are appropriately applied to supplies to ensure human health is protected from the adverse effects of any contamination of water intended for human consumption by ensuring the water meets water quality standards. 3. The Private Water Supplies (Scotland) Regulations 2006 - Protective Services will ensure that the requirements of these regulations are appropriately applied to ensure human health is protected from any adverse effects of any contamination of private water supplies. Protective Services will continue to provide a service, on request, to those with small or non-commercial private water supplies. 4. Private water supply improvement grants continue to be regulated under The Private Water Supply (Grants) (Scotland) Regulations 2006.	ERHPS FC Scottish Water
5	National Priority	Air Quality	1. FC will update its Air Quality Strategy for 2025-2030 to ensure consistency with the updated Scottish Government's Cleaner Air For Scotland Strategy (CAFS 2) 2. FC have installed PM 2.5 air monitors at key locations and work is ongoing to develop a nation-wide network to monitor small particulate matter (PM2.5) 3. Fife Council and NHS Fife will continue to work with partners in public and private sector and with communities to improve air quality. 4. Fife Council and NHS Fife will continue to work together to respond to enquiries from the public.	FC SEPA NHSF
6	Local Priority	Contaminated Land	1. FC is required to inspect its area for evidence of contaminated land. 2. To date FC has inspected almost 1700 sites representing 80% of high and medium priority sites	FC NHSF SEPA

22   v1.0

			3. The FC Land & Air Quality Team is working on its eighteenth voluntary remedial project in eighteen years. Our achievement is believed to be unique in the UK. 4. FC's in-house contaminated land investigation programme has saved tens of thousands of pounds of public money and won prestige for Fife Council 5. FC works with NHS Fife on risk communications with sites with contaminated land uses 6. FC will update its Contaminated Land Inspection Strategy in 2024.	
7	Local priority	Control environmental exposures which have an adverse impact on health	1. Tackle the effects of antisocial or excessive noise in the communities. 2. Report on local air quality within local authority area. 3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control. 4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents. 5. Progress contaminated land strategies. 6. Sharing of information and working in partnership to reduce and control environmental exposures that may have an adverse impact on health.	FC NHSF
8	Local priority	Resilience to respond to a Pandemic through effective multi-agency response	1. Continual cycle of revision and review of business continuity, Public Health incident plans and pandemic frameworks via relevant governance committees. 2. Multi-agency pandemic exercise led by Local Resilience Partnership.	NHSF FC
9	Local priority	Effective port health plans to provide adequate disease control measures	1. Fife has seven seaports authorised (in accordance with International Heath Regulations) for the inspection and issuance of ship sanitation certificates, which are used to help identify and record all areas of ship-borne public health risks. 2. A small number of cruise ships dock at Rosyth Port, and procedures are in place for dealing with cases of suspected infectious disease on board vessels in line with current guidance. 3. Ongoing review of Fife ports status in line assimilated EU 2017/625 specifically with regards to Border Control Post status.	ERHPS FC

10	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	1. Continue work with licensed trade in respect of responsible drinking and challenge 25, or similar, scheme. 2. Continue regulatory work on Age-related sales activity of cigarettes (including e-cigarettes) and other products. 3. Continue monitoring the display ban for all retail premises in respect of tobacco. 4. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults. 5. Continue the regulation of e-cigarettes, including single use vapes, to ensure product compliance. 6. Continue regulatory efforts to combat illicit and counterfeit tobacco. 7. Continue regulation of the smoking ban in enclosed and public places. 8. Monitor the implementation of the legislation on no-smoking areas outside hospital buildings. 9. Continue the regulation of e-cigarettes, including single use vapes, to ensure product compliance.	NHSF FC
11	Local priority	Food safety priorities	1. Undertake statutory duties of the Food Authority in enforcing and promoting food safety in line with the Food Law Code of Practice and Fife Council's Service Delivery Plan. 2. Work in partnership with other regulatory agencies to identify, investigate and tackle illegal / fraudulent food activities.	NHSF FC
12	Local priority	Health and safety at work initiatives	Fife Council Environmental Health, HSE and Workplace Team, and Health Promotion Service work in partnership to promote health, safety, and wellbeing initiatives, to assist workplaces comply with relevant statutory provisions and promote good work for all.	NHSF FC
13	Local priority	Minimise the adverse impact of climate change	Sustainability and protection from climate change features within the Director of Public Report 2020-21, and Fife Council and NHS Fife will jointly develop climate change plans.	NHSF FC
14	Local priority	Housing Emergency	Fife Council declared a Housing emergency and will create an Action Plan	FC
Key ERHPS – East Region Health Protection Service FC – Fife Council HSCP – Fife Health & Social Care Partnership NHSF – NHS Fife SEPA – Scottish Environmental Protection Agency				

Appendix 2: Local NHS and council plans

	Plan Title
1	NHS Fife Incident Management Framework (including public health incidents)
2	NHS Fife Hospital Lockdown procedure
3	NHS Fife Severe Weather Framework
4	NHS Fife Bomb threat/Suspect Item response
5	Evacuation plans for forensic sites (in development)
6	Pandemic framework plans (NHS Fife, Fife Council (Communicable Human Disease Plan), and Local Resilience Partnership) (in development)
7	Blue Green Algae Plan
8	NHS Fife Immunisation Strategic Plan
9	NHS Fife and Fife Council Business Continuity Plans
10	Fife Council Incident Management Plan
11	Notifiable Animal Diseases Plan
12	Communicable Human Diseases Plan
13	Environmental Health (Food and Workplace Safety) Service Delivery Plan
14	Air Quality Strategy
15	Contaminated Land Strategy
16	Pollution Contingency Plan
17	Fife External Emergency Plan
18	Resilience Partnership Plans (various)
19	Local Housing Strategy
20	Scheme of Assistance
21	BTS (Below Tolerable Standards) Strategy

22	Private Sector Housing Enforcement Approach
23	Scottish Waterborne Hazard Plan
24	Scottish Water Wastewater Pollution Incidents Plan
25	Delivering Differently - Workforce Wellbeing Action Plan for Fife
26	Fife Sustainable Energy and Climate Action Plan 2020-2030

Appendix 3: Resources and operational arrangements for Health Protection

NHS Fife and its contribution to the East Region Health Protection Service

Job Title	Role and Responsibility	FTE at 1/8/2024
Director of Public Health	Strategic Lead for Public Health activities in NHS Fife.	1
Public Health Consultant (primarily focused on Health Protection)	Provide leadership and strategic oversight for health protection development and implementation. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards.	2.9
Health Protection Nurse	Contribute to the delivery activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	4.64
Public Health Scientists	Responsible for disease surveillance records and reports.	1
Head of Resilience	Provide leadership and strategic oversight for Resilience and Emergency Planning within NHS Fife.	1
Emergency Planning Officer	Ensuring NHS Fife is prepared for a major incident.	1
Administration	Provision of administrative support to ERHPS	2

Fife Council - Protective Services – Environmental Health Teams

Job Title	Role and Responsibility	FTE at 01/06/2024
Head of Protective Services	Strategic and Operational Lead for Regulatory activities including public health in Fife Council. The Head of Protective Services is a qualified EHO.	1
Service Manager Environmental Health	To lead and manage a team and co-ordinate the activities and functions of the team to ensure the delivery of a consistent, high quality and focussed service Each of the 2 Environmental Health Teams Food & Workplace Safety and Public Protection are managed by a Service Manager who is a qualified EHO	2
Lead Officers (Environmental Health, Private Housing)	To support and assist the Service Manager in ensuring the effective organisation and delivery of the statutory and non-statutory, technical, professional, and operational standards to achieve the requirements of the Team. To lead on identified work areas of the Team on a day-to-day basis. The Lead Officers are qualified EHO/FSO	6
Environmental Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	7.6
Food Safety Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	2

Technical Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	13
Environmental Health Technician / Environmental Health Technician (Food & Workplace Safety)	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	6
Animal Health Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	2
Licensing Standards Officers	To enforce the provisions of various statures in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	4
Enforcement Officers (Environmental Health)	To enforce the provisions of waste statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	3
Technical Support Officer	To provide Advanced Technical Support to facilitate and improve Service Delivery of the regulatory functions of Environmental Health including but not limited to food safety, health & safety, port health, waste duty of care and public health.	1
Trainee Environmental Health Officer	Enable the post holder to undertake training in the practical aspects of Environmental Health sufficient to enable progression towards taking the Royal Environmental Health Institute of Scotland Diploma in Environmental Health. (Can be Student or Graduate posts)	1
Environmental Health Student Placement	To enable the post holder to experience all aspects of Environmental Health with a view to them joining an accredited Environmental Health degree course and training to become an Environmental Health Officer.	1
Modern Apprentice Regulatory Services	To enable the post holder to train and develop to achieve the SCQF level 7 Modern Apprenticeship in Regulatory Services.	0

Appendix 4: Numbers of Designated Competent Persons

Under the Public Health etc. (Scotland) Act 2008, the following numbers of Competent Persons work with NHS Fife and Fife Council

NHS Fife (at 01/08/2024)

10 Consultants in Public Health
2 Health Protection Nurse Specialists

Fife Council (at 01/06/2024)

14 Environmental Health Officers

The Council policy is that professional staff are authorised by the Head of Protective Services according to competency, and experience. In addition, we have several Technical Staff as detailed in Appendix 3.

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**No Cervix Exclusion Final Audit**
Responsible Executive:	**Joy Thomlinson, Director of Public Health**
Report Author:	**Olukemi Oyedeji, Consultant in Public Health/Adult Screening Programme Lead**

Executive Summary:

The purpose of this paper is to report on the investigation following the incorrect exclusion of some women and people with a cervix from routine cervical screening in Scotland. This is the second-stage of a nationally coordinated audit, following, an initial review of participants excluded from cervical screening following sub-total hysterectomy in 2021.

This second-stage audit of a wider cohort of patients who had been permanently excluded from the cervical screening programme, with a "No Cervix Exclusion" code, commenced in April 2023. The NHS Fife Audit Team reviewed the records of 10,409 individuals out of a total of 124,486 being reviewed across Scotland.

81% of patients whose records were reviewed were assessed as appropriately excluded from cervical screening. All patients who had been incorrectly excluded or had inconclusive evidence of appropriate exclusion were given the opportunity for further clinical assessment and care.

- 506 patients were advised to contact Primary Care for cervical screening, an average of 10 patients per General Practice (GP). The uptake of Primary Care Clinics was around 42%.

- 823 patients were advised to book a gynaecology clinic for an examination.

    o The uptake of gynaecology clinic appointments was around 26%.

    o 21% of patients called the Health Board to state that they do not wish to attend a gynaecology clinic.

    o 24 gynaecology clinics have taken place with 130 patients in attendance.

    o No audit participant has been identified to have come to harm as a result of exclusion from cervical screening to date.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

As a result of an incident in one Health Board, a coding issue was identified which led to the exclusion of a number of individuals from the national Cervical Screening programme. A national Adverse Event Management Team was convened, and this group recommended a national audit of patients permanently excluded from Cervical Screening. The first of these audits was carried out in 2021. This involved records of patients indicating that a sub-total hysterectomy had been carried out, and to which the "no cervix exclusion" had been applied. A report of the 2021 audit is attached in Appendix 1. The Wider Cohort No Cervix Exclusion Audit commenced in March/April 2023 and is the basis for this current report (Appendix 2).

2.2   Background

An invasive cervical cancer audit is carried out in all Boards to review the cervical screening history of all patients diagnosed with cervical cancer. The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified an issue that had wider implications for individuals who had been formally excluded from screening. A small number of individuals were found to have been excluded from cervical screening call/recall due to "no cervix no follow up" exclusion. The audit investigation found that the cervix had not been removed following their hysterectomies (sub-total hysterectomies). Their "no cervix no follow up" exclusion was incorrectly applied.

Women and people with a cervix are invited for cervical screening between the age of 25 years and 64 years and 364 days. Some individuals are invited over a longer period depending on their HPV test and cytology result.

National guidance states that individuals who have had a total hysterectomy (i.e. complete removal of cervix) can be excluded from screening. However, those who have had a sub-total hysterectomy must continue to be screened regularly to the maximum screening age.

2.3 Assessment

The Wider Cohort Audit commenced in March/April 2023 with the launch of the audit database. The NHS Fife Audit Team reviewed the records of 10,409 women. This included 343 patients not registered with a GP. A total of around 125,000 records were reviewed across all Health Boards in Scotland. The audit methodology and a description of the clinical review outcomes are outlined in the audit report.

8,458 (81%) patients had sufficient evidence to confirm that they were appropriately excluded from cervical screening. These patients required no further action. 506 patients, aged under 71 years of age, were advised to contact their General Practice for cervical screening (primary HPV testing).   210 (42%) patients have since contacted their GP for cervical screening. 823 patients, aged over 71 years of age, were advised to contact NHS Fife to book a gynaecology clinic. The uptake of gynaecology clinics is 26% with a further 21% of patients declining to attend.

A total of 217 patients have had cervical screening for HPV infection. 210 were negative and 7 patients were positive for HPV but with no cell changes (negative cytology). These 7 patients have been referred for further assessment at colposcopy.

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 main purpose of cervical screening is early detection of High Risk Human-Papilloma Virus and/or changes within the cervix. This allows early clinical intervention to reduce the risk of developing cervical cancer. Cervical screening can also offer early detection of cervical cancer for better treatment outcomes for the patient.

An inappropriate exclusion from cervical screening could result in patients developing cervical cancer which could have been avoided. Patients could also present with symptoms and signs of cervical cancer at an advanced stage. This could result in unsatisfactory patient experience and clinical outcomes, including long term incapacity or disability. There could also be complaints from screening participants, adverse local and national media publicity, and reduced public confidence in screening programmes.

This audit was carried out to ensure that patients had been correctly excluded from cervical screening. If there was any uncertainty about the appropriateness of a patient's exclusion, the patient was given an opportunity for further review and clinical management.

2.3.2 Workforce

The Wider Cohort Audit required significant staffing resources. This included staff from all General Practices across Fife, Public Health, Sexual Health Service, Gynaecology Service, Medical Records, Patient Appointment Service and Information Governance.

2.3.3 Financial

Funding for the audit was provided by Scottish Government. This ensured that the audit did not have an adverse effect on routine patient care.

2.3.4 Risk Assessment / Management

A key risk associated with this audit was NHS Fife's ability to complete the audit within the recommended timeframe provided by the Scottish Government. There was also a risk that some patients could have come to harm following incorrect exclusion from cervical screening.

Risk "2222 – No Cervix Exclusion – Cervical Screening Incident" was registered on Datix and regularly reviewed by the Public Health Assurance Committee over the period of the audit. No audit patient has been identified to have come to harm, following incorrect exclusion from cervical screening due to this coding issue.

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

Several steps were taken to ensure that the clinical follow up of audit patients did not result in avoidable discrimination. Patients under the age of 71 years were advised to attend clinics at their General Practice. That would place no additional travel logistics above their usual General Practice attendance. Patients over 71 years of age requiring gynaecological clinics had the option to attend in Victoria Hospital, Kirkcaldy or Queen Margaret Hospital, Dunfermline. Patients requiring support with transport due to disability or frailty were also offered additional help.

2.3.6 Climate Emergency & Sustainability Impact

The Wider Cohort Audit was largely carried out through remote working. This would have resulted in minimal impact on carbon emissions, water consumption, travel or waste.

2.3.7 Communication, involvement, engagement and consultation

The multidisciplinary approach to the audit in Fife worked well. All members communicated well, and the audit was prioritised by everyone. This made completing the audit possible. The audit also included external stakeholder including the National Audit Team and all Audit Teams from Health Boards in Scotland.

All patients whose records were audited received letters informing them about the audit outcome and next steps (where required). NHS Fife has not received any complaints with regards to the audit.

2.3.8 Route to the Meeting

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

- NHS Fife Cervical Audit Steering Group on 26th September 2024.
- Director of Public Health on 7th October 2024.
- Executive Directors Group (EDG) on 17th October 2024.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **"Significant" Level of Assurance.**

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1: Report of the 2021 sub-total hysterectomy audit NHS Fife
- Appendix No. 2, NHS Fife Cervical Exclusion Audit Report 2023/24 Wider Cohort (October 2024)

Report Contact
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NHS Fife, No Cervix - Cervical Screening Incident Update

1. Background

1.1 The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified two women who developed cervical cancer and were found to have been excluded from cervical screening call/recall due to "no cervix no follow up" exclusion. The audit investigation found that the cervix had not been removed and the "no cervix no follow up" exclusion was incorrectly applied.

1.2 Scottish Health boards were subsequently required to investigate some records on SCCRS with the no cervix exclusion applied with an operating procedure code on the SMR database which indicates a sub total hysterectomy has been carried out from 1997 till 2021. There were just under 1000 across Scotland including 105 in Fife.

2. Investigation

2.1 In March 2021, NHS Fife set up a multi-disciplinary team (MDT) to review the records of 105 patients to ascertain whether the no cervix exclusion is appropriate on SCCRS.

2.2 The MDT comprised of representatives from:

- Public health screening team
- Call recall officers
- Pathology laboratory
- Colposcopy
- Women health service

2.3 Several records were accessed to investigate the incident. These included
- Scottish Cervical Call Recall System (SCCRS).
- Pathology reports
- Hospital discharge notes
- Operation notes
- GP records

2.4 Seventeen (17) of these patients had their surgeries in other health boards and some of this information were obtained from GPs and other specialists clinicians in the relevant health boards.

1

2.5 At the end of the investigation, the following management options were recommended by the MDT:

Management Codes (1997 onwards)	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5	Total
Description of codes	No further action required	Reinstate for cervical screening (Invite to primary care)	Invite to see a Gynaecologist for further assessment. (Inadequate information)	Invite to see a Gynaecologist for further assessment (over age)	Moved out of Scotland	Code 5 Deceased (To be followed up by the national screening team)	
No. of cases	56	15	11	5	0	18	105

3 Communication with patients

3.1 Letters were sent to a total of 31 individuals with a management code of either 1, 2 or 3 to advise them of the incident and invite them to be seen by the relevant clinical teams as stated above.

3.2 Gynaecology clinic appointment invitations were posted to 26 patients (15 with code 1 and 11 with code 2). All appointments were scheffuled for some time in July 2021 as recommended by the national screening department. Additional funding was provided by the National Screening office to facilitate these clinics.

3.3 An email address has been set up to receive any relevant enquiries regarding the investigation - fife.phscreening@nhs.scot

4. Enquiries received by NHS Fife Screening Team

4.1 There has been a handful of enquiries relating to the incident since communications were sent to patients between Tuesday 11nd June and Thursday 24th June 2021. These have all been dealt with.

5. Investigation of the Pre-1997 cases

5.1 NHS Fife were asked to investigate a further 83 cases in line with the No cervix exclusion incident.

2

5.2 71 out of the 83 cases have been investigated and assigned the following management codes:

Management Codes (Pre-1997 cases)	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5		Total
Description of codes	No further action required	Reinstate for cervical screening (Invite to primary care)	Invite to see a Gynaecologist for further assessment. (Inadequate information)	Invite to see a Gynaecologist for further assessment (over age)	Moved out of Scotland	Code 5 Deceased (To be followed up by the national screening team)	Investigation incomplete as at 02/07/21	
No. of cases	43	0	0	2	0	26	12	83

Dr Olukemi Adeyemi
Consultant in Public Health
Board coordinator, Adult screening programmes
NHS Fife

3

NHS FIFE CERVICAL EXCLUSION AUDIT REPORT (2023/24 WIDER COHORT)

Dr. Olukemi Oyedeji, Consultant in Public Health/ Adult Screening Lead

October 2024

Author: Dr. Olukemi Oyedeji, Consultant in Public Health/Adult Screening Lead

Contents

1.0 Executive Summary

Executive summary:

This report describes the local findings from a nationally led investigation into the incorrect exclusion of some women and people with a cervix from routine cervical screening in Scotland. This is the report for those residents in Fife. It builds on an earlier investigation in 2021 of individuals who had undergone sub-total hysterectomy procedures.

An extensive audit investigation of a wider cohort of patients who had been permanently excluded from the cervical screening programme, with a "No Cervix Exclusion" code, commenced in April 2023. The NHS Fife Audit Team reviewed the records of 10,409 participants out of a total of 124,486 being reviewed across Scotland.

81% of patients whose records were reviewed were cohorted as "0". This means that they have been appropriately excluded from cervical screening and no further action is required. All patients who had been incorrectly excluded or had inconclusive evidence of appropriate exclusion were given the opportunity for further clinical assessment and care.

506 patients were advised to contact their Primary Care for cervical screening, an average of 10 patients per General Practice (GP). The uptake of Primary Care Clinics was around 42%. 823 patients were advised to book a gynaecology clinic for an examination. Cervical screening will be performed if they still have a cervix. The uptake of gynaecology clinic appointments was around 26%. A further 21% of patients in this group have called the Health Board to state that they do not wish to attend a gynaecology clinic. As of 3rd October 2024, 24 gynaecology clinics have taken place with 130 patients in attendance. Clinics are still being organised for some audit patients.

A total of 217 patients have had cervical screening for HPV infection. 210 were negative and 7 patients were positive for HPV but with no cell changes (negative cytology). These 7 patients have been referred for further assessment at colposcopy. No audit participant has been identified to have come to harm as a result of exclusion from cervical screening to date.

The Wider Cohort Audit required significant staffing resources. This included staff from all General Practices across Fife, Public Health, Sexual Health Service, Gynaecology Service, Medical Records, Patient Appointment Service and Information Governance. Funding for the audit was provided by Scottish Government. The multidisciplinary approach to the audit in Fife worked well. All members communicated well, and the audit was prioritised by everyone. This made completing the audit possible.

2.0 Background

The National Cervical Screening Programme

National screening programmes are evidence-based interventions. They provide cost effective opportunities to improve the health of individuals. Screening programmes can help to avert, or to identify at an early stage, serious clinical outcomes.

The Cervical Screening Programme in Fife is part of the national cervical screening programme. It aims to reduce the number of cases of deaths from cervical cancer by early detection of HPV infection or precancerous changes in the cervix.

Primary Human Papillomavirus (HPV) testing was introduced into the Cervical Screening Programme in 2020. It replaced the older style of testing where everyone received cytology, which looks for changes to a person's cells. Anyone who has a sample taken now will have their sample tested for HPV first. A negative HPV test will result in a recall for screening in 5 years. If HPV positive, then cytology is performed. Participants are invited for cervical screening between the age of 25 years and 64 years and 364 days. Some participants are invited over a longer period depending on their HPV test and cytology result.

Purpose of this Audit

National guidance states that individuals who have had a total hysterectomy (i.e. complete removal of cervix) can be excluded from screening. However, those who have had a sub-total hysterectomy must continue to be screened regularly to the maximum screening age.

Every NHS Board in Scotland carries out an annual audit of invasive cervical cancer cases and this includes a review of the cervical screening history. The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified a key issue relating to the exclusion of people from cervical screening call/recall due to a code being applied incorrectly. This is the "no cervix no follow up" exclusion. This code is used to stop invitations for cervical screening when there is no cervical tissue present, for example following total hysterectomy. The initial investigation of this incident found that the cervix had been wrongly recorded as being removed for a small number of individuals and as a result they were not invited for screening. As a result of this incident, audits of permanent exclusions from cervical screening were recommended by the Adverse Event Management Team within National Services Division of NHS Scotland.

Following identification of this issue, Scottish Health Boards were required to carry out an initial investigation in 2021. They examined records of patients coded as having received a sub-total hysterectomy, and to which the "no cervix exclusion" had been applied. A total of 191 patient records were investigated by the NHS Fife Multidisciplinary Audit Team. None of the 191 participants investigated in NHS Fife were found to have come to harm following exclusion from the cervical screening programme.

The Wider Cohort No Cervix Exclusion Audit was then established as a second stage of the audit. This commenced in March/April 2023. The NHS Fife Audit Team reviewed the records of 10,409 participants. This included 343 patients not registered with a GP. A total of around 125,000 records were reviewed across all Health Boards in Scotland.

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3.0 Methodology and Milestones

In NHS Fife, the audit involved staff from across different disciplines and services. These included staff from all General Practices across Fife, Public Health, Sexual Health Service, Gynaecology Service, Medical Records, Patient Appointment Service and Information Governance. The audit was carried out in the following phases:

3.1 Preparation:

The National Audit Team and representatives from all Health Boards in Scotland developed the audit methodology over a period of several months. This included pilot exercises. Audit guidance and documents were produced in agreement with relevant stakeholders including the Scottish General Practice Committee (SGPC). The guidance documents were made available to all staff working on the audit using the audit SharePoint. The audit database went live on 20 February 2023. The use of the database was supported and approved by a Data Protection Impact Assessment (DPIA). This was developed at the national level and within individual Health Boards, including NHS Fife. NHS Fife audit DPIA was updated in July 2024.

3.2 Training:

Training sessions on MS Teams were delivered for the General Practice staff and Health Board Audit Teams between March and April 2023. Further training was delivered as required to General Practices. Tier 1 clinical reviewers (band 6 nurses) in NHS Fife undertook training at the commencement of their position. The first stage of this training was based on the training protocol recommended by the National Audit Team. In NHS Fife a 2nd stage of this training required the Tier 1 reviewers to audit the records of at least 100 patients. Their proposed management cohort for these test cases were assessed by Tier 2 reviewers (consultant gynaecologists). This was to ensure the Tier 1 reviewers were ready to commence independent auditing and appropriate escalation where required.

There were also weekly NHS Fife audit team training sessions, where complex cases and national / local pathways were discussed and agreed upon.

3.3 Record retrieval:

An information gathering exercise was conducted by administration staff in General Practice and uploaded on to the audit database. Board audit team members including administration staff undertook evidence retrieval and upload for patients not registered with GP. In addition, administration staff within the audit team reviewed evidence uploads from General Practices to ensure they were sufficient for clinical decision making. Where this was not the case, they either requested further evidence from General Practices or searched secondary care clinical systems for relevant evidence. On some occasions the medical records team in NHS Fife provided paper medical records to support the audit.

3.4 Review and clinical decision making.

The nationally issued guidance set out the appropriate management pathway for different cohorts of patients. The audit trained Tier 1 reviewers to review the evidence and assign patients directly. Where the evidence was not clear and convincing, this was escalated to Tier 2 reviewers for a final decision.

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3.5 Quality assurance

5% of all records audited by Tier 1 reviewers were cross-checked by the Tier 2 reviewer to ensure the audit guidance was applied consistently.

3.6 Communication with patients

Every patient whose record was audited received a letter notifying them that their record was audited and advising them of the outcome of the audit. These letters were processed by Atos, a digital company on behalf of the National Audit Team. Between April and May 2024, some patients who had been advised to attend a gynaecology clinic were telephoned by the NHS Fife audit team. This was to ascertain if they wanted clinic appointments and answer any queries they may have had. In August 2024, 594 patients were sent gynaecology clinic reminder letters manually by the NHS Fife audit team.

3.7 SCCRS (Scottish Cervical Call Recall Service) actions

The audit, clinic and cervical screening test outcomes for each patient is documented on their SCCRS record. The SCCRS system is the national call-recall e-health system which supports the Cervical Screening programme. Patients who actively declined clinic invitations also have this noted on their SCCRS records.

3.8 Audit management cohorts

At the end of the clinical review, patients were classified into six management cohorts. The clinical management of the patients was set out for each of the cohorts within the nationally issued guidance.

Table 1 summarises the description, clinical management and other actions taken for the patients.

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Table 1: Audit Cohort and clinical management

Cohort	Description	Clinical Management	Other actions
Cohort 0	Correctly excluded as they have no cervix or No Further Recall (NFR) appropriate	No further action	None required
Cohort 1	Confirmed cervix still wholly or partially present or NFR inappropriate applied and within eligible age range of 71 (up to 70 and 364 days)	Advised to contact General Practice for cervical screening. *** Reinstate into primary cervical screening.	If HPV negative – no further action, continue cervical screening until age 71. If HPV positive – referred to colposcopy clinic. If patients want to know if they still have a cervix, they are referred to routine gynaecology clinic
Cohort 2	No records to support absence of cervix or NFR, or are inconclusive and within eligible age range of 71 (up to 70 and 364 days)	Advised to contact General Practice for cervical screening. *** Reinstate to cervical screening.	If HPV negative – no further action, continue cervical screening until age 71. If HPV positive – referred to colposcopy clinic. If patients want to know if they still have a cervix, they are referred to routine gynaecology clinic.
Cohort 3	Confirmed cervix still partly or wholly present or NFR created for a different reason, inappropriate applied and out with eligible age range of 71.	Advised to contact NHS Fife to book an appointment with a gynaecologist. The gynaecologist will offer an examination and cervical screening if the patient still has a cervix.	If cervical screening is performed: HPV negative - no further action required. HPV positive – referred to colposcopy clinic.
Cohort 4	No records to support absence of cervix or NFR or inconclusive an out with eligible age range of 71.	Advised to contact NHS Fife to book an appointment with a gynaecologist. The gynaecologist will offer an examination and cervical screening if the patient still has a cervix.	If cervical screening is performed: HPV negative - no further action required. HPV positive – referred to colposcopy clinic.
Cohort 5	Transferred out of Scotland before or during the audit - all ages.	Nonapplicable	Cervical exclusion closed on SCCRS, if they move back to Scotland and are within eligible age range, they will be reinstated back into the screening programme.
Cohort 6	Deceased prior to the audit commencing or have become deceased during the audit.	The National Audit Team will link the patients' records to the Cancer Registry to check if their cause of death was not Cervical cancer.	Depends on the outcome of the data linkage.

*** The Sexual Health Service in NHS Fife undertook cervical screening for some General Practices where there were capacity challenges.

4.0 Provisional Audit Outcomes

4.1 Clinical review outcome.

Table 2 summarises the percentage and number of patients assigned to each cohort in NHS Fife, and percentage in Scotland (using a total of 10,409 records) for NHS Fife. The percentages in Scotland were recorded in July 2024.

Table 2:

NHS Fife & Scotland

Cohort	0	1	2	3	4	5	6
NHS Fife (10, 409 records)	81.26% 8,458	0.12% 13	4.74% 493	0.07% 7	7.84% 816	3.10% 323	2.87% 299
Scotland average (103,879 records)	84.6%	0.1%	5.1%	0.1%	4.3%	4.2%	1.6%

506 patients were advised to contact Primary Care for cervical screening, an average of 10 patients per General Practice. However, this is very approximate as some General Practices have significantly larger number of patients compared to others. 823 patients were advised to book a gynaecology clinic for an examination.

4.2 Clinical management outcome

Table 3 summarises the clinical management outcomes from the audit.

Table 3:

Clinical Outcome Summary			
Attendance:			
	Total Records Reviewed	**Cohort 1 and 2**	**Cohort 3 and 4**
Total records	10,409	506	823
% of total	100%	4.85	7.90
Attended GP or attended/booked/on waiting list for Gynaecology clinic		210	210
Declined / Did not attend / Opted out/ Deceased		unknown	191 (around 16 deceased)
Not responded		unknown	424

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As at the time of this report (3rd October 2024), 210 out of 506 patients (42%) (Cohorts 1 and 2) have attended their GP/Sexual Health for cervical screening. Gynaecology clinic uptake was around 26%. A further 21% of patients have called the Health Board to state that they do not wish to attend a gynaecology clinic. As of 3rd October 2024, 24 gynaecology clinics had taken place with 130 patients in attendance. Examination showed that almost all of these 130 patients no longer had a cervix.

A total of 217 patients have had cervical screening for HPV infection. 210 were negative and 7 patients were positive for HPV but with no cell changes (negative cytology). These 7 patients have been referred for further assessment at colposcopy. No patient has been identified to have come to harm following exclusion from cervical screening.

5.0 Staffing and Workforce

The Wider Cohort Audit required significant staff input across a range of staff banding levels. This included staff from General Practices across Fife, Public Health, Sexual Health Service, Gynaecology Service, Medical Records, Patient Appointment Service, and Information Governance. The audit also provided work experience and some upskilling opportunities for some NHS Fife staff on redeployment. Some of these staff were subsequently employed on the audit or secured other roles within the organisation.

Table 4 outlines the staffing implication of the audit. This includes roles funded by the Scottish Government and staffing contribution from NHS Fife redeployment workforce.

Table 4:

Role	Band	Total months (WTE)	Funding Source
Project Manager	Band 7	5.4	Scottish Government
Tier 2 Clinical Reviewer	Cons/Gynae	3.1**	Scottish Government
Tier 1 Clinical Reviewer	Band 6	21.2	Scottish Government
Tier 1 Clinical Reviewer	Band 6	3.5	NHS Fife Redeployment
Audit Facilitators	Band 5	0.8	Scottish Government
Audit Facilitators	Band 5	6.7	NHS Fife Redeployment
Audit Admin	Band 4	3.9	Scottish Government
Admin Assistant	Band 3	4.8	Scottish Government
Admin Support	Band 2	3.4	NHS Fife Redeployment
Project Lead	Cons/ PH	3.9	Scottish Government

Provisional hours as of 31st July 2024

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6.0 Finance

The Wider Cohort Audit required significant funding resources for staff and clinics, both at General Practices and gynaecology. Funds were also required for the mailing of gynaecology clinic reminder letters to 594 Cohorts 3 and 4 patients. The Scottish Government provided funding to cover these costs as detailed below.

6.1 General Practice evidence retrieval

Funding for gathering evidence for affected patients was agreed between the Scottish Government and the SGPC. It was issued by the Scottish Government directly to General Practices at a rate of £2.75 per record in March 2022.

6.2 Funds to NHS Fife

A total of £438,080 was given to NHS Fife to support the clinical review, project management and supervision, primary care cervical screening and gynaecology clinics for the audit. Details are listed below.

- £310,305.00 was received for administration, project management and clinical review. This was released in 3 different instalments - £100,991 in 2022 and £141,387 in 2023. Following a bid for additional funding to extend the audit, £67,927 was released by Scottish Government in 2024.

- £6,365 received in August 2023 for smear tests in Primary Care (patients under 71 years). From this fund, GP's and the Sexual Health team are paid £12.58 per patient screened. This fund was remitted to Public Health and claimed by General Practices when clinics were held.

- £121,410, was received in May 2023 to support a total of 112 gynaecology clinics for patients in Cohorts 3 and 4. This was to provide waiting list initiative (WLI) payment rate for these clinics, ensuring that the audit activity did not impact routine patient care.

7.0 Risk Assessment and Management

There was a risk that the audit could result in anxiety and concerns for patients whose records were being audited. This is especially so if a patient was found to have been incorrectly excluded from the Cervical Screening Programme.

All patients who had been incorrectly excluded or had inconclusive evidence of their exclusion were given the opportunity for further clinical assessment and care.

All patients advised to attend clinics also received a Frequently Asked Question (FAQ) leaflet. The leaflet answered some common queries, explaining the incident in detail and gave an explanation of the next steps. Jo's Trust helpline was listed in the patients' letters to provide support and reassurance. It is worth noting that the overall risk of developing cervical cancer remains low. In the UK fewer than 1 in 100 women and people with a cervix will develop cervical cancer in their lifetime.

The major risk associated with the Wider Cohort Audit was the requirement for significant staff input across a range of staff banding levels. The funding support from the Scottish Government was essential to ensure that the audit process did not have an adverse impact on routine patient care, especially at primary care level and gynaecological services.

8.0 Patient Care and Support

The NHS Fife audit team supported patients in a wide variety of ways. As noted earlier, each patient whose record was audited received a letter about the audit, its outcome and further management. Some patients telephoned the gynaecology clinic appointment line to request further information regarding the audit. These patients received a call back from either a nurse or a gynaecologist in the team.

Some patients contacted their General Practice for further clarification. Where required, this was escalated to the audit team and those enquiries were dealt with appropriately. Patients who attended clinics had the opportunity to discuss any concerns with a clinician. The audit team has not received any formal complaints in relation to the audit from patients.

9.0 Engagement and Communication

This audit engaged a wide range of staff from different specialities across NHS Fife. They include: Consultant Screening Lead; Public Health Scientist; Project Support Officer; Cervical Call/Recall Officers; Nurses; Administration Staff; Lead Colposcopist; Gynaecology Team (including clinical service coordinator/ service manager from the Women, Children and Clinical Services); Consultant Gynaecologists; Medical Records Team; Clinic Appointment Team; Sexual Health Service; General Practices.

The audit team had weekly Teams meetings to ensure all processes were being followed and to discuss complex clinical cases. MS Teams calls for further training was delivered to some General Practices and team members also attended onsite training for support. Several communication documents were produced from the National Team for Primary Care over the course of the audit.

The NHS Fife Audit Steering group met regularly and provided oversight for this audit. The audit multidisciplinary team was in regular contact with the National Team to ensure protocols and guidance was adhered to. The multidisciplinary approach in Fife was further developed during the time period of the audit as learning was shared with teams in other Board areas. Lessons learned included the importance of administrative roles in supporting the evidence review stages of the audit. All members communicated well, and the investigation was prioritised by everyone. This made completing the audit possible.

There were also engagement opportunities with the National Audit Team and Teams from other Health Boards across Scotland. This included National Audit Workshop (monthly) and Board Coordinators Peer Support Sessions (monthly).

There was appropriate communication with patients regarding the audit.

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10.0 Conclusion

This nationally identified Adverse Event has been fully investigated by the NHS Fife No-Cervix audit screening team. At this stage the record review process has concluded, and majority of patients were appropriately excluded. No harms have been identified to people who have been incorrectly excluded from receiving Cervical Screening Invitations. It should be noted that some individuals are still coming forward for follow-up and so there may be some minor adjustments to the outcome of the audit report in coming months.

There has been significant learning from this incident both locally and nationally. New processes have been put in place by the National Cervical Screening programme to ensure that similar issues do not recur in future.

The national Adverse Event Management team anticipate that all Boards will have completed the audit process by summer 2025. A national report of the findings can then be prepared.

11.0 Appendix 1

Limitations and Preliminary Reflections on the Audit Process

11.1 Audit timeline and clinical management

The expectation was for initial evidence retrieval and clinical review to be completed within one year of commencement of the audit. In NHS Fife this process was completed within 13 months.

Clinics were expected to be held no later than 12 weeks following the assignment of management cohort and letters being sent to patients. In NHS Fife this target was not always achieved especially for patients requiring gynaecology clinics (Cohort 3 and 4). Patients were required to opt into attendance of clinics and the time frame for this varied considerably. Once patients opted in, there was a need to pull together a sufficient number of patients to fill a gynaecology clinic. Clinics were then organised as soon as there was a clinic space and appropriate staff to run the clinics. At the time of writing this report, 130 gynaecology clinics have been held and majority of those awaiting clinics have been offered clinics.

11.2 Digitisation of General Practice patient records

At the commencement of the audit, General Practices in Fife were undergoing a digitalisation of their records. There were concerns this may result in a delay of evidence uploading. However, the digitalisation process did not have an obvious adverse effect on the audit overall.

11.3 Historical practices that affected the audit.

11.3.1 Historical use of cervical screening database (OCCURS)

Due to historic practices in the (OCCURS) system a legacy system used to manage screening prior to SCCRS, some participants in the audit may have completed their screening pathway. This means that the next date of exam would take them out with the eligible age range for screening. A "No Further Recall" (NFR) exclusion was therefore applied to age them out of cervical screening. Their exclusion will not have impacted their screening pathway. This practice of aging participants out with

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an exclusion code caused a number of issues with the quality of the audit data. This mainly affected four Health Boards including NHS Fife.

Several meetings were held in the course of the audit to determine a solution to this issue. At one point, affected Health Boards were advised to pause the application of management cohorts on the database pending resolution of the issue. At the end, Health Boards were required to undertake an additional review process: to check the cervical screening history of patients aged 71 years and over for whom there is no conclusive evidence of a total removal of their cervix. This Legacy patient issue resulted in further delay to our audit progress in NHS Fife.

11.3.2 Historical patient identification system in NHS Fife.

There were difficulties with patient identification for audit patients who had their hysterectomies when hospital numbers were being used before the introduction of CHI numbers. For example, St Andrews Hospital utilised unit numbers rather than dates of birth. The unit numbers are not listed on the current clinical systems available for the audit. As a result, the audit administration and clinical staff were unable to match the historical unit number with the patients' current CHI numbers for a full identification. Therefore, the reviewers were unable to accept the clinical evidence that these patients no longer had a cervix. Unfortunately, in these situations the patient was required to attend a clinic for further confirmation.

For each of the patients affected by either of the above historical practices, our clinical reviewers required a longer time to decide on their audit outcome. It is also likely that these issues are partly responsible for NHS Fife having a disproportionately higher proportion of patients in cohort 4, referred to gynaecological clinics. This was 7.83% in Fife compared to 4.3% in Scotland.

11.4 Audit staff recruitment in Fife

There was a delay in recruiting Tier 1 reviewers for the audit in Fife. NHS Fife commenced allocation of the audit outcomes for patients at a later date than some other Health Boards while the process of job evaluation and approval of job descriptions for the role was completed. As a consequence, Tier 1 reviewers were not in post until summer 2023.

11.5 Confirmation of appropriateness of exclusion

This audit set out to confirm that all permanent exclusion of patients from cervical screening in Scotland were appropriate. Unfortunately, that overall question remains unanswered. Reasons include:

- Patients under 71 years of age were referred to General Practice if they still had a cervix (Cohort 1) or inconclusive evidence for their exclusion (Cohort 2). The main requirement was for a smear test to be performed. For clinical reasons, it was not mandatory for sample takers to confirm the presence or the absence of a cervix. If patients requested assurance, they were to be referred to routine gynaecology assessment.

- Patients over 71 years of age were advised to book a gynaecology clinic appointment if they still had a cervix (Cohort 3) or inconclusive evidence (Cohort 4). At the gynaecology clinic the patients would be examined. If they still had a cervix, a cervical screening test was performed. If they had no cervix, no further action was required, and the patients were discharged. The uptake for the gynaecology clinics for this group of patients in NHS Fife was low, around 26%. A further 21% of patients in this category actively declined the advice to attend gynaecology clinics. Some reasons for the decline include confidence that their cervix had been totally removed when they had their hysterectomy or ill health / frailty. It is also worth noting that a number of patients in Cohort 4 had sufficient evidence that they no longer had a cervix but

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there were some inconsistencies around their identity details. However, as noted in Section 8.0 (Risk Assessment), the risk of developing cervical cancer remains low in the population.

12.0 Glossary of Terms

HPV, Human Papilloma Virus

HPV is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause cancer. HPV testing was introduced into the Cervical Screening Programme in 2020. It replaced the older style of testing where everyone received cytology, which looks for changes to a person's cells.

Anyone who has a sample taken now will have their sample tested for HPV first, and then they may go on to have it cytology tested depending on their results or previous history. HPV is more sensitive than just using cytology as it tests for the virus which causes most types of cell changes. More than 80% of cervical cancers are attributed to HPV.

Cervical Screening Exclusions – At any point, participants may need to stop being invited for screening. Possible reasons include completion of the cervical screening pathway, removal of or absence of a cervix and following particular medical treatment like pelvic radiotherapy.

Colposcopy – a specialist area of gynaecology, where patients who have a positive HPV result are seen. A colposcopy is also the type of procedure carried out at a colposcopy clinic. A camera is directed to look internally at the cervix to find out if there are abnormal cells on or in the cervix or vagina. If any abnormal cells are identified a small sample of tissue will be removed for further examination.

SCCRS – Scottish Cervical Call Recall System – the main IT system used in the cervical screening programme. It invites patients to screening, sends them reminders and result letters. SCCRS is used to store information about their cervical screening journey.

OCCURS – Historical IT system used in the past for the cervical screening programme.

"No Cervix" Exclusion – an exclusion code added to SCCRS to permanently stop participants being called for Cervical Screening. This is used when a patient has had their cervix totally removed during a hysterectomy or do not have a cervix for any other reason. For example, a congenital absence.

Total Abdominal/ Vaginal hysterectomy – A total abdominal/vaginal hysterectomy removes a person's entire cervix, which means that they no longer need to have cervical screening.

Sub-total Hysterectomy – A subtotal hysterectomy leaves part or whole of the cervix in place, meaning the person does still need to be screened.

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NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**East Region Health Protection Service Overview**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Joy Tomlinson, Director of Public Health**

Executive Summary:

- The East Region Health Protection Service was established in December 2023 across NHS Fife, Lothian, Borders and Forth Valley.

- The Service presented a suite of papers highlighting progress to date and some of the key issues encountered to their Oversight Board on 11th October.

- Support has been given by the Oversight Board for the service to progress a Single-Employer model. EDG supported this approach in principle at their meeting on 15th August.

- This update paper provides an overview of activity and core functions of the service alongside the next-steps towards a Host-Board/Single employer model.

- A single host Board arrangement for ERHPS will streamline financial oversight and decision making.

- A single host Board arrangement for ERHPS will ensure equity for the workforce delivering the service.

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities, cross-cutting, predominantly 2 and 4

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

- Safe
- Effective

2   Report summary

2.1   Situation

The East Region Health Protection Service Oversight Board has accepted the recommendation to progress a Single-employer model for the service. This paper provides a summary of the progress in establishing this regional service, the Single-employer proposal and next steps.

2.2   Background

In December 2020, the Chief Executives and Directors of Public Health from NHS Borders, Fife, Forth Valley and Lothian agreed to explore the potential opportunities afforded through regional collaboration in Health Protection services.

The overarching drivers for the East Region service were to:

- Deliver service resilience and sustainability
- Have in place a modern service fit for the future
- Maximise skills of the whole Health Protection workforce
- Reduce unnecessary duplication
- Support recruitment and retention

Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning, established the project and associated governance arrangements in January 2021. The strategic direction was endorsed by NHS Fife at their Board meeting on 15th November 2021.

The East Region Health Protection Service for NHS Borders, Lothian, Fife and Forth Valley commenced in December 2023. The model chosen kept staff employed within their existing health boards with teams working in collaboration to provide a regional service.

This model of delivery is resulting in greater challenges with financial oversight and staff management than anticipated.

Health Protection remains a key statutory element of the public health function. The remit of the Health Protection Service (acting for the four Health Boards) is laid out in Scottish Executive Health Department, CMO letter (2007) 2.

The leadership team for the East Region Health Protection Service have learned from the experience of the first nine months of operational activity. A paper was presented to EDG on 15th August 2024, summarising the key findings and seeking support to scope and progress towards a Host-Board/Single employer model for the East Region Health Protection Service. Similar discussions took place over the summer in NHS Lothian, Forth Valley and Borders.

2.3   Assessment

The model of delivery for the East Region Health Protection Service has kept staff employed within their own Health Boards. It was agreed by the four Boards that the lead Director of Public Health for the region would provide budgetary oversight. In practice the cross-Board employment arrangements and budgetary oversight have been time-consuming with a lack of transparency of spend.

Service Activity
An activity report for the East Region Health Protection Service sets out key challenges over the first months of operation (**Appendix 1**). There have been nationally reported increases in measles, pertussis and tuberculosis during 2024. More recently there has been an increase within central African countries of clade 1b mPox, this has been declared a High Consequence Infectious Disease by the World Health Organisation.

Finance
Financial principles have been agreed by all four Boards and baseline budgets set out before the service go-live date. In practice, there has been a difference in approach in interpretation of these principles. One example of this is a recent decision from one Board, not transferring newly allocated funding to the East Region Health Protection Service.

Quarter 1 spend has now been collated for the service and this is within agreed budget (**Appendix 2**). However, financial transparency is limited and it has not been possible to gather regular monthly reports on spend for the service despite significant efforts.

Governance
Governance for the East Region Health Protection Service is provided by an Oversight Board. The Board membership includes representation from Board Chief Executives, Directors of Public Health, HRD and Finance lead, Partnership representation and the Service leadership Team. The current governance arrangements are set out in **Appendix 3**.

A Single-employer Decision making process has been developed, following the same approach used by the East Region Recruitment Team. This was discussed at the recent Oversight Board meeting and endorsed by them (**Appendix 4**)

This report provides the following Level of Assurance: Moderate

	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 East Region Health Protection Service has reduced unnecessary variation in delivering their core functions across the region. There have been capacity challenges in the first months of operation and the current model is causing some practical difficulties which have impacted on quality, including response time for some activities.

2.3.2 Workforce

Overall, the workforce has engaged positively with the process of change and actively sought solutions to problems. A safe-to-start list was created with input from the workforce and single processes developed for the region. The inequity in contractual arrangements, particularly with out of hours activity has resulted in a grievance within one Board and this has been upheld.

2.3.3 Financial

The current model of delivery is complex and lacks transparency for the responsible budget holder. Although the lead Director is the named budget holder spend requires individual Board negotiation.

2.3.4 Risk Assessment / Management

There is a risk that given the complexity of the current model that spend exceeds the available budget without visibility of the leadership team or budget holder. There is a risk that the workforce grievance will not be resolved quickly and this could lead to unnecessary conflict within the team. There is a risk that the complexity of systems will generate an additional pressure on digital and information teams and limit the ability of the team to develop solutions as the service grows.

The leadership team hold and review all risks for the service on a monthly basis. The risk register is discussed with Directors of Public Health every quarter.

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

The establishment of the regional service does not have any direct impact on equality and human rights. The same functions are being delivered as one service rather than as separate Board services. There is the potential for more streamlined approaches to inclusivity through agreed standardised protocols for East Region.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct impacts from the proposal that this service moves to a hosted Board model of delivery.

2.3.7 Communication, involvement, engagement and consultation

There has been engagement with the Directors of Public Health in each of the four Board areas about this proposal and agreement in principle and also with the functional leads for workforce, finance and digital and information.

There has been informal discussion with Board Chief Executives about the approach and a project outline is being developed which will incorporate wider engagement.

2.3.8 Route to the Meeting

The papers included as appendices have all been circulated and discussed by East Region Health Protection Oversight Board on 11th October 2024. The paper was tabled with EDG for noting on 17th October 2024.

2.4 Recommendation

The Committee is asked to **note** the decision made by East Region Oversight Board that a host board/Single-employer approach is progressed for the East Region Health Protection Service. EDG are asked to consider the readiness of NHS Fife to progress as the single-employer for this service.

This paper is provided to members for:

- **Discussion** – Single-Employer approach and Fife's readiness to support
- **Moderate level of Assurance**– of the delivery arrangements currently in place for East Region Health Protection Service.

3 List of appendices

Appendix 1: Quarterly Report Q2 2024

Appendix 2: Financial performance report Q1 2024

Appendix 3: ERHPS Governance Paper

Appendix 4: Single employer decision making process and information pack

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East Region Health Protection Service

NHS SCOTLAND

ERHPS Quarterly Report

Reporting period: From July 2024 to September 2024 (inclusive).

Written by: Andrew Rideout; Clinical Lead

Date: 11th October 2024

[1]

Introduction

This reporting period (July to September 2024) has seen a reduction in workload compared to the previous quarter, but an increase compared to recent years. This increase exists in both case numbers and enquiries, although situations (typically larger outbreaks or more prolonged environmental exposures that may cause health harm) are like the same period in 2023.

There have also been pressures on staffing over this period, changes to working practices, and challenges with systems and technology. A process of recruitment is under way.

During this period staff based in Fife have gained a new work location, allowing the team to share the same physical workspace.

A planned programme of strategic and proactive work has been agreed by the consultant team and will be delivered and monitored in coming months.

[2]

Structure of East Region Health Protection Service (ERHPS)

Staffing

Core ERHPS consultants:

One consultant starts a period of maternity leave from 30th October, and although total numbers remain unchanged, there is also a reduction in number of hours (total reduction of 1.0WTE) provided by consultants during this quarter.

Non-core ERHPS consultants:

The ERHPS continues to be supported by Consultants in Public Health/ Medicine on a part-time basis, both within hours, and as part of the on-call rotas of the four Health Boards. There have been no changes to these arrangements, but an additional three non-core consultants have expressed an interest in contributing to the on-call rota.

Specialty trainees

There are ten Specialty Trainees currently associated with the ERHPS. Eight of these are no longer undertaking a daytime role but support the on-call rotas of the Boards. There are two trainees (1.4 WTE) who have daytime attachments to ERHPS, contributing to both operational response and developing pieces of strategic work.

Nursing

There is currently a high risk on the service register for operational staffing capacity. Recruitment is underway for 4.2 band 6 nursing staff.

Currently there are 2 senior nurses in the team (1.8WTE) who manage the nursing team and operational service. At present much of their work is operational. There were six band 7 nursing staff (4.5 WTE) carrying out the advanced health protection nurse role. This role is key to the operational team as these nurses lead the two duty teams and act as co-ordinators for the workload. Again, due to staffing these nurses supporting a lot of duty work and are unable to get days to do their management and strategic workload. No change in band 7 nursing numbers is anticipated at present.

There were six band 6 nurses (4.04 WTE) in the team up until the end of September carrying out operational case management. One (0.6 WTE) left at the end of September. One WTE nurse was recruited and started in early September and they are currently being trained.

Admin

The admin team are crucial to the smooth running of the service and the single point of contact. There are currently 5 admin staff members (4.4 WTE) and one bank staff member within the team. Recruitment is underway for 1 WTE band 4 and 1 WTE band 5 administrative staff.

The admin team have required support from admin colleagues in the local boards to ensure that their rota is fully staffed. This will cease once new staff are recruited into the service.

[3]

Relationship to local and national organisations

Members of ERHPS continue to contribute to national work groups, National Incident Management Teams (NIMT), and committees. Over the last quarter there have been NIMT for mpox, pertussis, tuberculosis, and gonorrhoea.

From 1st October ERHPS will start to report cases and situations at national Situations of Note (SON) and Weekly National Health Protection (WNHP) meetings from a regional perspective rather than four Board perspective. This further embeds regional working and aligns with a change in operational practice (from 11th September) whereby cases and situations are managed locally on an acute/ on-going basis, rather than a geographical basis.

Development of local pertussis and mpox pathways has led to increased links with local (Health Board) teams, to ensure a regional approach with appropriate local implementation.

Risk register

There are currently six risks on the ERHPS risk register:

High risk

1. Insufficient staff for operational activities. Partially addressed by workforce paper, and recruitment.

Medium risk

1. There is no agreed approach to storing and accessing patient identifiable information in certain circumstances. This primarily refers to a situation or outbreak where staff from all four Boards require to update a live file, such as a line list. Not addressed due to different approaches and risk appetite by four Boards.
2. Lack of financial transparency and oversight. This remains unaddressed, despite attempts by Service Manager and NHS Fife finance team.
3. Lack of clarity about transport options for suspected HCID patients (mpox). This remains a risk that has not been fully addressed by relevant partners.

Low risk

1. Lack of access to clinical systems across all four Boards. This is being addressed, and workarounds exist, but this risk prevents full regional on-call.
2. HPZone remains a software platform that may not be compliant with data protection legislation. National Services Scotland have been made aware of the risk.

[4]

ERHPS activity

National and international trends

There have been national increases reported in incidence of measles, pertussis, and tuberculosis during 2024. More recently an increase within central African countries of clade Ib of mpox has been recorded, causing increased morbidity and case fatality, and being treated internationally as a High Consequence Infectious Disease (HCID).

There have been national increases reported in incidence of measles, pertussis, and tuberculosis during 2024. More recently an increase within central African countries of clade Ib of mpox has been recorded, causing increased morbidity and case fatality, and being treated internationally as a High Consequence Infectious Disease (HCID).

Local reactive work

There have also been localised outbreaks (e.g. cryptosporidiosis) and on-going routine health protection activity.

Diagnosis	Count
Whooping cough	396
Salmonellosis	84
Other	55
Cryptosporidiosis	37
E.coli infection	28
Campylobacteriosis	18
Invasive Group A streptococcal infection (iGAS)	18
Acute hepatitis E	9
C. diff infection	9
Cyclosporiasis	9
Shigellosis	8
Chronic hepatitis B	7
Enterobacter	7
Pneumococcal infection	7
Legionnaires Disease	6
Noroviral gastroenteritis	6
Total	**718**

Cases in Q2 (all infections where n≤5 have been grouped as 'other')

Due to changes in the way cases have been recorded by the four Boards over time it is difficult to accurately report changes in caseload. The figure below demonstrates the estimated variation (54% increase compared to mean of previous four years) in caseload in Quarter 2 from 2018 to 2024, excluding 2020 and 2021 due to the impact of COVID-19 on case numbers.

[5]

Estimated change in case numbers in Quarter 2
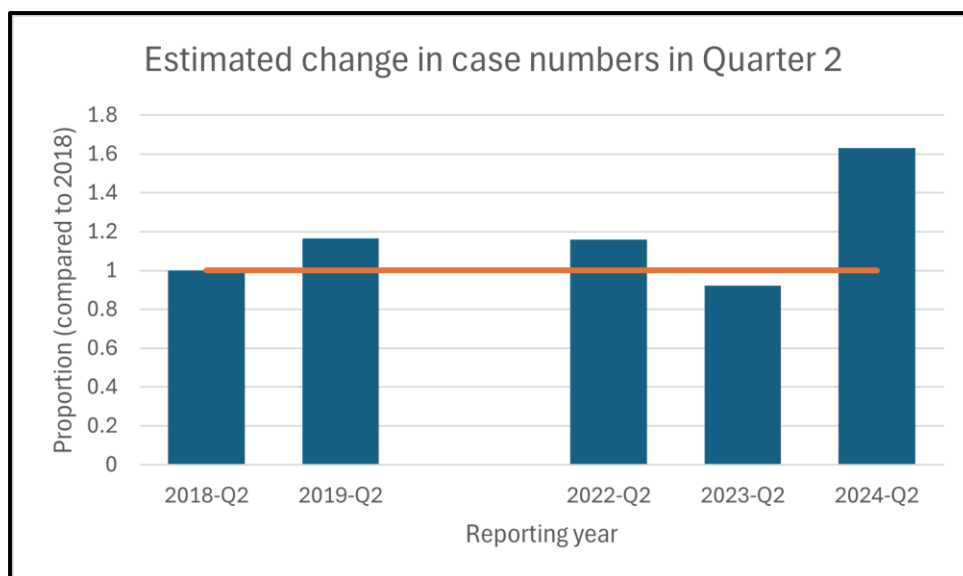
Situations

There have been 127 situations (typically larger outbreaks of infection or environmental hazards) managed by the ERHPS during the last quarter. This is similar to the same reporting period in 2023 (n=133), and slightly lower (at 85%) compared to the mean quarterly number of situations in the preceding twelve months.

Setting	Count
Water supply (public or private)	55
Care home	51
Community	9
School or nursery	6
Primary care setting	3
Ship	1
Prison	1
Private home (other)	1
Total	**127**

Situations in Q2 (by principal setting or location)

Enquiries

There were a total of 474 enquiries to ERHPS in this reporting period. This is a 52% increase compared to the same period in 2023 (n=312), but represents a lower enquiry rate (at 78% of the average weekly number of enquiries) when compared to the previous twelve month period.

Pattern of work in 2024, compared to previous years

Measles

Although in 2024 there have been a small number of cases (n=10) compared to 2023 (n=1) and 2022 (n=4), workload has increased disproportionately, with 262 enquires or possible/ probable cases, compared to n=27 in 2023 and n=19 in 2022.

[6]

The small number of cases, and some probable cases (subsequently ruled out by laboratory testing) has led to significant contact tracing and risk assessment activity by ERHPS.

Mpox

Although mpox has gained international attention, there have been no clade Ib (HCID) cases in the United Kingdom, and only n=13 confirmed or possible cases in 2024, compared to n=150 confirmed or possible cases in 2022, which was the peak year for mpox activity. However, preparing an ERHPS response, with local adjustments, has taken significant effort.

Pertussis

Pertussis (whooping cough) had a significant impact on ERHPS workload (see graph below), which not only put pressure on the daytime team, but impacted out of hours/ on-call workload, and required additional staffing on both weekdays and weekends, and a change in practice, which was subsequently evaluated.

ERHPT pertussis notifications (by week)
Source HPZone, n=2026
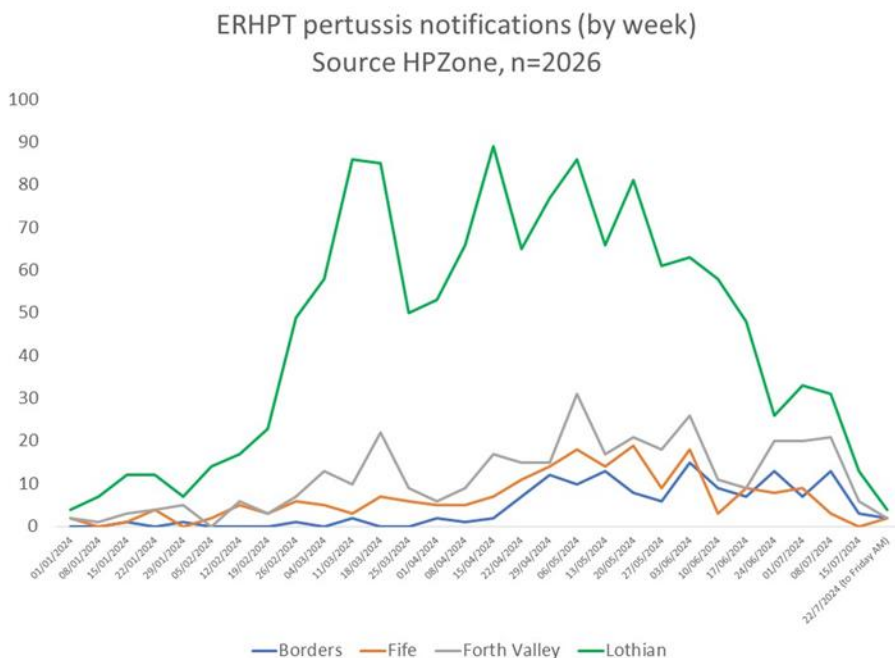
Proactive and strategic work

A workplan has been developed, with nine work areas, and a number of short term, high priority tasks within each work area. These will be developed as part of the outcome measures for ERHPS.

Each work area has a group of consultants and other senior staff assigned to it, to deliver the agreed outcomes. As staffing allows, nursing staff will be released from day to day operational work to contribute to the development of strategic and proactive pieces of work.

Topic areas	Priority actions
Work area 1 – Complex plans and pathways	
· Pandemic preparedness	· Pandemic plan
· HCID/ Emerging infections	· HCID pathways

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· TB	· TB scoping
· Respiratory	
· Mpox	
Work area 2 - Environmental	
· Lead	· Cyanobacteria and haemodialysis > Alex
· Water (drinking and waste)	· Scoping of non-Lothian areas
· Environmental/ Chemical/ Smoke/ Land/ Air/ Chicken farms/ Weather	· Lead
	· Water borne hazards
Work area 3 – Gastrointestinal and zoonosis	
· GI	· Relationships with some EHOs
· Zoonosis	· GI PCR testing
· Avian Influenza	· Outbreak plans
· Diphtheria	· Scabies plan
· Scabies	
Work area 4 - Settings	
· Infection control	· Winter plans for care homes
· Winter plans	· PPE in primary care
· Care homes	· Communication to educational settings
· Schools/ nurseries/ higher education	
· Seasonal flu	
Work area 5 - Complex groups	
· Asylum seekers/ migrant health	· Asylum seekers scoping & business plan
· BBV/ STI	· Out of scope/ MCN
· Prisons	· Drug deaths
· PWID/ Drug deaths	
Work area 6 - Localities	
· JHPP	· JHPP
· Liaison roles (EHO/ IPCT/ Occ Health/ Clinical teams/ labs/ et cetera)	
· Joint working and priorities with local PH teams	

[8]

Work area 7 - Supporting areas of work	
· Education and training	· Education plan
· External teaching	· New staff induction
· QIT	· Educational supervisors
· Specialist Registrar training	· HPT placements
· On-call	· Sign off outcomes
· Research	· On-call assessment
Work area 8 - Emergency planning	
· Emergency planning/ CBRN/ Resilience/ COMAH	· RMUs
	· Port health exercise
· Port health (including repatriation of bodies and supply of controlled drugs to ships)	· STAC training
	· COMAH training
	· Business continuity and resilience
	· LRP and RRP
	· Drug supply procedures (ships)
Work area 9 - Operational	
· Ops group	· Ops model
· CDM	· HPZone
· Surveillance	· Surveillance strategy

Educational and research activity

Consultants are contributing to teaching at local universities. Consultants are also undertaking the role of Practice Placement Supervisor for Public Health Specialty trainees.

A joint bid, led by University of Glasgow, has been submitted to the Medical Research Council for a funded project developing mathematical models of outbreaks that may help with early forecasting of outbreak trajectory and risk.

[9]

Outcome measures

Quality improvement

Two Quality Improvement projects have been undertaken during this reporting period. One assessed and improved the use of texts (SMS) for notification of pertussis infection. The second assesses the experience of members of the public (cases and contacts) who have not answered a telephone call from ERHPS.

DATIX and adverse event reporting

Number of incidents per board: Quarterly summary to date

Column1	Lothian	Forth Valley	Fife	Borders	report accuracy	Total
December	0	0	0	0	100%	0
January	1	0	0	0	100%	1
February	1	0	0	0	100%	1
March	3	1	1	0	100%	5
April	2	1	0	nil return	75%	3
May	8	2	1	1	100%	12
June	4	0	nil return	1	75%	5
July	2	1	nil return	0	75%	3
August	4	0	0	nil return		4
September	1	3	0	nil return		4
October						
November						
December						

Summary of Incident reports (Datix_Safeguard)

July 2024:

3 Incident reports. No known adverse effects.

- 2 related to data protection
- 1 delay in a case of chronic Hep B being followed up.

August 2024

4 Incident reports. No known adverse effects.

- 3 delays: two were due to lack of documentation and one to lack of communication.
- 1 where employer not informed of a public health exclusion. Request to improve the procedure to GIZ group.
-

September 2024

4 incident reports: No known adverse effects

- One out of regional scope (TB Forth Valley) but did highlight that staff need to know what is in and out of scope.

[10]

- One error in closing a case resulting a delay in risk assessment.
- One delay in vaccine referral for a child: unclear documentation.
- One recording 'unsafe' staffing levels. This was reviewed. Staff reminded that they must escalate any staffing concerns to management who can then assist in reprioritising workload and staff.

Freedom of Information and statutory reporting

There have been no Freedom of Information requests during this reporting period.

ERHPS staff continue to provide information to Police Scotland/ COPFS for Operation Koper - an enquiry into the circumstances of the deaths of care home residents, hospital patients, key workers, and prisoners due to Covid-19.

[11]

East Region Health Protection Service

NHS SCOTLAND

Meeting:	**ERHPS Oversight Group**
Meeting date:	**11 October 2024**
Title:	**Financial Performance Report**
Responsible Executive:	**Joy Tomlinson, Director of Public Health, NHS Fife**
Report Author:	**Maxine Michie, Deputy Director of Finance, NHS Fife**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This report details the financial position for the East Region Health Protection Service for the first quarter of the financial year 2024/25. The ERHPS, for the first quarter of the financial year is reporting an underspend on their pay budget of £7,298.

2.2 Background

Each of the contributing partners have provided their financial data covering the period 1 April 2024 to 30 June 2024 which has been consolidated to create a single regional service budget statement. Except for NHS Borders, no partner has confirmed non pay spend for the first quarter of the year and consequently non pay spend has not been included in the budget statement. On call costs and associated indicative funding has also not been included until final agreement is reached on what level of on call funding and cost will be aligned with the ERHPS from each partner.

2.3 Assessment

The table below provides detail of the financial position for the service to the end of June 2024.

Budget Statement to 30 June 2024	Total Expenditure @ 30 June 2024		Q1 Budget @ 30 June 2024		Q1 Variance @ 30 June 2024		Annual Budget	
Pay	WTE	£	WTE	£	WTE	£	WTE	£
Consultants	4.20	208,797	5.10	231,402	0.90	22,605	5.1	825,958
Contribution to Lead Consultant -Regional	0.00	0	0.00	20,868	0.00	20,868	0.0	83,473
Speciality Doctor	0.60	27,690	0.60	26,469	0.00	(1,221)	0.6	63,525
Nurse Consultant	1.00	23,084	1.00	22,429	0.00	(656)	1.0	89,714
Non Recurring Band 9	0.00	722	0.00	0	0.00	(722)	0.0	0
Nurse Band 8d	1.00	35,255	0.00	0	(1.00)	(35,255)	0.0	0
Nurse Band 8A - Clinical Nurse Managers	2.60	52,479	3.10	62,910	0.50	10,431	3.1	251,640
Nurse Band 8b	1.14	27,678	1.00	24,103	(0.14)	(3,575)	1.0	96,413
Nurse Band 7	4.73	87,361	5.00	84,379	0.27	(2,983)	5.0	337,515
Nurse Band 6	5.35	94,423	3.96	83,306	(1.39)	(11,117)	4.0	234,699
Band 5 Nursing staff bank	0.00	5,426	0.00	0	0.00	(5,426)	0.0	0
Band 6 Nursing staff bank	0.09	647	0.00	0	(0.09)	(647)	0.0	0
Intelligence Analyst Band 6	0.00	0	0.50	6,518	0.50	6,518	0.5	26,073
Admin Band 5	0.00	3,351	0.00	0	0.00	(3,351)	0.0	0
Admin Band 4 (admin budget)	3.40	29,422	2.40	26,275	(1.00)	(3,147)	2.4	94,524
Admin band 3	0.00	0	1.40	14,977	1.40	14,977	1.4	50,251
Total Pay Budget	24.11	596,337	24.06	603,636	(0.05)	7,298	24.06	2,153,785

The budget to June is in a favourable position. Whilst there are various under and overspends against various staff roles due to the varying cost headings deployed by the partner boards these are cosmetic and will be "tidied" as the financial year progresses.

The position individually for each partner is described in the table below.

NHS Board	Total Expenditure @ 30 June 2024		Q1 Budget @ 30 June 2024		Q1 Variance @ 30 June 2024		Annual Budget	
	WTE	£	WTE	£	WTE	£	WTE	£
NHS Borders	0.76	13,452	2.00	47,250	1.24	33,798	2.00	189,000
NHS Fife	8.13	177,679	6.74	137,448	(1.39)	(40,231)	6.74	549,792
NHS Forth Valley	4.3	168,460	4.7	162,974	0.4	(5,486)	4.7	391,138
Nhs Lothian	10.92	236,746	10.62	255,964	(0.30)	19,217	10.62	1,023,855
Total Pay Budget	24.11	596,337	24.06	603,636	(0.05)	7,298	24.06	2,153,785

The overspend position for NHS Fife directly relates to the funding still to be transferred to Fife from NHS Lothian and NHS Borders for their contribution to the Regional Lead consultant post.

Assessment of the current budget contributions on an NRAC basis is described in the table below.

NHS Board	Annual Budget		NRAC SHARE 2024/25	Regional NRAC Share	Adjusted NRAC Budget
	WTE	£	%	%	%
NHS Borders	2.00	189,000	2.16%	7.29%	156,987
NHS Fife	6.74	549,792	6.88%	23.23%	500,286
NHS Forth Valley	4.7	391,138	5.46%	18.44%	397,127
Nhs Lothian	10.62	1,023,855	15.11%	51.04%	1,099,385
Total Pay Budget	24.06	2,153,785	29.60%	100.00%	2,153,785

The regionally adjusted NRAC shares indicate that both NHS Lothian and NHS Forth Valley are contributing less than their regional NRAC share for pay costs whilst both NHS Borders and NHS Fifie are contributing more than their regional NRAC share for pay costs. However, it must be noted this position will change as decisions are reached on the inclusion of on call budgets and the non pay budgets.

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 health care.

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 Equality and Diversity, including health inequalities and Anchor Institution ambitions
An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.5 Climate Emergency & Sustainability Impact
There are no direct implications arising from this report.

2.3.6 Communication, involvement, engagement and consultation
This paper has been prepared following receipt of financial information from all the regional service partners and in consultation with senior ERHPS colleagues.

2.3.7 Route to the Meeting
This is the first presentation of this paper.

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

- The reported revenue underspend position of £7,298 for the first quarter of the financial year.

3   List of appendices

N/A

Report Contact
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East Region Health Protection Service

NHS SCOTLAND

East Region Health Protection Service (ERHPS) Governance Arrangements

Authors	Lindsey Murphy (Service Manager) Andrew Rideout (Clinical Lead)
Version	V 1.1
Effective from	27th September 2024
Review date	27th September 2025

Contents

Overview

The East Region Health Protection Service (ERHPS) provides the health protection function across the four NHS Boards of Borders, Fife, Forth Valley, and Lothian. This function is delivered collaboratively with other teams within the Health Boards, and external stakeholders, including Local Authorities and Public Health Scotland.

The current model for the ERHPS is of a multiprofessional team, providing a day-time reactive health protection response to infectious and environmental population harms, built on a foundation of proactive and preparatory work, identifying and addressing potential health risks.

The ERHPS has internal governance structures, and a system of outward communication, including briefings and reports, with formal oversight from the four Health Boards, so that they have assurance the statutory and other functions are delivered.

Purpose

This report provides an overview of the governance arrangements for the East Region Health Protection Service (ERHPS) across the four Health Board areas, to provide necessary assurance to Board Directors of Public Health (DPH), and their various internal senior management and governance committees.

Introduction

Work for the development of the ERHPS began in December 2020 with governance arrangements involving specialist and functional leads from each of the Boards. The strategic direction was agreed through individual Boards governance structures. The preferred model for the service was informed by discussion within the project governance groups supplemented by workshops held with staff. The service was to include all existing staff (including those with mixed remits, on a pro-rata basis) who were delivering health protection functions in each of the Board areas using an overarching roster. There was to be no change to employer or work location for staff, and line management would remain with employing Boards. All four Health Boards would continue to have a compliment of consultant and nursing roles within their areas.

Delivery of an in-hours (Monday to Friday, 09:00-18:00) service commenced on 12th December 2023. From this point, new governance arrangements were required to support the live function of ERHPS.

Following implementation of the ERHPS, it was agreed to transition governance arrangements from those used during the development phase. This report sets out the approach that the ERHPS will follow, ensuring each of the four Health Boards have a shared understanding of management and governance arrangements. This paper lays out the current governance of the service and links with the governance arrangements of the four Health Boards.

Governance arrangements

Culture and values

The culture and values adopted by ERHPS are those of NHS Scotland, and the four member Boards. These are the provision of value-based health and care, and the explicit values of:

- Care and compassion

- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

The focus of the ERHPS is on protecting and improving the health of the population within the four Boards through the collective efforts of the team, the wider Public Health community, and local and national partners.

Staff wellbeing is of key importance to the service, and a wellbeing working group has been set up to focus on this priority area.

Policies, structures and processes

Structure of ERHPS staffing
Staff are line managed within their local health boards. The staffing structure for professional oversight is shown in Figure 1.
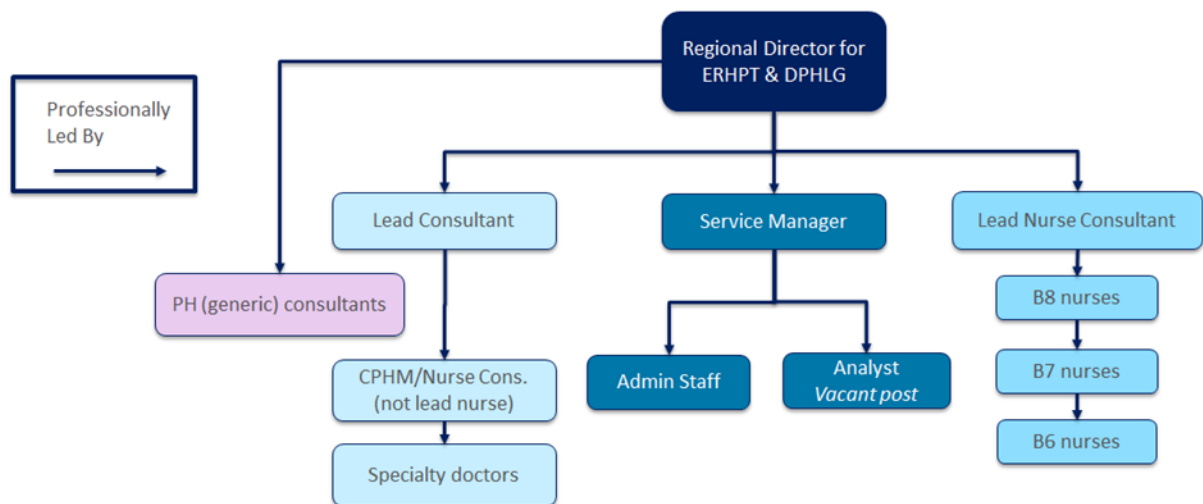

Figure 1. Staffing Structure. Structure for professional oversight based on current complement of staff.

The ERHPS workforce plan (Draft Sept 2024) outlines the future vision for the model of the service and staffing. Due to the active change and developmental stage of ERHPS workforce is reviewed by the East Region Leadership Function (ELF) monthly to ensure that staffing is adequate to deliver the agreed outcomes of the service.

Processes
The ERHPS operates two duty teams (now transitioning to an acute team and a patch team). This approach reduces complexity in administrative processes. Staffing of these two teams is drawn from all four Boards. Teams follow up all clinical enquires and notifications relating to their teams, with sharing of workload during times of additional pressure.

Work within these two duty teams is undertaken by operational team, consisting of nurses and a small number of specialty registrars. Oversight is provided by a nurse team lead and consultant. Clinical escalation is from the team lead to the duty consultant and in turn to the clinical lead if needed. A duty admin team (overseen by an admin co-ordinator) supports both duty teams alongside an overall operational co-ordinator who provides support for issues arising on the day (for example staffing gaps).

The ERHPS Clinical Manual and Admin SOP detail clinical and operational procedures for the service. The manual is updated regularly by the clinical manual working group and all consultants and nurses for lead areas have responsibility for ensuring the manual pages are evidence based. The manual is then signed off by the clinical lead for the service. The Admin SOP is updated regularly by the admin group with input from the operational group.

Decision making and accountability

Senior Management Team
Day to day decision making is led by the Senior Management Team (SMT), comprising the Clinical Lead, Lead Nurse, and Service Manager. Areas of responsibility are as laid out in Table 1, and the SMT meet twice weekly to review workload, challenges, and feedback from other groups. The SMT are supported by the Regional DPH, and the East Region Leadership Function (ELF).

Table 1. Responsibilities of SMT.

Clinical Lead	Nurse Lead	Service Manager
Clinical decisions	Operational practice	Operational organisation and strategic planning
Strategic direction	Nursing team	Financial governance
Proactive work	Out of scope areas	IT and IG
Surveillance		Admin team
Consultants		Data analysts
Specialty doctors		Workforce governance
Data analysis		Staff wellbeing and management
Specialty registrars		Risk Management
Communications		Information governance

Operational policies for ERHPS
Operational issues are identified by the operational team in real time, in response to changing disease patterns, and by senior consultant and nursing and management staff in response to changing national direction (including published guidance).

Consultants are empowered to make decisions about management of individual cases and situations as they arise. Where there is a need for change in policy or procedure this is escalated either to the SMT or one of the speciality leads.

SMT may delegate development of urgent new policies to individual staff or work groups, for immediate agreement and implementation by SMT, and subsequent review by ELF.

Operational changes are escalated through ELF and regional DPH as appropriate for information, discussion, and assent.

Once approved, changes to operational policies are added to the Clinical Manual to guide staff in operational aspects of delivering the health protection function and communicated in daily handovers and weekly emails.

Where required (for example due to data governance concerns, or deviation from national guidelines) decisions are also escalated to other groups (both formally and informally constituted) within the four Health Boards for feedback, review, further action, and sign off.

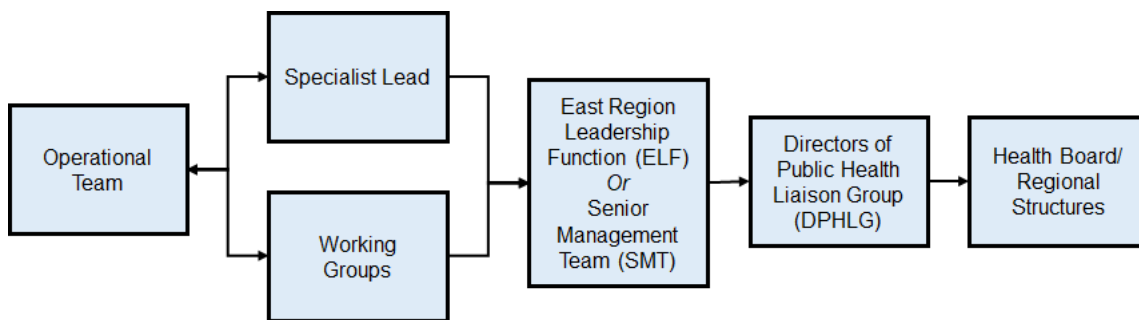The structure of decision-making groups can be found in Figure 2.

Figure 2. Decision making tree.

East Region Leadership Function (ELF)
The East Region Leadership Function (ELF) provides support to the SMT in delivering leadership for the service and to bring additional oversight. The terms of reference for ELF have been developed and are available separately. This group consists of:

- The ERHPS Service Senior Management Team (Clinical lead for ERHPS, Lead Nurse ERHPS, Service Manager ERHPS, Lead DPH when required only).
- Health Board lead consultants[1]
- Operational Team senior nurse

Whilst day to day management of ERHPS remains the responsibility of SMT, the ELF has responsibility for scrutiny of the performance and operational management of the service and is chaired by the Service Manager. Working groups, led by senior ERHPS staff report to the ELF, at least quarterly - but more frequently as required.

Working groups include:

- Staff wellbeing group
- Quality improvement group
- Clinical manual group

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[1] Andrew Rideout represents NHS Borders

- Operational group and other staff groups (admin, nursing, consultant)
- Service managers link meeting group
- Education and training
- Short life working groups

Note – Groups are evolving

Health Board lead consultants

There are (currently) four Health Board lead consultants – each with a remit to be the link between the East Region Health Protection Service (ERHPS) and the four member Boards.

The four Health Board lead consultants sit on the East Regional Leadership Function group (ELF), and so are part of the principal decision-making group within ERHPS. Note: Borders lead is currently clinical lead for service.

Although ERHPS has a unified regional approach to health protection, implementation frequently involves adaptation to local systems, and so the four Health Board lead consultants are key to the effective integration into the Boards, and delivery of the health protection function.

The Health Board Lead Consultants **will**:

- Attend or nominate a representative to Health Board committees, groups, and ad hoc meetings to represent the ERHPS within the Health Board
- Present ERHPS routine reports to Health Board (or invite Lead Consultant, Service Manager, or another team member if appropriate)
- Ensure communication both ways between Health Board and ERHPS
- Ensure that ERHPS regional plans can be operationalised at a local Board level
- Maintain links with the Health Board wider Public Health Directorate/ team to ensure that ERHPS contributes to wider public health priorities
- Maintain links with Health Board wider clinical teams to ensure that the ERHPS profile and good name is maintained locally
- Maintain links with linked Local Authority Environmental Health Teams to ensure that there is effective communication and working with local teams
- Maintain links with linked local stakeholders to understand the needs of local populations

The Health Board Lead Consultant **will not**:

- Be the first point of contact for communications from the Board to ERHPS – these should always come through the ERHPS shared in-box

The Health Board Lead Consultant **may:**

- Delegate/ co-opt other members of the local team to contribute to meetings and committees within the Health Board area.

Annual workplan

Development of the workplan is scrutinised by ELF, before being signed off by the DPHLG. This ensures the DPH from each Board has visibility of the work delivered by the service. The 2024-2025 Workplan was signed off by DPHLG in August 2024.

The service will produce an annual report (covering activity, adverse events, staffing, and other relevant areas). This will be shared with the DPHLG for discussion and assurance and submitted to all four Boards' nominated Governance Committee for this service. There will be interim six-monthly reports approved by ELF and submitted to four local Public Health Senior Management Teams (or equivalent).

Regional ERHPS Director and Directors of Public Health Liaison Group (DPHLG)

ELF directly reports to the DPHLG through the Regional ERHPS Director. Terms of reference for DPHLG groups is being refreshed by the DPHLG.

Each DPH retains responsibility for the population of their Board area, with responsibility for health protection functions delegated to ERHPS. Individual DPH will be notified of significant events affecting the population of their Health Board for awareness, and to a local as a well as a regional response if required.

Reporting

There is a pattern of reporting and communication, that includes:

1. Urgent escalation of high consequence situations and incidents to Lead regional DPH, and DPH of any affected Board or their Depute (by most appropriate means) – Figure 3.
2. Weekly confidential update of specific issues of concern and changes to practice to four DPH, by email.
3. Weekly confidential update of significant outbreaks, patterns of disease, and national communications to four Health Boards (including Medical Director, Nurse Director, Head of Infection Control, microbiology, and others).
4. A fortnightly DPH 'emerging issues' huddle allows informal discussion of any issues requiring rapid response, management issues and notification of changes to operational procedures.
5. Quarterly reporting of above, plus attainment of performance metrics
6. Six monthly reviews of ERHPS work plan added to quarterly reports
7. Annual reporting of above, plus review of ERHPS alignment with four Board objectives. Consultant workplans and all staff Personal Development Plans will be reviewed and aligned with ERHPS workplan.
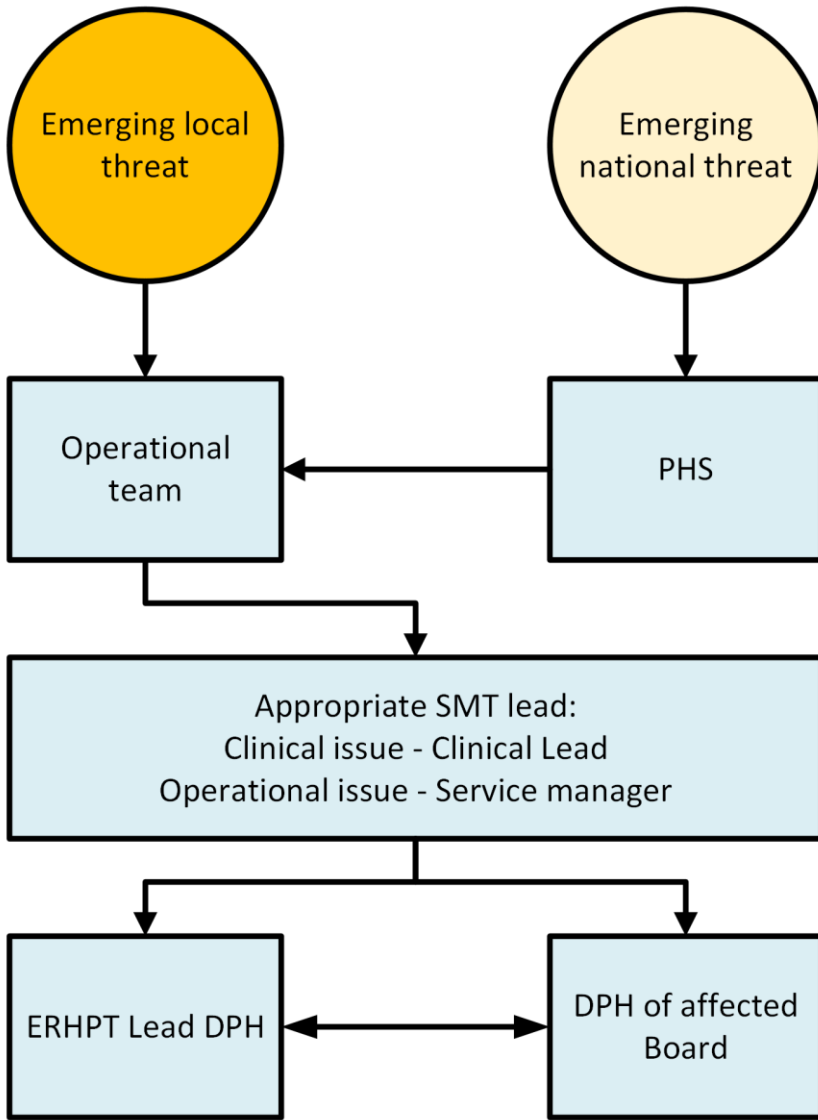
Figure 3. Urgent escalation of emerging issue.

Each of the four Directors of Public Health will feed into their respective NHS Board governance structures/senior management teams. Local senior management teams will continue to provide assurance through their own governance routes (e.g., Health Care Governance sub-committee or similar). Local SMTs (or equivalent) will receive the ERHPS quarterly report via the DPH.

Financial Decision Making

The Financial Principles were agreed with the Chief Executive of all four Health Boards, with the lead DPH having oversight of the totality of the budget. An annual budget will be agreed for the service before the start of each year. The Regional ERHPS Director holds responsibility for oversight of the regional budget as delegated by the four DPH based upon the financial principles paper (Appendix 1). The ERHPS Service Manager will work with local NHS Service Managers who currently hold the contributions to this budget if there is to be any variation to

each Board's contribution. Final financial responsibility still sits within each of the Health Board's until such time as a host board is in place.

Oversight Board

The development of the East Region Health Protection project was initially led by Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning. A formal project and associated governance arrangements were established with an Oversight Board providing senior level governance for the project. This included Chief Executives and Directors of Public Health from the four Boards, Director of Regional Planning, East Region, and a Professional Project Lead. It is anticipated that arrangements will transition as formal Host-Board arrangements progress. Future proposals will be discussed and agreed with membership of the Oversight Board.

Delivery, performance management and service improvement - Control frameworks

Risk Management

The ERHPS Risk Register is maintained and reviewed by the ELF monthly.

Escalated risks are reported monthly to the DPHLG who have responsibility for high level risks and risks which require local Board management actions. These risks are then added to local risk registers.

Low and moderate level risks sit with ELF and are reported in the Quarterly Report.

Incident reporting

The ERHPS delegates the review and management of incidents on local incident systems (Datix, Safeguard, InPhase) to designated senior staff from each Health Board.

The ERHPS has a quality improvement team, working alongside ELF who will support learning and service improvement from incident reports. The ERHPS has an education team who will support staff development and learning when this is an identified need from incident reports.

A monthly report of incidents is reviewed by ELF, with information passed to DPHLG through the Quarterly Report.

Appendix 1 – Financial Principles

June 2023

A.   What the Financial Operating Principles Cover

1. At the Oversight Board for the East Region service on Friday 12 May 2023, key decisions were made based on the recommendations set out in the Finance Paper presented to the Board.

    The main decision points include:

    - The Oversight Board agreed that there will be a single budget managed by cross-charging between Boards.

    - The lead DPH for the East service will have budgetary responsibility and sign-off for spend.

    - The budget must reflect the workplan

    - Cross-charging arrangements will be required, and existing finance leads in each of the Boards will assist setting this up.

2. All Health Board partners in the East Region Health Protection Service (ERHPS) operate under Financial Operating Procedures/Standing Financial Instructions (FOPs/SFIs) in the delivery of services approved by their respective Boards. To support the key decision points agreed, all operational and transactional finance matters for delivery of the ERHPS must comply with each health board partner's FOPs/SFIs. The ERHPS will have responsibility for oversight and management of the expenditure within the allocated budgets and will direct each partner on how resources will be spent in line with the approved work plan for the regional service.

3. All actions that impact the finances of the ERHPS will only be carried out by individuals authorised to do so by the lead DPH for the service. The lead DPH will establish a clear and effective authorisation framework for the service.

4. The ERHPS will continuously work to achieve best value for resources deployed across the service and provide a sustainable service across the region.

5. The initial basis of HB contributions would be current budget (recurring) and that any non-recurring funds aligned to existing expenditure would remain in scope only for the duration to which they are expected to be available.

6. Where a service change is agreed by all partners, any additional costs should be apportioned to each board within the period incurred, using NRAC shares

7. Several principles were agreed in relation to the project phase. These are provided in Appendix i.

B. Operational Issues

8. Financial Reporting

Budget managers within each health board partner will be accountable for the budgets delegated to them as directed by the lead DPH in line with the service workplan. The finance teams within each organisation will produce monthly financial reports and forecasts to monitor the overall financial performance in relation to the agreed revenue budget for the regional service.

The report will be prepared using management information which should reflect budgets and costs held within each board's finance system (eFinancials). A standard reporting template will be provided to each health board to ensure consistency of data collection

Financial information will be submitted to the finance lead of the health board selected as host board for the regional service budget monthly. The finance lead will consolidate the information and present a regional budget monitoring report to the service along with any explanations for any significant variations from budget and actions planned to deal with them. A timetable for submission will be agreed with partner's finance teams. Budget monitoring reports at a local board level will continue to be provided to the budget holder for the local service.

9. Partner's Contributions

Each health board's initial contribution will reflect the ring-fenced recurring budget outlined in the agreed baseline. Changes to in year budgets will only be made where these are reflective of agreed financial plans, including (for example) pay uplift. Any non-recurring contribution will be agreed separately on an annual basis.

10. Payroll, Travel & Subsistence

Each health board partner, as the employing organisation is responsible for payment of salaries and expenses to the regional service workforce, has systems in place to ensure timeous and accurate information is passed to that organisation's payroll team. Workforce planning will be taken forward and agreed by the regional service. The recruitment to posts will be approved by the lead DPH and managed in line with the recruiting partner board's governance framework taking forward the recruitment process.

11. Orders for Goods and Services

All procurement will be made via the normal procurement route of the partner organisations and in accordance with the partner's Standing Financial Instructions. This also applies for orders for computer hardware, software and telecommunications. Approval of expenditure will be in line with the authorisation framework established for the service. All payments for goods and services will be made via the accounts payable processes of the partner organisations.

12. Petty Cash

Any petty cash requirements will be provided for by the partner organisation in line with the organisation's SFIs.

13. Adjustments

Adjustments may include recharge of hours worked for the service by staff not wholly employed within Health Protection roles and whose primary contract is held by another department. Any such adjustments should be aligned to how these costs were treated within the financial baseline.

14. Recharging Mechanism

Where there is variance overall, or in individual health boards, arising from decisions made in relation to the regional service, a mechanism for recharging these costs to partner boards will be implemented.

The approach is outlined in summary below and will be agreed with finance leads in each of the participating boards

Scenario	Proposed Treatment
Overall Breakeven with variation across individual board positions	▪ HBs reporting over-spend are reimbursed to a net breakeven position. ▪ HBs reporting under-spend are recharged in line (pro-rata) with level of underspend. ▪ Each board will report an breakeven position after adjustment.
Overall underspend with variation (over/under) across individual board positions	▪ HBs reporting over-spend are reimbursed to a net breakeven position. ▪ HBs reporting under-spend are recharged in line (pro-rata) with level of underspend. ▪ Recharges are capped at level of over-spend incurred by partner boards, and any balance of under-spend is retained locally. ▪ Each board will report either breakeven or (adjusted) under-spend.
Overall overspend with variation (over/under) across individual board positions	▪ Individual HB positions are reimbursed or recharged to a breakeven position, creating an unattributed 'cost pool' representing the net regional overspend position. ▪ This 'pooled' overspend is then apportioned to all boards on the basis of 'target share' (i.e. regional NRAC). ▪ Each board will report an adjusted position reflecting target share of net regional position.

Invoices to support the recharging mechanism will be issued quarterly.

15. Disputes Resolution

In the event of a dispute over the interpretation or application of the financial arrangements the process of resolution is as follows: •

- The officers of each partner who are identified as having day to day responsibility for the service and the regional Service Manager should consider the issue;
- If it is not possible to resolve the issue at that level is should be referred to the Directors of Finance of the partners for resolution;
- If Directors of Finance cannot resolve the issue it should be referred to the Accountable Officers of the partners for resolution.
- Disputes should be determined as quickly as possible. In normal circumstances the partners should be committed to resolution within one month of formal notification of a dispute.

Appendix I - FINANCIAL PRINCIPLES FOR EAST REGION HEALTH PROTECTION PROJECT

	Theme	Principle
	Resource Impact	
1.	Cost Neutrality	The review is expected to be undertaken on a 'cost neutral' basis, both at regional and individual board level, except by prior agreement (via East Region Programme Board).
2.	Redistribution of Workload	Wherever possible, any redistribution of workload on a regional basis should be undertaken with regard to the existing board resources, in such a way as there is minimal change to the overall contribution by individual boards.
3.	Redistribution of Resources	Any redistribution of resources between health boards will be subject to agreement of regional Directors of Finance.
4.	Savings	Savings delivery in one health board area will not automatically be deemed to offset additional expenditure within another health board area.
5.	Recurring Investment	Any changes which require recurring investment on a regional basis will require business case submission via the regional programme board.
6.	Non-Recurring Investment	Any requirement for non-recurring investment to support transformation (e.g. start-up costs, double-running, etc.) is expected to be financed from within the overall baseline resources except where agreed separately.
7.	Capital	Any capital investment requirements will be subject to agreement through the East Region Directors of Finance group.
8.	Disputes (Financial)	Any disputes on areas of in scope resource, or treatment of proposed changes, should be referred to regional directors of finance for agreement.
9.	Other	Except where noted above it will be assumed that the resources held within individual health boards will remain subject to the financial planning of the relevant board.
	In Scope Resources	
10.	Ring fencing	*Agreed* Baseline resources should be ring-fenced by individual boards and any change to budget during the period of the review should be reconciled to agreed baselines and will require approval via the oversight group.
11	Uplift	All budgets will be subject to agreed uplift during the review period. As a minimum this will include application of relevant NHS pay deal(s) in line with financial planning assumptions advised by Scottish Government.
12	Prior Commitments	Individual health boards should advise of any pre-existing commitments which will impact on service budgets, including cash releasing savings plans. These should be declared within the baseline.

13	Quality Assurance	Draft baselines should be quality assured by the Directors of Public Health, or relevant department heads, and any changes agreed with relevant finance officers.
14	Board Shares	The share of resources as described within the baseline will be treated as 'indicative' and does not represent an 'agreed share' of future costs.
	Costing Service Change	
15	Costing Methodology	Service changes proposed through the review will be costed on a standard costing methodology determined by operational finance support.
16	Relevant Costs	All relevant costs must be considered in relation to any service change, including staff expenses, IT equipment, travel, etc.

Appendix 2 – Version Control

Version no.	Date	Edited by	Changes made	Approved by
V 0.1	28/06/24	L. Murphy	Draft created	N/A
V 0.1.1	02/07/24	A. Rideout	Revision	N/A
V 0.1.2	03/07/24	S. Selly	Minor formatting amendments and addition of Appendix 2	N/A
V 0.1.3	05/07/24	A. Rideout	Initial comments from JT incorporated	N/A
V 0.1.4	28/07/24	A. Rideout	Revision following DPH feedback	N/A
V 0.1.5	02/09/24	L. Murphy	Finalised edits	N/A
V 1.0	05/09/24	L. Murphy	Finalised paper for sign off	N/A
V 1.1	27/09/24	S. Selly	Approval received from all four DsPH. Minor amendments made as requested	DsPH

East Region Health Protection Service

NHS SCOTLAND

FAO: East Region Health Protection Service (ERHPS) Oversight Board

SBAR Report	
Title:	**Single Employer Decision Making Process**
Lead(s):	Joy Tomlinson, Lead Director, ERHPS Lindsey Murphy, Service Manager, ERHPS
Date:	11th October 2024
Author(s):	Diane Robertson, Service Manager, Public Health and Health Policy, NHS Lothian
Purpose:	The purpose of this paper is to share with the East Region Oversight Board a proposed process to achieve Single Employer status (Hosted model). Approval is sought to enable the Single Employer Decision making process to commence and for timelines to be finalised.
Action required:	☒ Decision ☐ Assurance ☐ Information
Situation:	Support has been sought from the four NHS boards who form the East Region Health Protection service to develop the service to a Host Board model. NHS Fife at its EDG meeting in August 2024 have agreed to support the development of a host Board model for the East Region Health Protection Service. NHS Lothian at its CMT meeting on 27th August 2024 have agreed to support the development of a host Board model for the East Region Health Protection service. NHS Forth Valley: Verbal discussion between interim Chief Executive Amanda Croft and Director of Public health and confirmation via email that Amanda Croft supported development.

	NHS Borders: Verbal discussion between Chief Executive Peter Moore and Director of Public Health Sohail Bhatti confirmed support via email 13th September 24.
Background:	The East Region Health Protection Service for NHS Borders, Lothian, Fife and Forth Valley commenced in December 2023. The model chosen kept staff employed within their existing health boards with teams working in collaboration to provide a regional service. This model of delivery is resulting in greater challenges with financial oversight and staff management than anticipated. There is now active consideration that a host Board model should be established for the service.
Assessment:	A Single Employer Decision Making process has been developed for East Region HPS purposes, taking on board the experiences of the East Region Recruitment team who have already completed a similar process. A project management team was required by the recruitment team for this process. This process will take approximately 12 weeks to complete.

Attached for review is the Single Employer Decision Making Process Information Pack v1.4, and papers in OB agenda, the East Region Health Protection Service workforce plan draft outline V1.0 (item 6.1) and the ERHPS Governance paper v1.1 (item 5.2). |
| **Recommendation:** | To consider the proposed Single Employer Decision Making process, feedback any comments and approve to allow timelines to be finalised and the process to commence.

To note that the setting up of a host board would require project management resource from the boards.

To note that further updates will be prepared to update the oversight group as the Single Employer Decision Making process is progressed. |

East Region Health Protection Service Information Pack

New Single Employer Board Process

East Region Health Protection Programme Team
Version 1.0
16/09/2024

Contents

East Region Health Protection Service – Single Employer

Introduction

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1. Background

1.1 As part of the Health Protection Shared Service portfolio, the transformation of Health Protection services within the East region has reached a key milestone. A preferred model (Single Employer, Multiple Bases) for delivering the East Region Health Protection Service has been identified and recommended to Boards for consideration, through local governance processes. Following confirmation of support for the proposed model from all four boards, the programme of transformation is now ready to move forward with the next steps, which is to identify the Single Employer for the East Region Health Protection Service and progress to full implementation.

1.2 The East Region Health Protection Service Consortium is made up of 4 boards: NHS Lothian; NHS Fife; NHS Borders; NHS Forth Valley. It is one of the first such consortia in Scotland tasked by the four health boards with developing a consistent and sustainable approach to Health Protection services on a regional basis.

1.3 There are staff from four Health Protection teams across three sites (NHS Lothian, West Port, Edinburgh; NHS Forth Valley Castle Business Park, Stirling; NHS Fife, Bankhead Central Offices, Glenrothes; (NHS Borders, hot desking only), in four geographical locations within the East Region Consortium. The effective delivery of local health protection services requires close partnership working between East Region Health Protection Service, local Boards, Public Health Scotland, and local government, amongst others. Core health protection functions expected of local health systems include:
- Communicable disease control
- Environmental public health and control of chemical, biological and radiological hazards
- Emergency preparedness, resilience and response
- Risk assessment, management and communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Response to public health alerts from Public Health Scotland and UK Health Security Agency (UKHSA) (including those originating with European Centre for Disease Prevention and Control (ECDC) and World Health Organisation (WHO)
- Infection prevention and control during outbreaks in community setting

1.4 Further details relating to the preferred model are contained within the East Region Health Protection Service Workforce Plan (Appendix A). The current reporting and governance arrangements have been captured in Appendix B, East Region Health Protection Service Governance Arrangements

2. Long Term Vision and Value of a Regional Health Protection Service

2.1 The vision for the East Region Health Protection Service is one of a resilient, sustainable service which maximises the skills of the workforce, reduces duplication and makes provision for surge capacity should it be required.

2.2 The future focus of a shared Health Protection Service is delivering a Regional service that has the agility and flexibly needed to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards such as chemicals and radiation.

2.3 A shared regional service will enable effective sharing of expertise, knowledge, skills and experience, to develop into a robust, efficient, and quality driven and patient-centred Health Protection service.

2.4 The East Region Health Protection Service will work to improve health outcomes of local people, across the four Boards, and enhance the experience that patients and the public have of our services so that it matches the high quality that people expect.

2.5 The value of an East Region Health Protection Service is summarised as follows:

- **Patient experience:** Enhanced patient experience through the shared gains of pooling expertise into a centre of excellence service for East Region Boards, whilst retaining local knowledge and relationships.
- **Flexibility & resilience:** One collective, sustainable and resilient Health Protection resource, targeting the full weight of the East Region Health Protection service where and when it is needed to optimise the service to patients.
- **Health Protection staff experience:** Assist with workforce planning, identify skill gaps and support the creation of career paths, in relation to Health Protection staff, along with the ability to retain Health Protection staff across multiple sites.
- **Efficient & consistent service:** Efficient and consistent delivery of functions, embedding standardisation across the region, building on the work that has already taken place through the East Region approach, with further potential to optimise efficiency & productivity gains.

3. Proposed Staffing Model

3.1 The proposed regional model will have an estimated staffing of 40.5 wte. This is based on the proposed staffing model as outlined in East Region Health Protection Service Workforce Plan (Appendix A, Table 6).

3.2 The service model has 16 Health Protection positions which include Medical and Dental, Nursing, Analytical, Managerial and Administration posts. The successful East Region Health Protection service single employer will require to take job descriptions through their Board job evaluation processes. There is also the introduction of a Health Protection Service Manager role. It is envisaged that this role will support the Lead Consultant for Health Protection and the Director for the East Region Health Protection Service with the delivery and implementation of agreed quality improvement and test of change projects across the Regional Health Protection Service. There is the potential to consider further skill mix redesign as the Health Protection job descriptions continue to develop.

3.3 The Single Employer will assume full employer responsibility for Health Protection Service staff under TUPE transfer arrangements. The change management process will commence in January 2025 following the identification of the Single Employer, to transition the individual Board Health Protection service staff to the new service.

4. Service Outline

4.1 Most of the operational service aspects of health protection have already been transferred to the East Region Health Protection Service. It is envisaged that in this hosted service phase further discussion will be required on 'out of regional scope' aspects of service delivery (Tuberculosis, refugee health, protection of babies from Hepatitis B) with the Single Employer and the East Boards. Agreement will be sought on what service aspects will be included in the host phase and what will not be included.

5. Single Employer Responsibilities

5.1 The Single Employer will be required to setup and maintain service level agreements with all boards within the East Region, including funding contributions. The abiding principle will be that each board, including the Single Employer, will receive the same high standard of service (Appendix C).

5.2 Governance arrangements for the East Region Health Protection Service would be the responsibility of the single employer and will be delivered along similar lines as per the East Region Health Protection Service Governance Arrangements, as detailed in Appendix B.

5.3 The Single Employer will be responsible for agreeing dispute resolution in line with the approach for other hosted services, as part of developing SLA agreements.

6. Communication and Engagement

6.1 The communication and engagement with stakeholders from across Board Health Protection staff, generic Public Health staff, staff side representatives and service users, has been key to achieving a high degree of consensus in designing and agreeing the preferred option and the detailed service model as set out in the East Region Health Protection Service Workforce Plan (Appendix A). Engagement to date has been achieved through a variety of stakeholder engagement sessions, workshop participation and programme updates. Ongoing engagement and communication will be captured in a Communications Plan which with include the single employer selection process through to final go-live post Organisational Change with the chosen Host Board.

7. Single Employer Process

7.1 Following confirmation of support for the proposed model from Boards within the East Region Health Protection consortium, the next stage in the Health Protection transformation programme is to identify the Single Employer of the East Region

Health Protection Service. This information pack sets out the decision-making process and assessment arrangements for doing so.

7.2 All Boards within the East Region Health Protection consortium are invited to consider becoming the Single Employer of the East Region Health Protection Service. Boards that confirm their expression of interest are then asked to submit a formal written submission using the standard template (Appendix D).

7.3 An independent panel will convene to review the formal written submissions received. The review will take the form of a Board presentation followed by a question and answer session by the panel. Submissions will be formally assessed using an agreed methodology (Appendix E).

7.4 The panel will consist of members that are independent, experienced and senior within their field of expertise and will not include individuals from within the East Region Health Protection boards. The exception to this may be in the event that only one Board submits interest where discussions will take place with a panel including representatives from all four Boards.

8. Timescales

8.1 Boards are to confirm expressions of interest within two weeks of the Single Employer Process commencing. **The closing date for Expressions of Interest is: <mark>xxxxxxxx</mark>**

8.2 Those Boards noting interest, are required to complete and return the formal written submissions template within a further 4 week period. **The closing date for Written Submissions is: <mark>xxxxxxxx</mark>**

8.3 The written submissions and supporting assessment information, will be distributed to the panel. A period of 2 weeks is allocated for this, to assist panel members with their preparation in advance of the panel meeting. It is anticipated, that the panel assessment will take place between <mark>xxxxxxxxxxxxx</mark>.

East Region Health Protection Service

Single Employer Decision-Making Process

This section sets out the detail of the Single Employer decision-making process for the East Region Health Protection Service and covers:

- Context
- Informal Interest
- Formal Written submissions
- Panel Assessment
- Timescales

1. Context

The main aim of the Host Board Service programme is to develop a shared approach to Health Protection services in the East Region that will deliver a service that is sustainable and efficient and to a quality that is consistent and nationally agreed. The Host Board Programme Team will be led by the Lead Director of the East Region Health Protection Service, on behalf of the Directors of Public Health Liaison Group (DPHLG). The East Region Recruitment service programme team or other regional services can be used as a good practice model to outline the roles within the Host Board programme team.

The Directors of Public Health Liaison Group provides strategic direction and oversees the approach of the East Region Health Protection Service with agreement that service delivery is developed through a regional model.

The Single Employer decision supports the completed East Region Health Protection Service Workforce Plan (Appendix A), which details the preferred option of a Single Employer, Multiple Base Health Protection Service for the East Region.

2. Expression of Interest

In the first instance, Boards are invited by the East Region Programme Board Senior Responsible Officer, to express interest in becoming the new Single Employer of the East Region Health Protection Service. Consideration should be given to the Single Employer Responsibilities (Appendix C) and further details of the service model contained within the full East Region Health Protection Service Workforce Plan (Appendix A).

3. Written Submissions

Each Board expressing an interest in becoming the Single Employer is required to complete the formal written submission template (Appendix D). The template consists of a set of questions designed to help assess whether the Boards are able to fully support the delivery of East Region Health Protection Service to, and on behalf of, the other East Region Boards. For ease, the Written Submission Template will be made available as a stand-alone document

for completion, along with a copy of the East Region Health Protection Service Workforce Business Case for further information.

Any queries that arise from Boards during the submission period should be routed in the first instance to local Health Protection leads, respectfully followed by the Programme team.

4. Panel Assessment

This section outlines the role of the panel and the process to decide who the Single Employer will be for East Region Health Protection Service. The panel will base its decision on:

- Board written submissions
- Board presentations (*'Why NHS 'X' should be the Single Employer for ERRS'*)
- Question & Answer session

4.1 Role of the Panel

The role of the panel is to evaluate the benefits each individual board can bring in the written and verbal submissions of each interested Board to decide who the Single Employer will be. The panel will be expected to provide a rationale for its decision that will be shared with each Board and more widely as appropriate. In the event of a tie between Panel members, the Chair of the panel will have the casting vote.

4.2 Assessment Criteria

The six key areas in the written submission template (Appendix D) will form the basis for assessing, and subsequently enabling a comparison of, Board responses; these areas are:

1. Fit with long term vision and organisational support to be the Single Employer
2. Management and governance arrangements
3. Organisational capacity to support the programme/ service prior to implementation
4. Ongoing organisational capacity to support the Health Protection service
5. Stakeholder needs NHS (Board)
6. Benefits realisation and management

4.3 Scoring Criteria

The panel will use the following criteria when evaluating Board written and verbal responses for each of the six areas above. Each area will have an equal weighting giving a potential total maximum score of 24.

Score	Description
0 - Unacceptable	Nil or inadequate response. Fails to demonstrate previous relevant experience/ capacity/ capability relevant.
1 - Poor	Response is partially relevant but generally poor. The response shows some elements of relevance but contains insufficient/limited detail or explanation to demonstrate previous relevant experience/ capacity/capability.
2 - Acceptable	Response is relevant and acceptable. The response demonstrates broad previous experience, knowledge and skills/capacity/capability but

	may lack in some aspects of similarity e.g. previous experience, knowledge or skills may not be of a similar nature.
3 - Good	Response is relevant and good. The response is sufficiently detailed to demonstrate a good amount of experience, knowledge or skills/capacity/capability relevant to providing similar services to similar clients.
4 - Excellent	Response is completely relevant and excellent overall. The response is comprehensive, unambiguous and demonstrates thorough experience, knowledge or skills/capacity/capability relevant to providing similar services to similar clients.

4.4 Panel Composition

It is expected that names for the independent panel will be sought from boards external to the East Region boards. It is expected that discussion will take place by the East Region Health Protection Service Programme Board will agree the final panel composition.   The proposal for panel composition is detailed below.

Representative	Nominee
Chief Executive Representative (and Panel Chair)	To be confirmed
HPT Professional Representative	To be confirmed
Scottish Government Representative	To be confirmed
National Staff Side Representative	To be confirmed

Panel members should be as independent as possible and, to support that, members will *not* include individuals from Boards within the East Region Health Protection consortium. Representative(s) of the Host Board Programme team will be in attendance at the panel to take a note of the meeting and to provide any additional information as appropriate.

4.5 Board attendees

The Boards concerned have the opportunity to have up to three attendees meet with the panel; one attendee to deliver the presentation and all attendees to be able to answer questions asked by the panel.

Boards can decide who they wish to attend but it is advised that attendees should be in a senior position and have sufficient knowledge to be able to respond to the panel as authoritatively and as fully as possible.

4.6 One Employer Board Submission

Should only one employer Board submit formal interest in becoming the new employer Board, the remaining Boards within the East Region reserve the opportunity to request the panel Board to be made up of representatives from within the East Region Boards. The process laid out in points 4.1-4.3, 4.5 would be followed with an independent or internal East Region panel

to ensure that the single Board was able to meet the needs of the East Region Health Protection Service.

5. Single Employer Decision

It is anticipated that the panel will reach a decision on the day however this will depend on the number of boards who have submitted interest. The chair of the panel will inform the Lead Contacts for each board as soon as is practically possible.

The panel will reserve the right to defer the decision if further time is required. Whilst not anticipated, the panel will reserve the right to decide that none of the Board's submissions nor presentations reach what would be seen as a required standard.

It will also be ensured that communication of the decision (or an update if there is a delay in the decision) to other Boards and affected staff will be undertaken in a co-ordinated and timely way.

6. Timeline

Boards will be invited to submit expressions of interest within a 2 week period followed with a formal written submission within an additional 4 week period. A further 2 week period will be allocated prior to the panel date to allow for additional preparation for panel assessment. The whole process will take 8 weeks to confirm the new employer. The Business case and written submission responses will be shared with independent panel members in advance of the panel meeting.

At the earliest date, information packs will be issued on xxxxxxxxxxxx with informal expressions of interest sought by xxxxxxx followed by the return of the Written Submissions Template from Boards by xxxxxxxxx. It is anticipated that the panel assessment will take place between xxxxxxxxxxxxxxxxxxxxx and xxxxxxxxx

PB invites interest	PB formal submissions	Panel Assessment
2 weeks	4 weeks	2 weeks
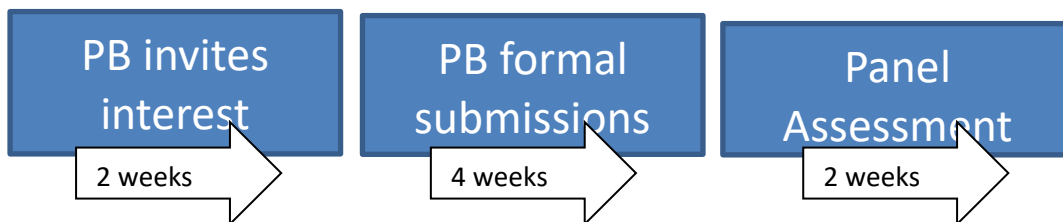
Appendices

List of Appendices

A	East Region Health Protection Service Workforce Plan
B	East Region Health Protection Service Governance Paper
C	New Employer Board Responsibilities
D	Written Submissions Template
E	Scoring Template
F	National Performance Indicators

Employer Board Responsibilities **Appendix C**

The Single Employer board will be required to consider the following information and responsibilities:

1. Staff

The Health Protection staff within the East region is made up of 30.84 WTE. This is expected to rise to 40.5wte as per the proposed staffing model, as outlined in the East Region Health Protection Service Workforce Plan (Appendix A, Table 6). The East Region Health Protection Service is currently made up of four Boards: NHS Fife, NHS Lothian, NHS Borders and NHS forth Valley. There are 4 Health Protection teams across three sites in 4 geographical locations within the East Region Consortium. The Single Employer board will assume full employer responsibility for these staff under TUPE transfer arrangements.

Following TUPE transfer the Single Employer board will be required to undertake and resource a full organisational change process to transition the individual Health Protection teams to the new team structure. The Project Board will endeavour to provide as much detail and support as possible to ease the potential burden of this process, for example initial staffing structure, numbers, role outlines and draft job descriptions.

The Single Employer board will be required to provide a full HR service to the East Region Health Protection Service although it is anticipated that Boards 'local' to staff bases will provide occupational health services if required.

2. Health Protection Services

The Single Employer board will provide a full Health Protection service across the 4 boards.

The Single Employer board will be required to set up and maintain Service Level Agreements with the boards within the East Region. The abiding principle will be that each board (including the Single Employer board) will receive the same standard of service except where Service Level Agreements indicate otherwise.

3. Accommodation

All four boards should provide sufficient accommodation to East Region Health Protection Team members of staff working within their Board areas, as specified by the Service Level Agreement. The flexibility around hybrid working should be considered. Accommodation arrangements may be subject to periodic review as part of the Service Level Agreement process.

Any costs associated with providing this accommodation would remain with the transferring boards.

4. IT Hardware And Support

It is expected that all boards with current Health Protection teams will continue to make all current IT equipment available to transferring staff. Whether this remains as part of their existing IT estate or is transferred to the Single Employer board will be dependent upon the future IT set up and requirements. Any transfer of equipment ownership would be expected to

be done at no cost however costs of equipment required to provide a virtual and remote service have been cost calculated for review by the new Single employer board.

It is further expected that boards would continue to provide local IT support to East Region Health Protection service. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

Future IT equipment requirements will be the responsibility of the Single Employer board, however any costs associated with this would need to be agreed with each customer board as part of the Service Level Agreement process.

5. IT Software and Access

It is expected that all boards with current Health Protection teams will continue to provide server space and access to required local systems. The Single Employer board will ideally be required to migrate all Health Protection staff onto their local network and create a means of all Health Protection staff accessing information by the introduction of a single storage and retrieval system. This should be partially facilitated by the introduction of Office 365 and other Internet based systems. The costs associated with this would continue to be met by the transferring boards in the first instance. These arrangements would be subject to periodic review as part of the Service Level Agreement process.

It should be noted that the main systems used by Health Protection staff are HP Zone, clinical viewer, clinical viewer, clinical portal, and BT Cloud.

6. Governance and Audit

All governance arrangements for the East Region Health Protection Service would be the responsibility of the Single Employer board. The East Region Health Protection Service will sit within the Public Health Directorate of the Single Employer board who will agree reporting arrangements.

7. Data sharing

The Single Employer board will require data sharing agreements with each of the stakeholder boards, taking into account any existing relevant national agreements.   It is expected that this would require a straightforward review with the Single employer board to be able to then be put in place between the Single Employer board and the stakeholder boards.

8. Transitional Costs

It is expected that there will be costs associated with the transition to a Single Employer. It is expected that these would be apportioned between all four boards. The associated non-recurring costs are laid out in the East Region Health Protection Service Workforce Plan. (Appendix A)   While exact costs are undetermined at this stage a proxy cost for transitional costs will be identified and apportioned between all four boards. Transitional costs are included to cover but are not restricted to:

- Communications
- Change management
- Service improvement

- Staff security passes/ID badges
- IT system transitional costs (migrating data)
- IT system set up costs (helpdesk and telephone)

It is envisaged that as the benefits of moving to a regional service are realised there will be some economies of scale leading to an overall reduction in the cost of the service; these will be balanced with inflationary and other costs and passed on to each board as appropriate. Financial reporting will be required quarterly, as outlined in East Region Health Protection Service Governance Paper (Appendix B).

East Region Health Protection Service - Single Employer Written Submissions Template

BOARD NAME	

1	**Long term Vision and Organisational support**
1.1	Please confirm when your organisation has agreed to submit a bid to be the single employer of the East Region Health Protection Service. It was agreed by; _____(*e.g. Group/committee*) on _____(*date*)
1.2	What is your organisation's longer-term vision for East Region Health Protection Service delivery?

2	**Management and governance**
2.1	How would you integrate the East Region Health Protection Service function into your existing management structure and governance arrangements?
2.2	How will your organisation provide boards with governance and assurance during the transition and after implementation of the regional service?
2.3	What are the risks to your organisation of becoming the Single Employer and what actions will be taken to mitigate them?
2.4	How do you plan to performance manage the key agreed performance indicators from the SLA?
2.5	How will you ensure the East Region Health Protection Service delivers against any national performance indicators[1]?

3	**Organisational capacity <u>prior</u> to implementation**
3.1	Please outline your organisation's capacity to provide workforce resource to support the transition *following* the Single/Host Employer decision and *prior* to TUPE transfer of staff?
3.2	Please outline how you will undertake and resource the required organisational change process, including what support will be made available to affected staff prior to and following TUPE transfer.
3.3	What timescales would you anticipate working towards an initial shared service model?

---

[1] See Appendix D

3.4	Please outline what will be included in your organisational change plan to meet the skills and training requirements of the new regional service?
4	**Ongoing organisational capacity**
4.1	Describe how your organisation has the capability and capacity to manage all issues that will follow a decision to make it the single employer of Health Protection staff in the East region. (as a minimum, please include reference to; HR services, HR Systems, Payroll, ehealth/IT, Health & Safety) (Note: It is anticipated that Boards 'local' to staff bases will provide occupational health services).
4.2	How would you integrate the East Region Health Protection Service function into your existing partnership arrangements for staff?
4.3	How will your organisation meet any potential future IT equipment, software and access requirements as laid out in the Business case?
4.4	Please outline what you envisage implementation of the proposed shared service business model will look like from Day 1 and during the first phase following transition?
4.5	How will your organisation provide corporate support towards advancing equality and minority groups, in the new Single employer arrangement?

5	**Stakeholder Needs (NHS Board)**
5.1	Please outline what your organisation would seek to include in the required Service Level Agreements with customer Boards.
5.2	Can you confirm your organisation has information governance capacity to develop and provide any necessary support in relation to the Data Sharing Agreements with customer Boards? And how would you propose approaching this task?
5.3	How will your organisation support the East Region Health Protection Service management team to develop and maintain positive working relationships with customer Boards?
5.4	How will your organisation seek to ensure an equitable service is provided to all customer Boards?
5.5	How will your organisation seek patient feedback?
5.6	Thinking about your organisation's experience of providing Health Protection services, what added value would your organisation be able to deliver to customer Boards?
5.7	How would your organisation ensure the service had adequate access to patient data across the four boards?
5.8	How would your organisation develop effective and efficiency system access across four boards?

6	**Benefits realisation and management**
6.1	How will your organisation support and monitor the delivery of the agreed non-financial benefits of the proposed service model?
6.2	How will your organisation support and monitor the delivery of any anticipated financial benefits (or financial implications) of the proposed service model?

Scoring Template   **Appendix E**

East Region Health Protection Services – Single Employer Decision

Assessment Criteria Template

1.   Areas for assessment

The six key areas in the written submission template issued to boards interested in hosting the service, have been used to form the basis for assessment, and subsequently enabling a comparison of Board responses. The six key areas are:

1. Fit with long term vision and organisational support to be the Single Employer
2. Management and governance arrangements
3. Organisational capacity to support the programme/service prior to implementation
4. Ongoing organisational capacity to support the Health Protection service
5. Customer Board management
6. Benefits realisation and management

7.   Scoring Criteria

The panel will use the following criteria when evaluating Board written and verbal responses for each of the six areas above. Each key area as indicated above will have an equal weighting giving a potential total combined maximum score of 24.

Score	Description
0 - Unacceptable	Nil or inadequate response. Fails to demonstrate previous relevant experience/ capacity/ capability relevant.
1 - Poor	Response is partially relevant but generally poor. The response shows some elements of relevance but contains insufficient/limited detail or explanation to demonstrate previous relevant experience/ capacity/capability.
2 - Acceptable	Response is relevant and acceptable. The response demonstrates broad previous experience, knowledge and skills/capacity/capability but may lack in some aspects of similarity e.g. previous experience, knowledge or skills may not be of a similar nature.

3 - Good	Response is relevant and good. The response is sufficiently detailed to demonstrate a good amount of experience, knowledge or skills/capacity/capability relevant to providing similar services to similar clients.
4 - Excellent	Response is completely relevant and excellent overall. The response is comprehensive, unambiguous and demonstrates thorough experience, knowledge or skills/capacity/capability relevant to providing similar services to similar clients.

East Region Health Protection Services Single Employer Decision - Assessment Template

Name of Board...

	Criteria	Panel Commentary	Score (0-4)
1	Fit with long term vision and organisational support to be the Single Employer		

	Criteria	Panel Commentary	Score (0-4)
2	Management and governance arrangements		

	Criteria	Panel Commentary	Score (0-4)
3	Organisational capacity to support the programme and service prior to implementation		

	Criteria	Panel Commentary	Score (0-4)
4	Ongoing organisational capacity to support the Health Protection service		

	Criteria	Panel Commentary	Score (0-4)
5	Customer Board management		

23

	Criteria	Panel Commentary	Score (0-4)
6	Benefits realisation and management		

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East Region Health Protection Services – Single Employer Decision Outcome

Criteria	Board Score	Board Score	Board Score	Board Score
Fit with long term vision and organisational support				
Management and governance arrangements				
Organisational capacity prior to implementation				
Ongoing organisational capacity				
Customer Board management				
Benefits realisation and management				
Total Score				

Panel Decision and Rationale

25

Regional Performance Indicators <space:ml> **Appendix F**

Performance indicators are still to be finalised for the service.

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Child & Adolescent Mental Health Services Update**
Responsible Executive:	**Lynne Garvey, Director of Fife Health & Social Care**
Report Author:	**Jane Sinclair, Interim Clinical Services Manager**

Executive Summary:

- The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral.

- This paper outlines how Fife CAMHS will meet and sustain this by February 2025.

- Enhanced support from Scottish Government Mental Health Directorate Performance Unit and Public Health Scotland Mental Health Intelligence Team has continued since July 2022 through monthly Mental Health & Psychology service engagement sessions and direct support specifically looking at performance and projected activity with the Fife CAMHS management and project team.

- The engagement with Scottish Government allows Fife CAMHS the opportunity to provide additional detail to the monthly submissions and to articulate the factors that influence performance against the trajectory and to provide assurances on the measures taken to achieve the national target.

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

- With all posts filled and fully operational in Core CAMHS (waitlist facing), and capacity across all other teams in the service maintained, there is capacity to meet demand allowing for anticipated periods of annual/sick leave.

- There are currently still unfilled posts which impact the ability to sustain the Referral to Treatment Target.

- The total number of children and young people waiting has rapidly reduced over the past quarter from 149 in June 2024, to 87 in September 2024.

- As of 1 November 2024, there were 87 children and young people on the waiting list. Of these, 57% have appointments booked, and the longest wait has an appointment booked at 24 weeks. Of the 8 cases unallocated, the longest wait is 13 weeks which highlights the effectiveness of the strategies put in place throughout the service.

- 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 four consecutive months, June to September 2024.

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

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

Following notification of Enhanced Support by the Scottish Government, this paper outlines Fife CAMHS current performance against the 18-week referral to treatment target (RTT) and provides assurance that this target will be met and sustained by February 2025.

2.2 Background

The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral. The subsequent Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition, requiring that services develop an improvement plan with the objective of achieving the established targets by March 2023. Funding to achieve these improvements has been in two phases as previously reported. Following a period of reduced capacity and activity in quarter four 2022/23 because of vacancies and absence, the March 2023 target was not achieved. In April 2023 an updated trajectory laid out plans to meet the RTT by March 2024. However, reduced capacity due to long term absence, vacancies, deployment of staff into Tier 4 services, and increased case complexity resulting in extended periods of treatment, meant the target was not met in March 2024. Work continues to ensure the RTT is met and sustained by February 2025.

2.3 Assessment

Enhanced support from Scottish Government Mental Health Directorate Performance Unit and Public Health Scotland Mental Health Intelligence Team has continued since July 2022 through monthly Mental Health & Psychology service engagement sessions and direct support specifically looking at performance and projected activity with the Fife CAMHS management and project team. The engagement with Scottish Government allows Fife CAMHS the opportunity to provide additional detail to the monthly submissions and to articulate the factors that influence performance against the trajectory and to provide assurances on the measures taken to achieve the national target.

The Enhanced Support letter put forward CAPA as a model which could be adopted by Fife CAMHS, and while other Boards have adopted the CAPA model, Fife CAMHS will not. Following assessment of the current referral and screening system, changes have been made to eliminate "add to CAMHS waiting list" as an option. While the principles of CAPA are used to support progress and sustainability, Fife CAMHS aims to ensure children and young people in Fife access the right treatment, at the right time, in the right place. With this change, we can assure the Scottish Government that Fife CAMHS have no hidden waiting lists, and reporting of treatment commencing is at the correct point in the child or young person's journey. The full process, identifying the change, is shown in Appendix 1.

Demand, Capacity, Activity and Queue (DCAQ) summary:

Extensive DCAQ analysis has shown that Fife CAMHS are on course to meet the RTT by February 2025. A DCAQ summary is provided below, for full details see Appendix 2.

Demand: the average trend over the past year shows a decrease in the total number of referrals, with the number of accepted referrals holding steady. Those not meeting CAMHS threshold, receive a therapeutic letter or Primary Assessment of Need appointment (PANA). Therapeutic letters ensure the families concerns are validated, and provide rationale and direct signposting to appropriate supports, whereas PANAs provide face to face assessment to identify the most appropriate support where this has not been clear from the information available.

Capacity: with all posts filled and fully operational in Core CAMHS (waitlist facing), and capacity across all other teams in the service maintained, there is capacity to meet demand allowing for anticipated periods of annual/sick leave.

Activity: Each staff member has a Job Plan detailing the allocation of new and review slots each week, balanced with other professional/clinical demands. "Review" appointments are therapeutic interventions/treatment sessions offered following "New" appointments (initial assessment). Over the last 6-months, analysis shows that job plans are adhered to.

Queue: Following the change shown in Appendix 1, the total number of children and young people has rapidly reduced over the past quarter from 149 in June 2024, to 87 in

September 2024. As of today (1 November 2024), there were 87 children and young people on the waiting list. Of these, 57% have appointments booked, and the longest wait with an appointment booked at 24 weeks. Of the 8 cases unallocated, the longest wait is 13 weeks:

Status of waiting list as at 01.11.24	0-17wks	18-35wks	Total
Appointment booked	45	5	50
Cancelled	2		2
Was not brought	9		9
Waiting	26		26
Total	**82**	**5**	**87**

As shown in Appendix 1, following robust screening, mental health assessment and formulation, cases meeting Tier 3 CAMHS criteria will be passed onto Core CAMHS for either a new priority (2-4 weeks wait) or new routine appointment (12-16 weeks wait) slot. Treatment commences at this point, and as treatment commences, the young person is added to caseload and follow-up appointments are put in place.

Actions ongoing:

- Evening clinics to increase capacity for waitlist cases.
- Reduction in DNA rate via appointment reminder phone calls to ensure slots are used and children/young people are brought to appointments.
- Screening/Early intervention therapeutic letters to ensure families are offered the right support.
- Early Intervention evidence-based groups to reduce escalating difficulties for families and reduce the number of cases waiting with no intervention.
- Core CAMHS job plans ensuring equity across teams for new and review appointments, while balancing casework and other activities.
- Core CAMHS caseload management to support clinicians with sustainable and equitable caseloads in terms of take on and complexity.
- Core CAMHS access to education via NES to ensure skills are developed and maintained.
- Early Intervention training for the wider workforce to provide skills around manging risk, containment and responding helpfully to children and young people.
- Distribution of cases from the waiting list to skilled staff out with Core CAMHS to help manage the increase in acuity of cases and impact this has on Core capacity.
- Movement of staff to Tier 4 services to support reduction in inpatient admissions and increase capacity within these teams to help manage the flow of internal referrals from Tier 4 to Core CAMHS teams.
- Group programme for parents/carers is in development to allow sharing of information and strategies that families can use together when managing periods of distress, recognising their responsibility in maintaining their own mental health and wellbeing and being able to support others around them.

RTT Assurance:

Figure 1 below shows current performance against projected performance. The lower RTT reflects ongoing work over 18 weeks, and as the waiting list continues to be addressed, there will be a corresponding drop in RTT. From April 2024, an increase in core staffing compliment through revised workforce distribution, returns from absence/maternity leave and ongoing recruitment will result in RTT being met and sustained by February 2025. Positively, the RTT has been met for two consecutive months in August and September 2024.

Figure 1:

PROJECTED AND ACTUAL PERFORMANCE RTT
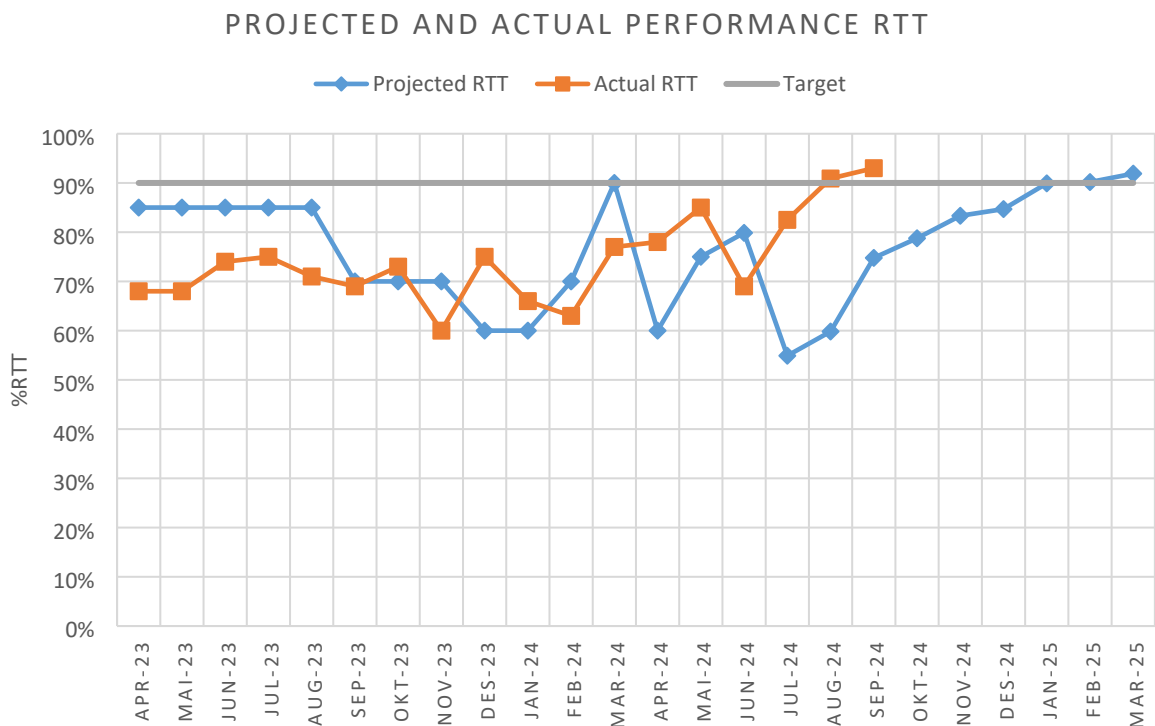
Waiting over 18 weeks followed the expected trajectory, increasing from April to August, and declining from September 2023 (Figure 2). From February 2024, waits over 18 weeks plateau following reduced capacity. Significant focus on eradicating long waits from June 2024 onwards has resulted in no children waiting over 26 weeks at the end of September 2024.

As children and young people attend and commence treatment, the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for **four** consecutive months, June to September 2024.

Figure 2:

Projected and actual waiting over 18 weeks
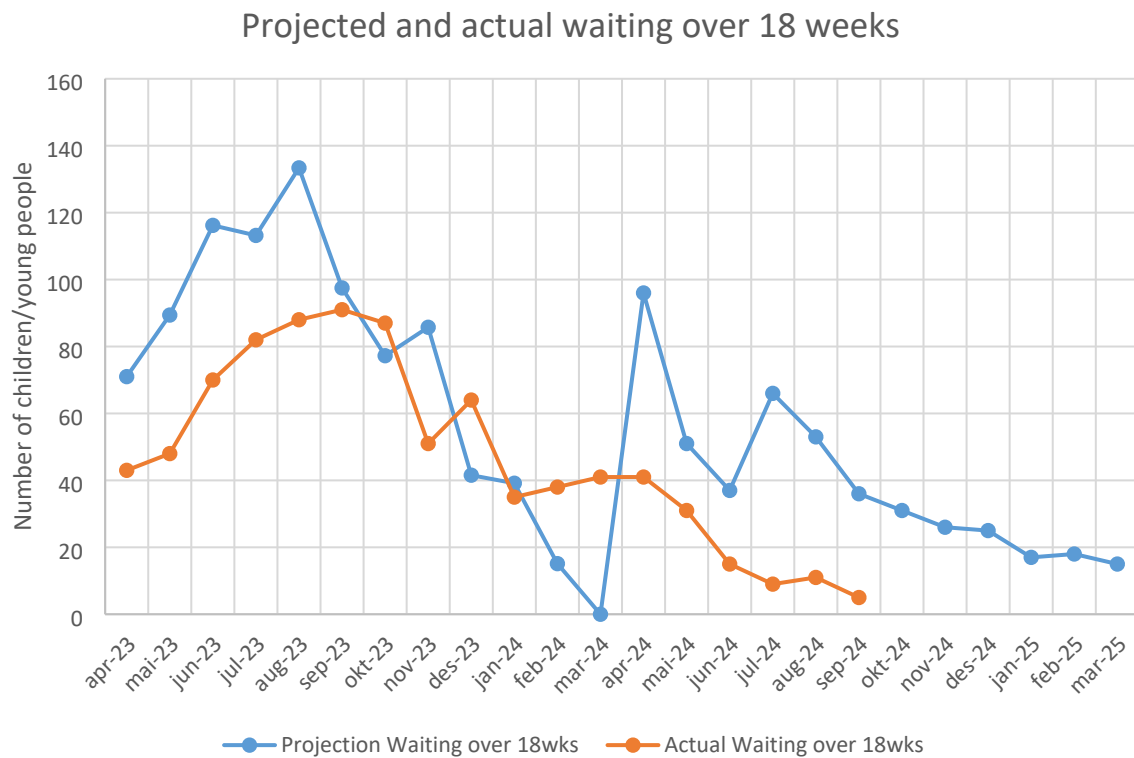
Review of current skill mix:

Following review of the current skill mix, two establishment changes are needed to meet demand and increased acuity.

1. Converting one Band 6 Nursing post to one Band 6 Occupational Therapist post will enhance capacity to meet demand for both internal and external referrals. An Occupational Therapist brings a high level of assessment, therapeutic and group skills, evidence-based practice and will often have post qualification training. This ability to 'hit the ground running' also mitigates against recruitment of adult mental health nursing where high investment is required to reach core competencies creating a lag in service delivery.

2. Converting two Band 5 nursing posts to one Band 6 post and one Therapy Support Worker post (Band 3) will increase capacity by increasing the number of new appointments offered, number of review appointments and the requirement for less supervision. In recent interviews, it was shown that two current Band 5's in CAMHS met the competencies Band 6 posts. However, only one post was available. Creation of a Band 6 post ensures retention of staff CAMHS has placed high investment in. Creating a Band 3 post increases capacity to engage children and young people in specific pieces of work throughout their care and aids transition at discharge, increasing throughput within the service.

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

Contingencies:

- Detailed collection and analysis of staffing activity combined with continued caseload supervision to ensure that throughput of casework is maintained.
- Demand and Capacity analysis which demonstrates adequate staffing capacity to meet current demand and monitors any changing requirements.
- Alternative accommodation being assessed and costed for West Fife.
- Continued development of internal training programmes to ensure that staff have the required competencies for the increasing complexity of presentation.
- Ongoing recruitment and review of vacant posts to ensure staffing resource is maintained.
- Continuing evening clinics and development of further groups to support RTT trajectory.

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 improvement in the reduction of waiting times and delivery of the national specification will continue to improve patient care.

2.3.2 Workforce

Increased capacity within the CAMHS workforce will lead to improved stability and retention of skills, plus enhanced career pathways within the specialty.

2.3.3 Financial
There are no additional financial implications arising from this report.

2.3.4 Risk Assessment / Management
There is significant reputational risk if improved performance is not sustained.

Future funding allocations through the Scottish Governments Recovery and Renewal fund may be at risk if the organisation fails to fully utilise the current award. It should be noted that this is extremely unlikely given the successful alternative and creative recruitment approaches that have been implemented.

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

2.3.6 Climate Emergency & Sustainability Impact
N/A

2.3.7 Communication, involvement, engagement and consultation
Improvement proposals were developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement team and previous approval from the NHS Fife Executive Directors Group.

2.3.8 Route to the Meeting
N/A

2.4 Recommendation
This paper is provided to members for:

- **Assurance** – This report provides a **"Limited" Level of Assurance.**

3 List of appendices
The following appendices are included with this report:

- Appendix No. 1, Fife CAMHS Screening Process
- Appendix No. 2, Demand, Capacity, Activity and Queue (DCAQ) analysis in full
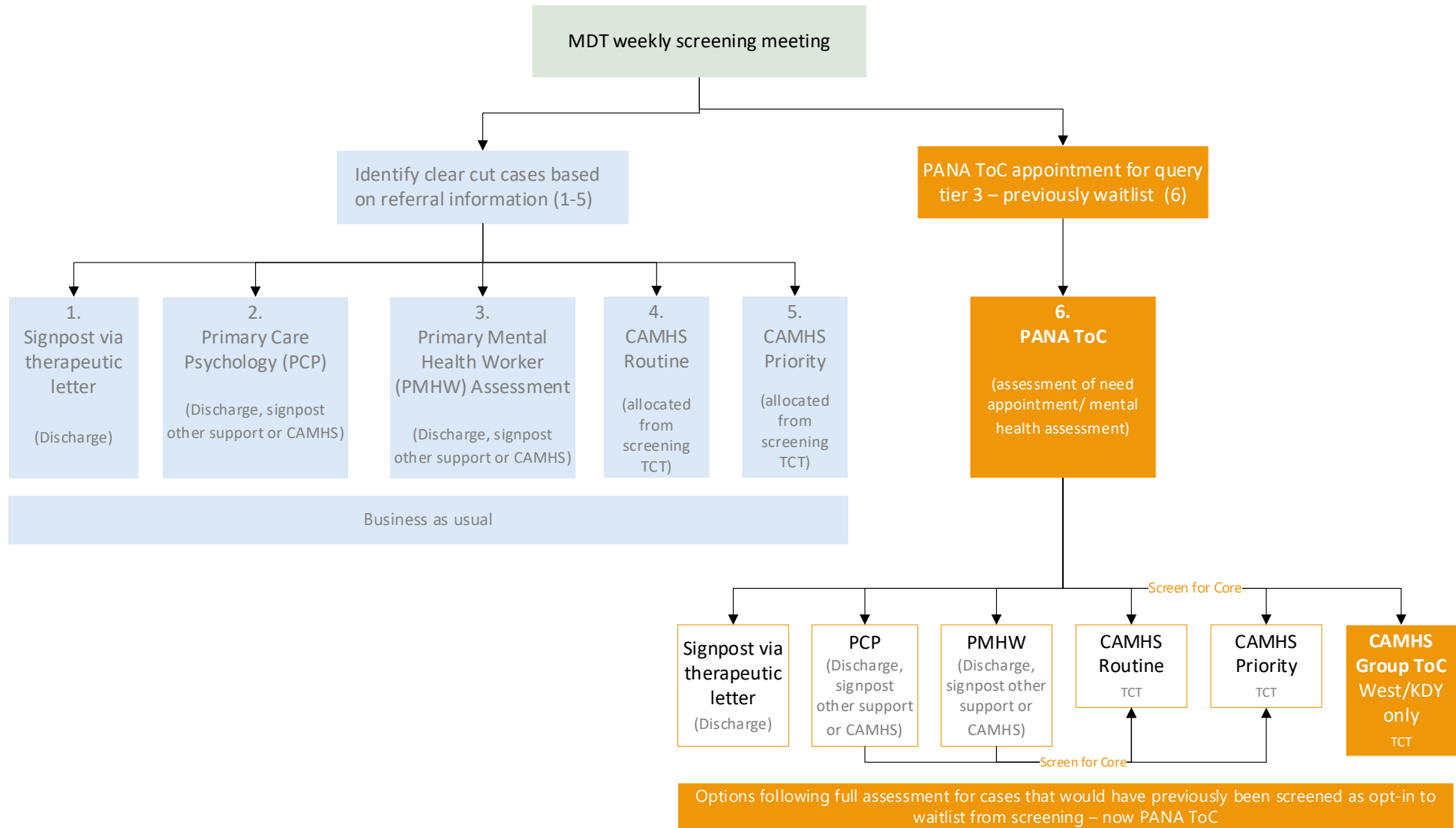
Report Contact:
Lynne Garvey
Director of Health & Social Care
Email: Lynne.Garvey@nhs.scot

Appendix 1 Fife CAMHS Screening Process:


```
                          MDT weekly screening meeting
                                      |
            ┌─────────────────────────┴──────────────────────────┐
            │                                                     │
  Identify clear cut cases based                     PANA ToC appointment for query
  on referral information (1-5)                      tier 3 – previously waitlist  (6)
            │                                                     │
  ┌─────┬─────┬─────┬─────┐                                       │
  │     │     │     │     │                                       │
```

| 1. Signpost via therapeutic letter (Discharge) | 2. Primary Care Psychology (PCP) (Discharge, signpost other support or CAMHS) | 3. Primary Mental Health Worker (PMHW) Assessment (Discharge, signpost other support or CAMHS) | 4. CAMHS Routine (allocated from screening TCT) | 5. CAMHS Priority (allocated from screening TCT) |

6. PANA ToC (assessment of need appointment/ mental health assessment)

Business as usual

Screen for Core

| Signpost via therapeutic letter (Discharge) | PCP (Discharge, signpost other support or CAMHS) | PMHW (Discharge, signpost other support or CAMHS) | CAMHS Routine TCT | CAMHS Priority TCT | **CAMHS Group ToC** West/KDY only TCT |

Screen for Core

Options following full assessment for cases that would have previously been screened as opt-in to waitlist from screening – now PANA ToC

Appendix 2: Demand, Capacity, Activity and Queue (DCAQ) analysis in full

<u>Referrals:</u>

Throughout the year there are peaks and troughs as the number of referrals fluctuates in response to seasonal trends. Typically, peaks are seen before and during prelims/exams, and on return to school following breaks (March/May/September/November). Reductions are seen during holiday periods (Easter, Summer, Autumn, Christmas).

Overall, referrals to CAMHS continue to decline possibly reflecting the early intervention work in the wider landscape and the broader scope of services in schools/community to support children and young people with their mental health. The difference for September 2024 was the absence of the expected spike in referrals following return to school after summer holidays. This will need to be monitored over a much longer period of time to establish if this is a one-off or is reflective of the whole system of support working better.

<u>Figure 1:</u>
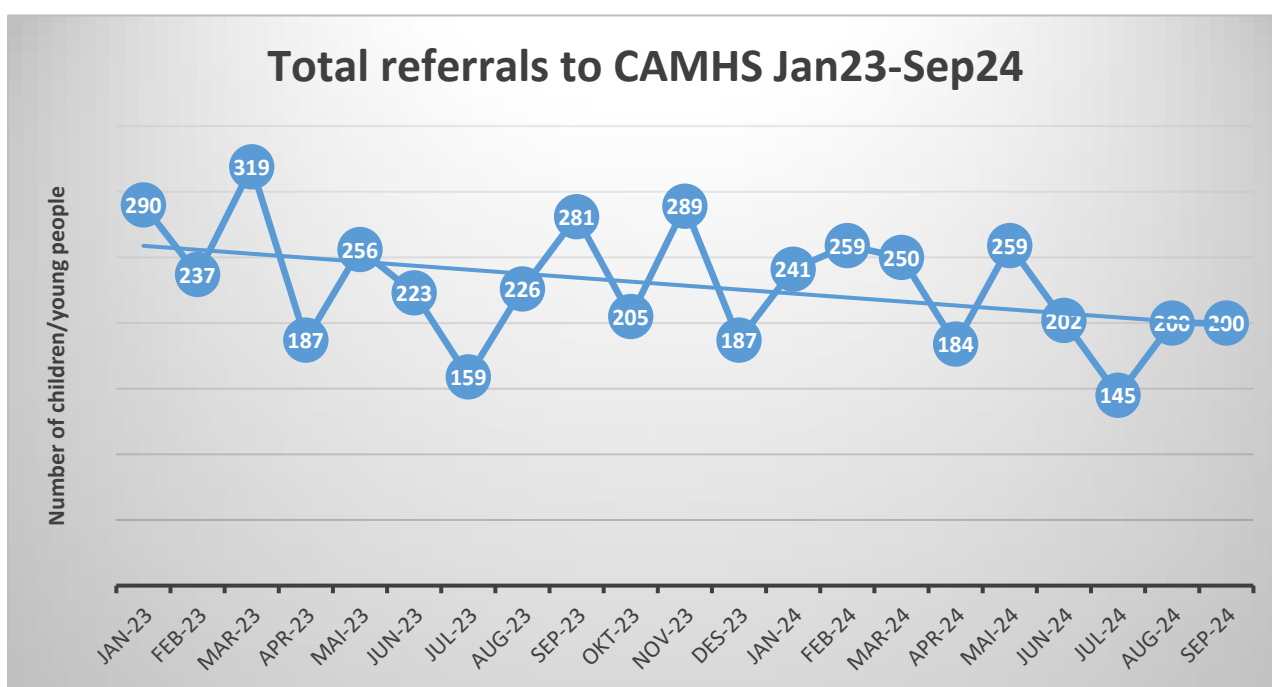
Fife CAMHS continues to ensure our Screening Team is robust and works efficiently, only accepting referrals appropriate for CAMHS. We have reviewed our processes accordingly and continue with Therapeutic Letters for individuals and families who do not meet our threshold and have also refined our acceptance for Primary Assessment of Need appointments (PANA).

The Early Intervention Service has offered 669 PANA appointments and written 954 Therapeutic Letters between April 2023 and September 2024. These letters, written in a supportive way, have provided advice regarding appropriate supports and rationale as to why the referrals are not being accepted and show concerns are heard and validated. Using both Therapeutic Letters and PANA appointments ensures that we are meeting the

individual needs of children and young people at the right time by the right service, which can include universal and additional supports and allows for the right referrals to be accepted into CAMHS.

This is reflected in Figure 2 showing the reduction of referrals accepted since therapeutic letters were introduced in February 2023 to ensure children and young people are signposted to the most appropriate support. Since January 2023, on average CAMHS receives 229 referrals per month, with an average of 153 referrals accepted.

Figure 2:

Accepted and signposted referrals to CAMHS Jan23-Sep24
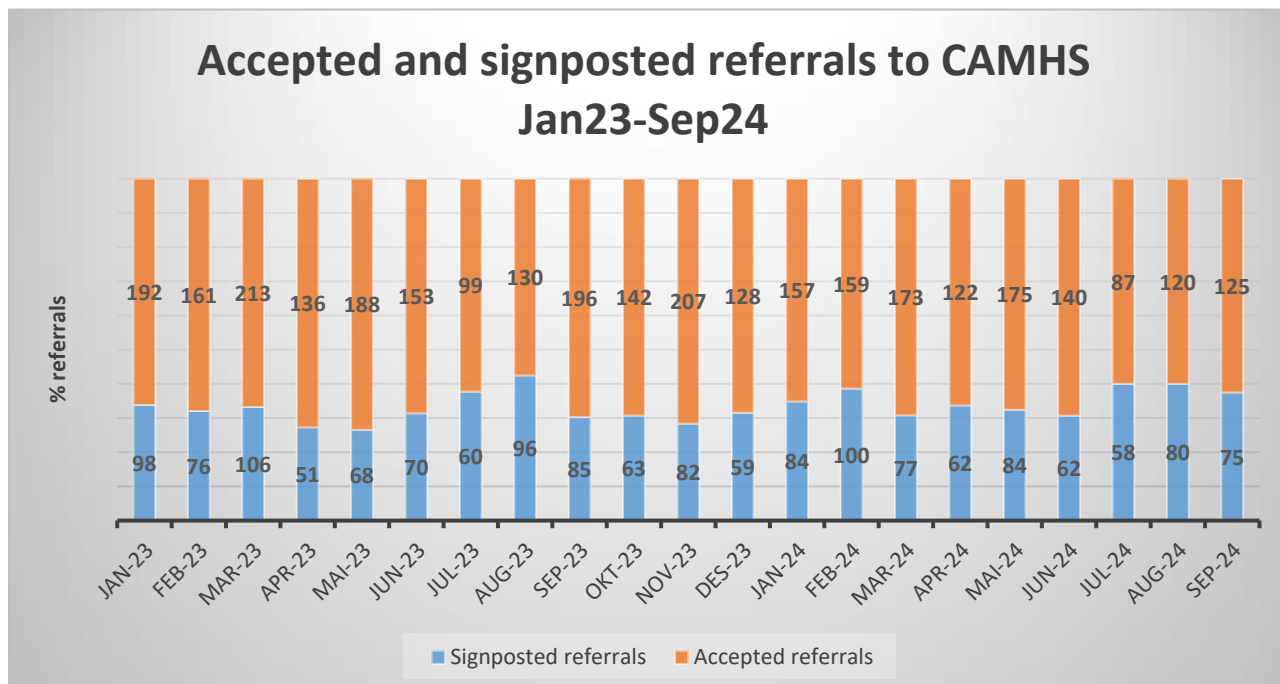
Activity:

As can be seen in Figure 3 below, activity across CAMHS follows a similar pattern to referrals, with dips during holiday months, and peaks corresponding to higher rates of referrals (May, November, March). Since January 2023, on average 155 new appointments and 2028 review appointments are offered every month.

"Review" appointments are therapeutic interventions/treatment sessions offered following "New" appointments (initial assessment). Each staff member has a Job Plan which details their allocation of new and review slots each week, which is balanced with other professional and clinical demands.

A child or young person will be offered, on average, an appointment every three weeks to engage in therapeutic treatment, agreed through their joint formulation of needs, following assessment. This timeframe is reviewed at each appointment and is subject to change due to increasing risk or planning for discharge, for example. Therapeutic Interventions are discussed through various supervision opportunities i.e., Caseload Discussion, Clinical

Supervision and Group Supervision to ensure that children and young people are offered the right treatment at the right time and are discharged appropriately.
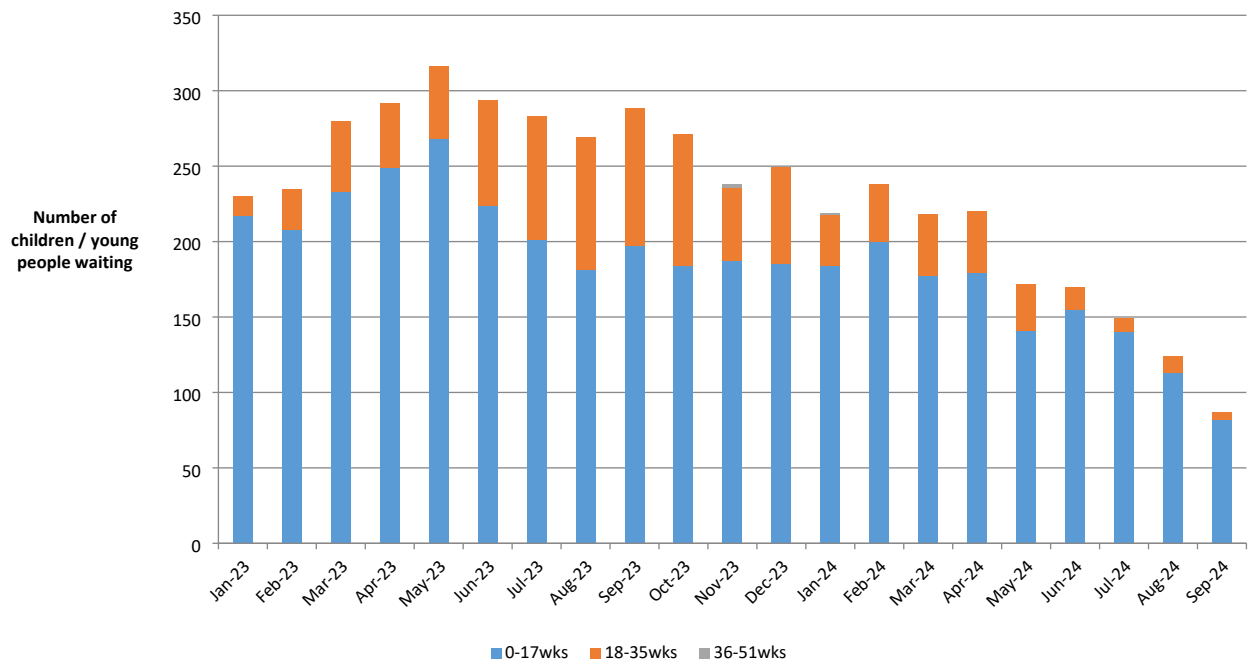
<u>Figure 3:</u>
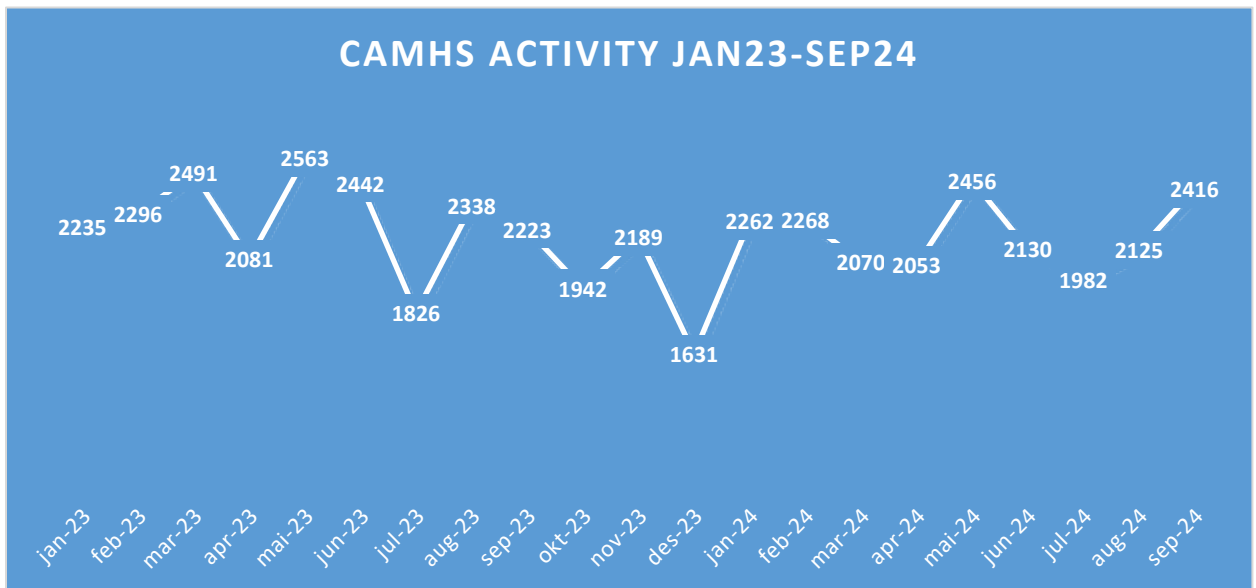
Waiting Times (published):

As of 30 September, there were 87 children and young people waiting with
- 82 cases waiting under 18 weeks (94.3%)
- 5 waiting over 18 weeks all with appointments booked
- One outlier waiting 28 weeks following case transfer because of long-term sick
- Longest unappointed wait is 16 weeks

<u>Figure 4:</u>

And as can be seen in Figure 4 above, at the turn of 2023, those waiting over 18 weeks had significantly reduced with 94% of children and young people waiting under 18 weeks in January 2023. The impact of staff reduction because of staff movement, retiral and long-term sick leave can be seen from February 2023 onwards as the list grows and the waits over 18 weeks increase.

From February 2024, an increase in core staffing compliment through revised workforce distribution, returns from absence/maternity leave and recruitment has led to a steady decline in overall numbers waiting, and those waiting over 18 weeks. From June 2024, the numbers waiting under 18 weeks has remained above 90% for four consecutive months. The number waiting overall will continue to fluctuate with seasonal trends in referral and activity patterns.

Figure 5 details the status of cases waiting as of August 2024, showing improvements made as compared to August 2023. The proportion of cases waiting with an appointment booked has shifted from 24% in August 2023, to 73% in August 2024, with the percentage of cases waiting under 18 weeks increasing from 67% in August 2023 to 91% in August 2024.

Figure 5:

Status	September 2023			September 2024		
	0-17wks	18-35wks	Total	0-17wks	18-35wks	Total
Appt booked	58	52	110	52	5	57
Cancelled						
Was not brought	3		3	2		2
Waiting	136	39	175	28		28
Grand Total	**197**	**91**	**288**	**82**	**5**	**87**

As can be seen in Appendix 1, following robust screening, mental health assessment and formulation, cases will be passed onto Core CAMHS for either a priority (2-4 weeks wait) or routine appointment (12-16 weeks wait) slot. Treatment will start at this point in the patient's journey, and as treatment commences, the young person is added to caseload and review appointments put in place.

Figure 6 shows the shape of the waiting list as of September 2023 with higher peaks reflecting more children and young people waiting longer across the waiting list. Whereas Figure 7 shows the current wait list shape (September 2024) and the reduction not only in longest waits, but also the reduction in the total number of children and young people waiting achieved over the last year.
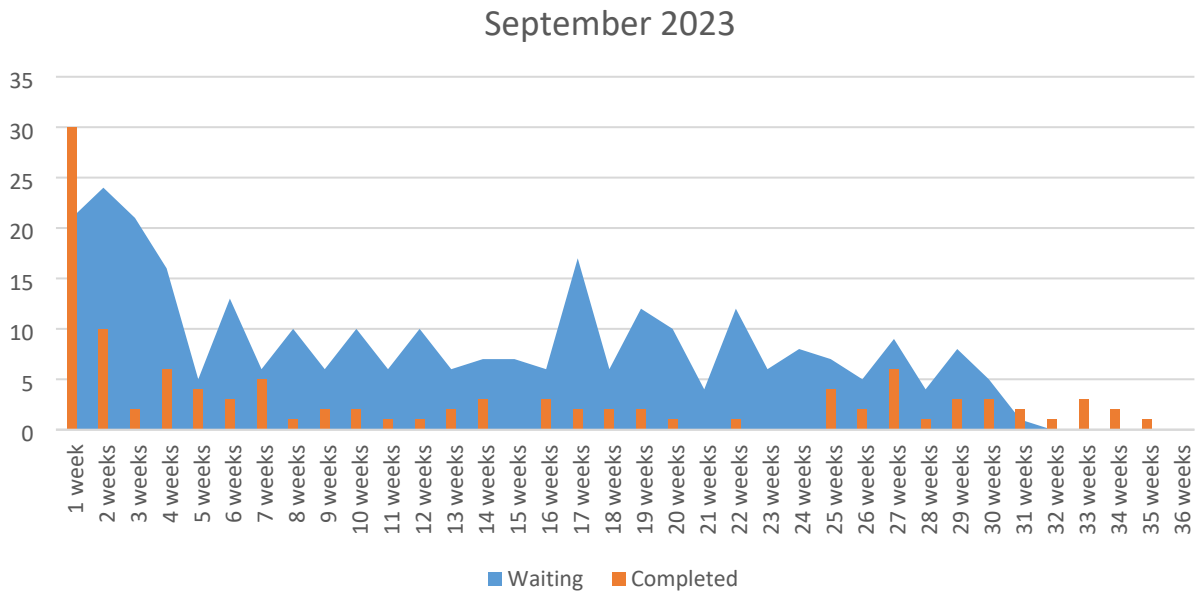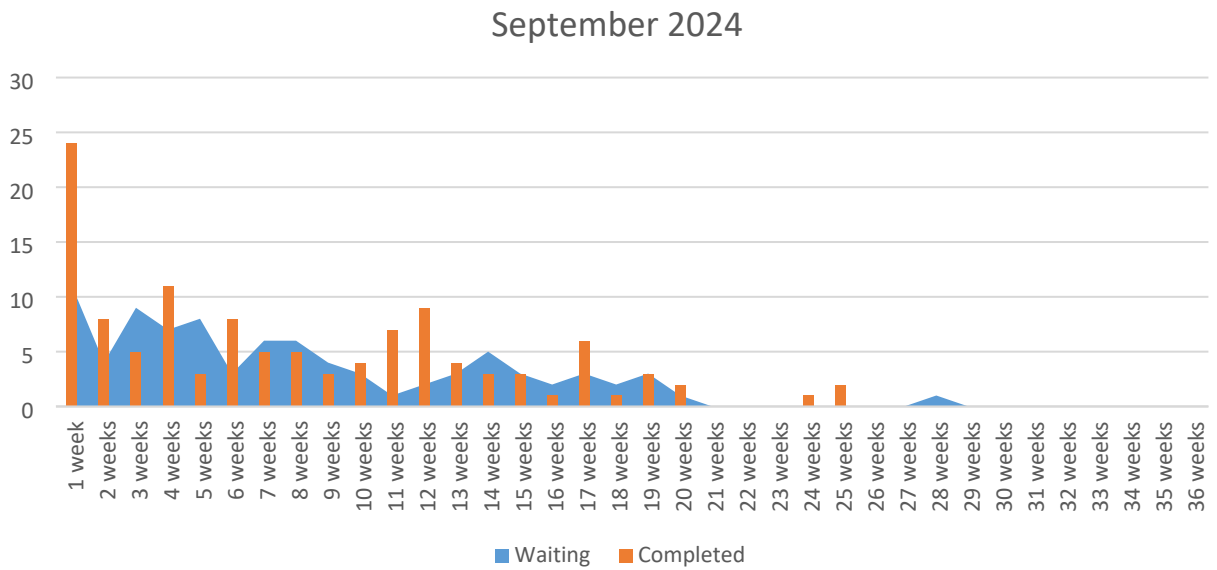
September 2023

The higher peaks reflect higher rate of referrals, as an increased number of children and young people were added to the waiting list. In both charts, the orange bars represent the number of children and young people starting treatment, showing the higher number of urgent/priority presentations at the left-hand side of the charts.

Activity to reduce and manage the longest waits will continue to have an adverse effect on RTT until all activity occurs under the 18-week threshold. This is because the RTT is based on the percentage of staff activity that occurs under 18 weeks, and any activity that occurs with patients waiting longer than 18 weeks counteracting this (Figure 8). The chart shows the orange line for Fife above the 90% target for the last two reporting months.

Figure 7:

September 2024

Fife CAMHS RTT against National RTT
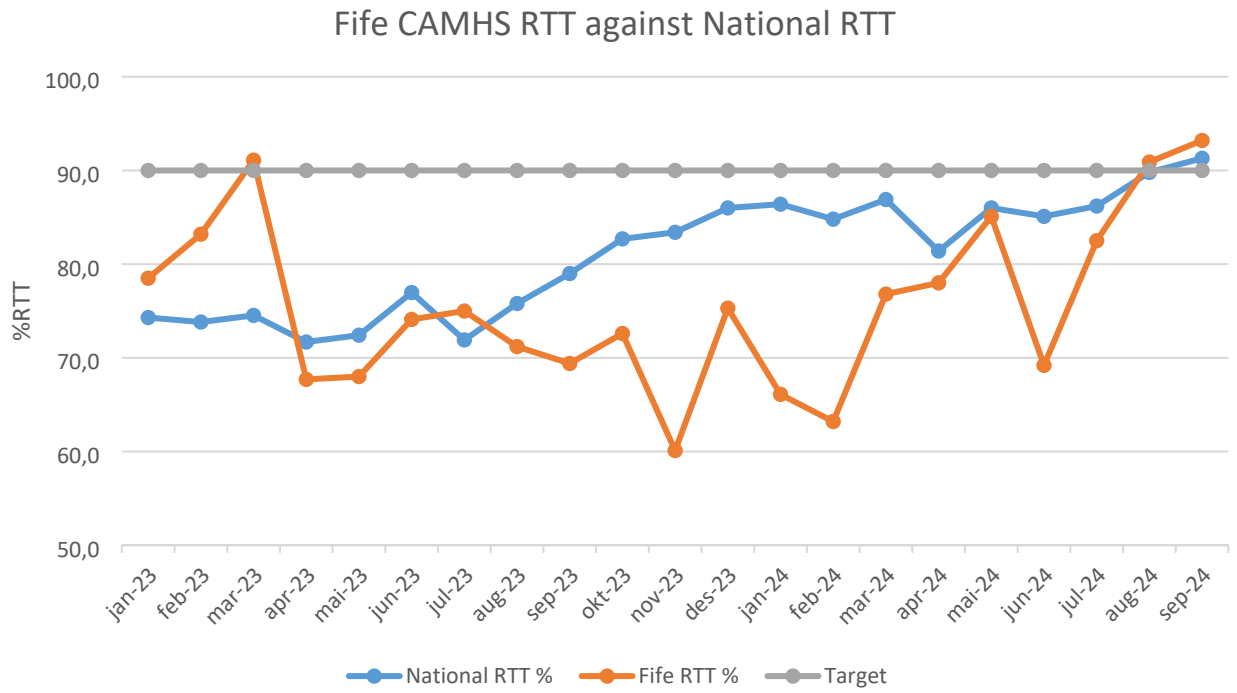
Report Contact
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NHS Fife

NHS SCOTLAND

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Psychological Therapies Standard Update, including Improvement Plan**
Responsible Executive:	**Lynne Garvey, Director of Fife Health & Social Care**
Report Author:	**Dr Frances Baty, Director, Fife Psychology Service**

Executive Summary

o The Psychological Therapies (PT) indicators within the 2024/25 Annual Delivery Plan are: an increase in capacity to improve access to PTs; a reduction of waiting times in line with the RTT waiting times target - *at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies'*, and ;a decrease in waits over 52 weeks.

o Since August 2024, NHS Fife has been in receipt of a package of enhanced support from Scottish Government Mental Health Directorate Performance Unit, looking at performance on the PT indicators. The first meeting in October focused on data and current data systems.

o NHS Fife is not meeting the 90% RTT waiting times target. Performance for Q2 2024/25 was 74.4%. This is in line with our local target for 2024/25 (73%) which takes into account the continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.

o There has been a decrease in waits over 52 weeks, with the number reducing by 54% between January and September 2024. The number of people waiting for more than 104 weeks reduced by 77% in the same time period.

o The rate of reduction for longest waits however slowed significantly during Q2 2024/25. This is due to vacancies within the psychology service and recruitment timelines.

o Demand for PTs has shown a slight increase over the past 24 months (2%), with demand for highly specialist PTs showing a slightly higher increase (4%). Demand for the latter PTs is now higher than pre-covid levels.

o Between January and September 2024, 4345 adults commenced a PT. The number of people starting a highly specialist PT increased by over 12% during this period compared to same period in 2023.

o The Psychology Service does not have enough staff able to work with more complex presentations to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. The service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways.

- o This report provides a moderate level of assurance on NHS Fife's ability to meet the RTT PT waiting times target and sustain the reduction in patients waiting over 52 weeks for a PT.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies 1,2, and 4

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an update on the psychological therapies (PTs) performance indicators as set out in the Scottish Government's Annual Delivery Plan (2024/25). The report provides: information on performance against the 18 week referral to treatment (RTT) waiting times standard; the numbers waiting including the longest waiting patients and projected performance on the RTT waiting times standard. Data on the numbers of people accessing psychological therapies is also provided. September 2024 data is the most recent available.

The report is provided for assurance and members of the committee are asked to note the report.

2.2 Background

Within the Annual Delivery Plan, the Psychological Therapies (PT) indicators within the mental health drivers for recovery are: an increase in capacity, to improve access to PTs; a reduction of waiting times in line with the RTT waiting times target; and a decrease in waits over 52 weeks.

The RTT standard states that '*at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*'.

Psychological Care and Psychological Practice: There is clear guidance from the Scottish Government regarding which PTs can be counted as part of the standard. The *National Specification for the Delivery of Psychological Therapies and Interventions in Scotland* (September 2023) differentiates between psychological care and psychological practice.

- Psychological Care is defined as the psychological approaches that professionals use to recognise, listen and help educate people in ways to support their mental health. For example, self help advice on healthy sleep.
- Psychological Practice is defined as the evidence-based talking therapies and interventions provided for people with more complex mental health or psychological needs. An example of this would be trauma-focused cognitive behavioural therapy for post-traumatic stress disorder or acceptance and commitment therapy for someone with chronic pain.

It is only the latter, evidence-based psychological practice, which is included in the waiting times performance reporting.

Longest waits: During 2022 and 2023 there were national workforce challenges, which caused significant difficulties recruiting the grades of psychologists qualified to meet the needs of those people with the most complex presentations. People with complex presentations require highly specialist psychological therapy or interventions from a clinical or counselling psychologist that can take many months to deliver. The backlog of longest waits in Fife is comprised of people with these most complex presentations. The specific workforce shortages are no longer as severe as they were in 2022-2023, however financial constraints are now affecting recruitment. Performance on the RTT target therefore continues to be affected by the backlog of longest waits.

> It is of particular importance to note that in relation to PTs, complexity does not equate to severity or urgency. All people whose difficulties require urgent assessment and intervention are accorded priority.

Every 3 months, the Psychology Service contacts people who are on the waiting list, offering advice and information on resources. This meets the baseline 'waiting well' requirements of the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland. The AMH Psychology service is testing an enhanced waiting well approach to improve the experience of people on the waiting list.

2.3   Assessment

Performance against RTT Waiting Times Standard

The Scottish Government's RTT standard includes performance data from CAMHS and psychological services for adults.

The RTT standard measures monthly performance by taking the number of people who begin psychological therapy in that month and comparing the number of people who had waited under 18 weeks with the number who had waited over 18 weeks.

The RTT does not measure the activity required to be undertaken before a course of therapy can begin, e.g. psychological assessment or indirect preparatory work with the team around the person.

Nor does the RTT target measure the total activity required to deliver a course of therapy; it solely records and considers the first appointment of a new course of therapy, which is typically only a small percentage of the total activity required. Appendix 1 contains case illustrations (included in previous reports to Public Health and Wellbeing Committee) of typical interventions for people who require highly specialist psychological therapy. The case scenarios illustrate the amount of the direct clinical activity undertaken within the Psychology service which is countable under the

RTT (i.e. activity associated with first treatment appointments) relative to the overall activity involved in providing PTs.

The RTT target only measures direct delivery of PT. It does not measure the indirect activity by specialist staff that contributes to enhanced psychological care by other practitioners, such as training, supervision, coaching or consultation.

Monthly % performance against the RTT target for the 24 months to September 2024 is shown in Figures 1 and 2.

Figure 1

2022			2023								
Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%

2023			2024								
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
71.0%	64.0%	74.8%	73.4%	69.2%	74.3%	67.9%	71.2%	67.8%	69.9%	72.8%	79.9%

Figure 2
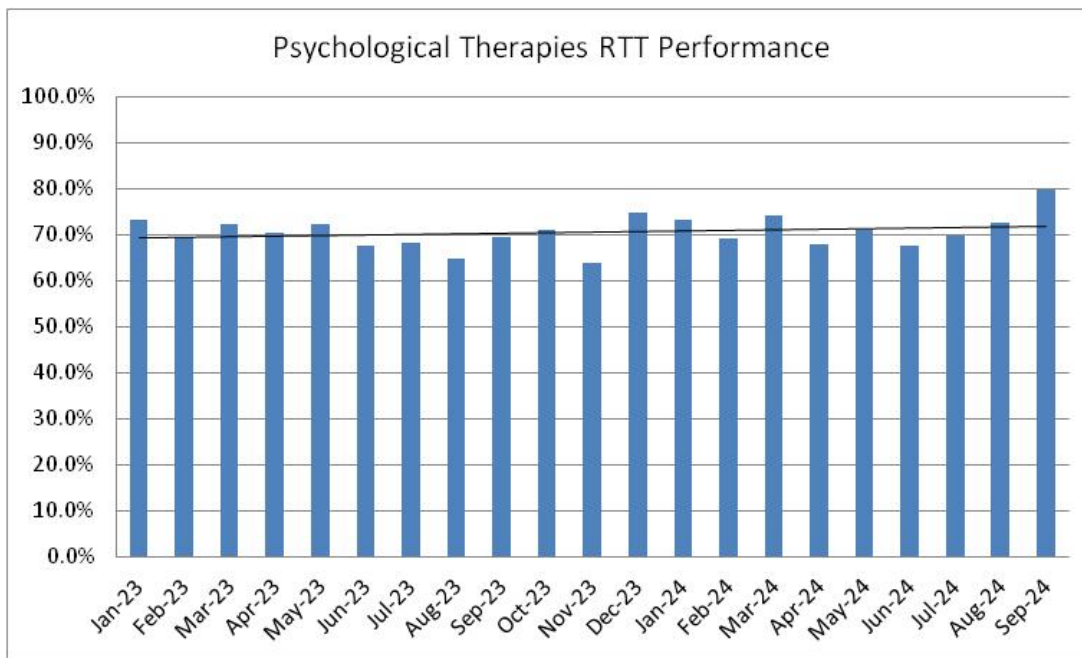
Performance against the target is below the waiting times standard because:

1. There are insufficient clinical staff to meet demand in some clinical areas, especially the more highly qualified staff required to provide PT to people with more complex problems.
2. Increased activity is reducing the queue, but because most people starting PT have waited > 18 weeks, this has a negative effect on performance.

Performance on the target is influenced by the proportion of clinical activity (first therapy appointments) focused on people waiting over 18 weeks versus those waiting under 18 weeks. During the 12 months to end September 2024, an average of 71.4% of people referred began a PT within 18 weeks of referral. This is almost unchanged from the performance seen in the

previous 12 months (71.2%). The local trajectory target for 2024/25 is 73% and average performance in Q2 2024/25 was 74.2%.

The reason for not meeting the 90% performance standard is a consequence of the combination of:
1. Long waiting lists that built up over years of demand for PTs exceeding capacity, and
2. Increased activity delivering highly specialist PT in group and 1:1 formats.

The increase in activity is of course positive, because it means more people are receiving highly specialist PT and longest waits have shown substantial improvement (see below). However, because of the built up waiting lists, most people starting PT have waited more than 18 weeks, so this increased activity will reduce performance against the target until waiting times for most people are brought down to less than 18 weeks.

NHS Fife is currently in receipt of a Scottish Government enhanced package of support aimed at improving PT performance. Meetings are scheduled 6 weekly with the first, in October, having focused upon data and capacity of our current data management systems to support reporting on the RTT target. The Psychology Service welcomes this additional support and opportunity for more in depth discussions.

This remainder of this report focuses on PT data for adults.

Referrals and waiting times

The referral rate for adults has risen slightly over the past two years.

The referral rate for those who require highly specialist PT, which involves more input and therefore has a greater impact on capacity, has risen slightly more.

Referral rates
Referral rates have a major impact on capacity to reduce waiting times. Referral rates for PTs (adults only) have been quite stable over the last two years, with 2% more people being referred in the 12 months to September 2024 (8008 people) compared to the 12 months to September 2023 (7833 people).

These figures include both lower intensity and higher intensity highly specialist PTs. Following extensive service improvement work, the Psychology Service has created significant additional capacity to manage referrals for PTs which are low intensity in terms of therapist contact. This additional capacity has been created through skill mix and includes digital, group, and brief 1:1 options.

Therefore, it is the referral rate for highly specialist PTs which has most influence on waiting times and capacity to improve performance. Referral rates for these PTs (which are high intensity in terms of therapist time) have increased by 4% over these same time periods (5568 people compared to 5329 people). Average monthly referrals for highly specialist PTs are now higher than the pre-Covid rate. Additionally, many referrals are now more complex than pre-Covid, requiring more input and having a greater effect on capacity. This complexity shift has been recognised as a national issue for psychology services.

Figure 3 below shows the referral rates for all PTs and for highly specialist PTs (data missing for October 2023)

Figure 3
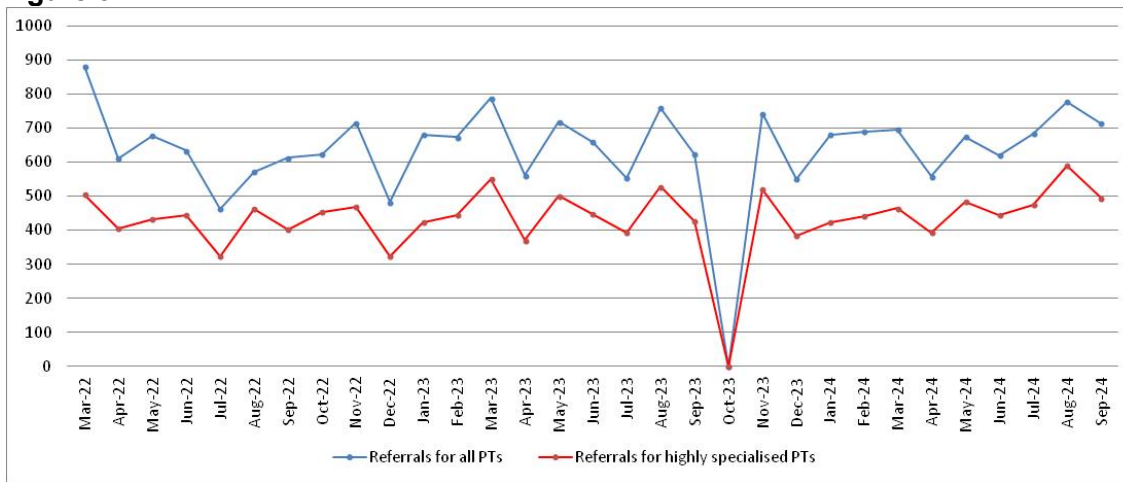
Longest waits

Between January 2023 and September 2024, the number of people waiting:
- More than 52 weeks was reduced by 54%.
- 104 weeks+ was reduced by 77%.

The main focus for the Psychology Service remains meeting the needs of those who have waited the longest, while responding to clinical priorities as required.

All of the longest waits for highly specialist therapy are within the Psychology Service. In order to set the current longest waits in context, Figure 4 below gives the numbers waiting over the past 21 months. Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds). Because some areas of the service are not in balance, people on the waiting list can 'tip' into the longest wait categories before they are seen, ie. it is not all the same patients remaining in each category.

Figure 4 (October 2023 data missing).

Numbers waiting	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
In total	2188	2265	2327	2284	2422	2339	2352	2389	2411		2260	2335	2188	2271	2286	2137	2035	2058	2032	2170	2181
>18 wks, <53+wks	720	739	771	836	802	829	882	815	876		755	804	720	762	810	772	688	639	666	659	679
53+ wks	331	297	255	248	225	216	211	207	218		245	263	248	273	237	213	197	173	149	153	153
104+ wks	83	74	53	49	61	57	51	49	33		31	25	83	20	17	26	20	10	15	19	19

The above data shows the significant reduction in the number of people waiting more than 52 weeks – 331 people in January 2023 compared to 153 people in September 2024, a reduction of 54%. Over the same time period, the number of very long waiting patients (104weeks+) has reduced by 77%, from 83 to 19. This is illustrated in Figure 5 below.

Figure 4 however also shows that the rate of reduction slowed significantly during Q2 2024/25. While some fluctuation can be explained from understandable differences in the number of new patients clinicians take on to their caseload each month, it is also the case that staff vacancies and recruitment delays have impacted capacity for work with the complex patients - the group who have been waiting the longest. The Psychology Service will continue to monitor the impact of both this and of the growth in referral rate.

Figure 5 Number of patients waiting to start treatment (October 2023 data missing)

Number of Patients Waiting to Start Treatment
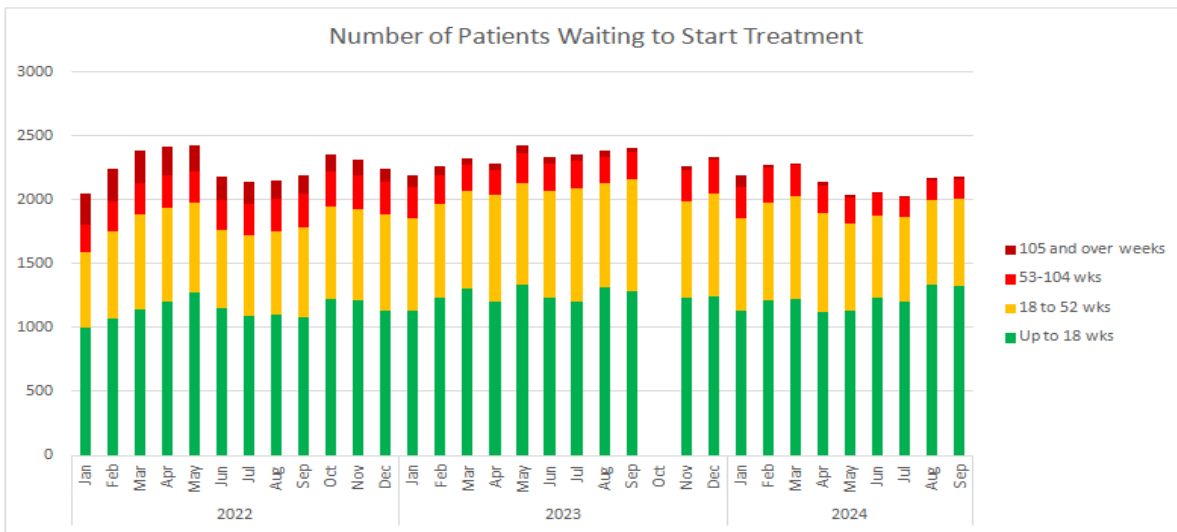
Figures 4 and 5 also show that, despite workforce challenges, the service has been able to maintain the 19 to 53 week waiting list in a relatively steady place – while it has fluctuated it has not increased significantly since the end of 2022.

Numbers commencing highly specialist psychological therapy

In the first 9 months of 2024, 2628 people started a highly specialist psychological therapy

Between 2023 and 20224, the number of people starting a highly specialist psychological therapy increased by over 12%

Figures 6 and 6a show the number and percentage of people commencing therapy (excluding digital PTs) each month since January 2022, broken down by length of wait. Monthly fluctuations are associated with changes in therapist capacity to take on new patients and the commencement of specific group programmes.
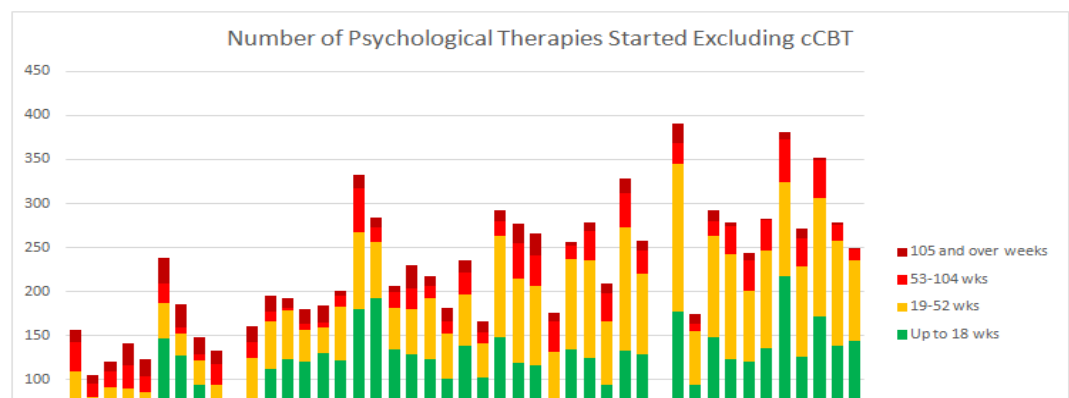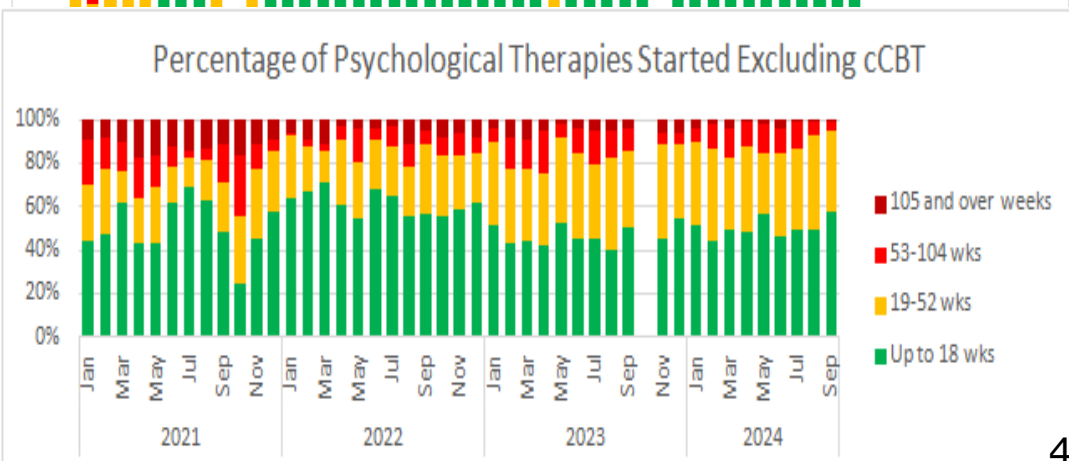
Figure 6
(October 2023 data missing)

Number of Psychological Therapies Started Excluding cCBT

Figure 6a
(October 2023 data missing)

Percentage of Psychological Therapies Started Excluding cCBT

In the 9 months January to September 2024, 2628 people started a highly specialist psychological therapy. This is a 12.2% increase over the corresponding period in 2023.

The RTT target includes data for people commencing cCBT (computerised cognitive behavioural therapy) and those attending the Step on Stress course. Including these individuals in the data for the first 9 months of 2024, a further 1717 adults began therapy, giving a total of 4345 adults commencing therapy so far in 2024.

Projected Performance on RTT Standard

> Projected target performance of average 73% by March 2025 takes into account the need to focus on significantly reducing the number of people waiting over 18 weeks to start highly specialised PTs.
>
> Projected performance is highly dependent on timely recruitment to vacant posts and admin support for clinical activities, and is vulnerable to increased demand caused by a reduction in other services.
>
> Mitigation and improvement actions are in place. Challenges are increased in some small highly specialist areas of the Service.

Demand-capacity modelling for the service as a whole indicates that projected performance on the RTT target will average 73% by March 2025. This is in line with our local target for 2024/25 which takes into account the continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.

Risks:

1. Vacancies: Currently the Psychology Service *as a whole* is almost in balance i.e. the service has capacity to respond to the current demand for referrals for specialist PTs without the waiting list increasing or decreasing significantly. However, this means that there is no spare capacity within the system and therefore performance against the RTT is highly dependent on timely recruitment to vacant posts. The delays in vacancy management procedures due to the current financial challenges risk reducing performance against the RTT. The nature of PT delivery means that clinicians have to stop taking on new patients a minimum of 3-4 months before they leave post, so that they can complete PT before leaving. Due to notice periods and pre-employment checks, it usually takes a further 3-4 months after someone is appointed before they start in the service. Therefore, the current delays associated with recruitment mean that the service can be losing approximately 12 months of activity against the target for each clinician vacancy.
2. Demand: The lack of any spare capacity within the system means that any significant increase in referrals will push the service out of balance and start to increase the waiting list, reducing performance against the RTT.
3. Admin: The Psychology Service currently has several admin vacancies and admin support is essential for tasks that directly contribute to performance against the RTT, such as waiting list management, timely issuing of appointments, and booking clinics, and to the broader PT Specification requirements, such as supporting Waiting Well. There is also increased pressure on our admin team at present as we prepare to move to the Trakcare IT system (currently scheduled for February 2025). This IT change is essential to improve

our capacity to report against the Scottish Government's PT Specification, and is resulting in increased admin during the transition period.

4. Systems pressures: The effects of the current financial pressures on other agencies (statutory and 3rd Sector) are leading to reductions in services, potentially increasing referrals to the Psychology Service. One example of this is the closing of the *Better Than Well* Service to referrals. *Better Than Well* offers Phase 1 safety and stabilisation intervention to people who experienced childhood trauma, and this closure has led to increased referrals to AMH Psychology.

Improvement actions

Despite the improvements in activity and progress in reducing long waits described above, the Psychology Service does not have enough clinical / counselling psychologists (i.e. staff able to work with more complex presentations) to increase capacity to the level required to clear the accumulated waiting lists and meet the 90% RTT target. This is partly due to the national workforce challenges during 2022 and the early part of 2023. While mitigation of this through skill mix change has improved the flow of patients with less complex needs, skill mix does not impact those waiting who have more complex presentations and need highly specialist PT. Recruitment of clinical and counselling psychologists is no longer the challenge that it was; however, financial constraints mean that recruitment is not the option that it was previously.

The service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways. These include:
- Using and developing new skill mix approaches to reduce demand at highest tier, and increase the capacity of the most specialist psychologists to deliver interventions at this level.
- Constant review of assessment processes and case management.
- Development of group intervention options, including at the most complex level.
- Working with CMHTs to develop interventions for people with highly complex needs who are unable to benefit from formal PT (unfortunately this latter work has been negatively impacted by the significant workforce challenges and increased demand within the wider mental health system).

It should be noted that it is more problematic to mitigate the challenges in some of the smaller clinical areas within Psychology, such as the General Medical Speciality within Clinical Health Psychology, where we have a concentration of complex patients with long waits, and that these smaller clinical areas are particularly vulnerable to the effects of staff absence or turnover.

Service development work continues across the service, with the Adult Mental Health Psychology Service (where the volume of referrals is highest) implementing the widest range of actions. The rationale driving the targeted actions within AMH Psychology is:

➢ To increase access and flow to PTs that require low intensity workforce in order to improve efficiency within system; increase capacity for high intensity provision; and have a positive impact on GP capacity;
➢ Development of group-based service delivery models in order to increase capacity and harness the evidence-based benefits of group processes in facilitating change;
➢ Partnership working with 3rd sector in order to improve access and use resources more efficiently; and build capacity for the on-going support required by some patients to sustain clinical change;
➢ Development work with CMHTs to increase access to psychologically informed shared care, and psychological intervention when appropriate, for patients with more complex and severe difficulties;

- ➤ Development of care pathways to improve clinical decision-making, patient experience and flow through the system; and
- ➤ Identify blocks within current system and better understand demand-capacity ratios within tiers of the service.

The Psychology Enhanced Engagement Team (PEET) is a test of change in AMH Psychology which began in April 2024. The drivers are: 1. Our capacity to deliver lower intensity psychological interventions currently exceeds demand; 2. We receive a significant percentage of referrals for people who are experiencing significant psychological distress, but for a variety of reasons are not likely to benefit from a structured psychological therapy, however could benefit from lower intensity interventions; 3. For those people who are likely to benefit from structured psychological therapy, many would benefit from lower intensity interventions while they are waiting, and this can reduce the amount of input they will need when they reach the top of the waiting list for therapy.

PEET is delivered by our band 4 and 5 clinical support roles (assistant psychologists and enhanced psychological practitioners), linked to the assessments carried out by our qualified clinical team and focused on assertively engaging people in the appropriate psychological intervention for their needs and circumstances. PEET will also link people to other helpful community resources or services to address needs that are not amenable to psychological intervention but nevertheless affect wellbeing, such as housing issues and poverty.

Early activity has included training our PEET practitioners to enhance engagement and support to people using our digital therapy options and integrating this with a one-year funded project in partnership with a 3rd Sector agency to increase access to people who face digital exclusion.

PEET is being evaluated for the following anticipated benefits for the RTT target:
1. Increased utilisation of lower intensity psychological interventions – which are routinely delivered within the 18-week target.
2. Increased efficiency of delivery of higher intensity psychological interventions through reduced DNA / drop out and fewer treatment sessions required.

In addition to specific PT development work, staff from all clinical specialities within the Psychology Service remain engaged in work to drive and support whole system change, which includes a focus beyond direct PT delivery. Quality improvement in mental health provision, as per the Scottish Government's mental health transformation agenda, is one driver for this. However, another driver is recognition of the likely future impact of the Covid pandemic and the cost of living crisis on the population's mental health. For most people, specialist psychological therapy will not be a necessary or appropriate response to the distress associated with these experiences. However, unless alternative, more appropriate pathways / options are in place, past experience suggests that referrals of people affected by these events will be made to the Psychology Service (and other mental health services). Equally, there are specific populations (e.g. people who were teenagers or young adults during the pandemic) where demand for PTs within adult services may increase due to their experiences and where PT is an appropriate service response. Using some current clinical capacity to develop options that will avoid unnecessary future referrals and also working to build capacity to manage an anticipated increase in demand is another key aspect of supporting sustainable improvements in performance in the longer term.

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

Reducing waiting times for PTs will increase access and improve experience for people who can benefit from psychological therapies.

A review of complaints received by the Psychology Service in 2024 found the following:

Complaint	Number of Complaints
Quality of intervention	1
Quality of assessment	3
Waiting time for intervention	1
Redirection to other services	1
Access to Service	3
Communication	3

All the above complaints were resolved at Stage 1.

2.3.2 Workforce

There is a risk of increased workforce stress due to workload demands while, at the same time, working in new ways in redesigned services and supporting psychologically informed practice across the wider health and care workforce, plus the increased demands of supporting future expansion of the workforce through additional training posts. The Fife Psychology Service has been successful in mitigating this and this will be an on-going focus for the service.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk Assessment / Management

The ongoing delay in maximising availability of PTs has a negative impact on demand for wider adult mental health services and reduced efficiencies in the provision of multidisciplinary care.

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

It is anticipated that timely access to psychological therapies, and delivery of ambitions to expand psychologically informed practice across Fife, will reduce health inequalities.

2.3.6 Climate Emergency & Sustainability Impact
There are no climate change or sustainability implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation
There has been regular communication with colleagues from the Scottish Government Mental Health Division Performance and Improvement Team. As from August 2024, NHS Fife has been in receipt of an enhanced package of support in relation to PT performance.

2.3.8 Route to the Meeting
N/A

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **"moderate" level of assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 Case scenarios – Typical intervention pathways for highly specialist PTs with illustration of resource requirements

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Appendix 1: Case illustrations of typical interventions

The following case illustrations outline typical interventions for people who require highly specialist psychological therapy. In both cases, psychological difficulties are having significant effects on the person's functioning and quality of life; however variations in complexity lead to significant differences in terms of the resource required to meet their needs. The first scenario describes a person with lower complexity who would benefit from a group intervention delivered within our Adult Psychology Service. The second scenario describes a person with more complex difficulties including comorbidity and a history of adverse childhood experiences who would be seen within our Clinical Health Psychology Service.

Scenario 1: Patient X, who experiences debilitating anxiety and depressive symptoms, refers herself through the Access Therapies Fife portal for assessment for the Change Up group programme, which is an evidence-based Cognitive Behavioural Therapy group intervention. She receives an initial 1:1 assessment, where a psychological formulation is developed between her and a psychologist. They agree that Change Up would be an appropriate intervention and she is allocated a place on the next group. She completes the Change Up group programme, which comprises 10x 2hour group sessions and 2x 1 hour 1:1 sessions focused on making behavioural changes identified within the group. Her progress is reviewed at the end of the group and having achieved significant improvement in her difficulties, she is discharged. She has received 23 hours of direct clinical input (1 hour assessment, 20 hours group intervention, 2 hours 1:1 intervention). Because the 20 hours of group intervention are delivered by 2 therapists to 10 participants, her net direct clinical input is 7 hours, of which a net 24 minutes (her first group intervention session) is counted under the PT RTT standard as a first therapy appointment.

Scenario 2: Patient B was referred with Post Traumatic Stress Disorder following a heart transplant. His history includes multiple previous traumatic experiences both in childhood and during military service. He has experienced multiple losses of role following the heart transplant (including loss of employment and forced move to suitable accommodation for physical limitations). He has to follow complex treatment regimes to avoid organ rejection, which have side-effects and restrict his activities. In addition to PTSD, he has symptoms of panic and depression. He requires extended assessment due to the complexities of his difficulties and some indirect work with the team around him. After a shared formulation is agreed, he engages in long-term 1:1 therapy (30 x1 hour sessions), using a combination of evidence-based interventions, including Trauma-focused Therapy, Compassion Focussed therapy and Acceptance and Commitment Therapy. By the time treatment is complete, he has received 2 hours of 1:1 assessment, 3 hours of indirect work, and 30 hours of 1:1 intervention, of which 1 hour (his first 1:1 intervention session) is counted under the PT RTT standard as a first therapy appointment.

NHS Fife

NHS SCOTLAND

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**11 November 2024**
Title:	**Public Health Screening Programmes Annual Report 2024**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health**
Report Authors:	**Cathy Cooke, Public Health Scientist/Pregnancy & Newborn Screening Interim Lead**
	Dr Olukemi Oyedeji, Consultant in Public Health/Adult Screening Lead

Executive Summary:

- This report is presented as an overview of the six National Screening Programmes in NHS Fife. The NHS Fife Public Health Team continue to support the delivery of all screening programmes in line with recommended standards set out by the Healthcare Improvement Scotland.

- Details of NHS Fife's performance against programme Key Performance Indicators are set out in this report, where data is available. Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities one and two. To Improve the Health of the Population and To improve the quality of Health and Care Services.

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A single integrated screening report is produced annually in NHS Fife for scrutiny. This report sets out Key performance Indicators and issues of note across all six screening programmes in NHS Fife.

2.2 Background

Population Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. Screening programmes detect early indications of disease or conditions and provide a reliable method of referral for diagnostic testing and/or treatment.

Screening policy is set by the Scottish Government which considers advice from the UK National Screening Committee. NHS Boards are accountable for providing screening to their own population, however many elements of screening are commissioned or procured on a national basis.

There are six National Screening Programmes in Scotland:

- Abdominal aortic aneurysm (AAA) screening programme
- Bowel screening programme
- Breast screening programme
- Cervical screening programme
- Diabetic eye screening (DES) programme
- Pregnancy and newborn screening programme

This report outlines the governance structure that supports the National Screening Programmes, both at the National level and within NHS Fife.

2.3 Assessment

This report summarises the key learning, achievements and challenges for each of the screening programmes, and highlights planned policy changes and developments. The report provides a high-level overview of the outcomes being achieved through the screening programmes in Fife. It highlights differences in uptake by deprivation by using the Scottish Index of Multiple Deprivation where possible.

Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports.

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

This report is part of the governance arrangements for screening programmes in NHS Fife which aim to ensure that the screening programmes are operating to the highest standards. The quality of the screening programmes is monitored by programme specific performance and governance committees.

2.3.2 Workforce

There are no immediate workforce issues relating to the screening programmes in Fife. It has been noted nationally that there is reliance on small numbers of individuals to deliver screening functions and there is fragility, particularly with the call/recall function across Scotland.

2.3.3 Financial

This paper has no financial impact or capital requirements. Each screening programme-has a steering group and mechanisms to escalate cost-pressures.

2.3.4 Risk Assessment / Management

Risks are considered for each programme at their respective local performance and governance committee. The Public Health Assurance Committee maintains an overview of risks and incidents across the programmes.

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

A screening inequalities action plan has been developed and approved. The action plan covers the adult screening programmes and it will be further developed for the

Pregnancy and Newborn screening programme. The action plan will be implemented over the coming years.

2.3.6 Climate Emergency & Sustainability Impact
There are no immediate sustainability issues related to the national screening programmes. Within each of the programmes there may be potential opportunities to reduce waste. Given these are national programmes any changes will require national coordination.

2.3.7 Communication, involvement, engagement and consultation
This Integrated Screening report is based on evidence from programme specific reports. These provide more detailed information on performance indicators and are scrutinised by their relevant local governance committee.

2.3.8 Route to the Meeting
This paper was considered by the Executive Directors Group on 17 October 2024. It will be tabled with the Public Health Assurance Committee at their meeting on 23rd October. The report has been reviewed by the Director of Public Health.

2.4 Recommendation
This paper is provided to members for:

- **Assurance** – This report provides a **"significant" level of assurance**.

3 List of appendices
The following appendices are included with this report:

- Appendix No. 1, Public Health Screening Programmes Annual Report 2024

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PUBLIC HEALTH SCREENING PROGRAMMES ANNUAL REPORT 2024

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Consultant in Public Health

Version 1.0	

TABLE OF CONTENTS

1   Introduction

1.1   Population screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. Screening programmes detect early indications of disease or conditions and provide a reliable method of referral for diagnostic testing and/or treatment.

1.2   There are six national screening programmes in Scotland:

- Abdominal aortic aneurysm (AAA) screening programme
- Bowel screening programme
- Breast screening programme
- Cervical screening programme
- Diabetic eye screening (DES) programme
- Pregnancy and newborn screening programme

1.2   [A guide to National Population Screening in Scotland](#) (National Screening Oversight/National Services Scotland, 2022) sets out the roles, governance structures and commissioning arrangements in the screening pathway:

- Screening policy is set by the Scottish Government which considers advice from the UK National Screening Committee.
- Screening strategy sits with the Scottish Screening Committee and NHS Board Chief Executives.
- Oversight, assurance and direction lies with the Director of Screening, the National Screening Oversight Board, the six national screening programme boards and, at a local level, Directors of Public Health (the designated NHS Board accountable officers).
- Operational delivery of screening lies with the national screening delivery partners, National Services Scotland (NSS) screening delivery services, territorial Boards and the screening programme sub-groups.

1.4   From 1 April 2024, the responsibility for coordination support for the national screening programmes passed from National Services Division (NSD) to National Screening Oversight (NSO). The NSD screening team (Senior Programme Managers and other staff) moved out of NSD to join NSO in the Clinical Directorate of NSS. This established a new, larger team at the national level (Screening Oversight and Assurance Scotland, SOAS) dedicated to supporting the national screening programmes. NSD continues to have responsibility for the commissioning arrangements for the nationally commissioned screening services.

1.5   Healthcare Improvement Scotland, in partnership with stakeholders, develops national standards for the six national screening programmes in Scotland. To date, each set of individual programme standards had a core section covering leadership and governance, training and education, and information and support.

In 2018, it was agreed that HIS would develop one set of core screening standards that apply across all the screening programmes. These <u>core screening standards</u>, coproduced with stakeholders from all six screening programmes, were published in September 2023. The standards aim to support consistency in approach and minimize duplication across screening quality and assurance approaches.

1.6   In NHS Fife, each programme has a designated Consultant in Public Health Lead for Screening. A Public Health Scientist and Project Support Officer work across all the programmes. The screening programmes utilise a small number of call/recall staff; for some programmes this function is provided by other Board areas on behalf of NHS Fife. National work is ongoing to look at call/recall capacity and provision across screening programmes in Scotland.

1.7   Each screening programme has a local performance and governance committee, and specialist clinical input is provided either locally or nationally. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board. Each performance and governance committee aims to meet 2-3 times per year. This is to monitor the performance of the programme, review key performance indicators (KPIs), incidents and adverse events.

1.8   For the coordination and quality assurance of the screening programmes, the public health screening team is accountable to the Public Health Assurance Committee (PHAC). PHAC is chaired by the Director of Public Health. A single integrated screening report is submitted annually to the PHAC for scrutiny. The report is submitted thereafter to the NHS Fife Public Health and Wellbeing Committee (PHWC).

1.9   Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports.

2   Abdominal Aortic Aneurysm Screening

2.1   An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.

2.2   All men and people who were assigned male at birth (AMAB) aged 65 years are invited, by letter, to attend a screening appointment for a one-off ultrasound scan to identify the presence of an abdominal aortic aneurysm. The aim of the screening programme is the early detection, monitoring and elective repair of asymptomatic AAA to prevent rupture and reduce mortality.

2.3   The Scottish AAA Screening Programme is delivered in Fife by the NHS Tayside and NHS Fife collaborative. A service manager, administration staff and screeners are employed by NHS Tayside. Screening takes place at four screening clinic sites in Fife. Some pre-assessment appointments are also held in Fife but surgery, when required, takes place at Ninewells Hospital, Dundee. Governance of the screening programme is provided by the joint NHS Tayside and NHS Fife AAA Screening Performance and Governance Committee.

2.4   The AAA screening programme was paused due to Covid-19 from March until September 2020. The reporting period for this report is later, 1 April 2022 to 31 March 2023. However, Covid-19 was still having an impact during this time on service delivery in Scotland. When services resumed after the pause, additional infection control measures, reduced clinic availability and increased staff absences impacted on screening capacity.

2.5   Uptake of AAA screening is measured at age 66 and 3 months. During the year 1 April 2022 to 31 March 2023, uptake was high. 87.3% of eligible individuals in Fife attended compared with 70.7% in Scotland.

2.6   As in the rest of Scotland, uptake for those living in the least deprived area in Fife was higher than uptake for those living in the most deprived area (figure 1). For Fife, the difference between the most and least deprived areas for the year ending 31 March 2023 (10.0 percentage points) was similar to the year ending 31 March 2022 (10.2 percentage points). In Scotland there was a noticeable decrease in the difference between the most and least deprived areas from 16.5 percentage points in the year ending 31 March 2022 to 6.1 percentage points in the year ending 31 March 2023.

Figure 1: AAA Screening uptake by Scottish Index of Multiple Deprivation (SIMD) quintile, Fife and Scotland, year ending 31 March 2023
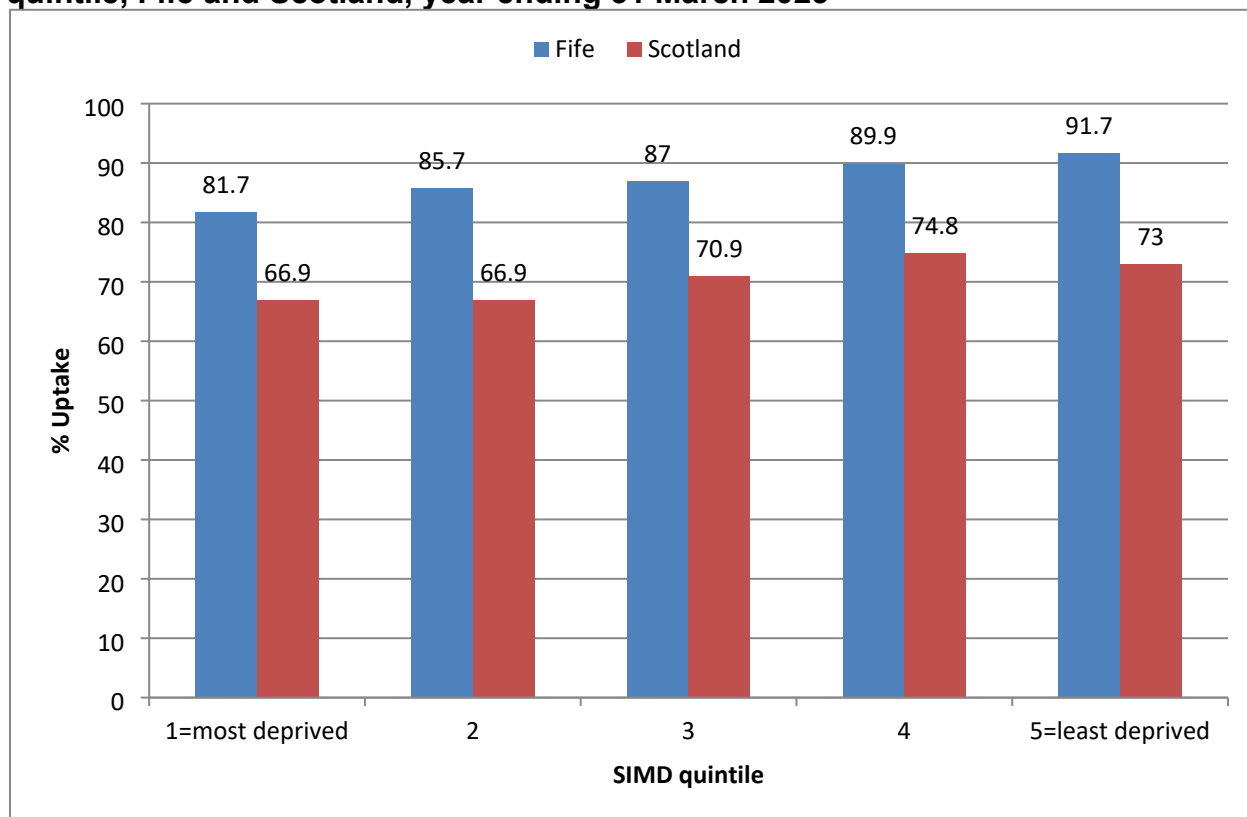
2.7 Most people who are screened have a normal result and are discharged from the screening programme. Most aneurysms were small; the number of large aneurysms was ≤5. During the year ending 31 March 2023, 17 individuals from Fife were referred to a vascular specialist for assessment of an aneurysm after attending screening.

2.8 The cumulative total of eligible people from Fife who have had an aneurysm detected through routine screening from the implementation of the programme to the end of March 2023 is 286 (1.4% of those screened). Of those the majority were small (225, 78.7%), 37 were medium (12.9%) and 24 were large (8.4%). In Scotland the cumulative total of those who have had an aneurysm since the implementation of screening is 1.3%. People from the more deprived areas have a higher rate of positive results.

2.9 For the year ending 31 March 2023, NHS Fife met the desirable threshold for 7 key performance indicators (KPIs) and the essential threshold for 6 KPIs. The essential threshold was not met for one KPI. In total Fife met 13/14 KPIs; Scotland met 5/14. A summary of the KPI results is in Appendix 16.1.

2.10 Fife did not meet KPI 3.2, the percentage of individuals with AAA ≥ 5.5cm deemed appropriate for intervention who were operated on by a vascular specialist within 8 weeks of screening. This KPI has proved challenging for most Boards in Scotland since the implementation of the screening programme. Of the ten NHS Boards with people deemed appropriate for surgery in the year

ending 31 March 2023, nine Boards did not meet the 60% essential threshold for KPI 3.2. None of the 11 Boards with people deemed appropriate for surgery in the year ending 2021/22 met the 60% essential threshold.

2.11   In 2023, the Scottish AAA Programme Board reviewed the thresholds for each of the KPIs. Three KPIs were updated (1.1, 3.1 and 4.2) and KPI 3.2 was calculated by Board of Surgery as well as Board of Residence. Those resident in Fife have surgery, if required, in Tayside. No individuals were operated on within 8 weeks of screening in 2020/21, 2021/22 or 2022/23 in Tayside (the number appropriate for surgery per year is small, usually <10).

2.12   In March 2020, clinical guidance was issued by the Vascular Society for Great Britain and Ireland in response to the clinical risk posed for any surgical intervention during the Covid-19 pandemic. The guidance set out restrictions for surgical interventions, and this resulted in most of the planned AAA repair operations being postponed and only very large or symptomatic AAAs being considered for surgery. Subsequent waves of COVID-19 and further lockdowns and restrictions made it difficult for patients to receive surgical intervention within the eight-week timeframe.

2.13   Further, in some cases individuals may have other health conditions that need investigation and/or treatment by other specialists before surgery can proceed. In some cases, the vascular team monitor for further growth of the aneurysm until the risk of rupture outweighs the risk of vascular surgery. Other factors that may cause delays include the need for custom-built stents for some AAA repairs and patient choice. This means some individuals deemed appropriate for surgery cannot be operated on within the eight-week target.

2.14   There continues to be close monitoring of individuals awaiting surgery and the reasons for this and, where possible, delays are minimised. There is also work being progressed by NHS Tayside and NHS Fife to investigate a range of factors (including theatre capacity) to assess where improvements can be made within AAA screening and the vascular service as a whole.

2.15   Pre Covid-19, most of the eligible population were screened between 65 years and 65 + 5 months. Current operational data (May 2024) indicate that most individuals are screened between 65 + 2 months and 65 + 6 months in Fife. This is in keeping with the KPIs for the programme and within the Healthcare Improvement Scotland standard that all eligible men and people AMAB are routinely invited for AAA screening during the year they are aged 65 years.

2.16   Text message reminders for participant appointments are issued where mobile phone numbers are available. Since July 2023, 2 text messages are sent to participants by the AAA Screening IT system at 10 days and 3 days before the appointment date.

2.17   Bi-directional text messaging functionality is being developed by the national programme. This functionality will allow the AAA screening participants to confirm they will be attending their appointment or request to change or cancel

their appointment by text message. This may improve the DNA rate for screening appointments.

3   Bowel Screening

3.1   Bowel cancer is the third most common form of cancer diagnosed among men and women in Scotland. Bowel cancer cases accounted for 12.1% of all cancers diagnosed in Scotland in 2021. 94.3% of bowel cancer cases diagnosed in Scotland in 2021 were in people aged 50 years and over.

3.2   The aim of the bowel screening programme is to reduce deaths by picking up and treating bowel cancer at an early stage in people with no symptoms. Pre-cancerous polyps (wart-like growths) can also be identified through screening and removed. This may prevent future cancers developing.

3.3   All men and women with a Community Health Index (CHI) number and aged between 50 and 74 years are sent a test kit every two years. The test is completed at home. The quantitative Faecal Immunochemical Test (FIT) has been used in the Scottish Bowel Screening Programme since November 2017. The introduction of FIT simplified the bowel screening process for participants by requiring only one sample to be taken, compared to 3 samples in the past. This led to an increase in participation in the Bowel Screening Programme.

3.4   The screening programme was paused from March to October 2020 due to Covid-19. To aid recovery of the programme, recall dates were extended by the length of the pause (for one screening round only).

3.5   Review of the key performance indicators report for bowel screening (published by Public Health Scotland (PHS), March 2024) did not highlight any issues of concern for the programme in Fife. The data covered the period between 1 May 2021 and 30 April 2023.

3.6   Of those invited to participate, around two thirds (66.2%) had a complete screening test result in Fife. Uptake is higher in women (68.3%) than in men (64.1%). This is also the case for Scotland where overall uptake is 66.1% (68.6% women, 63.6% men). This represents a decrease in participation by 0.6% in Fife and Scotland. For the previous reporting period (1 May 2020 to 30 April 2022) uptake was 66.8% in Fife and 66.7% in Scotland, the highest level of participation in the programme's history. The programme target for uptake is 60% of women and 60% of men.

Figure 2 shows the trend in bowel screening uptake in Fife since 2016/18. The trend is similar to that of Scotland as a whole.

Figure 2 Overall uptake of bowel screening by two-year reporting period and sex, 2016/18 to 2021/23, Fife.
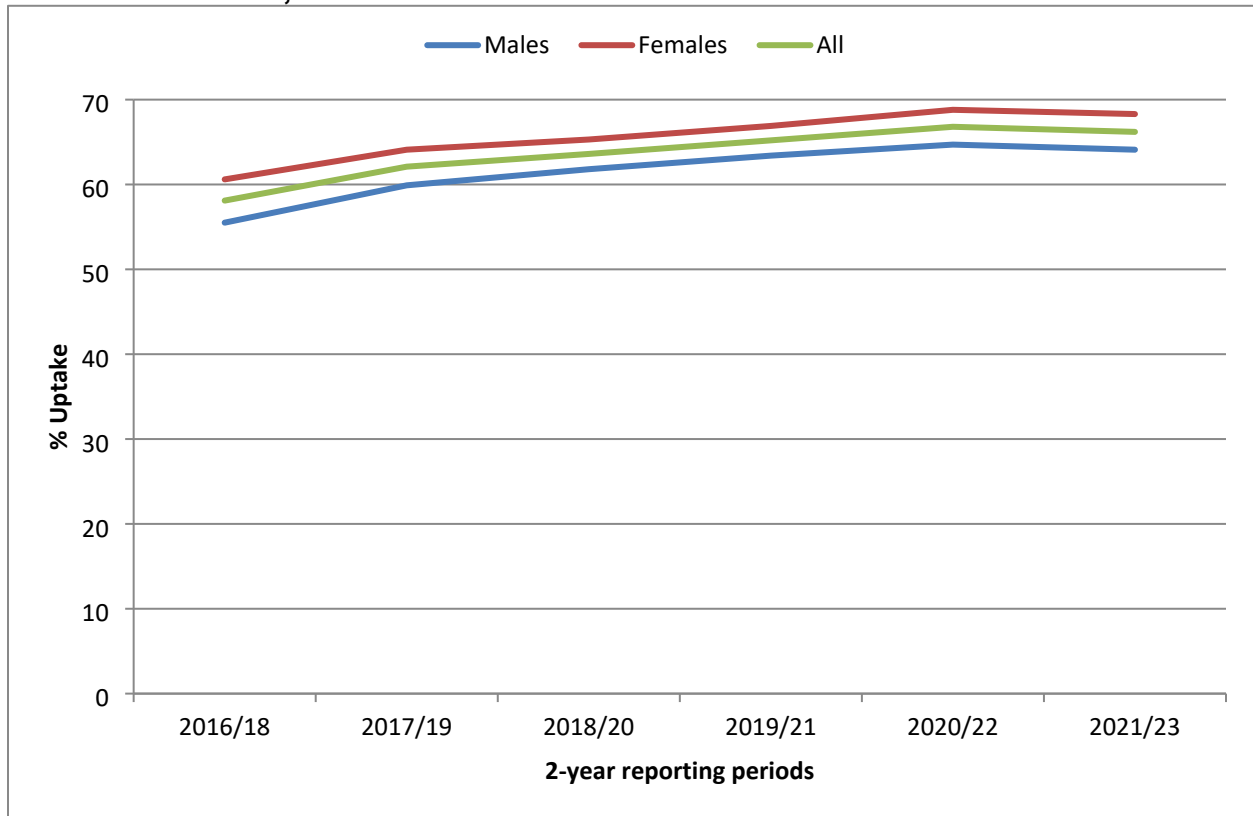
3.7 Uptake for those living in the least deprived area quintiles in Fife was higher than uptake for those living in the most deprived quintiles (figure 3). There was a 19.2 percentage point difference in uptake between the least deprived (74.6%) and most deprived (55.4%). The percentage point difference was higher for women (20.3%) than men (18.0%). The 60% target for uptake was met in all but the most deprived quintile (for both men and women). In Scotland the percentage point difference between the least and most deprived was 21.6 for all persons; 21.0% for men and 21.9% for women.

Figure 3: Bowel Screening uptake by SIMD quintile, Fife and Scotland, 1 May 2021 to 30 April 2023
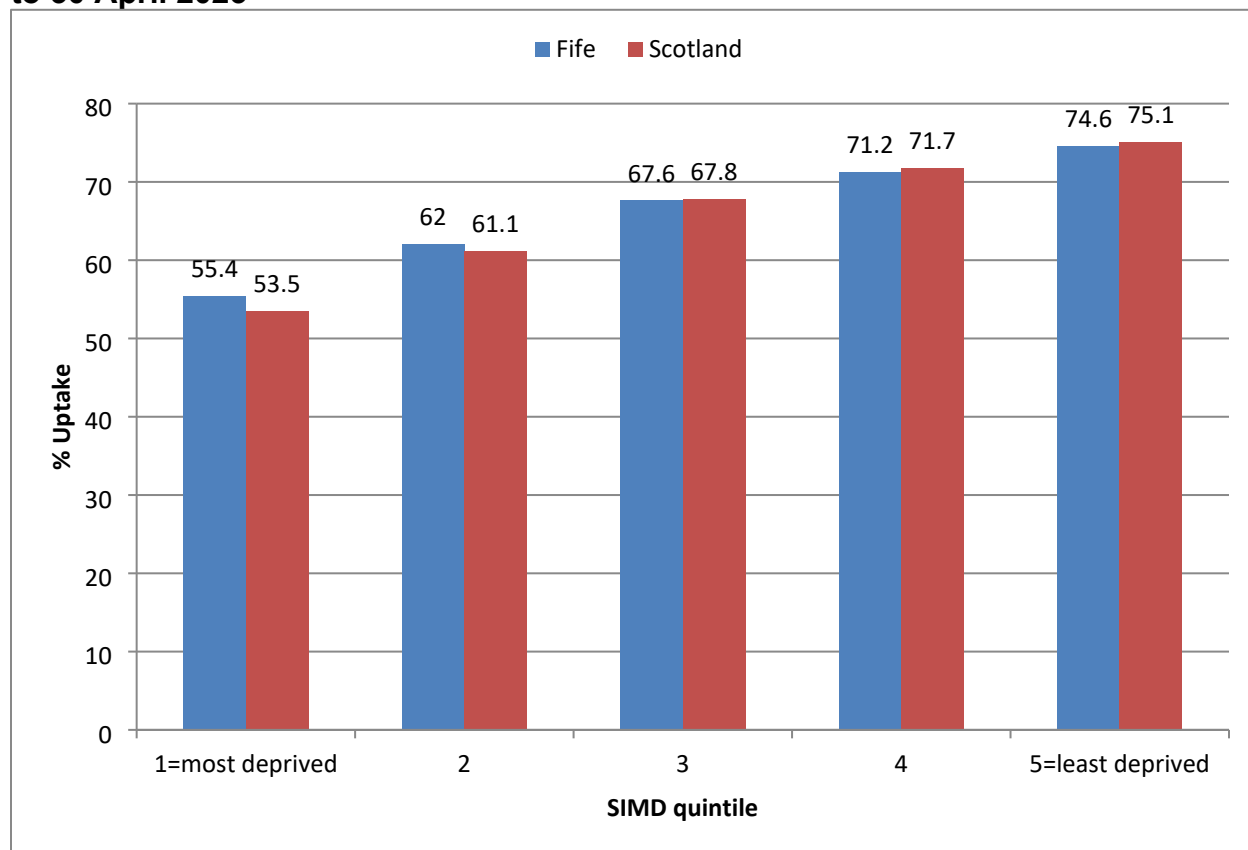
3.8 The proportion of those completing a bowel screening test with a positive result requiring further investigation in Fife was 2.63% (2,376). The rate for men (3.22%) is higher than that for women (2.10%). In Scotland 2.81% required further investigation (3.33% men and 2.34% women).

3.9 During the reporting period, 80.1% (1,903) of those with a positive screening test referral in Fife, went on to have a colonoscopy (74.5% in Scotland). A high proportion of those who did not go on to have a colonoscopy either declined the procedure or did not attend the appointment.

3.10 NHS Fife performed notably better than Scotland in the time from screening test referral to the date a colonoscopy was performed. 72.9% of participants in Fife had a colonoscopy within 4 weeks of referral; this compares with 22.3% in Scotland. The bowel screening nursing team works closely with the endoscopy booking unit and waiting times are also monitored by a Patient Navigator.

3.11 The percentage of those having a colonoscopy performed within 4 weeks of screening test referral was down 7.6% on the previous reporting period (1 May 2020 to 30 April 2022). Delays can occur when participants have other health conditions and clinical discussion is required before participants can proceed to colonoscopy. Nursing capacity within the colonoscopy service has also been reduced temporarily due to unplanned leave and to allow training to take place.

A review of the screening service pathway will be undertaken and this will include consideration of the number of colonoscopy lists available and nursing capacity.

3.12   Of those who had a colonoscopy as a result of a positive screening test, 5.2% had colorectal cancer (5.3% in Scotland). The proportion of cancers diagnosed at the earliest two stages when treatment is most likely to be successful was 64.0% (60.9% in Scotland).

3.13   The proportion of screening colonoscopies where adenoma was the most serious diagnosis (i.e. no cancer found but a growth was detected) is a validated indicator of screening colonoscopy quality. An adenoma is a growth in the bowel which can be a pre-cursor to cancer in some cases. During the reporting period, 47.5% of screening colonoscopies had adenoma as the most serious diagnosis (46.4% in Scotland). Detection rates are higher in men than women.

3.14   A summary of Fife and Scotland performance against the KPIs is in Appendix 16.2.
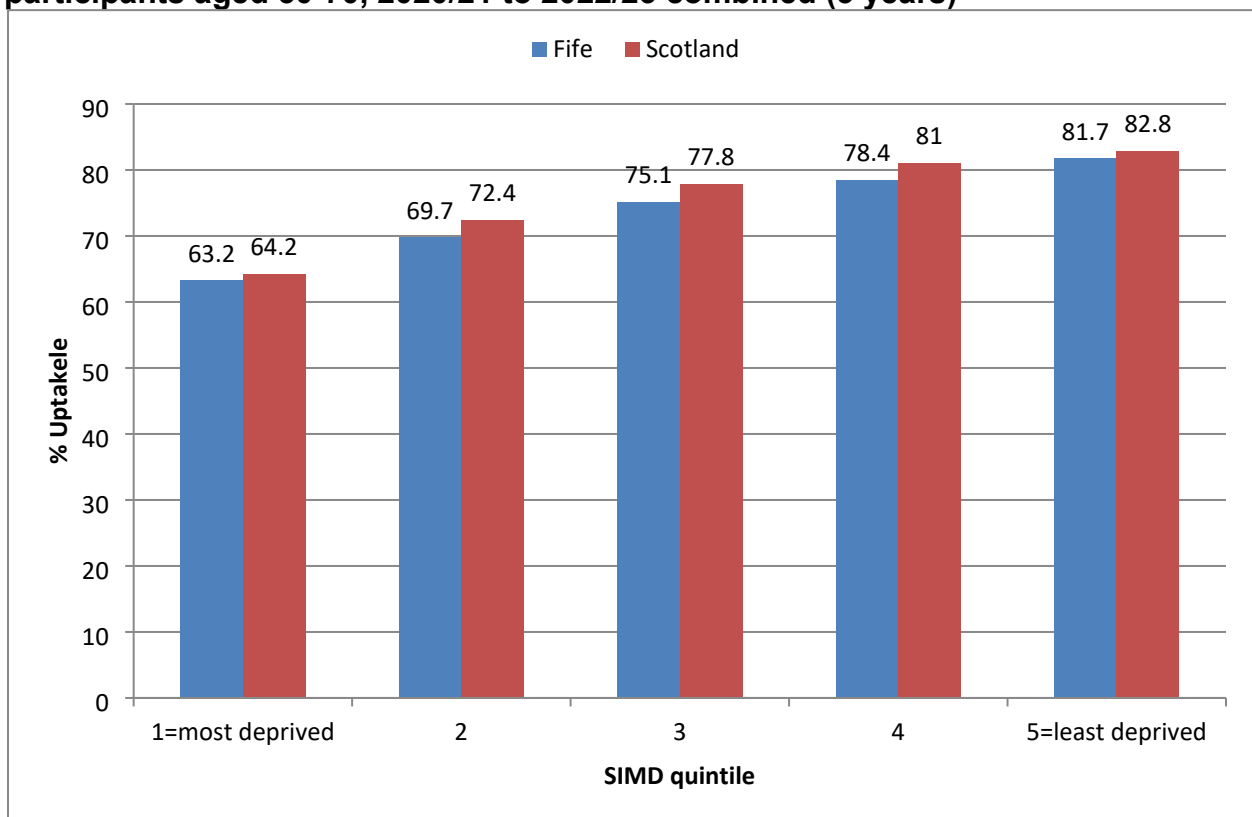

4   Breast Screening

4.1   The main purpose of breast screening is to reduce mortality from breast cancer by detecting and treating cancers at an earlier stage than they would otherwise present. A secondary aim is to reduce the need for more radical treatment.

4.2   Eligible women and people assigned female at birth (AFAB) aged 50 to 70 years are invited to attend for screening by mammography at three yearly intervals. There are six breast screening centres across Scotland and two of these provide the service for Fife. Screening is provided for those resident in North East (NE) Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside. Those resident in the rest of Fife are screened by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.

4.3   Routine breast screening was paused due to Covid-19 in March 2020. Participants who had already been referred for follow-up investigation and/or treatment before the pause continued to be seen and treated as appropriate. Screening restarted in Fife in August 2020.

4.4   Self-referral appointments for individuals 71 years and over were also paused in March 2020. A stepped approach to reinstatement of self referrals was taken. From 29 August 2022, women and people AFAB aged 71 to 74 (+364 days) and those over 75 with a history of breast cancer were able to register for self referral appointments. Self referrals for individuals aged 75 and over with no history of breast cancer were restarted in November 2023.

4.5   Women and people AFAB aged 71 years and over do not receive routine invitations for screening. This is because there isn't clear evidence that the benefits of screening people over 71 outweigh the potential for harm. For

example, diagnosing and treating a breast cancer that would otherwise not cause harm within a person's lifetime.

4.6 As participants are invited every three years it is helpful to examine performance over three-year periods, rather than single years, so that the whole of the invited population can (usually) be compared. The data reviewed in this report covers the Covid-19 pandemic and the pause in the screening programme. During the three-year period 2020/21 to 2022/23, more than 7 in 10 participants (73.4%) took up the invitation for screening in Fife. This meets the acceptable performance standard of >= 70% and is an increase of 0.9% on the previous reporting period (72.5% in 2019/22). Uptake in Scotland was 75.9%, an increase of 1.4% on the previous reporting period.

4.7 There was an 18.5 percentage point difference in uptake between those living in the least deprived areas (81.7%) and the most deprived areas (63.2%). Uptake was higher in Scotland but the percentage point difference between least and most deprived was similar (18.6%) (figure 4).

Figure 4: Breast Screening uptake by SIMD quintile, Fife and Scotland, participants aged 50-70, 2020/21 to 2022/23 combined (3 years)

4.8 For women and people AFAB who had breast screening within 5 years of their previous screen (incident screening), the invasive cancer detection rate is a measure of effectiveness of the screening process. In the 3-year reporting period, the invasive cancer detection rate for eligible individuals aged 53-70 who were screened within 5 years of their last screen was 7.3 per 1000 persons screened in Scotland. This is the highest rate reported in the last ten 3-year

reports (from 2011/14 to 2020/23). This may be a result of the pause in screening during Covid-19 and the backlog when screening resumed. In Fife the rate was 7.7 per 1000 eligible people screened.

4.9 The Healthcare Improvement Scotland standards for the breast screening programme (HIS, 2019) have acceptable and achievable thresholds. All of the 12 acceptable performance standards were met in Fife in the 3-year period 2020/21 to 2022/23. Scotland met 11 out of the 12 acceptable standards: the benign biopsy rate (per 100,000 persons screened) for 50-52 year olds was 1.6, greater than the standard of <1.5. Ten of the standards also have achievable thresholds and 7 of these were met in Fife. The three achievable standards not met were the attendance rate, and the benign biopsy rate (per 100,000 women screened) for both 50-52 year olds and 53-70 year olds. A summary of the performance against the standards (Fife and Scotland) is in Appendix 16.3.

4.10 In the ESBSP area, the backlog due to the Covid-19 pause was recovered by September 2023 for screening appointments. Processing a higher than usual volume of eligible individuals through the system for reporting of screening images and recall to assessment clinics took until April 2024.

4.11 ESBSP has been working with NHS Fife Public Health to examine the locations that the mobile units visit each screening round to see if efficiencies can be made without adversely impacting participants. The service also aims to smooth out the screening round, after the Covid-19 pause and increased activity in backlog recovery created an uneven workload during the previous round. To do this, it is likely that some individuals will be screened earlier than 36 months for the next round of screening.

4.12 In the SESBSP area, work continues towards full recovery of a 3 year round between invitations for screening. Prior to the Covid-19 pause to screening in 2020, there had already been a 20% growth in the eligible population across SE Scotland since 2010. This meant the service was already unable to deliver all screening appointments within 3 years and 3 months of previous appointments.

4.13 In 2021 further investment in the service was made, with an additional (6th) mobile screening unit and weekly Saturday clinics to increase capacity. During 2022/23 a number of factors impacted on the screening round length including capacity lost when new mobile screening units were withdrawn from service and an extended shutdown in Fife whilst major water ingress on a mobile was investigated and repaired.

4.14 Progress was made during 2022/23 including the use of 2 mobile units collocated in Dunfermline, halving the time for screening 7 practices. By December 2023 the service had cut the screening round time to within 3 years and 2 months for 90% of timed appointments, the best waiting times position in SE Scotland since 2016. In March 2024 the majority of participants were still being seen within 3 years and 2 months but progress later stalled due to high levels of staff sickness absence. Further progress has been made but continued (and projected) eligible population growth in the South East is a significant challenge for the SESBSP.

4.15   A new approach to inviting previous non-attenders to screening has been introduced to the national programme. This was introduced in the SESBSP area in June 2023 and the ESBSP area in August 2023. Previous non-attenders are sent a letter asking them to contact the screening centre to make an appointment, instead of being sent an invitation with a timed dated appointment. The change was brought in to reduce capacity losses from non-attendance and to potentially increase participation in this group. Further analysis is required to fully assess levels of participation. However, indications so far from management data are that participation has increased in previous non-attenders, across the SIMD quintiles.

4.16   Scottish Government published the report of a major review of the Scottish Breast Screening Programme in May 2022, recommending ways to make the breast screening programme more accessible, resilient and sustainable. The Breast Screening Modernisation Programme Board, is taking forward the recommendations from the report which include the:

- development of a new approach to call recall
- provision of screening at satellite static centres
- reduction of barriers to screening
- increase in convenience of appointments
- increase in user-friendliness of screening locations.

The use of satellite static centres could bring a number of benefits including:

- screening by individual due dates
- reduction in diesel fumes emission
- improved facilities for changing and waiting
- improved access for participants with disabilities
- permanent presence within an area
- commencement of screening closer to age 50
- further opportunities to attend screening following a DNA or cancellation.

4.17   During 2023/24 meetings have been held between SESBSP, NHS Fife and members of the Modernisation Programme Board to consider the pilot of a static satellite centre in Fife. A full Business Case is under development and suitable potential locations within Fife are being explored.

5   Cervical Screening

5.1   The Cervical Screening Programme aims to detect HPV (Human Papillomavirus) and changes in cervical cells early to reduce the number of invasive cancers of the cervix. Cervical cytology was replaced with high-risk HPV primary testing in Scotland on 30 March 2020.

5.2   Women and anyone with a cervix aged 25 to 64 years are eligible for routine screening. Since the introduction of high-risk HPV primary screening in 2020, cervical screening samples are first tested for HPV and if negative, a recall

invitation will be sent in 5 years. If the HPV sample is positive, the sample is tested further for the presence of abnormal cells. Recall for those on a non-routine screening pathway can vary and they can be invited for screening up to the age of 70.

5.3   The incidence of cervical cancer has fallen since the introduction of the national screening programme in 1988. In 2020, an age-standardised rate of 9.4 per 100,000 persons was the lowest incidence recorded in Scotland. This low rate is probably due to the temporary pause of screening in 2020 and disruption to other healthcare services during the Covid-19 pandemic. In 2021, an age-standardised rate of 12.3 per 100,000 persons was reported for Scotland; the rate for Fife was 12.0.

5.4   In the most recent year for which published data are available, there were 22 new cases of cervical cancer in Fife (2021) and 8 deaths from cervical cancer (2021).

5.5   An audit is conducted of all new cases of invasive cancer of the cervix diagnosed in Fife residents during each calendar year. This includes a review of all records connected to an individual's cervical screening history from the past 10 years. NHS Fife also submits data to PHS for the national invasive cervical cancer audit.

5.6   The Scottish Cervical Screening Programme Statistics annual update from Public Health Scotland has been delayed this year and was not available in time for this report. New key performance indicators have been developed for the cervical screening programme. The statistics report is being revised to incorporate additional data required for the new KPIs. Cervical screening data presented in this report cover the period 1 April 2021 to 31 March 2022. The Covid-19 pandemic resulted in a temporary pause to cervical screening invitations between March and September 2020 in Fife. The impact of Covid-19 may be reflected in some of the figures reported.

5.7   In 2021/22, 70.2% of people eligible in Fife had been screened within the previous 3.5 or 5.5 years. Uptake in Scotland over the same period was 68.7%. Uptake has been declining for several years.

5.8   When uptake is broken down by 5-year age groups, it is lowest in people aged 25-29 (58.1% in Fife) and highest in people aged 50-54 years (77.3% in Fife). This pattern is also seen in Scotland.

5.9   In eligible people aged 25-64 years, the combined percentage uptake to 31 March 2022 fell with increasing deprivation in Fife and Scotland (figure 5). Uptake was 75.9% in the least deprived quintile in Fife, and 63.2% in the most deprived (a percentage point difference of 12.7).

Figure 5: Cervical Screening uptake by SIMD quintile, Fife and Scotland, participants aged 25-64, 1 April 2021 to 31 March 2022
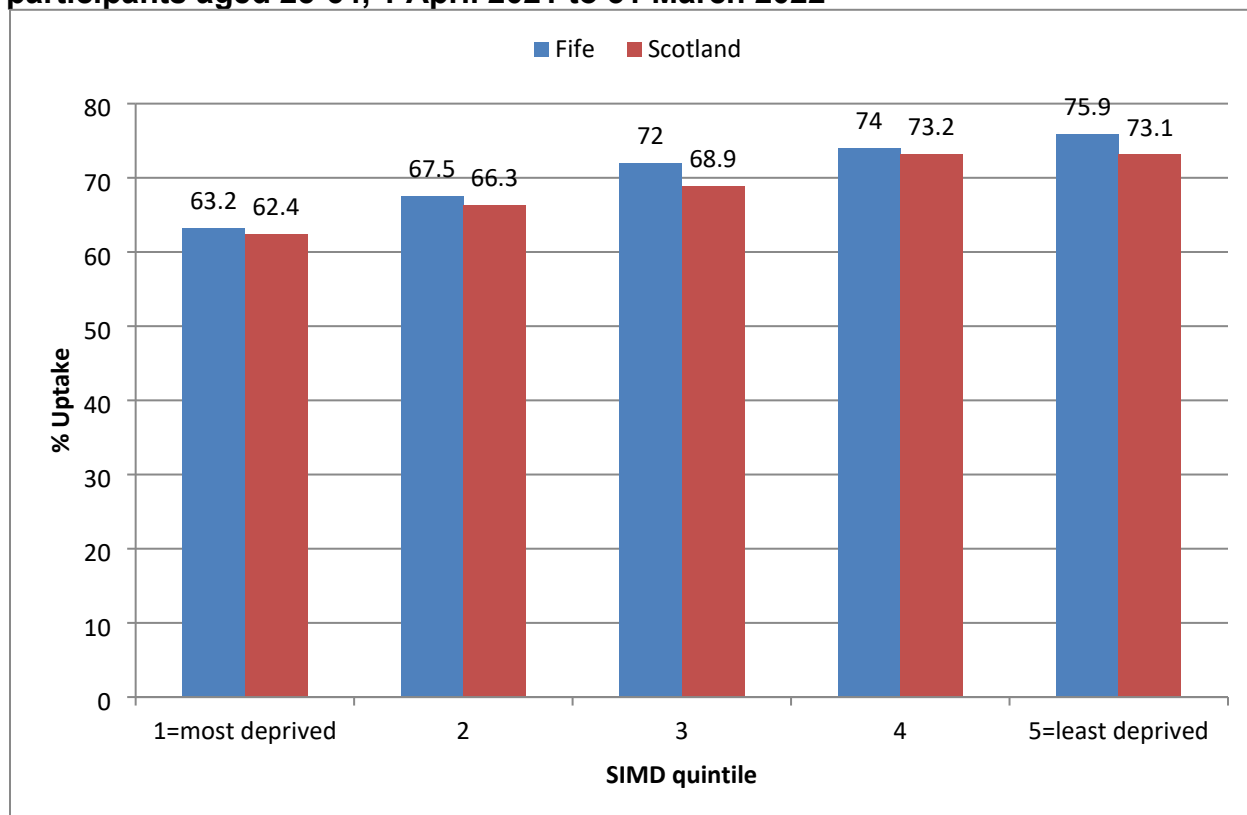
5.10 The majority of cervical cancers are caused by HPV infection. The Scottish HPV immunisation programme started in September 2008 and vaccination is now routinely offered to all secondary school pupils at age 11 to 12 years.

5.11 Cervical screening uptake is higher in HPV-vaccinated women and people with a cervix aged 25-31 (67.5% in Fife; 69.6% in Scotland) when compared to those with incomplete vaccination (66.3% in Fife; 67.5% in Scotland) and those not vaccinated at all (48.0% in Fife; 37.9% in Scotland). Evidence now shows only one dose is needed to give protection (unless further doses are clinically required). From 1 January 2023, young people have been offered only one dose to be fully vaccinated. This change was based on advice from the Joint Committee on Vaccination and Immunisation.

5.12 When cervical cytology was replaced with high-risk HPV primary testing in Scotland, there was a reconfiguration of the existing laboratories to deliver both cervical cytology and Hr-HPV testing from two sites only: one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde. Cervical screening samples from NHS Fife are now processed at Monklands Laboratory, Lanarkshire.

5.13 In 2021/22 there were 280,000 cervical screening tests processed within the programme in Scotland, noticeably higher than the number processed in 2020/21 (174,299). This is largely due to recovery since the pause of screening in 2020. Laboratory cytology results are not published by individual Board area. During 2021/22, of those testing positive for HPV in Scotland, 69.1% had negative cytology with no sign of abnormal changes in cells, 25.3% had low grade cell

changes and 5.62% were identified as having high grade cell changes (including cervical cancer).

5.14   The laboratory turnaround time is defined as the number of days from the date the sample was received by the laboratory to the date the result was reported by the laboratory. In 2021/22, the turnaround times for 95% of all cervical screening tests processed in Scotland ranged from 18 days (July to September) to 38 days (January to March). This is broadly in line with historical performance for Scotland. By September 2024, it could take up to 8 weeks to report results. This is largely due to a lack of qualified screening staff. A number of laboratory staff are in training to address this.

5.15   If a sample is hr-HPV positive, and examination of the cells in the sample (cytology) identifies cell changes, the participant is referred to colposcopy. Waiting times for colposcopy appointments are monitored closely. Currently (September 2024) NHS Fife is meeting the 2 week target (for urgent suspicion of cancer referrals) and the 4 week target (for urgent referrals). Routine referrals (8 week target) are currently being appointed at 19 weeks. This is largely due to staffing challenges and work is ongoing to reduce the waiting times. Other health boards are facing similar challenges.

5.16   In 2020, the invasive cervical cancer audit identified an incorrect exclusion of some eligible people from routine cervical screening in Scotland. Following this incident, a sub-total audit was carried out in 2021.

5.17   An audit of a wider cohort of patients who had been permanently excluded from the cervical screening programme, with a "No Cervix Exclusion" code, commenced in April 2023. The NHS Fife Audit Team reviewed the records of 10,409 individuals out of a total of 124,486 being reviewed across Scotland.

5.18   81% of patients whose records were reviewed were cohorted as "0". This means that they have been appropriately excluded from cervical screening and no further action is required. All patients who had been incorrectly excluded or had inconclusive evidence of appropriate exclusion were given the opportunity for further clinical assessment and care. Clinics are still being organised for some audit patients. No audit participant has been identified to have come to harm as a result of exclusion from cervical screening to date.

5.19   The Wider Cohort Audit required significant staffing resources. This included staff from all General Practices across Fife, Public Health, Sexual Health Service, Gynaecology Service, Medical Records, Patient Appointment Service and Information Governance. Funding for the audit was provided by Scottish Government. The multidisciplinary approach to the audit in Fife worked well. All members communicated well, and the audit was prioritised by everyone. This made completing the audit possible. A full audit report will be presented to the PHAC, Executive Directors Group (EDG) and PHWC in October/November 2024.

5.20   There is ongoing discussion between the National Team and Health Boards on how to audit records of patients who have had a "No Further Recall" exclusion. This piece of work will likely be carried out in 2025.

5.21   Healthcare Improvement Scotland published a 'review of processes, systems and governance for exclusions from the national cervical screening programme in Scotland' in August 2023. A number of areas are covered in the recommendations including engagement with women, training for SCCRS users, management of exclusions, national and local governance structures and the national invasive cancer audit. The final recommendation is that Scottish Government should consider which organisations are best placed to deliver the recommendations set out in the report. This is being addressed. Coordinated action at both NHS board level and national level will be required.

6   Diabetic Eye Screening

6.1   Diabetic retinopathy is a common complication of diabetes which affects the eyes. Untreated diabetic retinopathy is one of the most common causes of visual impairment and blindness. Diabetic eye screening (DES) can detect retinopathy at an early stage before any symptoms are apparent.

6.2   In 2016 the UK National Screening Committee recommended revised screening intervals for patients within the DES programme. The recommendation was that the interval between screening tests should change from one year to two years for people at low risk of sight loss. The revised screening intervals (Low Risk Pathway) began to be implemented in early 2021.

6.3   In May 2020, the national software platform for the screening programme (Vector) was replaced with a new system, OptoMize. Verified KPI data reports have not been published since the introduction of OptoMize. This has been due to a number of factors including the Covid-19 pause to screening, prioritising higher risk participants on the restart of screening, the implementation of revised screening intervals, and incorporating optical coherence tomography (OCT) within the screening programme. All these factors impact on how the KPI data are produced and interpreted. It was anticipated that verified KPIs would be generated following an update to the OptoMize software in July 2024. This was postponed due to a technical issue and has not yet been rescheduled (as at September 2024).

6.4   Whilst the DES KPIs remain unverified and unpublished, the programme data are continuously monitored by local and national programme committees. They show no areas of particular concern for the DES programme in Fife. At the end of March 2024, there were 24,752 people eligible for diabetic eye screening in Fife. The biennial successful screening rate was >85% in Fife with Boards requiring to achieve 80% uptake to meet the KPI on this. This KPI is generally reported nationally by the DES Programme as the most reliable indicator of how the programme is performing.

6.5   Analysis undertaken in 2021 of participation in diabetic eye screening in Fife, using data from SCI diabetes between 1 November 2020 and 31 October 2021, found that 10595 appointments were allocated in this time, with an 86% attendance rate. 'Did not attend' rates (DNAs) were higher in younger people, and among those living in the most deprived areas. People who were newly diagnosed with diabetes were more likely to attend for screening than those who were diagnosed a number of years previously.

6.6   The DES service continues to target those who repeatedly DNA and has recently conducted an audit of Type 1 patients aged 12-17 and 18-25. Attempts were made to contact 74 participants who had repeatedly not attended or had not been brought for screening. As a result, 16 participants attended screening after a phone call discussion. Of those, 7 had a mild retinopathy result (to be recalled for screening in 12 months) and <5 had retinopathy which required a referral to ophthalmology. The audit also found that there appear to be large numbers of younger people who may have been students and may no longer live in Fife, but remain registered with Fife GP Practices. Further work is planned to liaise with the Student Health Service in St Andrews to explore this in more detail.

6.7   Following the Covid pandemic, some changes to service delivery were made due to a combination of factors. This included the lack of clinical space in GP practices and health and safety issues around the movement of mobile equipment. As a result, a decision was made to permanently locate cameras at Randolph Wemyss Hospital, Adamson Hospital, St Andrews Hospital and Skeith Health Centre. This enabled longer screening days and reduced risk to staff having to move heavy equipment in and out of a van.

6.8   Clinics were ceased at Auchtermuchty, Ladybank and Tayview Medical Practices and these patients now attend Adamson or St Andrews Hospitals. There are reasonably good public transport links to Cupar and St Andrews and the Scottish Ambulance Service Patient Transport Service is available for those with a clinical need. The service has also collated information on driving services for those who do not qualify for Patient Transport (such as the Fife Bus and RVS Volunteer Driver service). This information is referenced in appointment letters and passed on to patients who request it.

6.9   The national programme plans to introduce patient focused online booking for appointments as part of the next OptoMize update. Text message reminders, sent 3 days before a clinic appointment, have been active since October 2023 and all patients are now asked if they have a mobile number and for consent for text message reminders. There are also national discussions taking place around the possible introduction of a Patient Portal for patients to access results. Increasing postage costs create a huge challenge for the DES service and digital developments have the potential to help ease some of that pressure**.**

6.10   Although the DES programme in Fife has recovered from the Covid-19 pandemic, a challenge to the sustainability of the service remains. This is the increasing number of people with diabetes (approximately 5-6% increase per year across Scotland) and the subsequent increase in demand on ophthalmology and acute services to deliver treatment. The increasing eligible population and

staff capacity is kept under review. An SBAR is currently being progressed within the Community Care Services Division of the Fife Health and Social Care Partnership with a proposal to develop another member of staff into a grading role. This may lead to Slit Lamp Examiner training at a later date. If successful, this will future proof the service in terms of resilience, succession planning and staff progression. Funding has been identified via a re-organisation of the administrative team.

6.11   There have been recent challenges in terms of availability of accommodation due to building closures within NHS Fife which has impacted clinical space in one of the hospitals used by the service. The administration team has also had to relocate from Cameron House to the Diabetes Centre, resulting in the loss of grading space. These changes have been difficult to manage within a busy service but this has been done with minimal disruption.

6.12   The DES Team Leader has taken on additional hours to work as the national DES Collaborative Training Co-ordinator and has been driving forward various initiatives including: the introduction of the Health Screener Diploma qualification in NHS Scotland; an administration qualification for screening administration teams; standard operating procedures for various processes within DES; a successful national Training Day in June and co-ordination of Slit Lamp accreditation processes.

6.13   The Team Leader was also involved in a WHO Mission to Kyrgyzstan in April 2024, alongside the DES Clinical Lead. They worked with local teams of nurses and ophthalmologists in Bishkek on the development of a diabetic eye screening programme. The training provided focus on all aspects of diabetic eye screening, advising a group of 8 nurses on best practice for the set up of clinic rooms, training them in capturing good quality retinal images, identifying diabetic retinopathy on the images and development of a clinical pathway for patients. There was also training for a group of doctors on the use of slit lamps, the use of laser for severe diabetic retinopathy and development of image grading and referral thresholds.

7   Pregnancy and Newborn Screening Programme

7.1   Pregnancy and newborn screening covers:

- Infectious diseases in pregnancy (hepatitis B, syphilis and HIV)
- Haemoglobinopathies in pregnancy (sickle cell and thalassaemia)
- Down's syndrome, Edwards' syndrome and Patau's syndrome
- Fetal anomalies
- Newborn hearing
- Newborn blood spot screening

7.2   Where possible the most recent data available are presented in this report. There are some limitations to the data and this also affects other Health Board areas. Unlike the other screening programmes, there is no national IT system to

support the programme and therefore a lack of comprehensive national data to monitor the performance of pregnancy and newborn screening.

7.3 Local and national health intelligence colleagues continue to work towards addressing the gaps. The aim is to better capture data from many different (and currently unlinked) IT systems used in the pregnancy and newborn screening programmes so that performance can be monitored against the screening programme KPIs.

7.4 Some of the data presented has been extracted from BadgerNet. BadgerNet is a clinical IT system for maternity care. It is not designed explicitly for reporting screening performance indicators. NHS Fife maternity service has been using BadgerNet since August 2018. The quality and completion of the data on BadgerNet has improved over time. All Boards except NHS Lothian use BadgerNet.

7.5 The risk that NHS Fife cannot readily monitor pregnancy and newborn screening comprehensively due to the lack of a national digital system is nationally recognised. The limitation of robust data reporting is recorded as a risk and monitored on the NHS Fife Public Health Risk Register.

7.6 NHS Fife is working to address some of the issues particularly around pregnancy screening data. Where possible, a senior data analyst and a BadgerNet midwife have set up reports to capture pregnancy screening programme data from BadgerNet, address data quality issues and provide a report against the pregnancy screening KPIs.

7.7 Pregnancy and newborn screening programme standards were published by Healthcare Improvement Scotland in 2019. These are being reviewed and updated. Draft standards for chromosomal and health conditions were published in July 2024. When finalised, these will replace the fetal anomalies standards from the 2019 publication. NHS National Services Scotland published Pregnancy and Newborn Screening Programme Key Performance Indicators in 2018. The KPIs are also being reviewed and updated.

8   Infectious Diseases

8.1 The new laboratory system (Laboratory Information Management System, LIMS) has recently been implemented in Fife laboratories. Work is ongoing to improve data extraction from the system. It has not been possible for the microbiology laboratory to produce reliable data for the infectious diseases screening programme. The data summarised in following paragraphs are taken from BadgerNet, the electronic maternity records system. When work on the new LIMS system has been completed, a project will be undertaken to allow BadgerNet users to import laboratory results directly from LIMS to BadgerNet. This will improve the quality of data available on BadgerNet.

8.2 The data presented are for Fife residents who booked in Fife and intended to deliver in Fife. A proportion of women from the Kinross area (Tayside residents) who have booked in Fife will also be included. A proportion of North East Fife residents will not be included if they had their antenatal care in Tayside. Women resident in Fife who book elsewhere are usually included in data reports of the Board area where they planned to give birth.

8.3 99.3% of eligible women were tested for hepatitis B, syphilis and HIV. This is in keeping with the KPI desirable threshold of ≥99%. Of those tested, there were <5 cases of hepatitis B detected, no cases of syphilis detected and <5 cases of HIV detected.

8.4 99.9% of results were reported to maternity services ≤8 working days of the sample being received by the laboratory. The desirable threshold for the turnaround time KPI is ≥97%.

8.5 In 100% of cases, those with a confirmed screen positive result for hepatitis B or HIV were referred to an appropriate specialist ≤10 working days of receipt of the result. The desirable threshold for the KPI is ≥99%.

8.6 In 100% of cases, those with hepatitis B attended for specialist assessment within 6 weeks of the positive result being reported to maternity services. The desirable threshold for the KPI is ≥90%.

8.7 Over the 5-year period 2019 to 2023, a total of 11 babies were born to mothers infected with hepatitis B resident in Fife. All newborns (100%) received the first dose of vaccine within 24 hours of birth. The desirable threshold for the KPI is ≥99%.

9   Haemoglobinopathies

9.1 Haemoglobinopathies (sickle cell and thalassaemia disorders) are serious blood disorders that affect haemoglobin.

9.2 The NHS Fife haematology laboratory received 2748 samples from pregnant women to be screened for haemoglobinopathies during the year ending 31 March 2024 (source: NHS Fife haematology laboratory).

9.3 A haemoglobinopathy was present in 21 cases. Partner testing was declined or unavailable in <5 cases.

9.4 The proportion of antenatal sickle cell and thalassaemia samples submitted to the laboratory accompanied by a completed family origin questionnaire should be ≥95.0% (essential threshold) or ≥99.0% (desirable threshold) to meet the KPI. This information was not available for this report. The haematology laboratory has now put a system in place so that this can be reported in future.

10 Down's syndrome, Edwards' syndrome, Patau's syndrome and Fetal Anomalies

10.1 First trimester screening is supported by NHS Lothian laboratory service and second trimester screening is supported by Bolton antenatal screening laboratory. For those pregnancies with a higher chance result from first or second trimester screening, non-invasive prenatal testing (NIPT) is offered as a second line screening test. The laboratory service for NIPT is provided by the East of Scotland Regional Genetic Service based at Ninewells Hospital, Dundee. These arrangements for laboratory provision to support the Down's syndrome, Edwards' syndrome and Patau's syndrome screening programme cover all Scotland.

10.2 For the year ending 31 March 2024, there were a total of 2250 tests from NHS Fife. First trimester screening was provided for 1965 singleton and 33 twin pregnancies. The number of second trimester tests was 252 (11.2%). In Scotland the proportion of second trimester tests was 15.3%. The first trimester screen is the preferred test but some women present in the second trimester and sometimes it is not possible to obtain a nuchal translucency (NT) scan measurement in the first trimester.

10.3 The proportion of complete laboratory request forms is a Key Performance Indicator (KPI) of the Pregnancy and Newborn Screening Programme. The KPI is defined by completion of a number of selected fields on the original request. These essential fields, when completed, provide sufficient information for the woman to be uniquely identified. The essential performance threshold is ≥97% completion. For the year ending 31 March 2024, NHS Fife achieved the KPI with 98% completion for first trimester tests; the Scotland rate was also 98%.

10.4 Standards for the screening programme state that all information should be completed, not just selected fields. When all fields are considered, the NHS Fife completion rate was 94%; the Scotland rate was 93%.

10.5 Reports on completion rates, stating the amount and type of missing information, are sent to Lead Midwives on a regular basis along with cumulative performance charts. The laboratory also requests feedback on the reasons for incomplete forms if the ≥97% essential threshold for the KPI is not being met. There has been some improvement work done locally to increase the Fife completion rate.

10.6 During 2023/24 there were 64 referrals for NIPT from NHS Fife following a higher chance serum screening result. As with the other laboratories, submission of incomplete request forms can have an impact on resources, both laboratory staff and midwifery teams. No information was missing from any referral forms from NHS Fife.

10.7 The target reporting time for NIPT is 7 calendar days from receipt of the sample in the laboratory to the issue of a final report, in 90% of cases. The average reporting time for samples during 2023/24 (Scotland) was 5.6 calendar days and 97.4% of reports were issued within the 7 calendar day reporting time.

10.8 In 100% of cases during 2023/24, diagnostic test results from Fife were reported by the Cytogenetic Laboratory, NHS Lothian, within 3 calendar days of receipt of sample (rapid testing) or within 14 calendar days of receipt (full testing, where applicable). The essential performance threshold for reporting results is 90% within 3 calendar days (rapid testing) and 90% within 14 calendar days (full testing).

10.9 Due to capacity pressures, the NHS Fife fetal medicine team paused their annual report of fetal medicine activity during the Covid-19 pandemic. Work has resumed on the audit but there continues to be pressure on capacity and information was not available for this annual screening report. This relates in particular to the KPIs around the offer of a timely referral (higher chance result or suspected anomaly) and the test performance of the fetal anomaly ultrasound scan.

11 Universal Newborn Hearing Screening

11.1 The universal newborn hearing screening (UNHS) programme aims to identify babies born with bilateral permanent moderate, severe and profound deafness. Evidence shows that introducing an early support programme before 6 months of age leads to better outcomes for speech and language development.

11.2 In Fife, a hospital-based Automated Auditory Brainstem Response (AABR) screening protocol is used. Babies missed in hospital or born at home, and those requiring repeat screening or transferring in from other areas, are offered outpatient appointments.

11.3 During the year 1 April 2023 to 31 March 2024, 2911 Fife resident babies were eligible for screening and 2886 (99.1%) completed screening by 4 weeks corrected age. The essential threshold for this KPI is ≥98%.

11.4 NHS Fife met the desirable thresholds of both KPIs covering the proportion of well babies tested who do not show a clear response in both ears at screening, and the proportion of babies with a screening outcome who require an immediate onward referral to audiology for a diagnostic assessment.

11.5 Of the babies requiring an immediate onward referral for audiological assessment, 92.6% were offered an appointment within the required timescale (within 4 weeks of screen completion or by 44 weeks gestational age). The essential threshold for this KPI is ≥97%. The number of babies not offered an appointment within the essential timeframe is low (<5). The reasons for an appointment not being offered were due to audiology staff availability or it was known the baby was being treated in a neonatal unit.

11.6 Of the babies referred, 85.2% attended within the required timescale. The essential threshold for this KPI is ≥90%. As above, the number of babies not brought to an appointment within the essential timeframe is low (<5). The

reasons were due to audiology staff availability, the baby was being treated in a neonatal unit or cancellation/not brought to the appointment.

11.7 Staff availability should not delay appointments in future. Until recently, only one audiologist was trained in diagnostic ABR (auditory brainstem response). If they were not available due to leave, appointments could be delayed. This has been addressed and there are now three audiologists available to do all the diagnostic tests required.

11.8 During the year 2023/24, 14 babies were diagnosed with varying degrees and types of hearing loss.

11.9 Scotland figures for UNHS for the year 2023/24 were not available for this report.

11.10 The report of the Independent Review of Audiology Services in Scotland was published in August 2023. One of the recommendations in the report is to 'ensure recommendations from the most recent review report around the Universal Newborn Hearing Screening Programme in Scotland are addressed at pace'. The majority of the recommendations made in the review of UNHS, published in February 2021, have been completed.

11.11 One of the outstanding recommendations, an evaluation of the two screening modules used in Scotland (AABR and OAE - Otoacoustic Emissions) had been on hold until publication of the audiology services review. A full evaluation is not now being undertaken but information is being gathered from all NHS Boards about a potential move to a single screening module and the implications of that. Any change from the current screen model in NHS Fife (from AABR to OAE) would have significant implications relating to staff training and financing of new equipment.

11.12 The other outstanding recommendation relates to moving to a single IT system as currently there are two IT systems used to support UNHS in Scotland. This links to the potential move to a single screening module as actions required for procurement and roll out will vary depending on whether the IT system needs to be configured for use with one screening model or two. Discussions at a national level, and with NHS Boards, are ongoing. A single IT system solution supporting both screen models, AABR and OAE, would be the preferred option for NHS Fife.

12 Newborn Blood Spot Screening

12.1 Newborn blood spot screening identifies babies who may have rare but serious conditions. The programme includes screening for Phenylketonuria (PKU); Congenital Hypothyroidism (CHT); Cystic Fibrosis (CF), Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD); and Sickle Cell Disorder (SCD). On 20 March 2017, testing was extended to include four further metabolic disorders: maple syrup urine disease (MCUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU).

12.2 Testing is offered to all newborn babies usually around 5 days of age. The test is done by a midwife who obtains a few drops of blood by pricking the heel. The blood is collected on a card which is sent to the Scottish Newborn Screening Laboratory, Glasgow, for analysis.

12.3 During the year 1 April 2023 to 31 March 2024, the laboratory received 3130 blood spot sample cards from NHS Fife; 6 were suspected of having a condition and were referred to a specialist clinician within the essential time frames. Of those, there were <5 confirmed cases.

12.4 The blood spot sample should be taken between 96 and 120 hours of life. The essential performance threshold for this KPI is ≥90%. During the year 2023/24, the proportion of samples taken in Fife within this timeframe was 92.1%. This compared with 90.7% in Scotland.

12.5 Samples should arrive in the laboratory as quickly as possible after collection. The essential performance threshold for this KPI is ≥95% of all samples received ≤3 working days of sample collection. During the year 2023/24, 82.4% of Fife samples arrived in ≤3 working days. This compared with 87.0% samples from Scotland as a whole. Samples are sent by Royal Mail. NHS Fife is reviewing the processes in place for sending samples to the laboratory.

12.6 The percentage of samples that required repeating due to avoidable reasons is a KPI. Repeating tests impacts on midwifery and laboratory time and can be distressing for parents who have to consent to another heel prick test. The essential performance threshold for this KPI is ≤2%.

12.7 During the year 2023/24, there were 3.87% avoidable repeat tests from NHS Fife, and 3.96% from Scotland. This is an improvement on the previous year when there were 7.69% avoidable repeats from Fife, and 5.61% from Scotland. The most common reason was that the sample was insufficient.

12.8 In order to try to minimise the number of avoidable repeat tests required for the programme, local guidance is being developed along with a local training package for midwives. The avoidable repeat rate is closely monitored with monthly feedback to individual midwives and further support and training is arranged where appropriate.

12.9 There is also monitoring of the proportion of samples where information, essential to accurately interpreting the results, is not recorded on the blood spot card. During 2023/24 in Fife this proportion was 1.25%; in Scotland it was 1.55%. This is not captured in the KPIs. The percentage of samples received with a valid CHI number is one of the KPIs (essential threshold ≥98%; desirable threshold 100%). Of samples received by the laboratory from NHS Fife, 98.91% contained a valid CHI number.

12.10 Following an incident in another Board area, when best practice was not followed and newborn blood spot testing was delayed, all Boards were advised by National Services Scotland to review processes in place and adherence to

protocols. A local working group was formed to undertake this review with representatives from public health, child health, health visiting and midwifery.

12.11 The group found that a small number (<5) of babies moving into Fife from outwith Scotland had not been offered a newborn blood spot test before they reached 1 year of age. This happened between 2020 and 2022. The missed opportunities where screening was not offered were reported on Datix (a risk management information system for adverse events) and NSS was informed. Some of the actions completed by the working group:

- A review of current policies and procedures to prevent any further missed opportunities
- Child health and health visiting guidance produced to promote a clear understanding of blood spot screening process for families moving into the area
- Aim for all children notified by child health to be offered a home visit within a 2 week period to review blood spot status, offer screening and, if accepted, refer to ambulatory care for a screening appointment
- Ambulatory care aims to offer appointments within 2 weeks and prioritise appointments for children approaching 1 year of age
- All health visitors have been advised of guidance with new learning and understanding achieved
- Weekly list of any children overdue for blood spot screening is shared with Public Health and Lead Nurse for review and follow up

12.12 The risk that a baby (up to 12 months of age) could miss the opportunity to be screened due to the patient pathway not being followed or the service not being made aware of an eligible baby moving into the NHS Fife Board area is on the Public Health risk register.

13   Inequalities in Screening

13.1 There are substantive inequalities in participation in the national screening programmes across Scotland and this is also the case in Fife. In all adult screening programmes, those living in the most deprived areas are less likely to participate in screening compared to those living in the least deprived areas. Screening tests are not mandatory and people can opt not to take part as part of the process of informed consent. However, there may be modifiable barriers to understanding screening information or attending which may affect different groups in the population.

13.2 Limited information is collected on the characteristics of people who do and do not participate in screening, and there are significant gaps in local evidence for inequalities in screening. For example, we do not routinely and consistently collect data about ethnicity, disability or other protected characteristics in our screening programmes. This means that our understanding of likely inequalities in screening are informed by the data that is collected on age, sex and

deprivation (SIMD) of participants, and from evidence from research studies in the UK that may be generalisable to Fife.

13.3 Scottish Government published the Equity in Screening Strategy in July 2023 with a vision of equitable access for all eligible individuals across the screening pathway. The strategy sets six long-term outcomes to be achieved through addressing issues affecting inequalities in five priority themes:

- Communications, engagement and learning
- Access to screening
- Data collection and monitoring
- Research and evaluation
- Overarching issues

13.4 An Equity in Screening Implementation Group has been established to oversee the implementation and delivery of the strategic actions on behalf of the National Screening Oversight Board.

13.5 Alongside this, an Equity in Screening Network has been launched. This will support the Strategy by bringing together activity, research and evidence, and providing shared learning for those working to support the Scottish screening programmes.

13.6 The Scottish Equity in Screening Strategy requires all Boards to put in place a screening inequalities plan. An NHS Fife action plan for adult screening was developed by the Screening Team in collaboration with staff from the individual screening programmes and other relevant stakeholders. The action plan was signed off by the NHS Fife Screening Inequalities Coordination and Oversight Group in December 2023.

13.7 The plan is intended to be a living document that matures over time as the causes of inequalities in screening in Fife are understood better and opportunities are developed to address them.

13.8 As part of the Scottish Government's commitment to reduce inequalities in screening, there is an inequalities fund for initiatives that could help address barriers for those less likely to engage. NHS Fife received funding from the inequalities fund to participate in a collaborative project with NHS Borders, NHS Tayside, and the Mental Health Foundation. The Bridging the Gap project aims to support those with severe mental illness to engage with screening programmes. The project was delayed due to Covid-19 and difficulties to recruit staff. The screening team is working with the Mental Health Service to progress this work.

14   Looking Ahead

14.1   Assuring the delivery of effective population screening is a priority for NHS Fife Department of Public Health. The screening team will continue to lead the coordination, governance and quality assurance of all screening programmes.

14.2   Addressing inequalities in participation in both screening and follow up diagnostic procedures will be a major aspect of our work going forward. The NHS Fife adult screening inequalities action plan will guide our approach to addressing inequalities in screening going forward.

14.3   The screening team will continue to work to complete the national cervical exclusion wider cohort audit.   The screening team will work with the National Team on the audit of patients with No Further Recall (NFR) exclusion.

14.4   The screening team will continue to work with the South East Breast Screening Programme and the Breast Screening Modernisation Group to identify a suitable location for static breast screening in Fife.

14.5   The screening team will continue to work with mental health services as part of the Bridging the Gap project to improve our understanding of participation in screening by people with severe mental illness (SMI). The project will aim to identify and put in place systems to enable people with SMI who are not up to date on screening to be identified and supported to participate in screening.

14.6   The team will continue to support the ongoing review of call/recall services across adult screening programmes.

14.7   The team will continue work to understand reasons for screening non-attendance and explore methods to address these.

14.8   The team will continue the timely investigation and management of incidents and adverse events across the screening programmes.

15   Directory of Scottish Screening Statistics

- Scottish Abdominal Aortic Aneurysm Screening Programme Statistics: [Scottish Abdominal Aortic Aneurysm (AAA) screening programme statistics - Year ending 31 March 2023 - Scottish Abdominal Aortic Aneurysm (AAA) screening programme statistics - Publications - Public Health Scotland](#)

- Scottish Bowel Screening Programme Statistics: [Scottish bowel screening programme statistics - For the period of invitations from May 2021 to April 2023 - Scottish bowel screening programme statistics - Publications - Public Health Scotland](#)

- Scottish Breast Screening Programme Statistics: [Scottish breast screening programme statistics - Annual update to 31 March 2023 - Scottish breast screening programme statistics - Publications - Public Health Scotland](#)

- Scottish Cervical Screening Programme Statistics:
  [Scottish cervical screening programme statistics - Annual update to 31 March 2022 - Scottish cervical screening programme statistics - Publications - Public Health Scotland](#)

- Scottish Diabetic Eye Screening Programme:
  Data not published.

- Scottish Pregnancy and Newborn Screening Programme:
  Programme specific pregnancy and newborn screening data not published.

16 Appendices

Appendix 16.1 AAA Screening Programme Key Performance Indicators, year ending 31 March 2023, Fife and Scotland

KPI	Description	Essential threshold	Desirable threshold	Fife %	Scotland %
1.1	Percentage of eligible population who are sent an initial offer to screening before reaching age 66	≥95%	100%	98.9	74.1
1.2a	Percentage of eligible population who are tested before age 66 years and 3 months (uptake)	≥75%	≥85%	87.3	70.7
1.3a	Percentage of eligible population who are tested before reaching age 66 years and 3 months (uptake) by SIMD quintile 1 (most deprived)	≥75%	≥85%	81.7	66.9
	Percentage of eligible population who are tested before reaching age 66 years and 3 months (uptake) by SIMD quintile 2	≥75%	≥85%	85.7	66.9
	Percentage of eligible population who are tested before reaching age 66 years and 3 months (uptake) by SIMD quintile 3	≥75%	≥85%	87.0	70.9
	Percentage of eligible population who are tested before reaching age 66 years and 3 months (uptake) by SIMD quintile 4	≥75%	≥85%	89.9	74.8
	Percentage of eligible population who are tested before reaching age 66 years and 3 months (uptake) by SIMD quintile 5 (least deprived)	≥75%	≥85%	91.7	73.0
1.4a	Percentage of annual surveillance appointments due where individuals are tested within 6 weeks of due date	≥90%	100%	96.2	94.0
1.4b	Percentage of quarterly surveillance appointments due where individuals are tested within 4 weeks of due date	≥90%	100%	95.3	93.2
2.1a	Percentage of screening encounters where the aorta could not be visualised	<3%	<1%	1.4	3.2
2.1b	Percentage of individuals screened where the aorta could not be visualised	<3%	<1%	1.2	2.7
2.2	Percentage of screened images that did not meet the quality assurance standard and required immediate recall	<4%	<1%	0.3	1.0
3.1	Percentage of individuals with AAA ≥5.5cm seen by vascular specialist within two weeks of screening	≥80%	≥100%	100	90.4
3.2	Percentage of individuals with AAA ≥5.5cm deemed appropriate for intervention who were operated on by vascular specialist within eight weeks of screening	≥60%	≥80%	0.0	19.0
4.1	30-day mortality rate following open elective AAA surgery (five-year rolling period, Scotland level only)	<5%	<3.5%	-	2.5
4.2	30-day mortality rate following EVAR surgery (five-year rolling period, Scotland level only	<2%	<1.0%	-	0.0

KEY		
Desirable threshold met	Essential threshold met	Essential threshold not met

Appendix 16.2   Bowel Screening Programme Key Performance Indicators, 1 May 2021 to 30 April 2023, Fife and Scotland

KPI No.	Description		Target	Fife %	Scotland %
1	Overall uptake of screening		60%	66.2	66.1
2	Overall uptake of screening by deprivation category	SIMD 1 most deprived	60%	55.4	53.5
		SIMD 2		62.0	61.1
		SIMD 3		67.6	67.8
		SIMD 4		71.2	71.7
		SIMD 5 least deprived		74.6	75.1
3	Percentage of people with a positive screening test result		N/A	2.63	2.81
4	Time from screening test referral date to date colonoscopy performed	0 to 4 weeks	N/A	72.9	22.3
		>4 to 8 weeks		20.0	37.1
		>8 weeks		7.1	40.6
5	Percentage of people with a positive screening test result going on to have a colonoscopy performed		N/A	80.1	74.5
6	Percentage of people that had a completed colonoscopy		90%	95.5	94.3
7	Percentage of colonoscopic complications		N/A	0.42	0.23
8	Percentage of people that had a cancer detected		N/A	0.111	0.114
9	Percentage of people with colorectal cancer staged as	Dukes' A	N/A	47.0	38.1
10		Dukes' B	N/A	17.0	22.8
11		Dukes' C	N/A	28.0	28.6
12	*KPI removed*				
13	Percentage of people with colorectal cancer staged as	Dukes' D	N/A	7.0	5.3
14		Dukes' stage not pathologically determined	N/A	1.0	5.2
15	Percentage of people with colorectal cancer where the stage has not yet been supplied		N/A	0	0
16	Percentage of people with colorectal cancer that has a recorded stage		N/A	100	100
17	Percentage of people that had a polyp cancer detected		N/A	0.018	0.020
18	Percentage of cancers that were polyp cancers		N/A	16.0	17.7
19	Percentage of people with adenomas detected		N/A	1.001	0.982
20	Percentage of people with high risk adenomas detected		N/A	0.238	0.154
21	Positive predictive value of current screening test for colorectal cancer		N/A	5.2	5.3
22	Positive predictive value of current screening test for adenoma as the most serious diagnosis		>35%	47.5	46.4
23	Positive predictive value of current screening test for high risk adenoma as the most serious diagnosis		N/A	11.3	7.2
24	Positive predictive value of current screening test for high risk adenoma as the most serious diagnosis or colorectal cancer		N/A	16.5	12.6

25	Positive predictive value of current screening test for adenoma as the most serious diagnosis or colorectal cancer	N/A	52.7	51.7
26	Percentage of people with colorectal cancer that is a malignant neoplasm of the colon	N/A	70.0	65.6
27	Percentage of people with colorectal cancer that is a malignant neoplasm of the rectosigmoid junction	N/A	3.0	3.7
28	Percentage of people with colorectal cancer that is a malignant neoplasm of the rectum	N/A	27.0	30.7

Key		
Target Met	Target Not Met	No Target

Appendix 16.3   Breast Screening Programme, Healthcare Improvement Scotland Standards, 2020/21 to 2022/23, Fife and Scotland

Standard	Appointment Type	Age Group (years)	Acceptable Standard	Achievable Standard	Fife %	Scotland %
Attendance rate (percentage of those invited)	All routine appointments	50-70	>= 70%	>=80%	73.4	75.9
Invasive cancer detection rate (per 1000 persons screened)	Routine – Initial screen (Prevalent) in response to first invitation	50-52	>=2.7	>=3.6	5.2	6.3
	Routine subsequent screen (Incident) (previous screen within 5 years)	53-70	>=3.1	>=4.2	7.7	7.3
Small (<15mm) invasive cancer detection rate (per 1000 persons screened)	Routine – Initial screen (Prevalent) in response to first invitation	50-52	>=1.5	>=2.0	2.2	2.4
	Routine – Subsequent screen (incident) (previous screen within 5 years)	53-70	>=1.7	>=2.3	4.1	3.5
Non-invasive cancer detection rate (per 1000 persons screened)	Routine – Initial screen (Prevalent) in response to first invitation	50-52	>=0.5	-	1.6	1.4
	Routine – subsequent screen (incident) (previous screen within 5 years)	53-70	>=0.6	-	1.7	1.3

Standardised Detection Ratio (SDR) (observed invasive cancers detected divided by the number expected given the age distribution of the population)	Routine – All initial screens (Prevalent) and Subsequent screen (incident) (previous screen within 5 years)	50-70	>=1.0	>=1.4	1.6	1.5
Recalled for assessment rate (percentage of those screened)	Routine – Initial screen (Prevalent) in response to first invitation	50-52	<10%	<7%	5.9	6.4
	Routine – subsequent screen (incident) (previous screen within 5 years)	53-70	<7%	<5%	3.1	3.0
Benign biopsy rate (per 1000 persons screened)	Routine – Initial screen (Prevalent) in response to first invitation	50-52	<1.5	<1.0	1.4	1.6
	Routine – subsequent screen (incident) (previous screen within 5 years)	53-70	<1.0	<0.75	0.9	0.5

Key		
Achievable Standard Met	Acceptable Standard Met	Not Met

17   Acknowledgements

For their contribution to the production of this annual report, we would like to thank:

NHS Fife

NHS SCOTLAND

Meeting:	Public Health & Wellbeing Committee
Meeting date:	11th November 2024
Title:	Pharmaceutical Care Services Report 2023/24
Responsible Executive:	Fiona Forrest- Acting Director Pharmacy and Medicines
Report Author:	Aileen Boags- Lead Pharmacist Public Health and Community Pharmacy Services

Executive Summary:

- The annual publication of the Pharmaceutical Care Services Report (PCSR) fulfils a requirement set out in NHS (Pharmaceutical Services)(Scotland) Amendment regulations 2011 for NHS Boards.

- Using data from a range of sources, the report assesses any unmet need and gaps in provision of the core services delivered by community pharmacies.

- This year's report, covering financial year 2023/24, recommends that there is currently no unmet need identified and notes that across all localities in NHS Fife, provision of service from community pharmacies has increased.

- The recommendation in the report is supported by feedback from a 5 week period of public consultation.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Pharmaceutical Care Services Report (PCSR) for 2023/24 has now been produced and is presented to the committee for assurance following public consultation.

2.2   Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

A public engagement period of 4-6 weeks is usually provided giving consultees an opportunity to comment on the draft PCS report. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through both NHS Fife and HSCP Participation & Engagement Teams. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

2.3   Assessment

The 2023/24 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within Community Pharmacies have have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2023/24 report recommends that there is **no unmet need** within NHS Fife currently, however notes the need for continued monitoring.

Findings from the public consultation were positive and support the commentary in the report regarding travel times and access to community pharmacy. It is clear from the feedback obtained that the public are aware of some community pharmacy services, however there is scope to increase awareness of others.

Moving forward, it is the intention to develop this report into a forward looking plan which will link in with relevant NHS Fife and HSCP strategy documents.

This report provides the following Level of Assurance:

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

2.3.1 Quality / Patient Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care, aligned to the vision of "the right care, in the right place, at the right time".

2.3.2 Workforce

The report describes the current workforce capabilities and challenges within Community Pharmacy, including independent prescriber capabilities.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. The PCS report demonstrates that delivery of community pharmacy services can help to reduce health inequalities and ensure access to healthcare within local communities.

2.3.6 Climate Emergency & Sustainability Impact
N/A

2.3.7 Communication, involvement, engagement and consultation

- Public engagement via NHS Fife Participation & Engagement – 23rd September -18th October 2024

2.3.8 Route to the Meeting
- Pharmacy Senior Leadership Team- 28th August 2024
- Area Pharmaceutical Committee- 18th September 2024
- HSCP SLT- 28th October 2024
- EDG- 7th November 2024
- Quality & Communities – 8th November 2024

2.4 Recommendation
The committee are asked to accept the level of assurance provided in this report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Pharmaceutical Care Service Report Draft v1.2 2023/24

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Pharmaceutical Care Services

October 2024

Report

Pharmacy and Medicines Directorate

Contents

Executive Summary: Pharmaceutical Care Services (PCS) 2023/24 in NHS Fife

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2024 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services, delivered by community pharmacies, that exist within NHS Fife to serve this population. Using data from a range of sources, the report seeks to identify any unmet need in the provision of these services and where improvements may be required to ensure the Board can meet its obligation that all patients have reasonable access to pharmaceutical care services.

There are 86 contracted community pharmacies in Fife. Between June 2023 and November 2023 one large pharmacy group exited the UK market, however all of their contracts in Fife were taken over and existing service provision was maintained and further expanded. Community pharmacies are well distributed across Fife and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition, the report has not identified unmet need for new community pharmacies across Fife, although service delivery through existing community pharmacies will continue to be reviewed and examples of best practice shared.

A public engagement period of 5 weeks was undertaken, giving consultees an opportunity to comment on the draft PCS report 2023/24. A survey was distributed via the Fife HSCP Participation and Engagement Team which sought views of the population in relation to accessibility of community pharmacies as well as the services provided. Responses to the survey support the detail in the 23/24 PCS report.

It would appear that overall, there are no identified gaps in provision of pharmaceutical services in NHS Fife, however, continuous improvement work will be undertaken to support ongoing development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

Lead Author

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Introduction

The primary function of the Pharmaceutical Care Services (PCS) report is to assist in identifying any unmet need for pharmaceutical services delivered via community pharmacy within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be considered

NHS Fife contains seven Localities within its Health and Social Care Partnership (HSCP). The latest data on the population of these areas is indicated in Table 1.

Locality	Population
Fife	374,730
Levenmouth	37,888
Glenrothes	49,824
NE Fife	74,685
Cowdenbeath	41,767
Dunfermline	59,584
Kirkcaldy	60,472
SW Fife	50,510

Table 1:
Population of NHS Fife and its localities

Source:
Know Fife Community Profiles | KnowFife
(data published Oct 22)

1.2. NHS Fife Population Descriptions

The March 2022 census data shows that Fife had a population of 371,781, a slight fall in the previous estimate in 2021 of 374,730. This is the third highest population out of all 32 council areas in Scotland.

1.2.1. Fife Population: Age Distributions

According to the March 2022 census, children aged 0-14 years make up 15.5% of the population with 57,715 children living in Fife. The majority of the population in Fife (63%) is aged 15-64years, whilst 21% of the population is aged 65 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1:
Locality populations

Total Population by Area

City of Dunfermline: 59,584
Cowdenbeath: 41,767
Glenrothes: 49,824
Kirkcaldy: 60,472
Levenmouth: 37,888
North East Fife: 74,685
South West Fife: 50,510
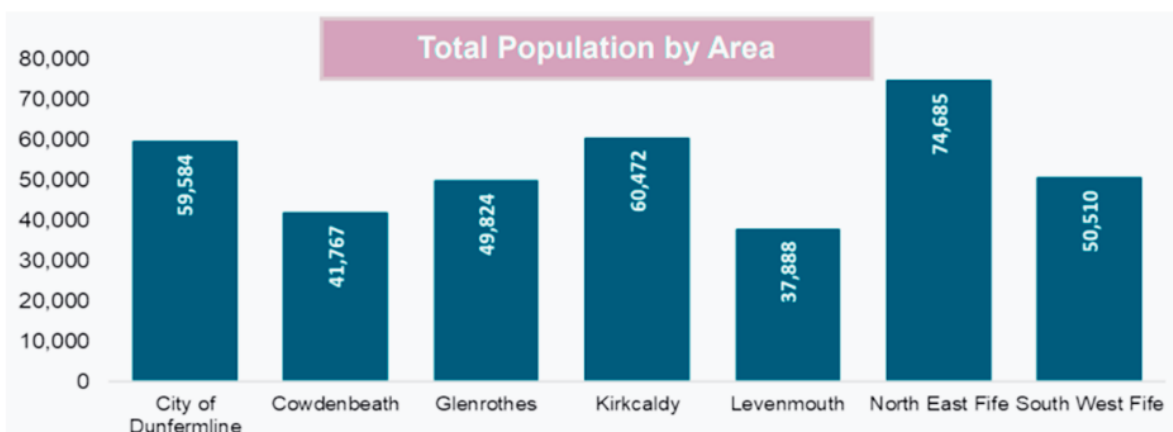
Variations in population age structure can be seen across the seven localities (Figure 2).

Figure 2:
Population breakdown by age

	Number of People	% of Population
0-14 years	57,715	15.5%
15-64 years	234,039	63.0%
65+ years	80,010	21.5%

Source: Know Fife

Figure 3 shows that two of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline's older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3:
Age structure of Fife

Age Range Distribution by Area
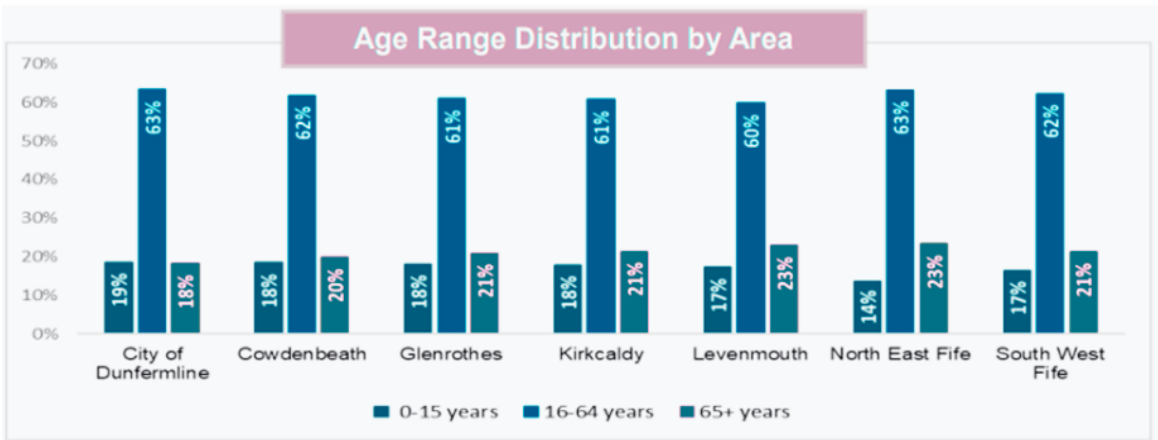
Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

Burden of Disease

Burden of Disease studies assess how ill-health and early death (due to illness or injury) prevent populations from living longer lives in better health. These studies can help to understand the diseases and injuries that cause the biggest health loss in the population and how these change over time. Figures from the 2019 Scottish Burden of Disease study, which was subsequently updated in September 2022, showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the population of Fife.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischemic heart disease, lung cancer and Alzheimer's disease and other dementias were the top three individual causes of early death.

Table 2:
Leading individual causes of ill-health and early death

Ill health		% difference from Scotland	Early death		% difference from Scotland
1	Low back and neck pain	0.1%	1	Ischaemic heart disease	0.3%
2	Depression	0.3%	2	Lung cancer	13.7%
3	Headache disorders	0.4%	3	Alzheimer's disease and other dementias	-3.6%
4	Anxiety disorders	0.4%	4	Cerebrovascular disease	9.0%
5	Osteoarthritis	-0.1%	5	Other cancers	-4.1%
6	Diabetes mellitus	0.5%	6	Drug use disorders	-10.6%
7	Cerebrovascular disease	0.4%	7	Chronic obstructive pulmonary disease	-9.7%
8	Other musculoskeletal disorders	-0.1%	8	Other cardiovascular and circulatory diseases	1.0%
9	Alcohol use disorders	-0.6%	9	Colorectal cancer	-4.4%
10	Age-related and other hearing loss	-0.2%	10	Self-harm and interpersonal violence	-11.9%

Ranking based upon the total YLD
% change based upon age-sex standardised YLD rates

Ranking based upon the total YLL
% change based upon age-sex standardised YLL rates

Rate lower than Scotland   Rate higher than Scotland

Source:
PHS Scottish Burden of Disease Study 2019

The most recent Scottish Burden of Disease study provided estimates of burden of disease by deprivation. This was done for three regions in Scotland- North, East and West rather than smaller geographical areas due to uncertainty of the data. The data for the East region is shown overleaf.

Most deprived quintile   Least deprived quintile

Figure 4:
Leading individual causes of ill-health and early death by proportion in most and least deprived quintiles

Burden of disease data is helpful as we consider the development of locally negotiated services which community pharmacies may provide.

1.2.3. Further Population Information

The most up to date population information for the NHS Fife Health Board Area, including statistics relating to births, deaths and ethnicity can be found at the following links:

- ScotPHO - Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, HSCP and locality geographies. Available at https://scotland.shinyapps.io/ScotPHO_profiles_tool/
- General Registrar of Scotland website which presents population and demographic information. Available at https://www.nrscotland.gov.uk/statistics-and-data
- The Scottish census website SCRoL. Available at http://www.scotlandscensus.gov.uk/ which provides social and demographic information and includes the published 2022 Scottish census results.
- Information on the health of the NHS Fife population can be found in the Director of Public Health Annual Report nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf (nhsfife.org)
- Burden of Disease - Scottish Burden of Disease Study 2019 (scotpho.org.uk)

Current Pharmaceutical Services in NHS Fife

2. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at March 2024.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

At the end of March 2024, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighboring Health Boards. There is no standard as to the number of populations that should be served by a pharmacy; however population per Community Pharmacy in Fife is similar to other boards and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 2: Community pharmacies in NHS Fife *(March 2024)*

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3.788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: PCA(P)(2007)28 Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.1.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers (IP). Implementation of the national Pharmacy First Plus service in 2020 allows delivery of a common clinical conditions service in community pharmacy. The table below shows current numbers of IPs in Fife- there has been an increase of 8 active prescribers in 23/24. Inactivity is due to extended leave and maternity leave.

Table 3:
Community pharmacist numbers training or trained with prescribing rights
(March 2024)

f Pharmacists
31
18
5

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in Table 4.

Table 4:
Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy, but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

Of the 265 respondents to this year's public engagement survey, 87% said that their travel time to a community pharmacy was less than 15 minutes. 55% of respondents drove to their community pharmacy with a further 42% saying that they walk. This data is in line with previous national research.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening (NHS Fife General Pharmaceutical Services: Hours of Service Scheme). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. The last year has seen an overall increase in provision with 3 pharmacies increasing to open 5.5 days per week. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5:
Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)

	Open 5 full days per week (closed Saturday)	Open 4.5 days Mon - Fri then half day Saturday	Open 5.5 days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	3	51	21	6

NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife (UCSF) Centres, which is where prescriptions written on a Sunday are generated from.

The information from the public engagement exercise noted that 81% of respondents found their pharmacy's opening hours to be convenient. Of the 19% who answered that their pharmacy's opening hours were not convenient, in the main this was due to closure over lunch time, after

work and at the weekend. In particular it was noted that access to pharmacy was more difficult at these times for those who do not drive.

2.3. Community Pharmacy Services - Core Services

Core services form part of the nationally agreed Community Pharmacy Contract meaning that all contractors on the Board's Pharmaceutical List must provide these services.

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counseling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing the most recently published data shows, 7,496,220 prescription items were dispensed in NHS Fife in 2022/23, an increase of 3.34% on the previous year. This compares to a national increase of 3.5%. See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years which data is available for.

In terms of awareness of dispensing services, the public engagement survey noted that 97% of respondents were aware that community pharmacies are a location that prescriptions can be collected from.

Table 6:
Volume of prescription items dispensed in Fife over period April 2018 to March 2023

| Financial Year	No. of prescription items dispensed
2022-23	7,496,220
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950

2.3.2. Medicines: Care and Review

Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 51 GP practices (98%) generating serial prescriptions with 85 (98%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions. Public engagement suggests that only 52% of respondents were aware of the MCR service. Of those that were aware, 55% had been registered by their community pharmacist.

Figure 4 shows the number of patients receiving a serial prescription by prescribing locality.

Figure 4:
Patients receiving a serial prescription by locality at March 2024

Percentage of MCR items of all AMS/MCR edispensed items
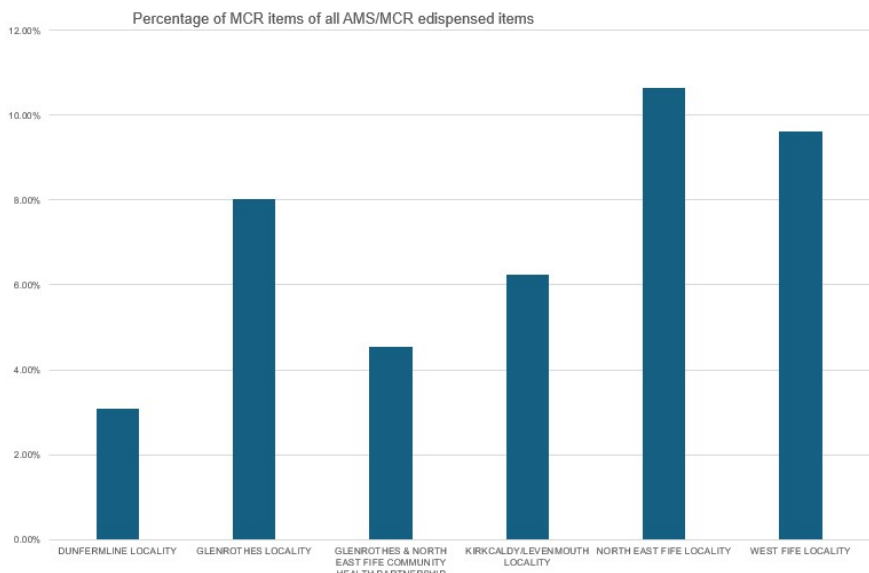
2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service, they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 25,595 patients receive a Pharmacy First consultation monthly which is an increase of 18.6% on the previous year. These consultations result in an average of 7,297 patients per month receiving treatment.

There are several national Patient Group Directions (PGDs) available allowing pharmacists to provide treatment for urinary tract infections, impetigo, shingles, skin infections and hayfever. This means that patients who would normally require a GP consultation for treatment can attend their pharmacy instead.

Table 7 shows the number of Pharmacy First PGD items dispensed in 23/24.

Table 7

PGD	No. patients treated
Urinary Tract Infection	5,8646
Skin Infection	1,427
Impetigo	551
Shingles	187
Hayever (note only available from August 23)	129

Data shows that 64% of patients who accessed Pharmacy first in 23/24 are in SIMD quintiles 1,2, or 3. Figure 5 shows a breakdown of Pharmacy First use by SIMD quintile and gender.

Figure 5

NHS Fife Pharmacy First Patients by SIMD 2020 Quintile by Gender

Of the 265 responses received to the public engagement survey, 86% were aware of the Pharmacy First service with 55% having used the service. Of the 55% of people who had used the service, 62% reported that they had received treatment with 17% being referred to a GP and 15% getting advice. The remaining 6% reported 'other' as the outcome.

2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

- The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public

- Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material

- Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish

- Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service:

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife. It should be noted that throughout 23/24 varenicline was unavailable therefore the service centered around provision of NRT.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 23/24, 75% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 25% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most

deprived data zones, was 473. Fife did not achieve the LDP target in 23/24 however there were 272 successful 12 week quits in this population in 23/24,53% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife.

Community pharmacies continue to issue over 90% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 391 supplies of EHC are made by community pharmacists each month which is an increase of 8%on the previous year.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021 means that Community Pharmacists can provide a patient with "bridging contraception", a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 594supplies of bridging contraception were made between April 2023 and March 2024, a 10% increase on the previous year.

2.2.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service. There were 720 supplies made under this service in 23/24.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a Pharmacy Care Record (PCR), and carry out an initial health check with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day."

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy. On average 755 patients per week are aided to access medicines through this service.   there are 1,667 items per week supplied under this service.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition, other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 23 pharmacies providing this service with an average of 488 items prescribed under this service per month between February 2023 and March 2024. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.4.5. Emergency Naloxone Provision

The Scottish Drug Deaths Taskforce, which was set up in 2019, made a recommendation that all community pharmacies should hold naloxone for administration in an emergency. To realise this ambition, funding was made available in 2023 which supported all community pharmacies to hold two naloxone kits for use in an emergency. All pharmacies in Fife now participate in this service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 8:

Numbers of Community Pharmacies providing Additional Services (at April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take Home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1. Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well- established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand. There are now 41 pharmacies across Fife participating in this service and further uptake continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

853 JIC boxes were provided via community pharmacies in 23/24. Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 23 and March 24 there were 61 patients who received treatment for Hepatitis C via community pharmacy, an increase of 52% on the previous year.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60pharmacies participate in this service. Between April 23 and March 24, 244 people received treatment for chlamydia via community pharmacy, a 4% increase on the previous year.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the "Free Condoms Fife" Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife have taken part in successful NHS influenza vaccination service campaigns over the last four flu seasons delivering over 38,000 vaccinations over the four years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home. The community pharmacy service is now seen as an integral part of NHS Fife's Winter Vaccination Programme.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2023 and March 2024, 3,716 citizens received a travel vaccination consultation in a community pharmacy and 5,187 vaccines were administered, an average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required.

### 2.5.10 Public consultation and engagement

Over the 5 week public engagement period a total of 267 responses were received. Equality, diversity and inclusion data can be seen in Appendix 2.

The survey asked members of the public for their views on:
- Access to community pharmacies (see section 2.2.1)
- Travel time to community pharmacies (see section 2.2.1)
- Awareness and convenience of opening hours (see section 2.2.2)
- Awareness of services offered by community pharmacies (both core and additional)

The survey showed that while the majority of people who responded were aware of Pharmacy First (a core service), awareness of the other services offered via community pharmacy was variable. It should be noted that the engagement survey was not targeted to specific groups or service users which may account for some of the variability in awareness of services (see Figure 6). Future work will be carried out to engage with groups who may use specific services to better understand awareness.

Figure 6

Awareness of community pharmacy services
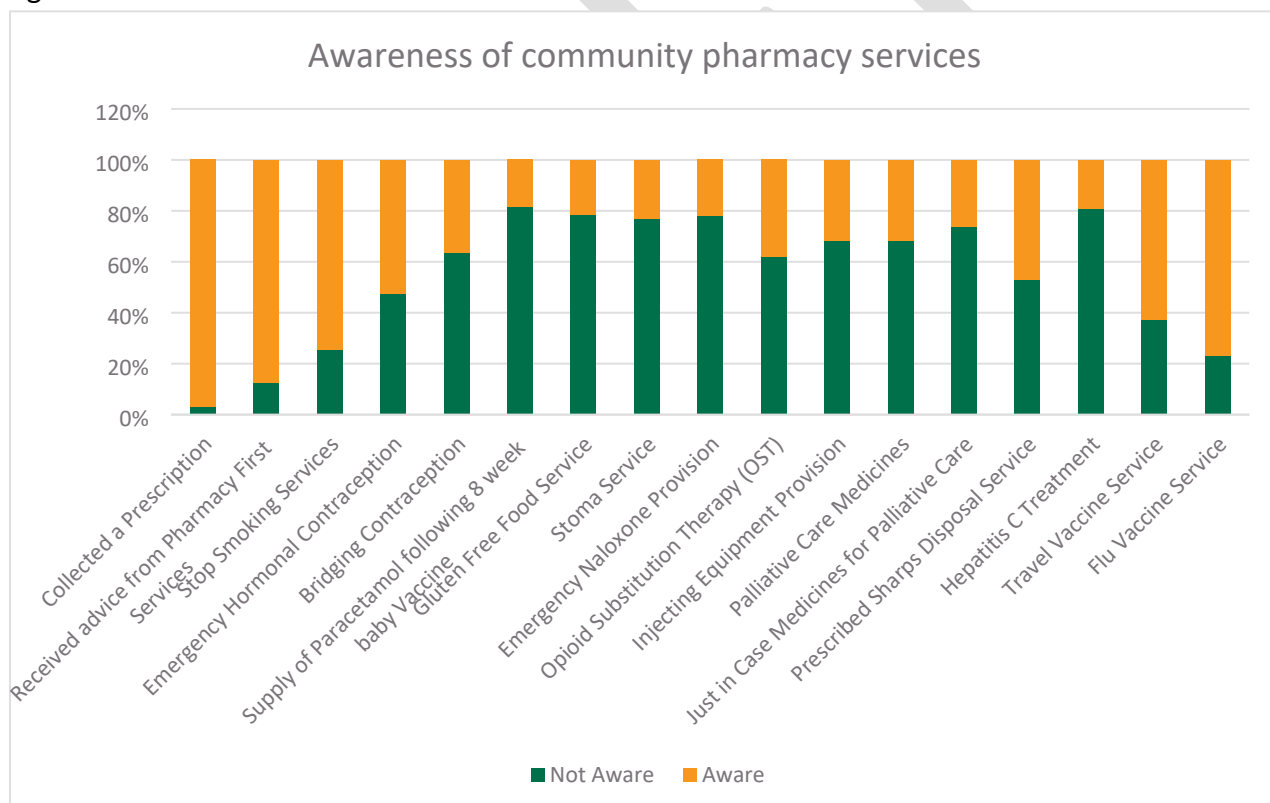
Analysis of Pharmaceutical Needs within NHS Fife

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny. In 23/24, community pharmacies across all localities in NHS Fife increased the provision of care as show in Table 9. Further work will be undertaken to understand the variation between localities, however it should be noted that the Kirkcaldy locality has had the biggest change in the contractor landscape with 8 of the 13 changing owner in 23/24.

Table 9:
Number of patients receiving treatment under Pharmacy First PGDs (PF PGD), Public Health Services (PHS) or Unscheduled Care (UC) 23/24 vs 22/23

Locality	No.pts receiving treatment on PF PGD, PHS or UC 23/24	% increase vs 22/23
Levenmouth	6,921	3.8%
Glenrothes	8,021	15.6%
NE Fife	10,846	4.4%
Cowdenbeath	6,167	4.9%
Dunfermline	7,486	6.4%
Kirkcaldy	8,784	20.5%
SW Fife	4,868	0.4%

3.1. Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the

region and appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacists to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

Recent data indicates a significant reduction in the number of unexpected closures in community pharmacies, however infrequent unexpected closures do remain and this will continue to be monitored.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, there will be ongoing work to monitor the level of activity under the PGDs and encourage local referral pathways between GP Practice and Community Pharmacies.

3.4.4. Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be

supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need identified.

3.5. Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population. No gaps have been identified in current service provision under these services, however this will continue to be monitored.
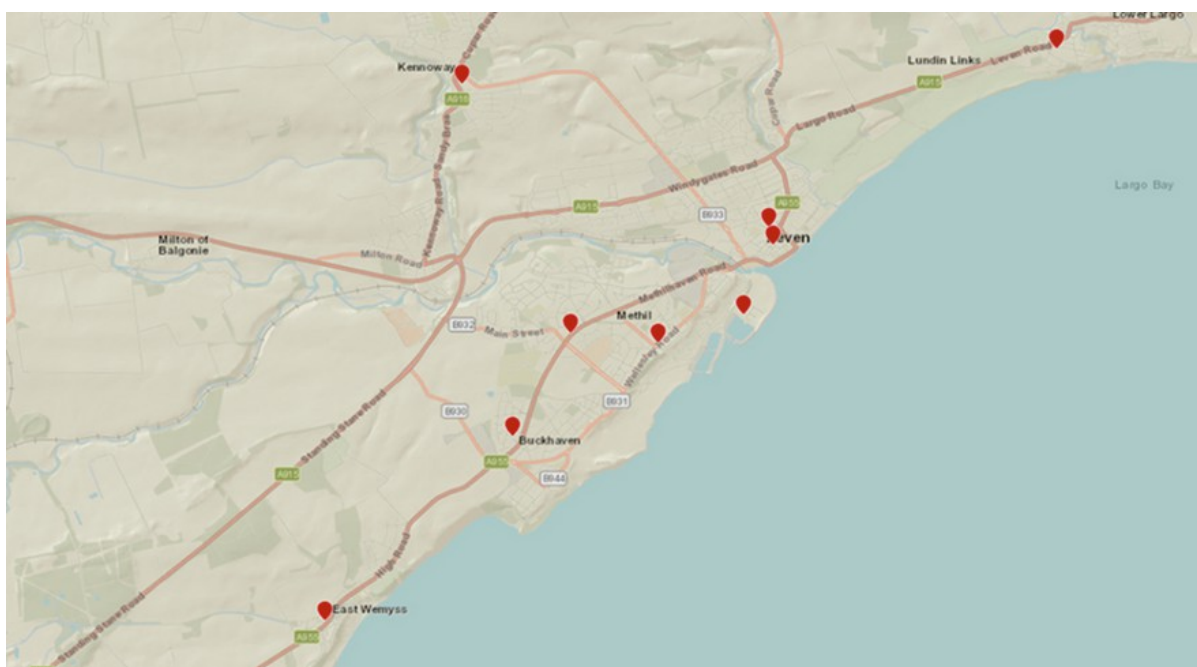
There are 10 Pharmacies in the Levenmouth locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✔
KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA			
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✔		
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			✔
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✔	✔
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✔		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✔	✔	✔
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

There are seven GP Practices in the Levenmouth locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20108	MUIREDGE SURGERY	KY8 1HJ	198,849
20856	KENNOWAY MEDICAL GROUP	KY8 5JZ	80,036
21257	SCOONIE MEDICAL PRACTICE	KY8 4ET	551
21261	SCOONIE MEDICAL PRACTICE	KY8 4ET	269,793
21281	AIRLIE MEDICAL PRACTICE	KY8 4ET	2
21505	METHILHAVEN SURGERY	KY8 1HU	85,739
21524	AIRLIE MEDICAL PRACTICE	KY8 3RS	205,906

In total there were **840,876** items prescribed by the seven GP Practices in Levenmouth. Of these prescribed items, **836,915** were dispensed within Fife. Of the items dispensed in Fife, **742,288 (88.69%)** were dispensed within Levenmouth locality.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,236	216,533	25.93%
CARDIOVASCULAR SYSTEM	11,470	175,708	21.04%
GASTRO-INTESTINAL SYSTEM	12,265	82,203	9.84%
ENDOCRINE SYSTEM	7,742	74,215	8.89%
RESPIRATORY SYSTEM	9,426	66,843	8.00%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5,669	13,762	73.02%
Public Health Service	599	3,789	20.10%
Urinary Tract Infection	607	707	3.75%
Health Board Local Service	183	360	1.91%
Skin Infection	132	142	0.75%
Impetigo	53	53	0.28%
Shingles	17	20	0.11%
Hayfever	10	10	0.05%
COVID (likely to be incorrect code used)	4	5	0.03%
Total	6,921	18,848	

A total of 6,921 unique patients received 18,848 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1B
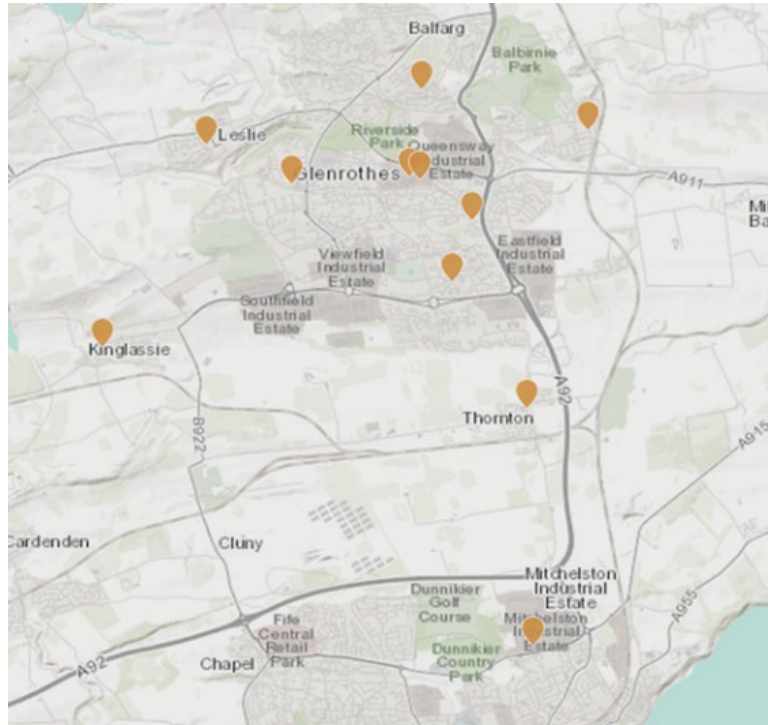
There are 10 Pharmacies in the Glenrothes locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✔	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✔	✔	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✔	✔
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✔		✔
DEARS PHARMACY & TRAVEL CLINIC	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
DEARS PHARMACY & TRAVEL CLINIC	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✔
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20606	THE LOMOND PRACTICE	KY6 1HL	212,114
20611	NORTH GLEN MEDICAL PRACTICE	KY7 6SX	179,766
20630	THE GLENWOOD PRACTICE	KY6 1HL	127,389
20659	COS LANE SURGERY	KY7 4AQ	191,779
20663	ROTHES MEDICAL PRACTICE	KY7 4RH	168,679
21153	LESLIE MEDICAL PRACTICE	KY6 3LQ	118,266
21454	MARKINCH MEDICAL PRACTICE	KY7 6ER	105,509
		Total	1,103,502

In total there were **1,103,502** items prescribed by the seven GP Practices in Glenrothes. Of these prescribed items, **1,097,383** were dispensed within Fife. From the items dispensed in Fife, **987,136 (89.95%)** were dispensed within Glenrothes.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	22,141	271,282	24.64%
CARDIOVASCULAR SYSTEM	15,543	237,973	21.61%
GASTRO-INTESTINAL SYSTEM	16,345	108,511	9.85%
ENDOCRINE SYSTEM	10,379	103,024	9.36%
RESPIRATORY SYSTEM	12,731	86,802	7.88%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,277	14,525	66.31%
Public Health Service	659	4,832	22.06%
Health Board Local Service	330	1,163	5.31%
Urinary Tract Infection	816	967	4.41%
Skin Infection	247	273	1.25%
Impetigo	62	70	0.32%
Shingles	36	38	0.17%
Hayfever	26	28	0.13%
COVID (likely to be incorrect code used)	2	4	0.02%
Nicotine Replacement (likely to be incorrect code used)	2	3	0.01%
Healthy Start Vitamins (likely to be incorrect code used)	2	2	0.01%
Total	**8,021**	**21,905**	

A total of 8,021 unique patients received 21,905 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1C
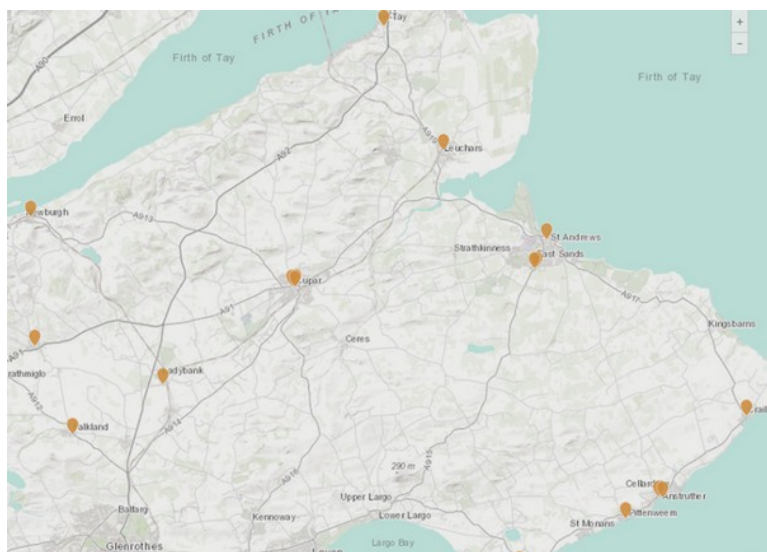
There are 18 Pharmacies in the NE Fife locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
ROWLAND PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
DEARS PHARMACY & TRAVEL CLINIC	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓

There are 11 GP Practices in the NE Fife locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20004	ANSTRUTHER MEDICAL PRACTICE	KY103FF	117,619
20057	AUCHTERMUCHTY PRACTICE	KY147AW	107,593
20409	EDEN VILLA PRACTICE	KY154JN	127,851
20413	BANK STREET MEDICAL GROUP	KY154JN	120,628
21101	HOWE OF FIFE SURGERY	KY157JS	80,778
21204	PITCAIRN PRACTICE LEUCHARS & BALMULLO	KY160DZ	79,103
21558	NEWBURGH SURGERY	KY146DA	76,367
21609	TAYVIEW MEDICAL PRACTICE	DD6 8DJ	153,963
21736	COAST HEALTH	KY102LG	92,746
21825	BLACKFRIARS MEDICAL PRACTICE	KY168AR	75,231
21830	PIPELAND MEDICAL PRACTICE	KY168AR	158,487
		Total	1,190,366

In total there was **1,190,366** items prescribed by the 11 GP Practices in North East Fife. Of these prescribed items, **1,161,056** were dispensed within Fife. From the items dispensed in Fife, **1,138,897 (98.09%)** were dispensed within North East Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	21,775	314,847	23.60%
CENTRAL NERVOUS SYSTEM	28,044	288,883	21.65%
ENDOCRINE SYSTEM	15,289	139,781	10.48%
GASTRO-INTESTINAL SYSTEM	21,635	130,865	9.81%
RESPIRATORY SYSTEM	16,237	92,368	6.92%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8,257	16,550	60.39%
Public Health Service	1,016	8,022	29.27%
Urinary Tract Infection	1,161	1,342	4.90%
Health Board Local Service	401	881	3.21%
Skin Infection	281	297	1.08%
Impetigo	110	121	0.44%
Nicotine Replacement	55	78	0.28%
Shingles	61	62	0.23%
Hayfever	41	45	0.16%
COVID (likely to be incorrect code used)	3	5	0.02%
Healthy Start Vitamins (likely to be incorrect code used)	3	4	0.01%
Total	10,846	27,407	

A total of 10,846 unique patients received 27,407 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1D
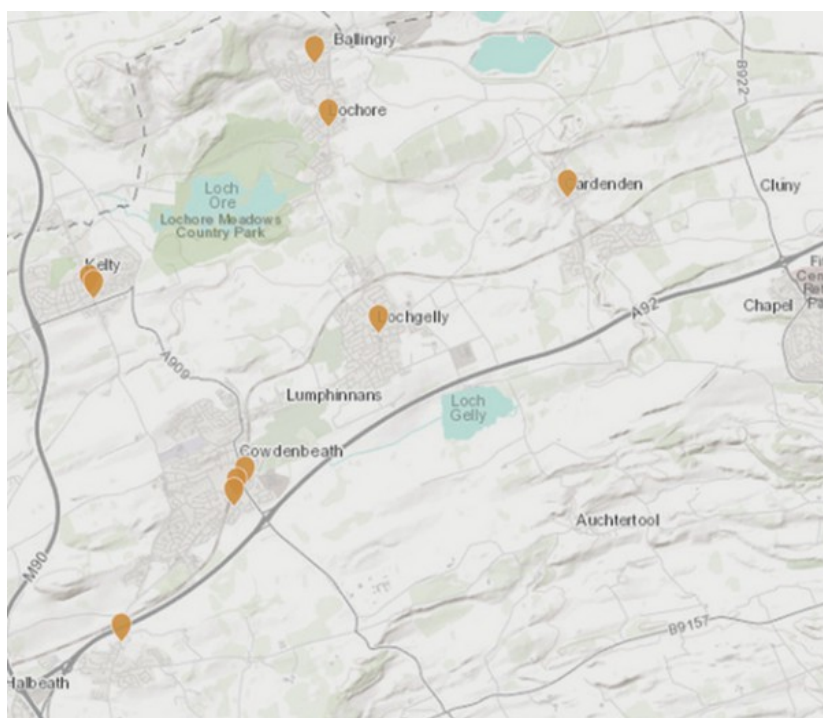
There are 12 Pharmacies in the Cowdenbeath locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✔		✔
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✔		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✔		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✔	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✔		✔
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✔
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✔	✔	✔
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✔		

There are eight GP Practices in the Cowdenbeath Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20254	WALLSGREEN MEDICAL PRACTICE	KY5 0JE	74,545
20305	COWDENBEATH SURGERY	KY4 9DH	242,579
20358	CROSSGATES MEDICAL PRACTICE	KY4 8DF	70,873
20803	KELTY MEDICAL PRACTICE	KY4 0AE	150,644
21384	MEADOWS PRACTICE	KY5 9QZ	132,667
21421	BENARTY MEDICAL PRACTICE	KY5 8DA	128,182
21440	DR K THOMPSON	KY5 9QZ	57,248
21469	LOCHGELLY MEDICAL PRACTICE	KY5 9QZ	75,028
		Total	**931,766**

In total there was **931,766** items prescribed by the eight GP Practices in Cowdenbeath. Of these prescribed items, **917,559** were dispensed within Fife. From the items dispensed in Fife, **866,869 (94.48%)** were dispensed within Cowdenbeath.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,197	274,330	25.53%
CARDIOVASCULAR SYSTEM	13,647	239,205	22.26%
GASTRO-INTESTINAL SYSTEM	14,615	103,530	9.63%
ENDOCRINE SYSTEM	9,310	96,584	8.99%
RESPIRATORY SYSTEM	12,544	86,215	8.02%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,580	9,131	56.65%
Public Health Service	750	5,326	33.04%
Urinary Tract Infection	689	773	4.80%
Health Board Local Service	178	579	3.59%
Skin Infection	143	151	0.94%
Impetigo	86	91	0.56%
Shingles	33	35	0.22%
Hayfever	13	24	0.15%
COVID (likely to be incorrect code used)	7	9	0.06%
Total	**6,167**	**16,119**	

A total of 6167 unique patients received 16,119 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1E
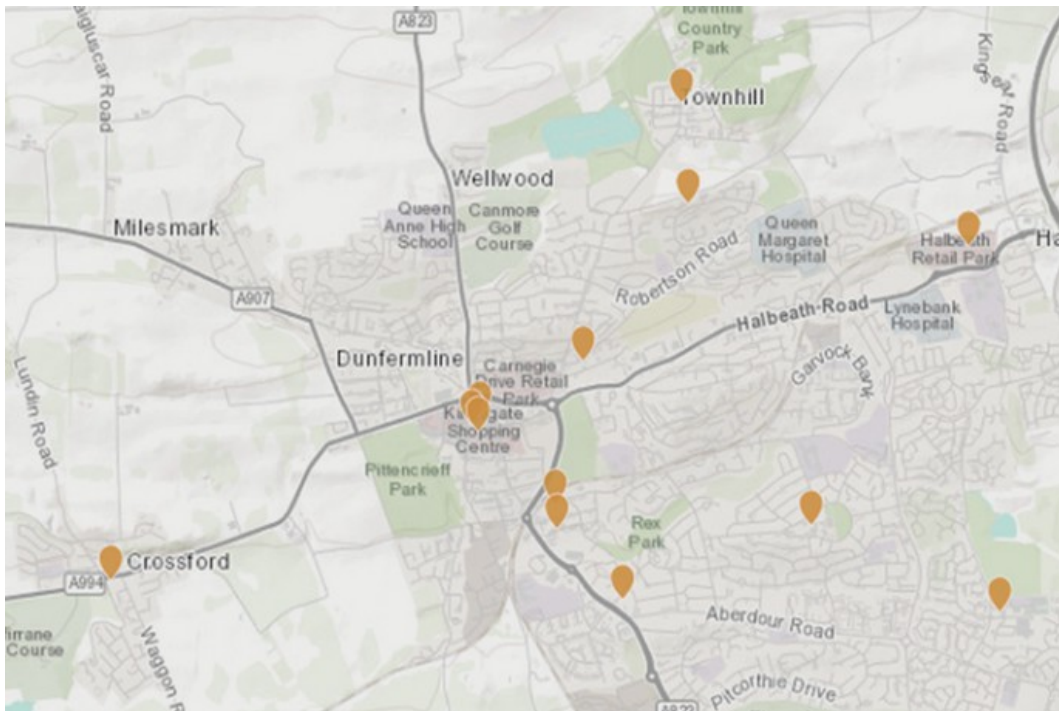
There are 13 Pharmacies in the Dunfermline locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✔
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✔	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✔	✔	✔
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✔		
GRAEME PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
ROWLANDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✔		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✔

There are seven GP Practices in the Dunfermline Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20451	NETHERTOWN SURGERY	KY114TF	171,522
20466	NEW PARK MEDICAL PRACTICE	KY120BL	194,273
20471	HOSPITAL HILL SURGERY	KY113BA	135,050
20485	MILLHILL SURGERY	KY114JW	155,948
20490	BELLYEOMAN SURGERY	KY120AE	176,686
20502	LINBURN ROAD HEALTH CENTRE	KY114LT	96,536
21755	PRIMROSE LANE MEDICAL CENTRE	KY112ZL	164,930
		Total	1,094,945

In total there was **1,094,945** items prescribed by the seven GP Practices in Dunfermline. Of these prescribed items, **1,086,712** were dispensed within Fife. From the items dispensed in Fife, **986,693 (90.80%)** were dispensed within Dunfermline.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

| BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,978	284,933	23.11%
CARDIOVASCULAR SYSTEM	19,044	268,408	21.77%
ENDOCRINE SYSTEM	13,417	122,291	9.92%
GASTRO-INTESTINAL SYSTEM	20,470	116,606	9.46%
RESPIRATORY SYSTEM	15,404	88,015	7.14%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,774	8,197	41.50%
Public Health Service	1,065	7,598	38.47%
Health Board Local Service	294	2,062	10.44%
Urinary Tract Infection	1,171	1,339	6.78%
Skin Infection	325	351	1.78%
Impetigo	107	116	0.59%
Shingles	58	60	0.30%
COVID (likely to be incorrect code used)	9	14	0.07%
Hayfever (likely to be incorrect code used)	10	14	0.07%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.01%
Total	7,486	19,752	

A total of 7,486 unique patients received 19,752 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)
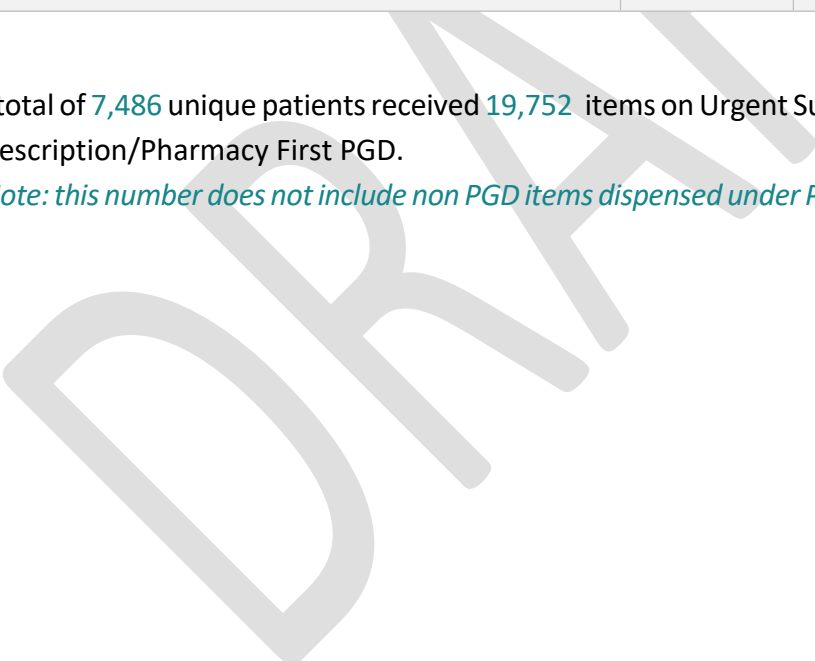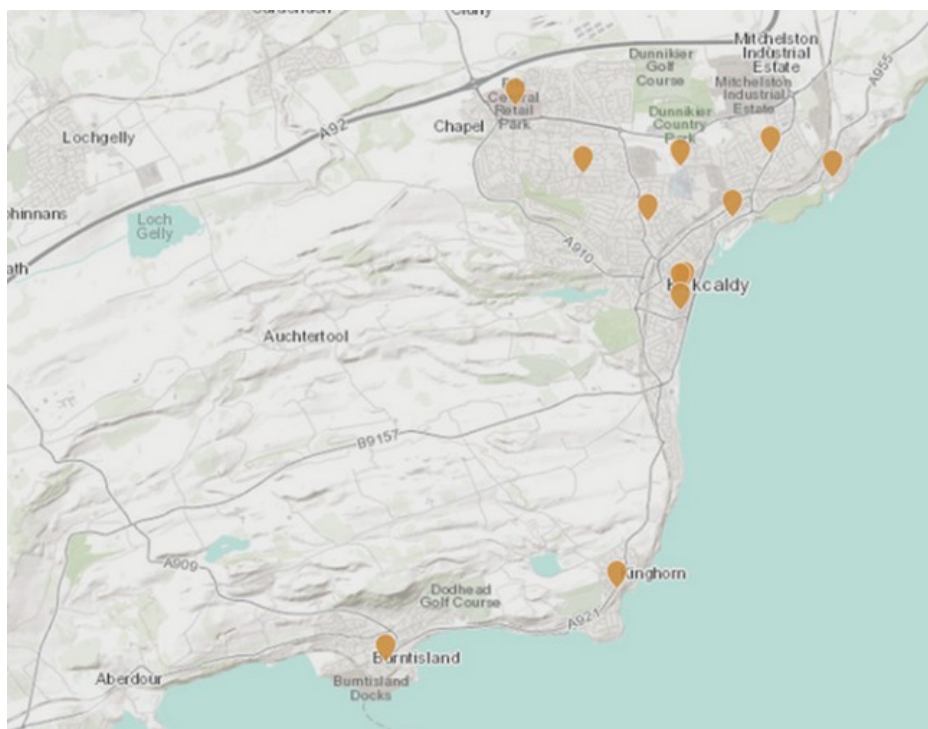
There are 13 Pharmacies in the Kirkcaldy locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✔	✔	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG		✔	
EDEN PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✔	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✔		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL		✔	
DEARS PHARMACY & TRAVEL CLINIC	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
WELL PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✔	
DEARS PHARMACY & TRAVEL CLINIC	18 HIGH STREET, KIRKCALDY, KY1 1LU			
DEARS PHARMACY & TRAVEL CLINIC	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
PATHHEAD PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
WELL PHARMACY	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✔		
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✔		✔

There are 10 GP Practices in the Kirkcaldy locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20151	BURNTISLAND MEDICAL GROUP	KY3 9DF	92,596
20184	THE LINKS PRACTICE	KY3 9DF	32,923
20907	KINGHORN MEDICAL PRACTICE	KY3 9RT	61,239
20950	NICOL STREET SURGERY	KY1 1PH	48,098
20964	DRS MCKENNA, MURPHY & MCCALLUM	KY1 2NA	125,614
20979	BENNOCHY MEDICAL CENTRE	KY2 5RB	155,240
20983	ST BRYCEDALE SURGERY	KY1 1ER	123,246
20998	PATH HOUSE MEDICAL PRACTICE	KY1 2PG	313,191
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	KY1 2NA	125,117
21011	DRS FORDYCE, LEMPKE & PARISH	KY1 2NA	111,327
		Total	**1,188,591**

In total there were **1,188,591** items prescribed by the 10 GP Practices in Kirkcaldy. Of these prescribed items, **1,174,047** were dispensed within Fife. From the items dispensed in Fife, **1,119,713 (95.37%)** were dispensed within Kirkcaldy.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	28,650	349,375	25.04%
CARDIOVASCULAR SYSTEM	20,426	309,607	22.19%
GASTRO-INTESTINAL SYSTEM	21,182	139,572	10.00%
ENDOCRINE SYSTEM	13,759	129,570	9.29%
RESPIRATORY SYSTEM	15,130	96,157	6.89%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,707	15,374	66.21%
Public Health Service	907	5,716	24.62%
Urinary Tract Infection	925	1,090	4.69%
Health Board Local Service	254	705	3.04%
Skin Infection	156	168	0.72%
Impetigo	82	88	0.38%
Shingles	31	33	0.14%
Hayfever	27	30	0.13%
COVID (likely to be incorrect code used)	8	14	0.06%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.00%
Total	8,784	23,219	

A total of 8,784 unique patients received 23,219 items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1G
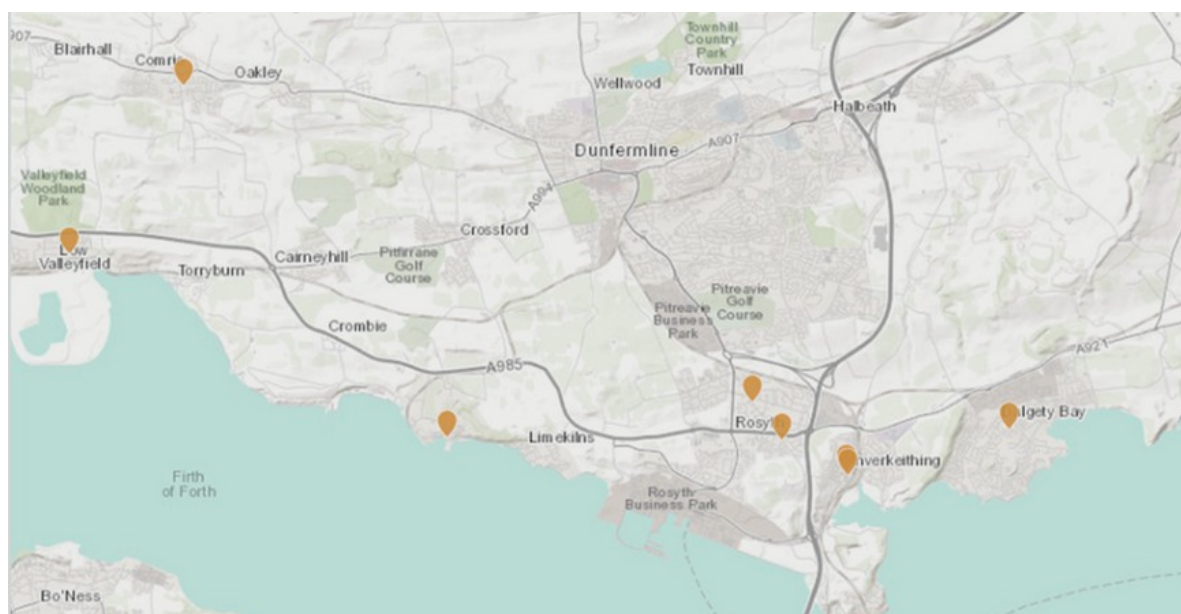
There are 10 Pharmacies in the SW Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✔
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✔		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH	✔	✔	✔
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✔	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are five GP Practices in the SW Fife Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20729	VALLEYFIELD MEDICAL PRACTICE	KY128SJ	78,206
20752	INVERKEITHING MEDICAL GROUP	KY111NU	312,241
21308	CHARLESTOWN SURGERY	KY113ED	70,009
21613	OAKLEY MEDICAL PRACTICE	KY129QH	162,445
21760	PARK ROAD PRACTICE	KY112SE	105,422
		Total	**728,323**

In total there were **728,323** items prescribed by the five GP Practices in South West Fife. Of these prescribed items, **714,157** were dispensed within Fife. From the items dispensed in Fife, **565,552 (79.19%)** were dispensed within South West Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	12,082	188,915	23.80%
CENTRAL NERVOUS SYSTEM	16,126	169,837	21.40%
ENDOCRINE SYSTEM	8,183	78,874	9.94%
GASTRO-INTESTINAL SYSTEM	12,525	77,602	9.78%
RESPIRATORY SYSTEM	9,381	56,156	7.08%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3,771	7,494	54.93%
Public Health Service	523	5,157	37.80%
Urinary Tract Infection	495	544	3.99%
Health Board Local Service	64	233	1.71%
Skin Infection	143	147	1.08%
Impetigo	51	52	0.38%
Shingles	13	13	0.10%
COVID	2	2	0.01%
HAY	2	2	0.01%
Total	**4,868**	**13,644**	

A total of 4,868 unique patients received 13,644 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 2 Equality, diversity and inclusion data

Of the 267 survey responses received, 190 (72%) completed the equality, diversity and inclusion questions contained in the survey. Responses are summarised below:

Age

●	Under 18	0
●	18-24	0
●	25-34	7
●	35-44	16
●	45-54	24
●	55 - 64	57
●	65 and older	87
●	Prefer not to say	1
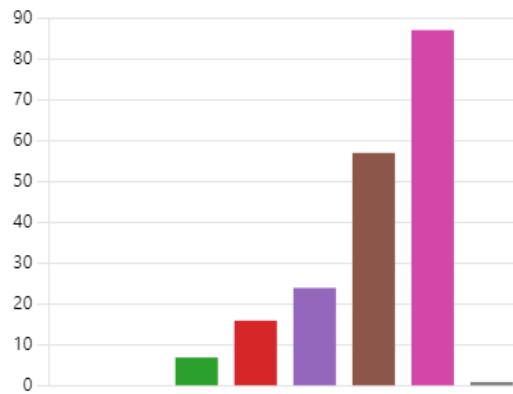
Gender

●	Man	72
●	Woman	118
●	Trans-man	1
●	Trans-woman	0
●	Non-binary	0
●	Identity not listed	1
●	Prefer not to say	0
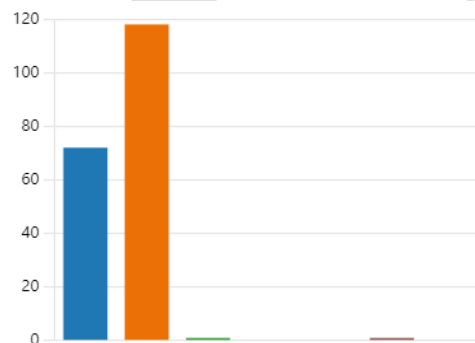
Sexual Orientation

●	Asexual	6
●	Bi-sexual	7
●	Fluid	0
●	Gay man	3
●	Lesbian	0
●	Pansexual	1
●	Queer	0
●	Straight / Heterosexual	167
●	Identity not listed	1
●	Prefer not to say	7
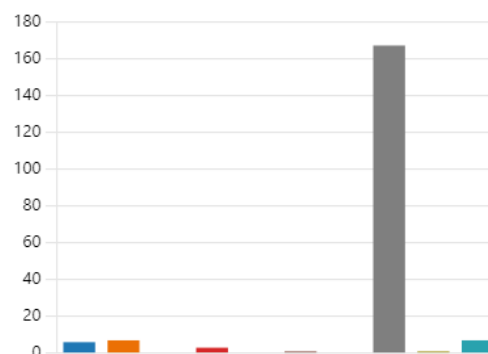
Ethnicity

- ● White — 185
- ● Mixed or multiple ethnic groups — 2
- ● Asian, Scottish Asian or British A... — 0
- ● African, Scottish African or Britis... — 0
- ● Caribbean or Black — 0
- ● Other ethnic group — 4
- ● Prefer not to say — 1
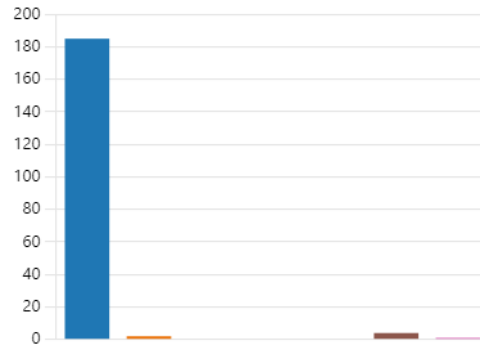
Religious Belief

- ● None — 88
- ● Church of Scotland — 56
- ● Roman Catholic — 11
- ● Other Christian — 19
- ● Muslim — 0
- ● Hindu — 0
- ● Buddhist — 0
- ● Sikh — 0
- ● Jewish — 2
- ● Pagan — 3
- ● Prefer not to say — 6
- ● Other — 5
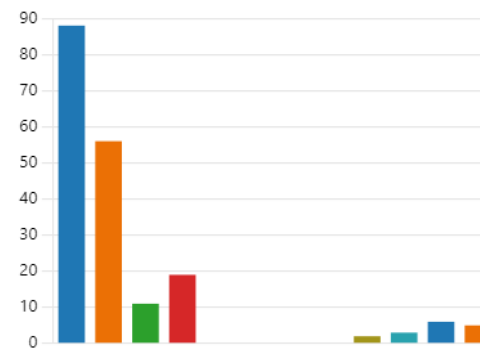
Health Condition and/or a Disability

- ● Yes — 128
- ● No — 59
- ● Prefer not to say — 3

- ● Deafness or partial hearing loss — 32
- ● Blindness or partial sight loss — 5
- ● Full or partial loss of voice or dif... — 3
- ● Learning disability (a condition t... — 4
- ● Learning difficulty (a specific lea... — 5
- ● Developmental disorder (a cond... — 2
- ● Physical disability (a condition th... — 45
- ● Mental health condition (a cond... — 30
- ● Long-term illness — 47
- ● Disease or condition (a conditio... — 58
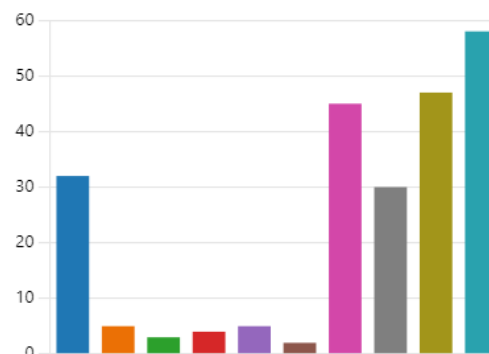
Relationship Status

🔵	Single	25
🟠	Married	119
🟢	Divorced	9
🔴	Civil Partnership	1
🟣	Widowed	16
🟤	Separated	1
🩷	Living with a partner	16
⚫	Prefer not to say	2
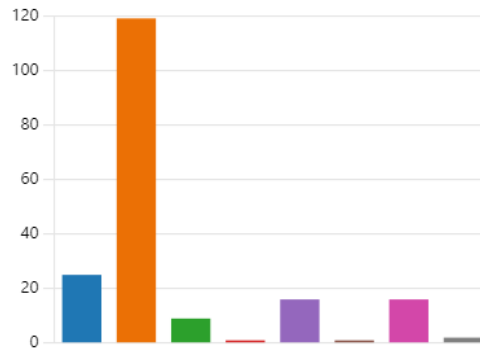
References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)

[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)

NHS Fife

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Public Health Assurance Committee

PUBLIC HEALTH ASSURANCE COMMITTEE **(Meeting on 21 August 2024)**
No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health
Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 21 August 2024 at 2.30pm via Microsoft Teams

Present:
Joy Tomlinson (Chair)	Director of Public Health
Kemi Oyedeji (OO)	Consultant in Public Health Medicine
Emma O'Keefe (EOK)	Consultant in Dental Public Health
Aileen Boags (AB)	Lead Pharmacist PH & Community Pharmacy Services
Esther Curnock (EC)	Consultant in Public Health Medicine
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine

In Attendance:
Cathy Cooke (CCo)	Public Health Scientist
Tom Donaldson (TD)	Public Health Speciality Registrar
Lorenzo Iafrate (LI)	Specialty Trainee in Dental Public Health
Brenda Ward (BW)	Executive Assistant to Director of Public Health

ACTION

1. Welcome and Apologies
The Chair welcomed everyone to the meeting and apologies for absence were noted from Lynn Barker, Lorna Watson, Sue Cameron and Sharon Crabb.

2. Minute of previous meetings held on 12 June 2024
The minute of the previous meeting was agreed as an accurate record.

3. Review of Action Log
The action log was discussed by the Committee, actions were updated and closed where complete.

4. Identified Near Misses, Critical Incidents & Learning
4.1 EQIA - Breast Screening location change (Newburgh to PRI)
OO provided the Committee with a summary of the Equality Impact Assessment (EQIA) for a proposed change to Breast Screening in North-East Fife which is managed through NHS Tayside. The Committee agreed for two sections to be added to the EQIA which included the use of public transport for appointments in the evenings/weekends may be longer and the monitoring of outcomes should be conducted regularly. OO agreed to bring a progress update paper to a future PHAC meeting.

OO

The Committee **approved** the EQIA subject to these amendments.

4.2 Drug Related Deaths
The Chair advised the Committee a question was raised at the Board meeting on 28 May on whether drug related deaths should be recorded as a risk on the Corporate Risk Register. The oversight and responsibility of drug related harms sits with the Alcohol & Drugs Partnership (ADP) and services which are commissioned by Fife Health & Social Care Partnerships Integrated Joint Board. Discussions are underway with Directors and Gabe Docherty; Consultant in

Public Health who is leading on the drug harms and inclusion work. It has been agreed during discussions limited elements of this risk can be managed by the Board. The ADP provide oversight for most of this risk and have advised that there is an established risk register which is reviewed regularly. Gabe Docherty has written to other Health Boards asking if they have a corporate risk for drug related deaths. A meeting took place in Fife to fully understand the risk and to ascertain whether a "deep dive" is required to set out the full range of management actions and to clarify responsibilities.

The Committee **noted** the verbal report.

5. Emerging Issues

6. New prospective risks

6.1 New Risk - Tuberculosis
The Committee **agreed** the review of the new proposed risk on Tuberculosis would be carried forward to the PHAC meeting on 23 October 2024.   **FB**

6.2 Update on Civil Contingencies Act on Emergency Planning new risk
The Chair advised the existing Resilience risk 518, will be split into two separate risks: Business Continuity Planning and Emergency Planning. The timeline circulated with the papers outlined the progress to date.

A short-life working group has been established to work through the Emergency Planning risk and where responsibilities sit for identified Emergency Planning risks within NHS Fife. The Head of Resilience is progressing a review of Emergency Planning risks through a short-life working group. The aim of this work is to make individual risks visible and raise awareness when new risks emerge. The new Emergency Planning risk will be shared with the PHAC Committee when complete.

In addition, the national set of resilience standards are being refreshed and the Emergency Planning short-life working group will review once these are available alongside any new risks for the organisation. This work will be undertaken as capacity allows as this requires interface with other parts of the organisation.

The Committee **approved** the timeline.

6.3 Update on CBRN/HAZMAT Decontamination Facilities
The Chair provided the Committee with a verbal update on the proposed new risk on wet decontamination facilities at Victoria Hospital (VHK). The built decontamination facility within the Emergency Department at VHK does not have a drain to separate wastewater following decontamination and therefore cannot be used. There is a separate decontamination tent which has been used for many years as a work-around. The tent segregates the water safely so it is stored separately from the sewerage system, however, it has been identified the tent material is beyond manufacturer's warranty. The Resilience Team have been working with Estates colleagues, exploring options to resolve this situation. Full discussions have taken place through the Resilience Forum, which has recommended the risk is escalated to EDG. A report has been prepared for EDG on 19 September 2024.

The Committee **approved** the verbal report.

7. **Corporate Risks**

7.1 Update on Deep Dive Pandemic Planning Risk
DFW provided the Committee with an overview of the Deep Dive report on the new corporate risk for Pandemic Planning which was circulated with the Committee papers.

The risk description within the report includes details of the World Health Organization framework on Preparedness and Resilience for Emerging Threats (PRET) and recommends this approach should be applied. The PRET framework includes five headings which include Emergency Coordination, Collaborative Surveillance, Community Protection, Clinical Care and Access to Countermeasures. As part of the Deep Dive process the group reviewed the PRET framework to create an outline workplan for the Pandemic Framework Group. This will ensure the organisation can be prepared for any future pandemic. The Deep Dive report will be presented to the Public Health and Wellbeing Committee on 09 September for review and approval.

The Committee **approved** the report.

7. **Corporate Risks**
No items were raised.

8. **Review of current risks on Public Health Register**

8.1 Risk 518 Resilience
The Committee **agreed** the risk update provided by Chair (on behalf of SCa), the risk status level would remain at Moderate 9 and the risk will be reviewed at the PHAC meeting on 18 December 2024.

8.2 Risk 2331 Local system surge for variants and mutations or outbreaks
The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will be reviewed at the PHAC meeting on 18 December 2024.

8.3 Risk 2388 Vaccine Preventable Disease
The Committee **agreed** the risk update provided by EC, the risk status level would remain at Moderate 12 and the risk will be reviewed at the PHAC meeting on 18 December 2024.

The Committee discussed and agreed the High Consequence Infectious Disease pathway to be incorporated into the narrative of the Vaccine Preventable Disease and EC agreed to update. **EC**

8.4 Risk 2472 Missed opportunity for blood spot screening
The Committee **agreed** the risk update provided by CCo, the risk status level would remain at Moderate 12 and the risk will next be reviewed at the PHAC meeting in February 2025.

9. **Governance Reporting**

9.1 Annual Assurance Statement: Pregnancy & Newborn Screening Committee
CCo provided the Committee with an overview of the Annual Assurance Statement for the Pregnancy & Newborn Screening Committee which was circulated with the Committee papers.

CCo agreed to share with EC the recent piece of work on new arrivals to Fife which crossover with immunisation. The Committee agreed for EC to raise at the national forum whether it would be possible for a joined-up digital patient health record for Screening and Immunisation.   **CCo**

EC

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

10.   For Information
10.1   Public Health ADP Report
The Public Health elements of the ADP report was shared with the Committee for information.

The Committee **noted** the content of the report.

10.2   Public Health Assurance Committee Workplan 2024
The Chair said the Public Health Assurance Committee workplan assists with the scheduling of the future meetings and provides the leads with early notification of reports and particularly the Annual Assurance Statements.   The Chair asked the Committee to review the workplan and feedback on any gaps or additional papers for the Committee.

The Committee **noted** the content of the report.

11.   AOCB
11.1   Mpox Virus
DFW provided the Committee with an overview on the regional and local work underway on Mpox following the World Health Organization's declaration of a Public Health emergency of international concern on 14 August 2024. In Fife an Mpox clade Ib Planning Group has been established and is being co-chaired by Health Protection and the Deputy Medical Director with the first meeting taking place on 19 August 2024. A briefing SBAR is being prepared by the Deputy Medical Director for EDG.

The Committee **approved** the verbal report.

11.2   No Cervix Audit
OO advised the Committee the clinical review aspect of the No Cervix Audit for Fife is complete. The Chair asked an acknowledgement letter of thanks is sent to the staff who engaged in the audit.

The Committee **approved** the verbal report.

12.   Any issues to escalate to Public Health & Wellbeing Committee
No items were put forward.

13.   Date of Next Meeting
Wednesday 23 October 2024 at 2:30pm via MS Teams