

# NHS Fife Public Health & Wellbeing Committee

Mon 15 May 2023, 10:00 - 11:30

MS Teams

## Agenda

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10:00 - 10:00 **1. Apologies for Absence**

0 min

*Alistair Morris*

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10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

*Alistair Morris*

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10:00 - 10:00 **3. Minutes of Previous Meeting held on Wednesday 1 March 2023**

0 min

*Enclosed Alistair Morris*

 Item 03 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230301.pdf (8 pages)

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10:00 - 10:10 **4. Matters Arising / Action List**

10 min

*Enclosed Alistair Morris*

 Item 04 - Public Health & Wellbeing Committee Action List 20230515.pdf (2 pages)

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10:10 - 10:30 **5. GOVERNANCE MATTERS**

20 min

**5.1. Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23**

*Enclosed Gillian MacIntosh*

 Item 05.1 - SBAR Draft Public Health & Wellbeing Committee Annual Statement of Assurance 202223.pdf (3 pages)

 Item 05.1 - Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2022-23.pdf (21 pages)

**5.2. Corporate Risks Aligned to Public Health & Wellbeing Committee**

*Enclosed Joy Tomlinson*

 Item 05.2 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (6 pages)

 Item 05.2 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC.pdf (5 pages)

 Item 05.2 - Appendix 2 SBAR Deep Dive Risk into Primary Care Services.pdf (13 pages)

 Item 05.2 - Appendix 3 Assurance Principles.pdf (1 pages)

**5.2.1. Deep Dive – Primary Care Services**

*Joy Tomlinson*

**5.3. Delivery of Annual Workplan 2023/24**

*Enclosed Joy Tomlinson*

**10:30 - 11:05** **6. STRATEGY / PLANNING**

35 min

**6.1. Corporate Objectives 2023/24**

Enclosed *Carol Potter / Margo McGurk*

Item 06.1 - SBAR Corporate Objectives 2023-24.pdf (4 pages)

**6.2. Anchor Institutions: Update on Community Benefits Gateway**

Enclosed *Joy Tomlinson*

Item 06.2 - SBAR Anchor Institutions Update on Community Benefits Gateway.pdf (6 pages)

**6.3. Greenspace Strategy**

Enclosed *Neil McCormick*

Item 06.3 - SBAR Greenspace Strategy.pdf (4 pages)

Item 06.3 - Appendix 1 Greenspace Strategy.pdf (28 pages)

**6.4. East Region Health Protection Service: Implementation Update**

Enclosed *Joy Tomlinson*

Item 06.4 - SBAR East Region Health Protection Service Update.pdf (6 pages)

**6.5. Fife Partnership Board – Our Fife Leadership Summits**

Enclosed *Joy Tomlinson*

Item 06.5 - SBAR Feedback from Fife Partnership Leadership Sessions.pdf (4 pages)

Item 06.5 - Appendix 1 Our Fife Leadership Summits Stocktake Feedback.pdf (9 pages)

**6.6. Primary Care Strategy Update**

Enclosed *Nicky Connor*

Item 06.6 - SBAR Primary Care Strategy Update.pdf (10 pages)

**6.7. Commonwealth Partnerships for Antimicrobial Stewardship**

Enclosed *Ben Hannan*

Item 06.7 - SBAR Commonwealth Partnerships for Antimicrobial Stewardship.pdf (4 pages)

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**11:05 - 11:20** **7. QUALITY / PERFORMANCE**

15 min

**7.1. Integrated Performance & Quality Report**

Enclosed *Joy Tomlinson / Nicky Connor*

Item 07.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)

Item 07.1 - Appendix 1 Integrated Performance & Quality Report.pdf (11 pages)

**7.2. No Cervix Exclusion Audit**

Enclosed *Joy Tomlinson*

Item 07.2 - SBAR No Cervix Exclusion Audit.pdf (7 pages)

Item 07.2 - Appendix 1 Cervical Screening, No Cervix Exclusion Audit SBAR 20220616.pdf (7 pages)

Item 07.2 - Appendix 2 Lessons Learned from the 2021 No Cervix Exclusion Audit.pdf (4 pages)

### 7.3. Spring Booster Campaign

Enclosed *Joy Tomlinson / Nicky Connor*

 Item 07.3 - SBAR Spring Booster Campaign.pdf (8 pages)

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11:20 - 11:25  
5 min

## 8. ANNUAL REPORTS

### 8.1. Adult Support & Protection Biennial Report

Enclosed *Janette Keenan*

 Item 08.1 - SBAR Adult Support & Protection Biennial Report.pdf (8 pages)

 Item 08.1 - Appendix 1 Biennial Report.pdf (90 pages)

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11:25 - 11:30  
5 min

## 9. LINKED COMMITTEE MINUTES

### 9.1. Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

Enclosed

 Item 09.1 - Minute Cover Paper.pdf (1 pages)

 Item 09.1 - Equality and Human Rights Strategy Group 20230203 (unconfirmed).pdf (10 pages)

### 9.2. Portfolio Board held on 9 February 2023 (confirmed) & 9 March 2023 (unconfirmed)

Enclosed

 Item 09.2i - Minute Cover Paper.pdf (1 pages)

 Item 09.2i - Portfolio Board 20230209 (confirmed).pdf (5 pages)

 Item 09.2ii - Minute Cover Paper.pdf (1 pages)

 Item 09.2ii - Portfolio Board 20230309 (unconfirmed).pdf (4 pages)

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11:30 - 11:30  
0 min

## 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

### 10.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

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11:30 - 11:30  
0 min

## 11. ANY OTHER BUSINESS

11:30 - 11:30  
0 min

## 12. DATE OF NEXT MEETING - MONDAY 3 JULY 2023 AT 10AM VIA MS TEAMS

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING  
HELD ON WEDNESDAY 1 MARCH 2023 AT 10AM VIA MS TEAMS**

**Present:**

Tricia Marwick, Chair  
Mansoor Mahmood, Non-Executive Member  
Arlene Wood, Non-Executive Member  
Wilma Brown, Employee Director  
Margo McGurk, Director of Finance & Strategy  
Chris McKenna, Medical Director  
Janette Owens, Director of Nursing  
Joy Tomlinson, Director of Public Health

**In Attendance:**

Nicky Connor, Director of Health & Social Care  
Susan Fraser, Associate Director of Planning & Performance  
Ben Hannan, Director of Pharmacy & Medicines  
Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Neil McCormick, Director of Property & Asset Management  
Hazel Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

**1. Apologies for Absence**

Apologies were received from members Alistair Morris (Non-Executive Member) and Carol Potter (Chief Executive).

**2. Declaration of Members' Interests**

There was no declaration of members' interests.

**3. Minutes of Previous Meeting held on Wednesday 11 January 2023**

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

**4. Matters Arising / Action List**

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

**5. GOVERNANCE MATTERS**

## 5.1 Committee Self-Assessment Report 2022/23

The Board Secretary noted that this was the first full self-assessment undertaken for the Committee, noting that a light-touch assessment was carried out the previous year in relation to a detailed review of the Committee's remit as it established itself.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

## 5.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register.

The Director of Pharmacy & Medicines also highlighted he is to be added as a regular attendee to the Terms of Reference.

**Action: Board Secretary**

The Committee **approved** a final version, subject to the change advised, for further consideration by the Board.

## 5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the overview of the risks aligned to the Committee and advised of a change to the risk assessment for Primary Care Services, which, following a review, increased the target risk score. It was noted a deep dive on the Primary Care risk will be provided at the next Committee meeting in May 2023.

A Wood, Non-Executive Member, questioned what is driving the increased risk and if there is any new mitigation being put in place around this. An explanation was provided on the scoring of the Primary Care services risk, and how that has changed.

Discussion took place on the assessment of the target level of risk, and the level of assurance required. This will be discussed in more detail at the next Committee meeting

### 5.3.1 Deep Dive – Health Inequalities

The Director of Public Health highlighted the detailed description within the paper of the underlying causes of health inequalities. An explanation was provided on the expansion of the risk description for health inequalities.

The Director of Public Health advised that the Public Health Scotland review, which is included in the paper, describes the potential worsening of health inequalities. It was reported that some of the mitigations that are required to be put in place within the Population Health & Wellbeing Strategy will reduce this worsening situation.

It was reported that the risk appetite for addressing health inequalities remains high, and it will be ensured that there is deliberate effort to address the causes that disadvantage our population; this will form part of the Population Health & Wellbeing Strategy and the strategy will include actions to be taken and the process of delivery.

A Wood, Non-Executive Member, highlighted the need for strengthening assurances and questioned the impact of the actions that are in place for specific risks. The Director of Public Health advised that the alignment of the health inequalities risk to the Population Health & Wellbeing Strategy is key, and that the development of the actions will provide a delivery framework. It was noted that the detail for this area of work is still to be developed and will form part of the next steps for the strategy.

A Wood, Non-Executive Member, requested that the effectiveness of the risk mitigation actions should be included in the deep dives, to provide the necessary levels of assurance.

The Committee **agreed** to an updated paper being brought back to the next Committee meeting in May 2023.

## 6. STRATEGY / PLANNING

### 6.1 Draft Population Health & Wellbeing Strategy

The Chair advised that the draft Population Health & Wellbeing Strategy was discussed in detail at the Board Development Session held on 28 February 2023. She requested assurance on the points raised at that session before the document is presented to the Board for approval. The Associated Director of Planning & Performance provided assurance that the photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version.

The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health & wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. The Associated Director of Planning & Performance added that more emphasis will be added to the strategy on partnership working, and more work will be carried out in relation to women and children services. A Wood, Non-Executive Member, noted that strengthening actions to address health inequalities is also required.

Members of the Committee **endorsed** this strategy, following action on the key points raised at the Board Development Session, for discussion and final approval at the March NHS Fife Board Meeting.

## 6.2 Strategic Planning & Resource Allocation 2023/24 - Corporate Objectives 2023/24 Initial Proposal

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees at the appropriate time.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

A Wood, Non-Executive Member, queried why the digital strategy is not appearing on any of the corporate objectives, noting that this is a strategic risk. The Director of Finance & Strategy explained that there are supporting functional objectives that will appear on the individual objectives for the Executive Directors.

The Committee took **assurance** and **discussed** this initial proposal in relation to the Corporate Objectives for 2023/24.

## 6.3 Integration Joint Board (IJB) Strategic Plan 2023 – 2026

The Director of Health & Social Care advised that the published IJB strategic plan is presented to the Committee for information and assurance. It was reported that there is close alignment with the IJB Strategic Plan to the Board's own Population Health & Wellbeing Strategy, and the strategies within the IJB Strategic Plan will support delivery for both.

A Wood, Non-Executive Member, highlighted the same issue with the photographs in the IJB Strategic Plan that was discussed at the Board Development Session relating to the photographs within the Population Health & Wellbeing Strategy. The Chair agreed, noting the importance of photographs in making these attractive documents for a public-facing audience.

The Committee took **assurance** that there is clear connection and whole system approach that also aligns to the Population Health and Wellbeing Strategy.

## 6.4 Getting it Right for Everyone Pathfinder

The Director of Health & Social Care advised that Fife has been identified as a pathfinder site for families with complex needs and transitions. Assurance was provided that NHS Fife is engaged with multiple-agencies, and that this is also work which is being recognised at a national level. It was noted that the outcome to be reached nationally is to develop an integrated practice framework.

The Committee took **assurance** that Fife are engaged in this national multi-agency work in relation to Getting it Right for Everybody and that a further report will come to Committee following reporting of initial learning of the national pathfinder work, anticipated in Autumn 2023.

## 6.5 Progressing Children's Rights

The Director of Health & Social Care introduced the United Nations Convention on the Rights of the Child (UNCRC), and provided an overview on those who are involved, and the work that is being focussed on, as described in the paper.

A report will be brought back to the Committee for assurance that NHS Fife is fulfilling its requirements.

The Committee took **assurance** on the work being progressed to support NHS Fife's Readiness to meet the requirements of the anticipated new legislation United Nations Convention on the Rights of the Child (UNCRC), including good practice examples, and that a session is being held by the Executive Directors' Group to explore more fully the areas of development outlined in the paper aligned to the organisations for equality and Equality and Diversity.

## 7. QUALITY / PERFORMANCE

### 7.1 Integrated Quality & Performance Report

The Director of Public Health reported that there is no update to the data for the childhood immunisations, as the national data is released on a quarterly basis and the quarter three data is not available until March 2023. It was advised that the work of the Quality Improvement Group, who are looking at improving and reducing inequalities, is continuing and they are meeting regularly.

The Director of Health & Social Care reported an ongoing challenge for Child & Adolescent Mental Health Services (CAMHS) in relation to balancing the incoming demand and longest waits. It was noted that there is no child or adolescent waiting 35 weeks for their initial treatment, and 93% have waited less than 18 weeks. Capacity challenges, due to staff absences and staff turnover, for December 2022 and January 2023, was reported. Assurance was provided that urgent and priority referrals continue to be prioritised.

The Director of Health & Social Care updated on Psychological Therapies (PT) and advised that this is an ongoing area of challenge. It was noted that meeting the demand for PT is a national challenge, and examples of a range of work being taken forward to address the challenges is provided in the paper.

The Chair requested that the Committee Development Session on CAHMS and PT takes place once the new Chair has been appointed.

**Action: Board Committee Support Officer**

A Wood, Non-Executive Member, questioned the actions that are in place to support those on waiting lists maintain a level of health & wellbeing. The Director of Health & Social Care explained that clinical triage is carried out for all referrals, and a range of

alternative support is in place, such as online support and support within the voluntary sector.

A Wood, Non-Executive Member, also questioned if the indicators are aligned to the Population Health & Wellbeing Strategy. The Director of Health & Social Care advised that we are anticipating the national Mental Health Strategy to be published on 31 March 2023, and the indicators within this strategy will go through the correct routes of governance.

The Committee discussed, examined and considered the NHS Fife performance as summarised in the IPQR, and took **assurance** from the report.

## **7.2 Autumn/Winter Covid-19 and Flu Vaccine Delivery Campaign**

The Director of Health & Social Care advised that this item is regularly reported through the Integrated Quality & Performance Report.

The uptake of our frontline Health & Social Care staff was reported as an area of challenge and is not unique to Fife. Assurance was provided that Fife have done exceptionally well in relation to the priority groups, which is a result of excellent joint working between the delivery teams and public health colleagues.

A Wood, Non-Executive Member, queried what the outcome of the data would be if it was presented categorically by deprivation and locality. The Director of Health & Social Care advised that the different populations of Fife are looked at, and responses, such as pop-up clinics, have been implemented. The Director of Health & Social Care also advised that this information will be included in the evaluation and into our reporting for 2023/24.

The Director of Pharmacy & Medicines reported that a robust Equality Impact Assessment (EQIA) was developed, which became the template for Covid vaccine inclusivity across Scotland, and the team carry out the locality level of assurance of uptake and implement innovative approaches to carrying out the vaccines.

The Committee took **assurance** on the progress made with the 2022/23 Autumn Winter Covid-19 and Flu Programme and that work is ongoing to evaluate this year's campaign to inform any learning for the 2023/24 campaign.

## **7.3 2C Board Managed General Practices – Tender Process Update**

The Director of Health & Social Care provided an update on progress and reported that the closing date for tender has now closed. The Tender Oversight Group will meet to discuss the tender process.

The Committee took **assurance** regarding the progress made and future timelines.

# **8. ANNUAL REPORTS**

## **8.1 Violence Against Women Annual Reports 2021/22**

The Director of Health & Social Care outlined the key points within the paper and noted that the work being undertaken aligns well to our commitments within the Population Health & Wellbeing Strategy.

The Committee:

- **Noted** the annual reports for 2021/2022, in which NHS Fife is a partner for Fife Violence Against Women, Multi-agency Risk Assessment, Gender Based Violence Nurse Advisory Service
- Took **assurance** that there is significant work ongoing in partnership across Fife to meet the needs of people who are victims of gender-based violence, sexual assault and abuse and noted the detail of the prevention activity that is undertaken, which works towards achieving the Scottish Government aims for this work

## 8.2 NHS Fife Annual Climate Emergency and Sustainability Report 2021/22

The Director of Property & Asset Management advised that this is the first annual report for climate emergency and sustainability and is part of a suite of documents required by the NHS Scotland's new focus on climate emergency.

The Committee **endorsed** the report before final approval by the Board and subsequent publication on the Board's website.

## 9. FOR ASSURANCE

### 9.1 Delivery of Annual Workplan

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

### 9.2 Proposed Annual Workplan 2023/24

The Director of Public Health noted that ad hoc items from the 2022/23 Annual workplan have been considered in the 2023/24 workplan, and items carried forward from 2023/24 have been included.

The Chair stated that delivery of the workplan should still allow for the Committee to react quickly to any potential public health issues that might not be accounted for in the normal cycle of business.

The Committee:

- **considered** and **approved** the workplan for 2023/24; and
- **approved** the approach to ensure that the workplan remains current

## 10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Portfolio Board held on 8 December 2022 (confirmed) & 12 January 2023 (unconfirmed)

10.2 Public Health Assurance Committee held on 1 February 2023 (unconfirmed)

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1 To the Board in the IPQR Summary**

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

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

There were no matters to escalate to NHS Fife Board.

## **12. ANY OTHER BUSINESS**

### **12.1 Public Health & Wellbeing Committee Chair**

The Director of Public Health, on behalf of the Chief Executive, the Public Health & Wellbeing team and all Committee members, warmly thanked T Marwick for all her challenge and support during her term as Chair of the Public Health & Wellbeing Committee and she was wished well for the future.

**Date of Next Meeting** - Wednesday 15 May 2023 at 10am via MS Teams

<b>KEY:</b>	Deadline passed / urgent
	In progress / on hold
	Closed

## PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

**Meeting Date:** Monday 15 May 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	29/08/22	<b>Child &amp; Adolescent Mental Health Service (CAMHS) Performance &amp; Recruitment Update</b>	To hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.	<b>NC/HT</b>	Early 2023	Held on 19/04/23.	Closed
2.	To explore the option of over recruiting with the team.		<b>NC</b>	Development Session – 12 April 2023	These actions were covered at the Development Session.	Closed	
3.	To ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.						
4.	To feed back to the team and provide an update in the next iteration of the report re the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper and to also explain why Fife receive more referrals compared to other local authorities.						
5.	11/01/23	<b>Anchor Institution Programme Board Update</b>	To seek clarity on the intended outcomes that have been achieved, as per the three-year outline provided in appendix 1.	<b>JT</b>	Extended to May 2023	The Annual Delivery Plan for 2023/24 includes a requirement for development of a strategic plan for Anchor work (including workforce).  The more detailed strategic plan will progress the work.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
6.	01/03/23	<b>Annual Review of Committee's Terms of Reference</b>	To add the Director of Pharmacy & Medicines as a regular attendee to the Terms of Reference.	<b>GM</b>	March 2023	Complete.	Closed

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Draft Public Health &amp; Wellbeing Committee Annual Statement of Assurance 2022-23</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

**This is presented for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Public Health & Wellbeing Committee is invited to review the draft of the enclosed report for 2022-23 and comment on its content, with a view to approving a final paper for onward submission.

### 2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the previous Committee Chair, Tricia Marwick, and the Director of Public Health.

## **2.3 Assessment**

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2022-23, with a view to improving the level of assurance given to the NHS Board.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

### **2.3.6 Climate Emergency & Sustainability Impact**

This is covered within the assurance report, as per the Committee's reflections on related business during the year covered.

### **2.3.7 Communication, involvement, engagement and consultation**

N/A.

### **2.3.8 Route to the Meeting**

This paper has been considered in draft by the Committee Chair for the period 2022-23 and Executive Lead.

## **2.4 Recommendation**

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

**Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE 2022/23

### 1. Purpose

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

### 2. Membership

2.1 During the financial year to 31 March 2023, membership of the Public Health & Wellbeing Committee comprised: -

Tricia Marwick	Committee Chair / Chair of the Board
Martin Black	Non-Executive Member (to November 2022)
Christina Cooper	Non-Executive Member (to December 2022)
Rona Laing	Non-Executive Member (to May 2022)
Mansoor Mahmood	Non-Executive Member (from December 2022)
Alistair Morris	Non-Executive Member (from May 2022)
Arlene Wood	Non-Executive Member (from December 2022)
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

### 3. Meetings

3.1 The Committee met on six occasions during the financial year to 31 March 2023, on the undernoted dates:

- 16 May 2022
- 4 July 2022
- 29 August 2022
- 7 November 2022
- 11 January 2023
- 1 March 2023

3.2 The attendance schedule is attached at Appendix 1.

## 4. Business

- 4.1 In July 2021, the Board approved a proposal to establish a new Standing governance committee of the Board, the Public Health & Wellbeing Committee. The principle behind its establishment was to give greater focus in the Board governance structure to wellbeing and preventative / proactive care (in line with the Scottish Government's direction of travel) and to consider placement of the public health aspects then within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. The Committee met for its first meeting in October 2021 and initially focused on developing a detailed remit that was complementary to existing Committee coverage. The new remit was formally approved by the Board in November 2021. The Committee's Terms of Reference has been influenced by Public Health Scotland's areas of focus and the Public Health Priorities for Scotland. It also seeks to bring together into the one committee scrutiny of performance-related measures related to the planning and delivery of delegated services for which the Integration Joint Board sets the overall strategic direction. The Committee also takes the governance lead in oversight of the development of the new Population Health & Wellbeing Strategy and thereafter, once this approved, will focus on its implementation and delivery progress.
- 4.2 A comprehensive review of the Committee's workplan has also taken place, to help define and establish the cycle of business that will be considered by the Committee annually. This has been enhanced during the reporting year, particularly after a parallel review of both Clinical Governance and Finance, Performance & Resources remits and workplans, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022-23, the Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2023-24 was approved at the Committee's March 2023 meeting.
- 4.3 The most significant work undertaken during the year by the Committee has been its input into the development of the Board's recently approved Population Health & Wellbeing Strategy. In May 2022, the Committee reviewed the plans being created for the follow-up engagement and consultative survey process, delivered by an external facilitator, which has been designed to help capture further public, staff and partner feedback, building on early community and colleague conversations carried out initially in December 2021. Members have fully discussed how participation of external stakeholders can best be enhanced, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services, and through use of the new Healthcare Improvement Scotland Equality Framework for Engagement & Participation. Co-ordination with the Fife Health & Social Care Partnership's own engagement activities, being undertaken in the preparation of their own strategic plan, has taken place, to ensure a joined-up approach. Members have recognised the importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the organisational strategy. The Committee welcomed the fact that a dedicated Equality Impact Assessment (EQIA) has been drafted to ensure the different needs of our local communities are appropriately captured and secured in the overall strategy development process.
- 4.4 In July 2022, members also considered the outcome of a review led by Public Health of population health needs, the data behind which has informed the key priorities of the new strategy. Members took assurance from the conclusions of a well-attended workshop held with a wide range of colleagues to discuss the review, focusing specifically on NHS Fife's role in creating health and wellbeing and how this could best be captured in the new strategy. In August 2022, further detail was provided to the Committee on the strategy's alignment to the Scottish Government's National Care and Wellbeing Portfolio. At the same meeting, information was reviewed on the whole-system engagement work being progressed

internally, and with partners and external stakeholders, to help secure appropriate input into strategy development. Progress reports on the comprehensive programme of community and staff engagement undertaken to help develop the new Strategy were considered at the Committee's November 2022 meeting, which was aligned with the newly published Quality Framework for Community Engagement & Participation (itself the subject of a briefing paper at the same meeting). Part of this exercise has included a comprehensive review of the previous Clinical Strategy 2016-21, involving a wide range of clinical teams, to measure its actual deliverables and ensure that lessons have been learnt from the delivery of previous plans. The Committee received the full review assessment at its November 2022 meeting, taking assurance from the significant progress made on the delivery of recommendations made in the previous Clinical Strategy and noting the continuation of areas of priority within the drafting of the Population Health & Wellbeing Strategy.

- 4.5 As part of its scrutiny of the Board's overall strategy development process, the Committee has also had input into development and review of the Corporate Objectives for 2022/23, particularly those aspirations focused around the ambition of 'Improving Health & Wellbeing' in Fife. In-year updates on delivery of the 2021/22 Corporate Objectives have been given via substantive agenda items, as detailed further in this report. Assurance has also been given that the Directors' individual objectives not only support the direction of travel detailed within the new Population Health & Wellbeing Strategy, but are also suitably aligned to the four national care programmes. Further reports have been given to the Committee on the Board's progress in developing its Annual Delivery Plan, aided by the annual Strategic Planning & Resource Allocation (SPRA) progress, with a series of regular papers considered over the Committee's meetings held in July, August and November 2022. The Committee took broad assurance from the Board's achievements in meeting the Annual Delivery Plan targets and from the ongoing roll-out of the SPRA methodology in the allocation and prioritisation of resources via routine operational planning. In March 2023, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to formal approval by the Board later in spring 2023.
- 4.6 Linked to the Committee's specific role in supporting the Board's strategy development, the Committee has also received updates (in May and August 2022 and January 2023) on the Board's progress in developing its Anchor Institution ambitions, linked also to NHS Fife's participation in the national Community Benefit Gateway initiative (an online portal that matches community and voluntary sector organisation 'needs' to NHS suppliers). Ways in which NHS Fife can support its local areas range from procuring products locally to youth employment initiatives for those seeking entry into the workplace. The Committee welcomed the fact that specific deliverables linked to this work will be captured formally in the next iteration of the Directors' Corporate Objectives. The development of a Greenspace Strategy also aims to support the Anchor Institution work, helping define how NHS Fife can use its varied range of physical assets for the benefit of the wider communities we serve. Members have also discussed the Board's role in addressing the Climate Emergency and ensuring that sustainability is at the forefront of our future activities, particularly those related to our estate. This has culminated in the presentation to members of the Annual Climate Emergency & Sustainability Report 2021/22, discussed at the Committee's March 2023 meeting, the priorities of which will be appropriately reflected in the Board's future strategic priorities.
- 4.7 Following detailed discussion at a number of full Board Development Sessions over the reporting year, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within.

- 4.8 Some programme workstreams to be encompassed within the new strategy are already underway, and the Committee received an update on the Year One activities of the High Risk Pain Medicines Patient Safety Programme in January 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. Initial work has been undertaken to gather data, to fully understand the pertinent issues, and the production of a Stage 1 Equality Impact Assessment, to ensure equality issues are appropriately addressed, has been completed. Regular reporting of this programme will continue to the Committee in the year ahead. Related to equality issues, members have also considered the interim progress report on the Board's Equality Outcomes & Mainstreaming Plan for 2021 to 2025, reviewing the mainstreaming activity completed thus far and taking assurance from the progress made in delivering the full ambitions of the Plan.
- 4.9 Through the regular receipt of reports throughout the year, the Committee has gained assurance from the Board's ongoing work on Covid vaccination and testing (including the seasonal flu and Covid vaccine delivery programme for the 2022/23 Winter period). The Committee has gained assurance that planning and a substantive workforce were in place to deal with anticipated demand over the busy Winter season, made more acute with the heightened pressures caused by a seasonal wave of Covid and flu infection, resulting in high levels of activity at the front door. The response of the Board continued to be agile, with local teams working closely with national colleagues to deliver new tranches of the Covid booster and seasonal flu vaccines as these came on-stream. Lessons learned on the prior local implementation of the national scheduling tools have ensured that the appointing of patients for vaccination appointments has progressed smoothly. The Committee welcomed the fact that the Board has exceeded its targets for both Covid and Seasonal Flu vaccination over the 2022/23 winter period. The implementation of the Immunisation Strategic Framework, including therein plans to deliver its key priorities against a robust governance framework, has also been the subject of a detailed report to the Committee. This has helped support learning for the 2023/24 Autumn / Winter Covid and Seasonal Flu vaccine delivery campaign, the early plans for which were considered by members at their meeting in March 2023.
- 4.10 At the meeting in August 2022, members took assurance from the updates provided on the Health Promoting Health Service programme, particularly how this had been influenced by the challenges of the Covid pandemic. At the same meeting, the Committee endorsed the Joint Health Protection Plan for 2022-24, which effectively demonstrated close partnership working between NHS Fife Public Health teams and Fife Council Environmental Health, focused around health protection priorities, provision and preparedness. The Child Poverty Action Plan was also considered by members, prior to further review at the Fife Partnership Board. In March 2023, an assurance report detailing how NHS Fife is fulfilling the requirements of the United Nations Convention on the Rights of the Child treaty was considered by members, noting its importance to a wide range of the Committee's work across the sphere of child health and wellbeing. Further work will be advanced in the next year on areas of development that seek to enhance the Board's ambitions for mainstreaming equality and diversity across its activities.
- 4.11 The Committee has received a series of detailed updates on Child and Adolescent Mental Health Services (CAMHS) performance (including recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered in August 2022. For Psychological Therapies, new roles and different roles in relation to supporting workforce pressures and challenges are being brought forward. The focus is also on access to the service, against a background of high demand, and addressing the backlog of the longest waits. Members discussed what support was in place for those waiting for more intensive treatment, to ensure their condition did not worsen in the meantime. Assurance was also given on the Board's ongoing progress to eradicate the waiting list for CAMHS by March 2023. Support has been received from Scottish Government and a number of new posts are being recruited to. Recruitment challenges have a direct impact on meeting waiting list trajectories. Changes to the recruitment of staff, and methods for upskilling the current workforce, will help address the workforce challenges that have impacted upon the

timeliness of treatment for some patients. In January 2023, the Committee received a further update on the performance of both CAMHS and PT, taking assurance from the fact that both services are on track to achieve delivery targets by the stated deadlines. Challenges remain in eradicating the historic backlog of referrals for both services, but members recognised the impact of a series of improvement actions, which combined have helped address the numbers of patients waiting. A deep-dive Development Session is to be scheduled for the Committee in early summer 2023, in order for members to understand the issues in greater detail.

- 4.12 In May 2022, members welcomed plans to establish a new Primary Care Governance & Strategy Oversight Group, to help direct the vision and support for development of a new Primary Care Strategy for Fife. An early focus of the group's work has been on enhancing sustainability and transformation of services, and building upon recent initiatives (such as ScotGEM) to support primary care resilience in the future. The Oversight Group is the mechanism for providing assurance both to Fife NHS Board and the Integration Joint Board, enhancing the whole-system approach to development of Primary Care Services. The Committee has received regular reports and outputs from this group, including a comprehensive update considered by members at the January 2023 meeting, with particular focus on sustainability of GP services and enhanced governance arrangements being implemented to develop long-term plans for services and their estate assets. A tender process for three of the five 2C Board-managed General Practices within Fife was begun in late 2022, and the Committee has considered the actions being undertaken to ensure sustainability of services via the tendering process. In March 2023, the Committee agreed to the target score on the Corporate Risk Register for the Primary Care Services risk being revised upward, to more realistically reflect the risk and the extent to which it can be mitigated locally in the challenging climate being experienced currently.
- 4.13 A comprehensive presentation on Dental Services and Oral Health Improvement work was given to members at the January 2023 meeting. The creation of the new Committee has allowed for greater Board scrutiny of topics such as this, and members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally. The Committee has also had opportunity to learn more about the urgent challenge across Scotland in relation to increasing drug and alcohol deaths, with members receiving a paper at their January 2023 meeting in relation to the adoption of Medication Assisted Treatment Standards by the Fife Alcohol & Drug Partnership. This will be an important area of focus for the Committee in the future, given the link to health inequalities and overall preventative health activity in relation to the new Population Health & Wellbeing Strategy.
- 4.14 In relation to capital projects, outline business cases for Kincardine and Lochgelly Health Centres were considered by the Committee in May 2022, focusing on the service models to be delivered in the new centres and its relationship to overall primary care service improvement. Internal plans continue to progress in relation to the development of these innovative two new health centres, despite noting that funding from Scottish Government in support of these business cases will be pushed into the latter half of the decade.
- 4.15 In May 2022 members received an update on the proposed redesign of the Mental Health estate, focused particularly on the early engagement work taking place with stakeholders on plans for improving mental health in-patient facilities across Fife. Via an update report on progress in the delivery of the Mental Health Strategy, considered at the July 2022 meeting, the Committee has gained assurance that the service continues to work towards implementing its main strategic ambitions. A refresh of the Mental Health Strategy for Fife post-Covid has been undertaken, in line with learning post-pandemic and new national requirements, such as suicide prevention and the imminent publication of the national review of mental health. The importance of this work linking with the Mental Health estates-related work has been fully recognised. Further amendments will ensure the Mental Health strategic priorities are fully aligned to the new Fife Health & Social Care Partnership Strategic Plan

and to the new Mental Health Strategy for Scotland. The latter in particular will impact on performance and outcome monitoring, aligned to new national indicators. This will be a focus in the year ahead.

- 4.16 Following a Board-wide review of the Integrated Performance & Quality Report (IPQR), a set of performance-related metrics specific to the Committee has now been established, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes. The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Public Health & Wellbeing Committee.
- 4.17 Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) has now fully transitioned over to the Committee. Consideration has also been given to identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the revised IPQR. There has been opportunity to identify areas which have not previously been reviewed in depth by Board-level committees and include them in the IPQR, such as immunisation (including child vaccination), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting.
- 4.18 In addition to the regularity of IPQR performance reporting, the Committee has considered detailed updates on Smoking Cessation & Prevention work and waiting list performance and post-diagnostic support for individuals and families affected by dementia (both reviewed by members at the July 2022 meeting). Stand-alone reports have been presented on the Sexual Health & Blood Borne Viruses Framework and the Board's response to the required actions thereunder. Also, a briefing to the Committee in November 2022, focusing on lessons learned, was delivered in relation to a recent national coding incident impacting on individuals wrongly being offered a Shingles and Pneumococcal vaccination, with members gaining assurance that local adverse events processes have addressed the low-level risks to the small number of patients affected. In January 2023, members reviewed the learning from a Breast Screening Programme adverse event linked to nationally provided equipment, with assurance taken from Fife's local response to the issues raised by this incident.
- 4.19 As Covid activity has generally transitioned into business-as-usual activities for the Board, performance tracking for this area has moved to being situated within the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Winter performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan targets, with the Committee taking assurance from that separate stream of performance reporting.
- 4.20 During the year, the Committee has also received subject-specific reports on i) the Director of Public Health's Annual Report 2020/21; ii) the Health Promotion Service Annual Report 2020/21; iii) Immunisation Annual Report 2021; iv) Community Children Services Annual Report; v) Integrated Screening Annual Report 2022; vi) Pharmaceutical Care Services Report 2021/22; and vii) Violence against Women Annual Report 2021-22. Members have welcomed the comprehensive detail provided in each.
- 4.21 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

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

## **6. Risk Management**

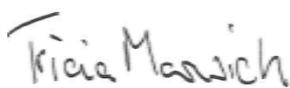
- 6.1 From May 2022, the Public Health & Wellbeing Committee took over scrutiny of the Strategic Planning Board Assurance Framework (BAF) from the Finance, Performance & Resources Committee. Improvement to the risk level has been seen in-year, due to the detailed work undertaken to creating the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored closely by the Committee in the year ahead.
- 6.2 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in August 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.3 In November 2022, members considered in detail the four individual risks aligned to the Public Health & Wellbeing Committee, presented in the new Corporate Risk Register format. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The four risks relate to the likelihood of the new organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to deliver sustainable, quality services. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members have received deep-dive information on tackling climate change (November 2022) and Health Inequalities (March 2023), with in-depth review of the Primary Care Services corporate risk scheduled for May 2023 (the target score of this risk has been revised upward in March 2023, as detailed further at 4.12). Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.

## **7. Self-Assessment**

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

## 8. Conclusion

- 7.1 As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee as it has completed its first full year of operation.



Signed:

Date: 27 March 2023

**Tricia Marwick, Chair**

On behalf of the Public Health & Wellbeing Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS Fife Public Health & Wellbeing Committee Attendance Record  
1 April 2022 to 31 March 2023**

	16.05.22	04.07.22	29.08.22	07.11.22	11.01.23	01.03.23
<b>Members</b>						
<b>T Marwick</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	x	✓
<b>M Black</b> , Non-Executive Member	✓	x	✓	✓ Part		
<b>C Cooper</b> , Non-Executive Member	x	✓	✓	x		
<b>R Laing</b> , Non-Executive Member	✓					
<b>M Mahmood</b> , Non-Executive Member				✓ Observing	✓	✓
<b>A Morris</b> , Non-Executive Member		✓	✓	✓	✓	x
<b>A Wood</b> , Non-Executive Member				✓ Observing	✓	✓
<b>W Brown</b> , Employee Director	x	✓	x	x	x	✓
<b>M McGurk</b> , Director of Finance & Strategy	✓	✓	✓	✓	✓	✓
<b>C McKenna</b> , Medical Director	✓	x	✓	✓	✓	✓
<b>J Keenan (Previously Owens)</b> , Director of Nursing	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	✓	x	✓	✓	✓	x
<b>J Tomlinson</b> , Director of Public Health ( <b>Exec Lead</b> )	✓	✓	✓	✓	✓	✓
<b>In Attendance</b>						
<b>R Bennet</b> , Health Promotion Service Manager	✓ Item 8.2					
<b>N Connor</b> , Director of H&SC	✓	✓	✓	✓	✓	✓
<b>G Couser</b> , Associate Director of Quality & Clinical Governance	✓ Item 5.2					
<b>P Cumming</b> , Risk Manager			✓ Item 7			
<b>B Davis</b> , Head of Primary & Preventative Care	✓ Item 6.7					
<b>S Fraser</b> , Associate Director of Planning & Performance	✓	✓	✓	x	✓	✓
<b>B Hannan</b> , Director of Pharmacy & Medicines				✓	✓	✓
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management	✓					✓

**APPENDIX 1**

	<b>16.05.22</b>	<b>04.07.22</b>	<b>29.08.22</b>	<b>07.11.22</b>	<b>11.01.23</b>	<b>01.03.23</b>
<b>E O’Keefe</b> , Consultant in Dental Public Health					✓ Item 7.1 & 7.2	
<b>F Richmond</b> , Executive Officer to the Chief Executive & Board Chair	✓	✓	✓			

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

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

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

**Effective Partnerships**

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

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

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

**Governance and Accountability**

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

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

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

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

**Performance Management**

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

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

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

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

**Cross-Cutting Theme – Sustainability**

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

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

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

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
needed for life are unimpaired and remain so for future generations.				

**Cross-Cutting Theme – Equality**

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidenced via formal reporting to the Board on compliance.	<b>BOARD</b> <b>ALL BOARD COMMITTEES</b>	Ongoing	EQIA section on all reports  Annual Report on Equality Outcomes & Mainstreaming Plan
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>ALL BOARD COMMITTEES</b>	Ongoing	EQIA section on all reports  Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines)

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p><b>BOARD</b> <b>ALL BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Population Health &amp; Wellbeing Strategy and related EQIA</p> <p>Focus of Committee on health inequalities more generally</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments collect this information to inform future decisions.</p>	<p><b>BOARD</b> <b>ALL BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Annual progress reporting on equality issues</p> <p>Evaluation of programme outcomes against EQIA priorities</p>

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Corporate Risks Aligned to Public Health &amp; Wellbeing Committee</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health, NHS Fife</b>
<b>Report Author:</b>	<b>Pauline Cumming, Risk Manager, NHS Fife</b>

## 1. Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

This paper is brought as part of the fourth cycle of reporting on the corporate risks to the governance committees. It provides an update on the current status of the risks aligned to this Committee since the last report on 1 March 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 25 April 2023 at Appendix 1;
- Consider the Deep Dive Review - Primary Care Services at Appendix 2;
- Review all information provided against the Assurance Principles 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; and
- Identify the deep dive review to be prepared for the next Committee

## 2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

## 2.3 Assessment

### NHS Fife Strategic Risk Profile

As previously reported, the overall Strategic Risk Profile contains 18 risks.

- No risks have been closed.
- No new risks have been identified.
- Increased risk - 1 high level risk aligned to Finance, Performance & Resources (F, P&R) Committee - *Access to outpatient, diagnostic & treatment services* - increased rating. Likelihood (L) x Consequence (C) from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}
- 1 moderate level risk aligned to this Committee has increased its risk target rating - *Population Health & Wellbeing Strategy* from Moderate 8 to Moderate 12.

The Committee is asked to note, that as previously reported, the majority of the risks (11) remain above risk appetite; this reflects the current organisational context and the ongoing challenges across all areas of service delivery.

The updated Strategic Risk Profile is provided at Table 1 below.

**Table 1**

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>18</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>0</b>		
<b>Summary Statement on Risk Profile</b>							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
<b>Risk Key</b>				<b>Movement Key</b>			
<b>High Risk</b>	<b>15 - 25</b>			▲	Improved - Risk Decreased		
<b>Moderate Risk</b>	<b>8 - 12</b>			◀▶	No Change		
<b>Low Risk</b>	<b>4 - 6</b>			▼	Deteriorated - Risk Increased		
<b>Very Low Risk</b>	<b>1 - 3</b>						

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

**Risks aligned to the Public Health and Wellbeing Committee**

**Table 2**

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	1 2 - -	◀▶	<ul style="list-style-type: none"> <li>1 - Population Health and Wellbeing Strategy</li> <li>2 - Health Inequalities</li> <li>4 - Policy Obligations in Relation to Environmental Management and Climate Change</li> </ul>	Risk 1 - The Strategy was approved by the Board in March. Now moving into implementation phase. Mitigations updated. Risks 2, 4 and 10 mitigations updated too.
 To improve the quality of health and care services	1 - - -	◀▶	<ul style="list-style-type: none"> <li>10 - Primary Care Services</li> </ul>	

## **Key Updates**

### **Risk Target**

The Committee is asked to note that the Risk Target component of the Register has been amended. Following a review by the Director of Finance and Strategy, the Associate Director of Digital and Information, and the Risk Manager, it was agreed that to be more meaningful, this should be modified to allow the target timescale to be set at the risk owner's discretion rather than fixed at year end.

Risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current and foreseeable challenging climate. Details are reflected in Appendix 1.

### **Risk 10 - Primary Care Services**

On 1 March 2023, it was reported to the Committee that the risk target should increase from Moderate 12 to High 16, with a trajectory of Moderate 12 and 8 possible by March 2024 and 2025 respectively.

Following discussion at the Committee, and subsequent consideration by the risk owner and colleagues, the target was reviewed, particularly around the meaningfulness of achieving the target by the stated timescale of 31/03/23. On reflection, it was decided that the target should remain at 12 but with a revised timescale of 31/03/24.

### **Deep Dive Reviews**

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, deep dive reviews will continue to be commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

Members previously agreed that a deep dive review on the Primary Care Services risk should be provided for the Committee's attention on 15 May 2023.

The Deep Dive Review is provided at Appendix 2.

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

### **Next Steps**

#### **Assurance**

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the Register and the associated 'assurance framework' would evolve and be subject to further refinement and development. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new

approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The feedback to date has been generally positive. There is consensus on the need to improve the mechanism for providing more specific information on which to base an assurance opinion i.e. supporting assurance evidence on the effectiveness of the controls and mitigating actions in place for risks.

As we enter the fourth cycle of reporting, the ROG has been asked to develop the assurance component around the corporate risks and to explore a model that allows provision of appropriate levels of assurance. The Group has also been asked to consider a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles (Appendix 3). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee.

Details of a proposed approach will be recommended in the first instance, to EDG in a Risks & Opportunities Group Progress Report on 4 May 2023.

The Corporate Risk Register will continue to be updated between each committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of each Committee's feedback, and use this to enhance future reports.

### **Connecting to Key Strategic Workstreams**

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

#### **2.3.1 Quality / Patient Care**

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

#### **2.3.2 Workforce**

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

#### **2.3.3 Financial**

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

#### **2.3.4 Risk Assessment / Management**

Subject of the paper.

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

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

### **2.3.7 Communication, involvement, engagement and consultation**

This paper reflects a range of communication and engagement, including with the ROG on 4 April 2023, and risk owners and other stakeholders, including the Head of Primary and Preventative Care Services.

### **2.3.8 Route to the Meeting**

- Nicky Connor, Director of Health & Social Care on 28 April 2023
- Neil McCormick, Director of Property & Asset Management on 28 April 2023
- Margo McGurk, Director of Finance & Strategy on 28 April 2023
- Dr Chris McKenna, Medical Director on 28 April 2023
- Carol Potter, Chief Executive on 28 April 2023
- Dr Joy Tomlinson, Director of Public Health on 21 and 28 April 2023

## **2.4 Recommendation**

- **Assurance**

## **3. List of Appendices**

The following appendices are included with this report:

- Appendix No.1, Summary of Corporate Risks aligned to the Public Health & Wellbeing Committee as at 25 April 2023
- Appendix No.2, SBAR Deep Dive Review into Primary Care Services Risk
- Appendix No. 3, Assurance Principles

#### **Report Contact:**

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**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee  
as at 25 April 2023**

 To improve health and wellbeing									
	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level/ Rating by 31/03/23	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	<b>Population Health and Wellbeing Strategy</b>  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. The focus now will be on developing and delivering against an agreed set of outcomes for 2023/24. This is in the context that the management of this specific risk will span a number of financial years.	Mod 12	Mod 8	Mod12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing
2	<b>Health Inequalities</b>	Public Health and Wellbeing Committee established, with the aim	High	Mod	TBC	◀▶	Within	Director of Public	Public Health &

	<p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Deep dive into risk was presented to the March 2023 meeting of PHWC.</p>	20	10				Health	Wellbeing
4	<p><b>Policy obligations in relation to environmental management and climate change</b></p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary</p>	<p>Robust governance arrangements remain in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board.</p> <p>Active participation in Plan 4 Fife.</p> <p>Develop NHS Fife Climate Emergency Report* and Action Plan*</p>	Mod 12	Mod 10	TBC	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	<p>by end of January and June 2023 respectively.</p> <p>The board report* which was required by the end of January 2023, as per policy DL38, has been completed and published on the NHS Fife website, via EDG, and PHWC, and sent to Scottish Government (SG).</p> <p>These* will form part of the Annual Delivery Plan. Mechanics and timescales still to be defined. Resource in the sustainability team has increased by 1 FTE via external funding for 12 months.</p>							
	<b>Risk</b>	<b>Mitigation</b>	<b>Risk Level / Rating</b>	<b>Target Risk level/ rating by 31/03/23</b>	<b>Target Risk Level &amp; Rating by date</b>	<b>Risk Level Trend</b>	<b>Appetite (MOD)</b>	<b>Risk Owner</b>	<b>Primary Committee</b>
 <b>To improve the quality of health and care services</b>									
<b>10</b>	<b>Primary Care Services</b>  There is a risk that due to a combination of the demand on services, workforce	A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care	High  16	12 by 2024; 8 possible by 2025)	Mod 12 (3 x4) by 31/03/24	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

	<p>availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.</p>	<p>contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees.</p> <p>This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife.</p> <p>A Primary Care Strategy is in development and is at final draft stage; it was presented to commissioners for discussion and support in February 2023 and will be taken through committees for approval by July 2023.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality &amp; Communities (Q&amp;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.</p> <p>The refreshed PCIP for 23/24 will be progressed via committees for approval in May 2023. This refreshed</p>							
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		<p>PCIP will take into account the further guidance from SG and BMA received in April. The progress with the current programme will continue.</p> <p>A review of models of care incorporating the learning from the pandemic is closed. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&amp;PC will be completed by May 2023.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be completed as part of the refreshed PCIP</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p> <p>A deep dive review will be presented to the PHWC meeting on 15 May 2023.</p>							
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**Risk Movement Key**

-  Improved - Risk Decreased
-  No Change
-  Deteriorated - Risk Increased

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Deep Dive – Primary Care Services</b>
<b>Responsible Executive:</b>	<b>Nicky Connor: Director of Health and Social Care</b>
<b>Report Author:</b>	<b>Lisa Cooper: Head of Service</b> <b>Fiona Forrest: Deputy Director of Pharmacy</b> <b>Emma O Keefe: Director of Dentistry</b> <b>Helen Hellewell: Deputy Medical Director</b>

## 1 Purpose

**This report is presented for:**

- Assurance
- Discussion

**This report relates to:**

- Annual Delivery Plan
- NHS Board / IJB Strategy

**This report aligns to the following NHSScotland 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 – Primary Care

The Committee is invited to:

- Consider the Deep Dive Review
- Take assurance on the significant work ongoing to mitigate this risk

### 2.2 Background

The Board has a moderate risk appetite in the domain of improving the quality of health and care services. We acknowledge that healthcare, including Primary Care, operates within a highly

regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory bodies.

This report will describe the underpinning causes of the risk, how we are addressing this risk to meet expectations within a framework of prudent controls, balancing reducing the risk against continuing to manage and redesign services.

There is significant work ongoing in support of Primary Care in Fife which is described in the actions session of the deep dive template. These are actively ongoing with a common focus on delivering core health and care services safely and supporting:

- The Recovery of Primary Care
- Improving Quality of Primary Care
- Making our Primary Care system sustainable

## 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 including via the following route:

- Public Health and Wellbeing Committee

A deep dive on the following risk has been prepared for members' attention.

Risk Title	Aligned Committee
Primary Care	Public Health and Wellbeing Committee

<b>Corporate Risk Title</b>	<b>Primary Care Services</b>
<b>Strategic Priority</b>	 <p>To improve the quality of health and care services</p>
<b>Risk Appetite</b>	<b>Moderate</b>
<b>Risk Description</b>	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.
<b>Root Cause (s)</b>	<p>There are broad issues that impact across all of Primary Care including General Practice, Community Pharmacy, Dentistry, Optometry:</p> <p><b>Demand on services:</b> Primary care services are defined as the first point of contact for 90% of the population accessing health and social care. Primary care is delivered by the following independent contractors: General Medical Services, General Dental Services, Community Pharmacy and Community Optometry in association with NHS Fife primary care managed services. These services are experiencing increasing demand across all of Fife.</p>

**Unmet need and unintended consequences:** The impacts of the Covid-19 pandemic have added to the challenges already being faced as a health and care system. The impact the Covid pandemic has had on increasing waiting times for outpatient and elective care meaning there has also been an increased pressure on our primary care system, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

**Changing demographics:** The population of Fife is growing and in particular there is growth in people over the age of 65. This has created increasing demand for health and care services. Demographic challenges also mean that our working-age population is shrinking. This brings new and different health care needs and also impacts on carers.

**Health Inequalities:** As a result of unmet need increasing the poverty gap across Fife and current costs of living impacting on health and outcomes for people thus increasing health inequalities. This makes the work done in relation to supporting primary care at a cluster and locality level vital, recognising that needs vary across Fife.

**Finance:** National models for funding remain critical to implementation of the Primary Care Improvement Plans across Scotland. There are also uncertainties including access to capital funding and we recently experienced the impact of this in relation to the proposed builds in both Kincardine and Lochgelly. We continue to use all mechanisms (finance, professional, national forum) to raise and highlight this challenge from both NHS Fife and Fife Health and Social Care Partnership.

**Workforce availability and staff health and wellbeing:** The availability and key role of general practitioners has changed. This has enabled the development of multi-disciplinary teams employing other healthcare professionals to expand the primary care workforce. It is therefore not unusual for people to now see an Advanced Nurse Practitioner (ANP), physiotherapist, a mental health worker, or a pharmacist as the first point of contact, rather than a GP. This change in model of general practice has impacted on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy, thus creating a risk of destabilisation of community pharmacy. Our workforce is our greatest asset and there are national recruitment challenges to more specialist roles. There have also been risks in relation to potential industrial action which could impact on Primary Care.

**Premises:** We need to look after our buildings and equipment, to make sure they are fit for purpose, and suitable to deliver effective services. A primary care premises plan is designed to ensure estate that is fit for the future. Limited capital resource means there is a challenge to the ongoing development e.g. Kincardine and Lochgelly. We do however continue to review available premises and have evolved our models to support care in a locality area rather than what is necessarily in individual buildings to maximise clinical space.

**Digital:** Technologies to support healthcare are advancing rapidly. We have seen growth in this area within primary care, an example includes using near me for video technology and consultations. There is also work ongoing to standardise the clinical system used by primary care which will require investment to implement. Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when

needed; examples include access to therapies website, technology enabled care etc.

**Public Engagement:** Through the development of the Population Health and Wellbeing Strategy, there was significant engagement with the people of Fife and concerns in relation to accessing primary care were a common theme making communication and ongoing engagement a critical element of all the work being progressed to reduce risk.

**There are issues and areas of risk that relate to specific primary care contractors:**

#### **General Medical Services:**

There are 53 general practices across Fife with an average list size of 7394. A decade ago there were 59 practices when the average list size was 6391. This reflects the impact the above issues have on the sustainability of General Practice. This has resulted in some practices being managed as 2C practices (Health Board run practices) and work is actively ongoing with optimism that some of these practices will return to independent status. There continues to be sustainability concerns and there are active examples of how we have supported local solutions to work with practices who have indicated such concerns.

General practice in Fife remains high-quality with good outcomes in the management of long-term conditions.

Investments made in expanding the workforce to deliver the national aims of the 2018 General Medical Services contract have reduced some of the pressure. However, a challenge remains in ensuring that we have enough capacity across the general practice team to meet demand, including all members of the growing general practice multidisciplinary team; administrators, practice managers, general practitioners, practice nurses, ANPs, pharmacists, Allied Health Professionals (AHPs) and Health Care Support Workers (HCSWs).

There are specific risks associated with General Practice facilities and while we have invested in alterations and expansions to current buildings, many of our practices are in buildings that will need to be replaced over time. The additional space needed to house the additional members of the general practice multidisciplinary team, even with the move to provision of more care remotely, adds to the demand on space. We are actively exploring digital solutions to enable remote working to happen more easily whilst retaining local access to the Multi-disciplinary team. This includes national changes to enable electronic prescribing to happen routinely.

#### **Dental Services**

Across Fife there are ongoing challenges with recruiting and retaining NHS Dentists and dental care professionals. In total there are 67 independent dental practices (including 5 orthodontist practices). Many dental practices have very limited cover and access arrangements in place for NHS patients registered with them.

Dental practitioners are independent contractors and own their own businesses and provide a mixture of NHS and private care. There are a number of complex reasons that dental services are experiencing significant challenges as a result of the backlog created as a result of the pandemic but also issues with recruitment of dentists which is

an ongoing national problem.

At this time, it is very challenging to register with an NHS dentist in Fife and nationally this is also an ongoing issue. The Dental Management Team continually work with Dental Practices across Fife to explore ways to try and facilitate and improve patient access.

The NHS Fife Dental Advice line contacts practices fortnightly to better understand which practices are registering new NHS patients, both children and adults. Our current understanding is that no practices are in a position to take NHS patients on with immediate effect with a number of practices offering a waiting list with the expectation of patients not being able to be seen until the autumn.

The Public Dental Services (PDS) in Fife continue to support and provide access and treatment to patients who are not registered or have been de-registered. The PDS are also having to see registered General Dental Practice (GDP) patients as the practices are unable to recruit and have reduced or no capacity to see their own patients. There is concern with capacity within the Public Dental Service to continue to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner. The Dental Management Team continue to monitor this on an ongoing basis.

Discussions have taken place nationally to raise concerns and look at solutions. The Scottish Government issued a Primary Care Administration (PCA) letter in April for the expansion of the Scottish Dental Access Initiative grant, including 4 areas in Fife (Auchtermuchty, Leslie, Tayport and Newburgh).

### **Community Pharmacy Services**

There are 86 Community Pharmacies in Fife. Workforce projections for the pharmacy profession have identified a shortfall of 1000 pharmacists in Scotland by 2025. Furthermore, Scottish Government (SG) funding for national Pre-Registration Trainee Pharmacy Technician schemes has been withdrawn. There is therefore a risk to the workforce pipeline for pharmacy professions which could impact on community pharmacy sustainability, as well as recruitment to the pharmacy team in general practice.

In addition, there are challenges to the financial sustainability of Community Pharmacies more broadly. Nationally, a challenging set of community pharmacy financial settlement negotiations are ongoing for the financial year 2023/24. The previous three-year settlement ended in March 2023. The complexity in the current negotiations is impacted due to the interdependencies between remuneration and reimbursement arrangements for generic drugs and the cross subsidising of NHS Pharmaceutical Care Services. A volatile international drugs market has resulted in a complex change to market conditions alongside inflationary pressures and the geopolitical environment. Maintaining the value of the Scottish Drug Tariff has become more complex. It is also essential in funding existing services and new developments in community pharmacy; it is not about delivering the cheapest drug price but rather supporting efficient reimbursement and remuneration to support the network to deliver national services, including dispensing.

<b>Optometry</b>			
<p>Optometry plays a key role in the provision of community care. This has developed since the introduction of free eye examinations, to the service being the first port of call for people with eye problems, helping to detect eye diseases early.</p> <p>Optometrists are an integral part of the transformation of primary care services and the on-going development of community based care. Optometry is a stable and strong part of our healthcare economy, where national contracts facilitate a good balance of innovation and stability.</p> <p>There are 46 optometry practices (high street opticians) across Fife. There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home.</p> <p>As we progress implementation of the Primary Care strategy there will be continued oversight and direct support to optometry to ensure ongoing sustainability, innovation and improvement.</p>			
<b>Current Risk Rating ([LxC] &amp; Level (e.g. High Moderate, Low)</b>	<b>Likelihood – 4 - Likely</b>	<b>Consequence – 4 - Major</b>	<b>Level High</b>
<b>Target Risk Rating([LxC] &amp; Level (e.g. High, Moderate, Low)</b>	<b>Likelihood – 3 - Possible</b>	<b>Consequence – 4 - Major</b>	<b>Level Moderate</b>
<b>Management Actions (current)</b>			
<b>Action</b>	<b>Status</b>	<b>Impact on Likelihood/ Consequence</b>	
<p><b>Addressing Root Cause: Demand on services/Unmet need/Changing Demographics</b></p> <p>Recognising the importance of supporting right care, right place at the right time. This needs to focus beyond the individual 4 contractors to consider what is in place in support within communities and how we can support and promote access to wider community services too. Active work includes the roll out of the Wells to enable community led support, pathways of care such as access to home care, third sector carer support and developing the roles and skills of the wider multi-disciplinary team such as district nurses and health visitors. Also signposting to wider services that can support self help such as access therapies Fife. This will be supported by a communication plan to ensure our people and communities are able to access the right care at the right time and in the right place including the primary care contractor best placed to support and the alternative pathways</p>	<b>Significant Challenge</b>	<p style="text-align: center;"><b>Reduced Likelihood and Consequence by</b> increasing direct access or alternative pathways for the people of Fife beyond the 4 primary care contractors. Work has commenced in this area and further work will be progressed as part of the delivery plan for the Primary Care Strategy.</p>	

available.		
<p><b>Addressing Root Cause: Digital</b></p> <p>Promoting Technology Digital First approach: Support development and spread of models that allow for access and maximise multi-modal communications technologies e.g. phone, NearMe, e-consult, to develop a system which reflects modern needs and expectations. This will require further investment in technologies which support self-care and self-management of long-term conditions. It will also require support for both the workforce and the population of Fife to increased skills, confidence and access to digital options and this will be linked to the completion of our 2023 Digital Maturity assessment and the organisation's Digital Strategy. This will support embedding and accelerating digital solutions to support recovery and underpin transformation of primary care.</p>	<p>Significant Challenge</p>	<p><b>Reduced Likelihood and Consequence by</b> promoting and embedding technology digital first approach. Work has commenced in this area and further work is needed to support the investment and cultural change that will be required to embrace digital and technology solutions.</p>
<p><b>Addressing Root Cause: Health Inequalities</b></p> <p>Key to the Population Health and Wellbeing Strategy is reducing health and inequalities. This is being supported by the development of a prevention and early intervention strategy and delivery plan (Due October 2023). A whole system approach is required to address this and primary care is connected into the community wealth building work, implementation of anchors approach and support for key determinants of health e.g. smoking cessation and weight management. In relation to primary care there are 2 key actions being progressed a) Locality planning and engagement with partners and communities to ensure services are co designed and tailored to local need. Work collaboratively across the system to break down barriers to accessing care and support services b) ensuring developments are Intelligence led through the development of performance, quality &amp; assurance framework focusing on continuous improvement in delivery and access to primary care services to contribute to improving population health and wellbeing and reducing health inequalities.</p>	<p>Significant Challenge</p>	<p><b>Reduced Likelihood and Consequence by</b> ensuring we are focused and alert to health inequalities and supporting work at a locality and cluster level to best respond to needs of local communities which will help assure that Primary Care Services are responsive to the needs of the communities they serve.</p>
<p><b>Addressing Root Causes: Finance</b></p> <p>The funding available to support primary care is utilised for that purpose. There is open discussion with primary care colleagues to ensure transparency about how we optimise use of</p>	<p>Significant Challenge</p>	<p><b>Reduced Likelihood and Consequence by</b> having assurance around the financial requirements to fully implement the Primary Care Improvement Plan in line with the Memorandum of</p>

<p>available funding, targeting resources and delivering at scale where appropriate to meet local needs and deliver best value. We continue to use all mechanisms (finance, professional, national forum) to raise and highlight the financial risk and challenge through NHS Fife and Fife Health and Social Care Partnership.</p>		<p>Understanding 2. It is however acknowledged that this needs to be also considered in the context of the workforce challenges.</p>
<p><b>Addressing Root Causes: Premises</b></p> <p>The Primary Care Premises strategy is key to supporting this work. Led by the Director of Property &amp; Asset Management this has been presented at a recent Finance, Performance and Resources Committee development session. The aim is to optimise use of facilities, maximising clinical space and ensuring local accessibility including options for integration with other public services. There is also advice and support for Primary Care in relation to what may be available to support them local such as sustainability loans in line with Scottish Government's Premises Code of Practice underpinned by the General Medical Services (GMS) contract (2018).</p>	<p>On track</p>	<p><b>Reduced Likelihood and Consequence by</b> improving the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.</p>
<p><b>Addressing Root Causes: Workforce</b></p> <p>Remodelling and continued recruitment in alignment with workforce action planning will be progressed as part of the primary care strategy. There are regular reports presented to the staff governance committee and this is included in the HSCP workforce strategy and action plan. This will assure delivery of an integrated workforce plan to support the capacity and capabilities required across all primary care services.</p>	<p>Significant Challenge</p>	<p><b>Reduced Likelihood and Consequence by</b> having Multidisciplinary workforce planning as a key deliverable of the primary care strategy</p>
<p><b>Addressing Root Causes: Public Expectation</b></p> <p>The data gathered through the development of the Population Health and Wellbeing Strategy informs a current position of public experience, perception and expectation. This will be addressed as a key element of the Primary Care Strategy. Delivery will enhance locality planning and engagement with partners and communities to ensure services are co designed and tailored to local need. We are working collaboratively across the system to identify and barriers to accessing care and support services. We are also developing the information on the website to support public access to information. Communication will be key and this will</p>	<p>Significant Challenge</p>	<p><b>Reduced Likelihood and Consequence by</b> clear guidance and communication to support public awareness, improve experience, support expectations and enable clear communication.</p>

<p>be addressed in a Fife wide communication plan to support our people to understand the services available and better enable individuals and communities to access the right care at the right time and in the right place.</p>		
<p><b>Addressing Broader Themes: Strengthened Executive Governance &amp; Oversight</b></p> <p>A Primary Care Governance and Strategy Oversight Group is in place. The group is co-chaired by the Medical Director and the Director of Health and Social Care and executive oversight and governance is also provided by the Director of Pharmacy and Medicines and the Director of Property and Asset Management who attend this forum. Primary Care senior managers, and professional leads are all members. This forum brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides reports to the Executive team and enables assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees.</p>	<p>Completed</p>	<p><b>Reduced Likelihood and Consequence</b> by establishing the mechanism for clear oversight and earlier intervention as required.</p>
<p><b>Addressing Broader Themes: Ensuring future focus through the Primary Care Strategy</b></p> <p>The Primary Care Strategy is in development and is at final draft stage; it was presented to commissioners for discussion and support in February 2023 and will be taken through committees for approval by July 2023.</p> <p>Primary care services are an integral part of a well-functioning healthcare system. Development of the primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population.</p> <p>The development of the Primary Care Strategy will support delivery of excellent high quality accessible and sustainable services for the population of Fife and will focus on recovery, growth and transformation to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.</p>	<p>On track</p>	<p><b>Reduced Likelihood and Consequence by</b> having a primary care strategy in place which has a future focus and addresses the key issues essential supporting primary care with a clear delivery plan and regular monitoring through governance structures.</p>

<p><b>Addressing Broader Themes: transformation and Quality Improvement through the Primary Care Improvement Plan</b></p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to GMS Board, Quality &amp; Communities (Q&amp;C) Committee, IJB and Scottish Government.</p>	<p><b>Significant Challenge</b></p>	<p><b>Reduced Likelihood and Consequence</b> through delivery of the Primary Care Improvement Plan which is aligned to national specifications and responsive to local need.</p>
<p><b>Addressing Broader Themes: Clinical and Professional Engagement across General Medical Services</b></p> <p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. The refreshed PCIP for 23/24 will be progressed via committees for approval in June 23. This refreshed PCIP will take into account the further guidance from SG and the British Medical Association (BMA) received in April 2023. The progress with the current programme will continue. There is active clinical and professional engagement through the membership of the General Medical Services group, Clinical Directors and Cluster Quality Leads. There is also representation from all primary care providers in the Primary Care Oversight Board.</p>	<p><b>On track</b></p>	<p><b>Reduced Likelihood and Consequence through</b> assuring the priorities are professionally and clinically led.</p>
<p><b>Addressing Broader Themes: Strengthened Leadership and operational assurance</b></p> <p>The review of leadership, management and governance structure which underpins safe and effective delivery of Primary Care contracted and HSCP and NHS Fife associated managed services has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&amp;PC will be completed by end of May 2023.</p>	<p><b>On track</b></p>	<p><b>Reduced Likelihood and Consequence</b> by having a responsive structure to support primary care.</p>
<p><b>Addressing Broader Themes: Strengthening synergy and best value from service delivery</b></p> <p>Pharmacotherapy and Community Treatment and Care (CTAC) models for care continue to be shaped and developed. The anticipated date for completion is Autumn 2023 for CTAC and April 2024 for pharmacotherapy. There remains a lack of direction and clarity from a national level to direct delivery of these services including agreement regarding full service specification. Discussions</p>	<p><b>On track</b></p>	<p><b>Reduced Likelihood and Consequence</b> by supporting sustainability, effective workforce planning and enabling synergy across services at a cluster level.</p>

<p>continue locally to agree approaches required to realise what is realistically achievable within resources available including finance and workforce.</p>		
<p><b>Addressing Broader Themes: Enabling sustainability across General Medical Services</b></p> <p>Significant progress has been made in relation to supporting early engagement and connections with Primary Care. Examples include the tender process; closer relationships and connections to facilitate earlier discussion enabling a more responsive and less reactive response to services. As described in the narrative of the paper this is expected to result in supporting up to 3 2C practices to return to independent status.</p>	<p><b>On track</b></p>	<p><b>Reduced Likelihood and Consequence by</b> having a clear sustainability framework.</p>
<p><b>Management Actions (future)</b></p>		
<p><b>Action</b></p>	<p><b>Status</b></p>	<p><b>Impact on expected Likelihood/ Consequence</b></p>
<p><b>Implementation of the recommendations of the leadership review</b></p> <p>Following completion of the leadership, management and operational governance review a delivery plan with SMART objectives will be actioned. The implementation recommendations from Leadership, management, governance and assurance review will support a sustainable model of primary care delivery and underpin implementation of the strategy.</p>	<p><b>Not started- Expected July 2023</b></p>	<p><b>Will reduce consequence</b> and will further support the actions described above.</p>
<p><b>Primary Care Strategy Delivery Plan</b></p> <p>Following approval of the primary care strategy at board level which is anticipated in July 2023, a SMART delivery plan will be in place to support the vision that Primary Care remains at the heart of the integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and teams will deliver care in our communities and be involved in the strategic planning of our services. This will focus on recovery, sustainability and improving quality across a 4 Primary Care Contractors and wider associated services.</p>	<p><b>On track as is being developed in tandem with the strategy</b></p>	<p><b>Will reduce consequence and likelihood</b> by having a delivery plan in place to support the strategy implementation which will report progress through due governance.</p>

**Action Status Key**

Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

### 2.3.1 Quality / Patient Care

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife. The actions being taken to mitigate this risk, support delivery of improved sustainability, quality and accessibility of primary care and recovery post Covid pandemic.

### 2.3.2 Workforce

Effective management of workforce risks will support delivery of primary care to improve staff health and wellbeing, and the quality of health and care services. The workforce risk reports on a regular basis to the Staff Governance Committee and recognises the significant challenge in relation to workforce availability and potential whole system impact. The workforce actions are contained in the Workforce Strategy and are monitored regularly. Some workforce challenges including medical, nursing, pharmacy, dental and mental health are also being raised and explored at a national level. Addressing this risk requires both change and transformation being progressed are in line with our staff governance standard and HR Policy with close working with both HR and staff side colleagues at all stages of the change processes.

### 2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability. The Financial risk for primary care relates to both the Primary Care Improvement Plan and capital funding. This area of risk is being raised at a national level through financial, managerial and professional leads.

### 2.3.4 Risk Assessment / Management

This paper focuses on providing a deep dive into the primary care risk. Some of the mitigating actions directly relate to primary care and some connect to broader risks within the organisation and as such the mitigating action may be more complex and longer term e.g. addressing health inequalities.

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

Health Inequalities is referenced within this report and significant work is progressed at a locality level to address this connecting into wider work within the organisation including addressing health inequalities and Anchor ambitions.

### 2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise directly, issues relating to climate emergency and sustainability however local working, improved premises and enhanced digital solutions all contribute to climate and sustainability.

### 2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time including direct public feedback through the development of the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan. There is regular engagement with clinical and professional teams on an ongoing basis about elements of this risk. Engagement with Director of Health and Social Care, Medical Director, Director of Pharmacy and Medicines and Director of Property & Asset Management. The primary care risk is also reviewed on a regular basis through due governance at both an operational level and a strategic risk for the organisation.

### 2.3.8 Route to the Meeting

- Executive Directors' Group 5<sup>th</sup> May 2023

## 2.4 Recommendation

The Public Health and Wellbeing Committee are asked to:

- **Discuss** the deep dive into the risk in relation to Primary Care, noting the root causes identified and the mitigating actions being taken.
- **Take reasonable assurance** from the actions being taken noting further mitigating actions will be progressed following approval of the Primary Care Strategy and Delivery Plan in July 2023.

## 3 List of appendices

None

### Report Contact

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## 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 on Effectiveness of Risk Mitigation**

- Relevance
- Proportionality
- Reliable
- Sufficient

**Chairs Assurance Report**

- Consider issues for disclosure
- Emergent risks or
  - Escalation
  - Recording
- Scrutiny of risk delegated to Committee

**Year End Report**

- Highlight change in movement of risks aligned to the committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

GENERAL QUESTIONS:		
• Does the risk description fully explain the nature and impact of the risk?		
• Do the current controls match the stated risk?		
• How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly		
• Will further actions bring the risk down to the planned / target level?		
• Does the assurance you receive tell you how controls are performing?		
• Are we investing in areas of high risk instead of those that are already well-controlled?		
• Do Committee papers identify risk clearly and explicitly link to 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 risk opened); has it moved towards target at any point?		
• Is there a valid reason given for the current score?		
• Is the target score: <ul style="list-style-type: none"> <li>○ In line with the organisation's defined risk appetite?</li> <li>○ Realistic/achievable or does the risk require to be tolerated at a higher level?</li> <li>○ Sensible/worthwhile?</li> </ul>		
• Is there an appropriate split between: <ul style="list-style-type: none"> <li>○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now?</li> <li>○ Actions – planned initiatives which should take it from its current to target?</li> <li>○ Assurances - which monitor the application of controls/actions?</li> </ul>		
• Assessing Controls <ul style="list-style-type: none"> <li>○ Are they '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)?</li> <li>○ Overall, do the controls look as if they are applying the level of risk mitigation stated?</li> <li>○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?</li> </ul>		
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> <li>○ Are they are on track to be delivered?</li> <li>○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?</li> <li>○ Are they likely to be sufficient to bring the risk down to the target score?</li> </ul>		
• Assess Assurances: <ul style="list-style-type: none"> <li>○ Do they actually relate to the listed controls and actions (surprisingly often they don't)?</li> <li>○ Do they provide relevant, reliable and sufficient evidence either individually or in composite?</li> <li>○ Do the assurance sources listed actually provide a conclusion on whether:                             <ul style="list-style-type: none"> <li>▪ the control is working</li> <li>▪ action is being implemented</li> <li>▪ 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</li> </ul> </li> <li>○ 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):                             <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> line – management / performance / data trends?</li> <li>▪ 2<sup>nd</sup> line – oversight / compliance / audits?</li> <li>▪ 3<sup>rd</sup> line – internal audit and/or external audit reports / external assessments?</li> </ul> </li> </ul>		
LEVEL OF ASSURANCE		
Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE  
ANNUAL WORKPLAN 2023 / 2024**

<b>Governance - General</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action list	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Governance Matters</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Annual Committee Assurance Statement (inc. best value report)	<b>Board Secretary</b>	✓					
Annual Internal Audit Report	<b>Director of Finance &amp; Strategy</b>		✓				
Committee Self-Assessment Report	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	<b>Director of Finance &amp; Strategy/Director of Public Health</b>	✓ Primary Care Services	✓	✓	✓	✓	✓
Review of Annual Workplan 2024/25	<b>Board Secretary</b>					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	<b>Director of Public Health</b>	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	<b>Board Secretary</b>						✓ Approval
<b>Strategy / Planning</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Anchor Institution Programme Board / Portfolio Board	<b>Director of Public Health</b>	✓ Community Benefits Gateway		✓		✓	
Annual Delivery Plan 2022/23	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	✓					

Strategy / Planning (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Corporate Objectives	Director of Finance & Strategy	✓					
IJB Strategic Plan	Director of Health & Social Care	TBC					
Implementation of the Promise National Strategy	Director of Health & Social Care	Deferred to next mtg	✓				
Mental Health Strategy Implementation	Director of Health & Social Care				✓		
Mental Health Estates Initial Agreement (also goes to CGC)	Medical Director	✓					
Primary Care Strategy	Director of Health & Social Care	✓ Update	✓ Strategy				
Prevention & Early Intervention Strategy	Director of Health & Social Care			✓			
Population Health & Wellbeing Strategy	Director of Finance & Strategy		✓		✓		✓
Post Diagnostic Support for Dementia	Director of Health & Social Care		✓				
Strategic Planning & Resources Allocation 2024/25	Director of Finance & Strategy				✓		✓
Quality / Performance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Breast Screening Adverse Event Paper	Director of Public Health		✓				
CAMHS Performance & Recruitment Update	Director of Health & Social Care	✓ Covered at development session			✓		✓
Dental Services & Oral Health Improvement	Director of Public Health		✓			✓	
Health Weight Report	Director of Public Health			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health	Due April 2024					
Local Delivery Plan Standard for Psychological Therapies	Director of Health & Social Care				✓		

Quality / Performance (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Long Covid	Director of Public Health	TBC					
Primary Care Oversight Group	Medical Director/Director of Health & Social Care	TBC					
Tender Process for 2C GP Practices (also goes to FPR)	Director of Health & Social Care	✓ Private Session					
Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report (also goes to CGC)	Director of Nursing					✓ 2024 Report	
Participation & Engagement Report (also goes to CGC)	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			
Annual Reports							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report (also goes to CGC)	Director of Nursing	✓ Biennial Report					
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care	Deferred to next mtg	✓				✓
Annual Climate Emergency and Sustainability Report 2021/22	Director of Property & Asset Management						✓
Children Services Annual Report –	Director of Health & Social Care			✓			
Climate Emergency and Sustainability Annual Report 2022/23	Director of Property & Asset Management					✓	
Director of Public Health Annual Report (and additional updates, based on agreed priorities) (also goes to CGC)	Director of Public Health	Deferred to next mtg	✓				
Fife Child Protection Annual Report	Director of Nursing		✓				
Health Promoting Health Service Annual Report	Director of Public Health			✓			

Annual Reports (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care		✓				
Immunisation Annual Report, including Strategy Implementation <i>(also goes to CGC)</i>	Director of Public Health		✓				
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2021/22	Director of Pharmacy & Medicines				✓		
Sexual Health and Blood Borne Virus Framework Annual Report	Director of Health & Social Care				✓		
Smoking Cessation and Prevention Work Annual Report	Director of Health & Social Care		✓				
Violence Against Women Annual Report 2022/23	Director of Health & Social Care						✓
Linked Committee Minutes							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equality and Human Rights Strategy Group	Director of Nursing	✓ 03/02	✓ 12/05	✓ 04/08		✓ 10/11	
Portfolio Board	Director of Finance & Strategy	✓ 09/02 & 09/03	✓ 13/04 & 11/05	✓ 08/06 & 12/07	✓ 10/08 & 15/09	✓ 12/10 & 09/11	✓ 14/12
Public Health Assurance Committee	Director of Public Health		✓ 12/04 & 14/06	✓ 02/08	✓ 18/10	✓ 06/12	TBC
Ad Hoc Items							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Greenspace Strategy	Director of Property & Asset Management	✓					

Ad Hoc Items (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Feedback from Fife Partnership/Leadership Sessions	Director of Public Health	✓					
No Cervix Exclusion Audit	Director of Public Health	✓					
East Region Health Protection Service: Implementation Update	Director of Public Health	✓					
Commonwealth Partnerships for Antimicrobial Stewardship	Director of Pharmacy & Medicines	✓					
Spring Booster Campaign	Director of Health & Social Care	✓					
Lloyds Pharmacy Divestment	Director of Pharmacy & Medicines	✓ Private Session					
Development Sessions							
	Lead						
Development Session 1 <ul style="list-style-type: none"> <li>Child &amp; Adolescent Mental Health Service (CAMHS) &amp; Psychological Therapies (PT)</li> </ul>	Director of Health & Social Care	✓ 19/04/23					
Development Session 2 <ul style="list-style-type: none"> <li>TBC</li> </ul>							

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Corporate Objectives 2023/24</b>
<b>Responsible Executive:</b>	<b>Carol Potter, Chief Executive</b>
<b>Report Authors:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>

## 1 Purpose

This paper sets out the proposed corporate objectives for 2023/24.

### **This is presented for:**

- Approval

### **This report relates to:**

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Executive Directors' Group (EDG) requires to consider and propose the key corporate objectives for 2023/24, these objectives align the recently approved NHS Fife Population Health and Wellbeing Strategy and SPRA process.

### 2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will create the objectives of the Chief Executive. In that context, this paper proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. The corporate objectives proposed have been mapped to one of the 4 NHS Fife agreed strategic priorities or to the new "Cross Cutting Actions" category and are set out in Annex 1.

### 2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

### 2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

### 2.3.3 Financial

NHS Fife corporate objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

### 2.3.4 Risk Assessment/Management

Each corporate objective has an appropriate risk and opportunities assessment as detailed through the SPRA process.

### 2.3.5 Equality and Diversity, including health inequalities

Each corporate objective either has a completed Impact Assessment or is in the process of completing one.

### 2.3.6 Other impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

Circulated to Executive Directors for comment by Chief Executive on 24 April 2023.

### 2.3.8 Route to the Meeting

Executive Directors' Group - 4 May 2023  
Clinical Governance Committee – 5 May 2023  
Finance, Performance & Resources Committee – 9 May 2023  
Staff Governance Committee – 11 May 2023

## 2.4 Recommendation

The Committee is asked to **approve** the corporate objectives.

## 3 List of appendices

The following appendices are included with this report:

- Annex 1, Draft Corporate Objectives.

### Report Contact

Margo McGurk, Director of Finance & Strategy

Email [margo.mcgurk@nhs.scot](mailto:margo.mcgurk@nhs.scot)

# Draft Corporate Objectives 2023/24



**Our vision**  
Living well, working well and flourishing in Fife

Our values	Our principles
Care and compassion	Listening and involving
Dignity and respect	Supporting communities
Openness, honesty and responsibility	Empowering people
Quality and teamwork	Prevention and early intervention
	Creating wellbeing
	Being kind



Improve health and wellbeing

1. Progress the business case for the mental health services programme
2. Support the ADP in the delivery of MAT standards
3. Develop a prevention and early intervention strategy, and delivery plan, to support health improvement
4. Develop a primary care strategy and supporting delivery plan
5. Develop and deliver a system wide medicines safety programme



Improve quality of health and care services

1. Implement redesign and quality improvement to support mental health services
2. Review and redesign the Front Door model of care to support improvements in performance
3. Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge
4. Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery as part of a wider plan to deliver improvements in elective performance
5. Develop and deliver an improved patient experience response process to support a culture of person centred care



Improve staff health and wellbeing

1. Collaborate with University of St Andrews to develop the ScotCOM medical school
2. Develop and deliver an action plan to support safe staffing legislation
3. Develop and deliver a sustainability plan for the nursing and midwifery workforce
4. Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing
5. Develop and deliver a leadership framework to increase team performance



Deliver value & sustainability

1. Deliver year one actions of the financial improvement and sustainability programme
2. Implement actions to support climate emergency
3. Develop the digital medicines programme



Cross-cutting actions

1. Develop a corporate communications and engagement plan
2. Develop the strategic plan to secure teaching health board status
3. Deliver Anchors ambitions working collaboratively with partners

NHS FIFE STRATEGIC PRIORITIES - (Objectives are linked to a primary strategic priority but will contribute directly and indirectly to others)

To Improve Health and Wellbeing	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care
1 Develop the Population Health and Wellbeing Strategy				L					
2 Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews	L								
3 Develop and deliver the Fife COVID Recovery and Rehabilitation Framework		L							
4 Deliver the OBC for the Mental Health Services Programme	L								
5 Refreshed mental health strategic plan informed through collaborative working with people with lived experience and trauma informed practice									L
6 Deliver the OBC and progress to FBC for both the Kincardine and Lochgelly Health Centres			L						
Improve the Quality of Health and Care Services	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care
7 Deliver the National Treatment Centre Fife and ensure operational readiness for opening		L							
8 Develop and implement a system wide medicines safety programme with initial focus on high-risk pain medicines						L			
9 Develop and deliver an enhanced model of care in the Emergency Department								L	
10 Develop and deliver an augmented ambulatory, interface care model (RUC) supporting early and appropriate discharge Integrated Unscheduled Care Programme								L	
11 Develop and implement an integrated planned care programme to address waiting list backlog, including the optimisation of day surgery at QMH								L	
12 Oversight of NHS Fife Anchor Institution delivery plan for 2022/23			L						
13 Deliver Home First to enabling Prevention of admission, person centred transfers of care and a responsive integrated system									L
14 Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention									L
15 Increase the pace of delivery in the localities of Fife in line with in line with the Plan for Fife.									L
16 Develop and implement an NMAHP Care Assurance Framework		L							
Improve Staff Experience and Wellbeing	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care
17 Deliver high quality systems to support staff health and wellbeing					L				
18 Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife					L				
19 Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development		L							
20 Develop and deliver strategic and career frameworks for NMAHP Bands 2 - 4		L							
Deliver Value & Sustainability	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care
21 Develop and deliver the medium-term financial plan including the implementation of the Financial Improvement and Sustainability Programme				L					
22 Develop the Workforce Strategy to support Population Health & Wellbeing Strategy					L				
23 Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments							L		
24 Develop the business case and commence implementation of Paper lite systems across NHS Fife	L								
25 Develop the Initial agreement (IA) and Outline Business Case (OBC) for Robotics in Pharmacy						L			

# NHS Fife

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Anchor Institutions: Update on Community Benefits Gateway</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b> <b>Margo McGurk, Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Jo-Anne Valentine, Public Health Manager (Health Improvement)</b> <b>Kevin Booth, Head of Financial Services and Procurement</b> <b>Alan Gow, Team Manager/Health and Safety Advisor</b> <b>Workplace Team</b>

## 1 Purpose

### **This paper is presented for:**

- Endorsement

### **This report relates to a:**

- Annual Delivery Plan
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

In a previous SBAR report we highlighted that NHS Boards across Scotland were asked by National Services Scotland to assist in matching community benefits, realised through NHS Scotland contracts, with local community groups.

This update paper is presented for consideration and endorsement of the continued approach.

The Committee is asked to:

- agree to NHS Fife continuing to support the Community Benefit Gateway scheme
- support the next steps outlined below.

## 2.2 Background

As highlighted in a previous SBAR to EDG in December 2021 and in updates to the Public Health and Wellbeing Committee meeting of 11<sup>th</sup> January 2022, National Services Scotland (NSS) have developed an online portal which allows community benefits, which are procured as part of any NHS Scotland contracts, to be matched with potential beneficiaries.

The Community Benefit Gateway can be accessed at

<https://www.nss.nhs.scot/procurement-and-logistics/sustainability/access-our-community-benefit-gateway>

The portal allows organisations and community groups to submit 'needs' so that any contractor who is considering supplying goods or services to the NHS can also consider which community benefits they may also be able to deliver as part of the contract. This is being asked for all contracts as part of the Sustainable Procurement Duty. These can be local initiatives that support the social or environmental wellbeing of a local area and any third sector organisation (community groups, voluntary organisations, charities, social enterprises, co-operatives that exist wholly or mainly to provide benefits for society or the environment) can upload a list of 'needs.'

The portal allows suppliers to 'bid' against identified needs. Once the portal is populated with information from third sector organisations/community groups the supplier can offer a match against an identified need moving on to agree the process with the requester and delivery of the goods/services. NHS Scotland national procurement will check that the benefits are delivered and detail outcomes in their annual procurement report. NHS Fife will also provide a summary of community benefits delivered in Fife in their annual procurement report.

NHS Boards were asked to help enable the national process of securing community benefits. The Community Benefit Scheme links closely with NHS Fife's role as an Anchor Institution.

The Community Benefits Gateway portal was developed and launched by NHS Scotland National Services (NSS) in September 2021. To date the following figures have been achieved, for Scotland as a whole, as of end of Q3 (31<sup>st</sup> Dec 2022):

Community organisations signed up: 252  
Suppliers signed up: 184  
Total needs matched to suppliers: 24  
Needs delivered: 15  
Total Needs rejected: 63

The rejection figure includes bids that were unsatisfactory after upload and bids that had been unmatched for more than 12 months. This highlights issues with quality of the bids uploaded.

In our view the numbers are low. In Fife, one community organisation has been matched to a supplier. FEAT (Fife Employability Access Trust) will be taking over some additional premises as part of a community asset transfer linked to Silverburn Park in Leven. FEAT loaded a request for office furniture to the NHS portal and the need was picked up National Services Scotland. FEAT haven't yet been able to take delivery of the furniture (for reasons out with the control of both FEAT and NSS).

## 2.3 Assessment

The Community Benefits Gateway is a nationally driven initiative which is intended to benefit multiple organisations/groups in Fife in addition to improving local health and wellbeing outcomes.

Fife as well as all other Boards are expected to facilitate this initiative to enable third sector organisations and community groups to benefit from contracts which offer a community benefit as part of the contract agreement.

### **What we have done so far:**

Determined Fife's priority themes:

1. Reducing health inequalities,
2. Contributing to anti-poverty work,
3. Improving health and wellbeing
4. Responding to climate emergency

Established a small group with representation from Public Health, NHS Fife Procurement, Workplace Team (Health Promotion Service), to review submissions to ensure 'needs' are listed in a timely and appropriate way and to ensure overall governance of the process.

### **Next Steps – Pilot a New Approach**

Here in Fife, given the NHS, Council and Third Sector interface are co-terminus, we intend to pilot a different approach to maximise quality of bids, numbers and resources involved. Our main aim is to make the whole process easier for all concerned and more productive and sustainable.

We have established a small group with representation from Public Health, NHS Fife Procurement, Workplace Team (Health Promotion Service), and Fife Voluntary Action (FVA) to take this idea forward. Fife Council Procurement and ESES have also been informed of progress.

The Third Sector interface FVA have offered to work with relevant groups and organisations to ensure their bids are of suitable and sufficient quality for upload into the NHS Gateway to help maximise the chances of the bids being successfully matched by clients and delivered. They have also offered to work with clients to ensure the matched bids are delivered in accordance with their own corporate needs. This service will also minimise rejection rates. It will also reduce the amount of time spent by all parties in terms of administration of the system.

FVA have developed information technology and a webpage to highlight the Gateway, the assistance available and the process for accessing this. See: [Fife Benefits - Procurement Support \(fva.org\)](https://www.fife.gov.uk/procurement-support)

FVA will invite third sector organisations to submit their ideas for needs bids and work with them to make the bids more likely to be matched. Where the NHS Gateway is not the most appropriate source of making the bid a reality, FVA will work with the organisation to identify alternative gateways (such as the current ESES community benefit portal and future Fife Council portal) or funding sources that may be more appropriate. This work is aligned to FVA's ongoing work with the third sector in Fife.

Monitoring and evaluation of bids and matching is built into the FVA system and regular reports will be available to review progress with the pilot project.

The FVA webpage will also be of use to clients and FVA have again offered to work with them to understand their needs and facilitate connections to suitable third sector projects. Procurement staff can also access the webpage and receive help and information from FVA.

This webpage and "pre-triage" stage of the process will be actively communicated to third sector organisations in Fife, including the 2500 who are currently members of FVA.

We held an online lunchtime learning launch event facilitated by FVA on Tuesday 21<sup>st</sup> March 2023

As part of the piloting of this approach we intend having a focus on new capital projects such as the two new Health Centres in Lochgelly and Kincardine to link up the contractors delivering those projects with community benefit needs of local community organisations. We have also met with Fife Council colleagues in the Cowdenbeath and South West Fife Areas who have a good knowledge of the community organisations in Lochgelly and Kincardine.

We believe this collaborative pilot approach will be of positive benefit to third sector organisations, clients and procurement staff. If the pilot project is successful the number and quality of matched bids on the NHS Community Gateway, aligned to local health priorities, would be maximised as a result.

Our collaboration with Fife Voluntary Action is an innovative approach, which to our knowledge none of our local partners are progressing, and if successful can be evidenced as a significant result from local collaborations.

Following discussion with Public Health Scotland, who lead the NHS Scotland Community Benefit Gateway, they are supportive of our proposed approach and pilot.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

There will be further requirements on procurement team particularly at the beginning of the process. Other supports, for example from the Work Place Team within Health Promotion, will be available we will work on the best way to do this.

### 2.3.3 Financial

No additional financial costs have been identified. The agreement with Fife Voluntary Action to assist with this project has been reached with Nil costs.

### 2.3.4 Risk Assessment/Management

The identification and management of risks can be considered by the working group identifying and assessing needs.

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

Being part of the community benefits gateway is directly linked to the Anchor Institution ambitions relating as it does to procurement and working in partnership ambitions. The community benefit gateway is also intended to have a positive impact on reducing health inequalities.

### 2.3.6 Other impact

No other impacts have been identified.

### 2.3.7 Communication, involvement, engagement and consultation

Communication will be important with both local community and voluntary organisations who can benefit from the portal and pilot project as well as with suppliers providing services to raise awareness of the Community Benefit Gateway and to provide information on the process. It will be important to include small local suppliers within those communications.

### 2.3.8 Route to the Meeting

The paper will be shared with the Anchor Institution Operational Group.

Executive Directors' Group – 4 May 2023

## 2.4 Recommendation

The Committee is asked to note the progress of the Community Benefit Gateway scheme, support the next steps outlined above and **endorse** the approach being taken.

## 3 List of Appendices

National Services Scotland Community Benefit Gateway:

<https://www.nss.nhs.scot/procurement-and-logistics/sustainability/access-our-community-benefit-gateway/>

Fife Voluntary Action benefits webpage: [Fife Benefits - Procurement Support \(fva.org\)](https://www.fva.org/)

## 4 Report Contacts

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Public Health Manager (Health Improvement)  
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Alan Gow  
Team Manager/Health and Safety Advisor  
Workplace Team  
Email [alan.gow@nhs.scot](mailto:alan.gow@nhs.scot)

**Meeting:** Public Health & Wellbeing Committee  
**Meeting date:** 15 May 2023  
**Title:** NHS Fife Greenspace Strategy  
**Responsible Executive:** Neil McCormick, Director of Property & Asset Management  
**Report Author:** Jimmy Ramsay, Estates Compliance Manager

## 1 Purpose

**This report is presented for:**

- Approval

**This report relates to:**

- NHS Scotland Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

As part of the [NHS Scotland Climate Emergency and Sustainability Strategy](#), the sustainable development of the NHS estate requires the quantity and quality of greenspace to be maximised to provide opportunities for patients, staff and visitors.

This is in line with our work around Anchor Institution and we have widened the scope of the Greenspace Strategy development to include skills development, training, and the desire to identify opportunities for the production of energy within local communities.

The document is referenced in and is fully compatible with the Population Health & Wellbeing Strategy approved by the Board in March.

## 2.2 Background

To deliver a sustainable development strategy of our greenspace we have engaged with a consultant - Alan Caldwell of Alan Caldwell Associates and various other external third-party organisations to enable a progressive approach in our 2030 Greenspace Strategy which we would like to be a national exemplar.

## 2.3 Assessment

The 'NHS Fife Greenspace Strategy is attached in Appendix 1

Committee members are asked to:

- Endorse the Strategy for final approval at the NHS Board in May
- Support further consultation within staff and community groups following publication of the strategy

The Greenspace Strategy provides a framework which will support partnership working on joint greenspace initiatives. One example of this is the proposed Leven Green Health Partnership, based on the NatureScot 'Our Natural Health Service model'. Funding has been obtained from the National Lottery Heritage Fund for a one-year development phase, which will enable scoping of specific objectives for the proposed Green Health Partnership.

NHS Fife has agreed to be a test site for the use of land and assets for community benefit as part of the National Place and Wellbeing Programme and to demonstrate on-going commitment to strengthening our Anchor ambitions.

### 2.3.1 Quality / Patient Care

There will be an emphasis on the wellbeing of staff and patients within the Strategy.

### 2.3.2 Workforce

We will be continuing to consult with staff over the coming months for feedback on the themes in the Strategy following final publication.

### 2.3.3 Financial

To implement greenspace improvements, investment will be required, however, we have had initial discussions with Fife Health Charity, and they have already invested in a number of initiatives in this area. There are various other external routes available to us to obtain funding which will also be explored. There are also funding opportunities available within NHS Scotland.

### **2.3.4 Risk Assessment / Management**

Effective management of our green space will potentially reduce the impacts of Climate Change on our estate over the coming years.

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

An EQIA Impact Assessment has not yet been carried out. This Strategy is very much in line with the Board's Anchor Institution work.

### **2.3.6 Climate Emergency & Sustainability Impact**

This proposal addresses one of the objectives of the NHS Scotland Climate Emergency & Sustainability Strategy.

### **2.3.7 Communication, involvement, engagement and consultation**

At the beginning of the Strategy development, we engaged with staff across multiple directorates and also external third-party organisations including Fife Council. A further consultation period will follow in the coming months following publication of the Strategy.

### **2.3.8 Route to the Meeting**

This paper has previously been 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:

- Portfolio Board, 9 February 2023
- EDG, 4 May 2023

## **2.4 Recommendation**

Committee members are asked to:

- Endorse the Strategy for final approval at the NHS Board in May
- Support further consultation within staff and community groups following publication of the strategy

### 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Green Space Strategy document (Draft 1)

#### **Report Contact**

Neil McCormick

Director of Property & Asset Management

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# NHS FIFE

## 2030 Greenspace Strategy

DRAFT 1: MARCH 2023

## Contents

How this document works

Our introduction

Our vision

Our current situation

Our principles

Our role

Our key themes

Our projects

Our partners

Our funding

Our delivery

Our learning and sharing

Our next steps



## How this document works

This is a live document. It is designed to both explain our strategy and encourage you to dig deeper into key issues and ideas. It will develop and grow as more and more people and organisations engage with our work and join us in making the NHS Fife Greenspace Strategy happen.

Throughout the document you will see text highlighted in orange which will allow you to move around the document with a single click. Where you see text highlighted in green, you can click this to go to a specific website. Where you see a bubble with INSPIRE a click will take you to an interesting document, organisation, webpage or recording. Just try it out and you will soon see how it works.

At the bottom of each page are all the sections of the report. One click will take you to any section you want to explore.

We hope this helps to bring our strategy to life and helps to build a deeper understanding of our ideas, our work and the challenges we face together.

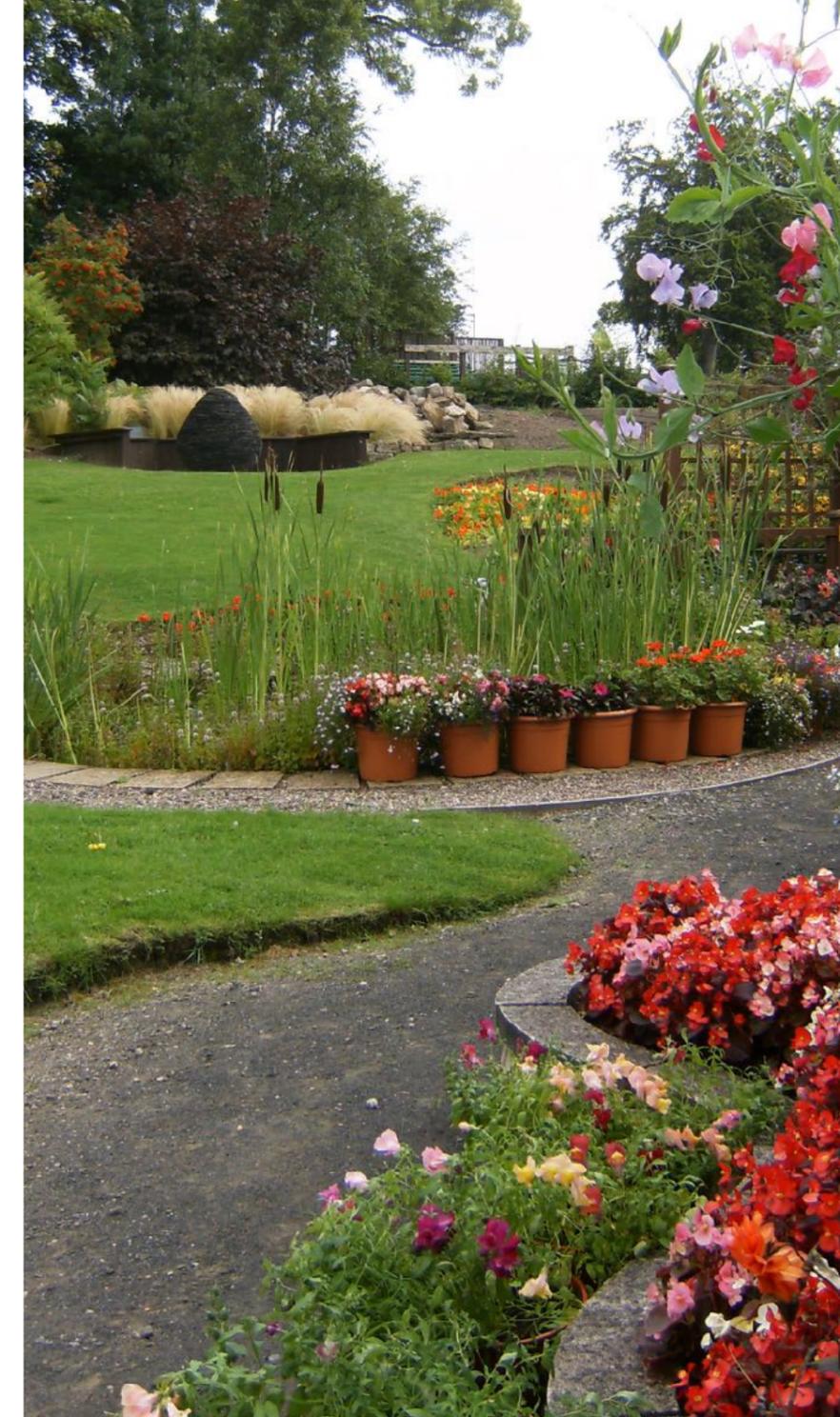
Remember this is a live document. It will be constantly updated and renewed as our work progresses.

We need your input!

## How to contribute

We want everyone's comments to constantly help us to develop and improve this strategy.

Please send comments and suggestions to Jimmy Ramsay at [Jimmy.Ramsay@nhs.scot](mailto:Jimmy.Ramsay@nhs.scot)



## Our introduction

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We have the opportunity to deliver a groundbreaking approach to our greenspace estate through our 2030 Greenspace Strategy.

Moving well beyond the health promoting potential of our outdoor estate, we believe we can deliver the commitments around greenspace outlined in the [NHS Scotland Climate Emergency and Sustainability Strategy 2022-26](#). We can also deliver and surpass the health benefits set out in [NatureScot's](#) and [Forest Scotland's](#) NHS Greenspace best practice by taking a more holistic approach to our greenspace.

By bringing together our six key themes of Wellbeing, Nature, Food, Skills, Energy and Climate the NHS Fife 2030 Greenspace Strategy 2030 will be the most comprehensive yet produced in Scotland. While our focus will always be the health and wellbeing of our patients, staff and the people of Fife, we want to contribute to positive change by increasing biodiversity, promoting local food, developing local skills, generating renewable energy and adapting to our changing climate.

Each parcel of our outdoor estate will be matched with these key themes attracting external investment, partnership resources, local community involvement and long term management solutions to deliver our 2030 Greenspace Strategy. Acknowledging the collective challenges we all face we will make links to other publicly owned land to create additional benefits, green corridors and greater impact at scale across Fife. At every turn this will be achieved with the active participation of NHS staff, patients and our local communities to maximise benefits for all.

This Greenspace Strategy is one of the enablers identified as a supporting document in the Population Health and Wellbeing Strategy recently published by the board. NHS Fife are committed to its role as an [Anchor Institution](#) and as a large organisation connected to our local area and community, we recognise we can make a positive contribution in this area. As an anchor institution, we can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working with others locally and responsibly, we can have an even greater impact on the wider factors that make us healthy.

By taking this ambitious approach, we can make a positive contribution to the interlinked challenges of the climate, nature and health emergencies.

*Carol Potter*

NHS Fife Chief Executive

“

We rely too much on medical interventions as a way of increasing life expectancy. People need the opportunity, the possibility, to take control, of their lives - but the conditions need to be right to allow them to do that.

Sir Michael Marmot, WHO

## Our vision

By 2030 we will see every parcel of our greenspace estate delivering on one or more of our key themes below for the benefit of our patients, staff and local communities. We will:

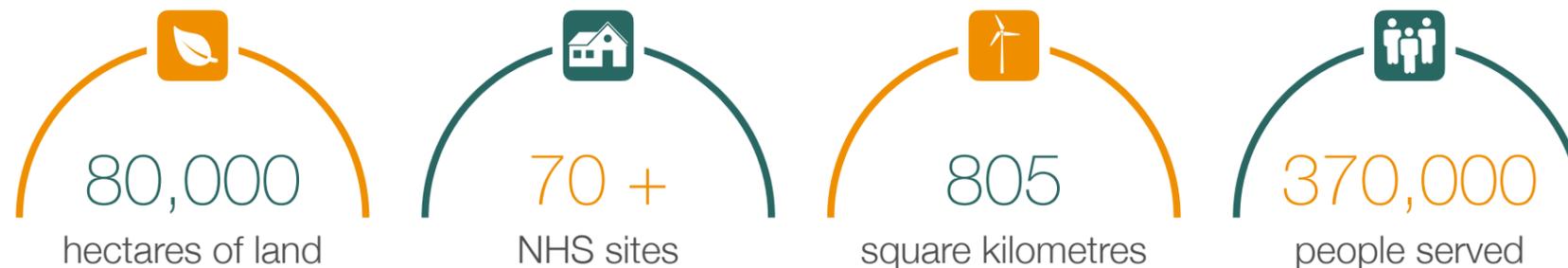
- Retain our focus on the **health and wellbeing** benefits of our greenspace.
- Protect and enhance **nature and biodiversity** across our estate.
- Promote **local food** growing and help to create a sustainable food culture for Fife.
- Develop rural and traditional **skills** through our greenspace projects.
- Generate **renewable energy** to reduce our energy costs, support greenspace projects and build our energy resilience.
- Reduce greenhouse gases, raise awareness and adapt to our **changing climate**.

Our 2030 Greenspace Strategy will be inspirational and ambitious and will show leadership for other areas in Scotland and beyond communities.

INSPIRE



## Our green estate can make a big impact



## Our current situation

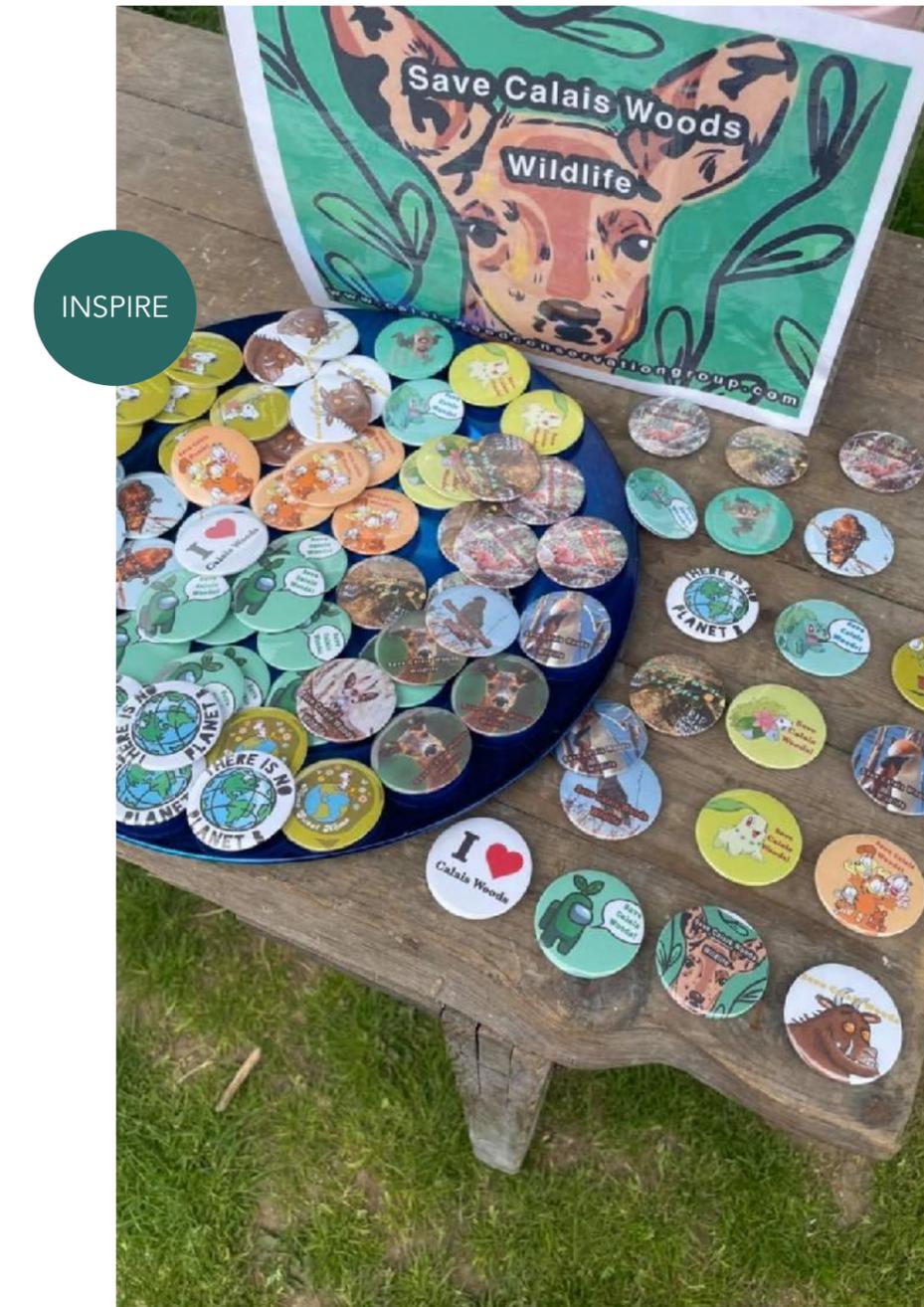
We have made important strides with the current use of our greenspace across Fife and have created a [story map](#) to show how our these are currently used. This is a good foundation for the work ahead.

Our 2030 Greenspace Strategy acknowledges that we need to do more to deliver practical and beneficial change with the speed and impact that the climate, nature and health emergencies require. 2030 is not far away!

We do so from a position of strength having the plans, policies, guidance and tools already in place to make good progress as follows:

- [NHS Scotland Climate Emergency and Sustainability Strategy](#). 2022-2026: sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals.
- [NHS Scotland Sustainability Assessment Tool](#). we use this to enable our board to assess our overall sustainability performance and to guide all of our greenspace work.
- Natural Capital Assets. Valuing the health and wellbeing benefits of the NHS outdoor estate requires all Health Boards to undertake a natural capital assessment of their land (notification Dec 2022).
- We have a Biodiversity Action Plan covering the whole of our estate, with named responsible leads.
- We have an appointed Green Champion on our Executive Board to send a strong signal (externally and internally) about the importance of our sustainability agenda.
- We have assessed the extent and quality of our greenspace resource across the whole of our estate including the potential to expand current provision. This includes data on the quality and quantity of greenspace in our annual Property and Asset Management Strategy and Annual Reports.
- We already provide for a wide range of nature based health promotion initiatives and interventions across our estate.
- We encourage local community groups and third sector organisations to access and use our built assets and greenspace estate.

Crucially for the preparation, delivery and monitoring of our 2030 Greenspace Strategy, we have in place a detailed GIS mapping of our estate which can be viewed [here](#).



## Our principles

- We will go further and faster on delivering positive change across our greenspace recognising the urgency of the climate, nature and health emergencies.
- We will focus on practical delivery acknowledging that we have policies, plans, guidance and assessment tools already in place.
- We will think strategically and involve other public and private landowners to increase the impact of our greenspace strategy.
- We will work closely with our patients, staff, partners and local communities.
- We will align with Fife Council wide strategies and statutory plans.
- We will learn from the experience of others across Scotland and further afield.
- We will ensure that our greenspace projects will deliver equal access across our communities.
- We will offer our staff training and continued professional development opportunities to build our shared knowledge and capabilities to deliver our strategy.



## Our role

We are a major, anchor organisation for Fife. As a large, public sector organisation with a significant landholding and stake in our area we have a mission to advance the welfare of the communities we serve. We recognise that we have a powerful voice in where and how resources are spent locally and we want to lead by example.

Our priorities will always be to improve the health and wellbeing of local populations and we strive to deliver our services and invest our resources in the most effective ways we can. We want to embrace our role as an anchor institution to maximise the social, economic and environmental value we bring to our local communities.

Through our 2030 Greenspace Strategy we recognise that we need to think differently to meet the challenges facing our communities. We see our greenspace as a route to not only improved health and wellbeing but to addressing the climate and nature emergencies while improving local skills and supporting a local food culture across Fife. This will involve forging new partnerships and making new alliances.

We want to engage our local communities and recognise that, in some situations, it may be helpful to explore asset transfers of land to suitably constituted community companies and charities. This may help empower our community and access funds that are not available to a major public sector organisation such as ours. This will support the [Plan4Fife](#) community wealth building agenda.

Our greenspace estate across Fife covers over 800 sq km, nearly 80,000 hectares. This is a significant resource for our communities. By thinking differently, and working with the urgency the current situation requires, we aim to make a real and positive difference across Fife.

We will:

- Lead our 2030 Greenspace strategy and embrace partnership working with other public organisations, third sector organisations, local landowners and our local communities
- Deliver our strategy by carefully assessing the opportunities across our greenspace and implementing the best solutions for each parcel of land.
- Measure our progress and record this through our comprehensive GIS mapping programme.
- Learn from and share the results of our work as we proceed.



INSPIRE

Photo: Martin Willcocks

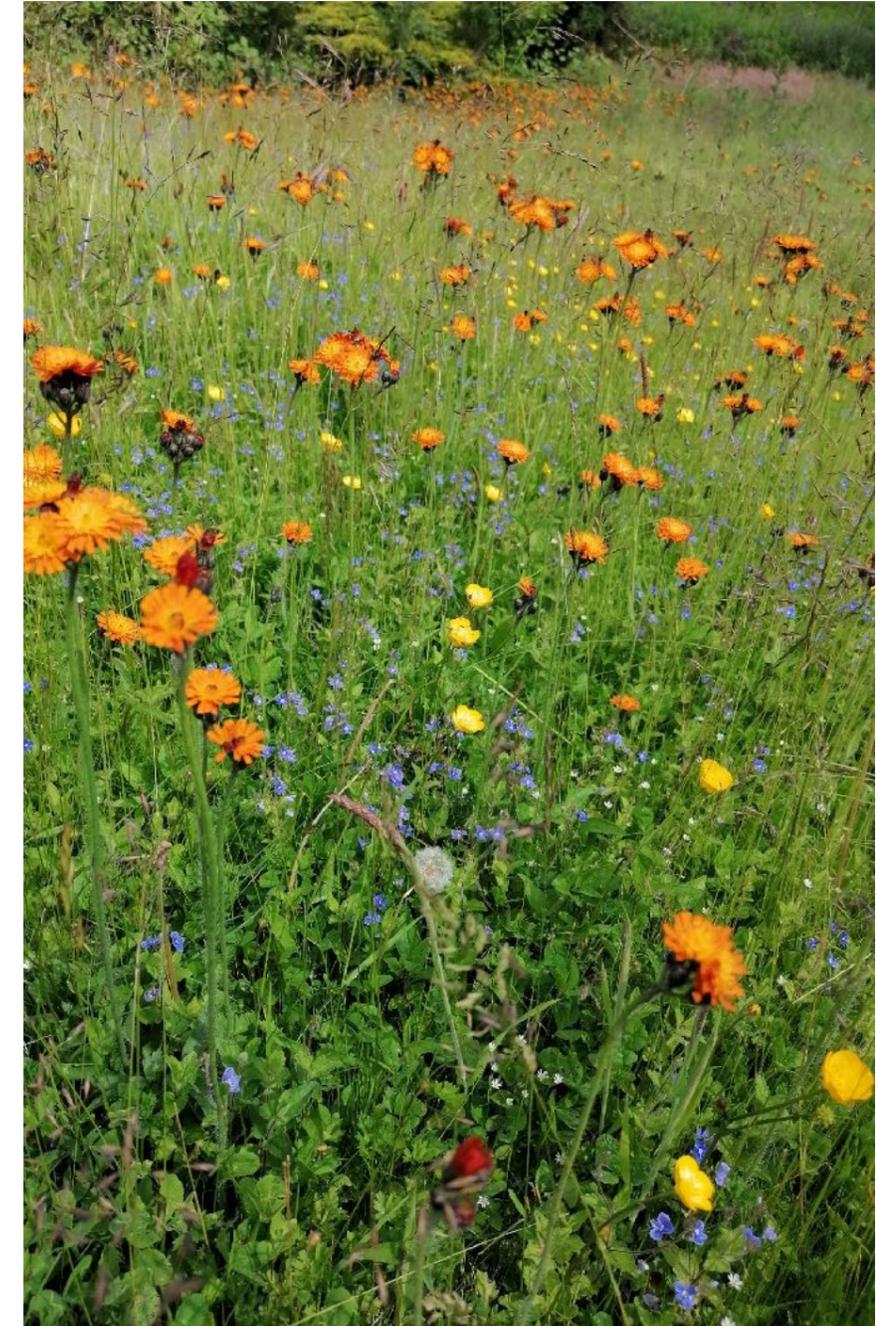
## Our key themes

Our 2030 Greenspace Strategy is built around six key themes to maximise the benefits to our patients, staff and local communities. While we will retain a focus on Health and Wellbeing, we believe that our greenspace estate has so much more to offer for people and the planet. Crucially, this will allow us to collaborate with a **broader range of partners** who share our vision and to connect us more directly with our local communities. Click on the wheel below to go directly to individual themes.



“ We are already working with NHS Fife to develop and manage land and the 2030 Greenspace Strategy could help make a big impact across Fife.

Fife Coast and Countryside Trust



We will use NHS Land to improve the health and wellbeing of patients, staff and local residents. The health benefits of easy access to beautiful greenspace areas is well known. From pocket parks to woodland walks, active travel routes, outdoor children's nurseries, allotments and contemplative gardens, this will be a key part of our 2030 Strategy.

There is now a huge body of evidence to suggest that people who live in greener environments tend to be healthier and that access to green space can reduce the impact of income related health inequalities. This access is equally important to staff and patients using NHS facilities. Having a green space for staff to relax in during down time is as important as the stress relieving qualities for patients with mental health related conditions.

In assessing each site for the most appropriate use of the green space, we will prioritise these needs. Studies have shown that the most common way in which staff spent time in green space during their working day was simply to walk at the site during their break. Given the current stress levels recorded across the NHS, creating such spaces and 'green corridors' will be a priority.

We will develop strong partnerships with [NatureScot](#), [Greenspace Scotland](#) and [Paths for All](#) to tap into funding and learning opportunities to deliver our strategy. We will watch the development of the four pilot [Green Health Partnerships](#).



### Forth Valley Woodlands

NHS Forth Valley has worked in partnership to develop a programme of activities using hospital grounds for physical and mental health activities.

NHS Forth Valley developed the Royal Hospital's local woodlands into greenspace recreational facilities for staff, patients, visitors, local schools and the community. The project involved engaging people in physical activity courses (bushcraft, walks and tai chi) as well as encouraging hospital staff and visitors to use the grounds for therapy and relaxation.

Forestry Commission Scotland's Woods in and Around Towns programme provided funding, matched by NHS Forth Valley, to upgrade the woodlands. The University of Highlands and Islands engaged with the hospital and in the community, helping to raise awareness of the hospital grounds and their potential for recreational use and also led the walking programme.

The outcomes of the project have been evaluated through feedback from patients, staff and schoolchildren. This highlighted that the new environment provided relaxation, recreation, mental health benefits, conservation of local greenspace.

We will use NHS land to help Fife to restore nature and biodiversity. From new native woodlands to the creation of biodiverse habitats, we will create invaluable connections between people and nature that has too often been broken by urban and digital lifestyles. Our green spaces will help 'cool' the built environments on the NHS Estate for the benefit of patients and staff as temperatures rise.

It is not possible to tackle the climate emergency without addressing the nature emergency and the alarming loss of biodiversity. At every opportunity we will look to transform courtyards, rooftops, verges and lawns to support ecosystems and wildlife habitats. We will look to work with maintenance staff across each site to create 'sustainability management plans' to enhance biodiversity and encourage staff and patients to get involved in this work. We are keen to learn from the growing number of projects from herb gardens to wildflower meadows and sensory gardens to match innovative solutions to green spaces small and large across the NHS estate.

We will develop close working relationships with the [Fife Coast and Countryside Trust](#) who are keen to help provide direct maintenance contracts and advice across the larger NHS sites. We will also envisage a major partnership with [Climate Action Fife](#) (see the Climate theme below)



### Royal Alexandra Hospital Pond & Beyond Project

The RAH pond at the rear of the hospital is a greenspace area with huge potential, however, there is currently little to no access for staff, patients and visitors. Started in January 2021 improvements include:

- Management and enhancements to the pond, its existing wetland and aquatic habitats.
- A jetty to act as a viewing area, with appropriate safeguarding/railing.
- New boardwalk and trails over wetland area to allow walking and wheelchair access around the pond.
- Creation of outdoor teaching area using natural landscape on south bank of the pond.
- Biodiversity enhancement - habitat and connectivity for a range of species.

Phases 2 and 3 will introduce new wildflower areas, an outdoor eating area, growing beds and an outdoor gym. Additionally, landmark way finding, including artwork elements at key intersections, viewpoints, and site-specific interpretation works. This project allows NHS GGC to exceed, and provide best practice examples for, biodiversity and sustainability.

We will use NHS land to help grow food and create a sustainable food culture for a healthy Fife. From allotments to orchards and polytunnels to urban gardens, the NHS outdoor estate can help connect patients, staff and the local community, promote the growing of healthy food and keep more people active.

Food is essential to all our lives. not only does it fuel and sustain us, it also plays a crucial role in bringing people together and keeping us all well and healthy. Our work will help to deliver [The Food4Fife Strategy](#) that sets ambitious and critical targets to tackle food insecurity and food poverty.

Demand for allotments is at an all time high with would-be gardeners keen to reap the benefits of outdoor exercise, cheap, organic produce and the chance to reconnect to the land. Fruit trees and bushes can be an integral part of all projects and, as the case study shows, can add value to the tightest of spaces.

On larger areas we can explore the use of polytunnels to maximise food production all year round. Using food grown on-site in canteens and cafes offers additional benefits to patients, staff and the local community. We are keen to explore the opportunities to use small scale renewables (e.g. solar and ground source heat) to help on site food production where possible.

We envisage a strong partnership with [Food4Fife](#) to develop, fund and promote this theme. We will look to join the [NHS Forest network](#) to learn from others and promote our work.



### Southmead Hospital Bristol

At [Southmead Hospital](#) Bristol, their Nature Recovery Ranger has been leading lunchtime Grow Your Own Sessions for staff and visitors on the site's polytunnels and vegetable beds. They've learned about composting and made a scarecrow, and planted their own vegetables. High above, the roof terrace leading out from the staff cafe has been turned into a thriving herb garden, within easy reach of the hospital chefs. See their video [here](#).

Growing food site can be part of a broader sustainability strategy. [PHE's Offices in Colindale](#), North London have allotment sites for staff who don't have space to grow their own organic produce. The Agency composts all its food waste, which is then used to fertilise the allotment crops, and rainwater butts provide water for the site.

In South London, [Lambeth GP Food Co-op](#) makes the most of the tiniest of spaces, installing raised beds and fruit bushes in alleyways. These mini allotments are a haven for people living with chronic health conditions including diabetes, arthritis, anxiety and depression, giving them space to socialise, learn, harvest food and develop a sense of purpose.

We will use NHS land to help develop rural and traditional skills that will become ever more important to our collective health and tackling the climate and nature emergencies. Involving staff, patients and the local community in creating our new green spaces is as important as the end result itself.

From tree planting to habitat creation and renewable energy installation, matching the training and employment needs of the local community and businesses will be a priority. Food growing skills are in particularly high demand just now and we can link [Fife College](#) courses to our sites. [Skills Development Scotland](#) and [Community Energy Scotland](#) are also keen to promote local skills and employment opportunities to all form of energy generation.

This theme has a wealth of expertise, helpful resources, funding and delivery organisations to help us deliver our strategy. [Rural Skills Scotland](#) are keen to work alongside the NHS to help create new green spaces and bring direct training opportunities to local young people and those seeking new employment opportunities. [Fife College](#) can offer direct links to educational resources.

[Climate Action Fife](#) have an exciting [training programme on behaviour change](#). We will offer this training to all staff across NHS Fife with an initial focus on those actively involved in the 2030 Greenspace Strategy.



### London Green Space Skills Hub

The [Hub](#) has a focus on the skills needed to meet the landscape challenges of climate change adaptation and mitigation, and attracting and supporting new people into this changing growing workforce.

As well as a focus on traditional parks and formal spaces, the hub uses the land from public bodies such as the NHS and on housing estates, verges, green roofs and informal spaces. Increasing skills to improve and create these spaces can transform the city, responding to the climate and nature emergencies and providing healthy, social spaces.

The Hub will work with the greenspace sector and agencies involved in water, health, housing, highways and construction to tackle issues around:

- People – Recruitment, diversity and inclusion
- Training gaps - employer needs, curriculum design
- Apprenticeships – SMEs, programme design
- Careers and CPD – Upskilling the workforce, outreach to other sectors
- Climate and Future Skills

The Hub uses a number of NHS sites across London for a full range of training, employability and skills development.

We will utilise NHS land to deliver renewable energy opportunities for the benefit of NHS buildings and the local community. The skills and resources of [Community Energy Scotland](#) can help us match the most suitable energy source to each site. From [Aviva's](#) example at their headquarters in Perth to micro renewables linked to food growing projects, NHS Fife could reduce their energy bills and play an important part in our transition from fossil fuels.

This is a particularly exciting theme in our strategy. Solar is now one of the cheapest forms of energy and with battery technology is becoming a popular solution for small scale private energy grids. The need to decarbonise heat and energy for buildings is at the forefront of Scotland's climate agenda we will look to utilise available green space for heat pump technology. The larger NHS sites may have the potential to utilise the full range of renewable generation technologies and electric vehicle charging points.

This theme will have greater technical demands to fully assess the potential of sites and match them to the most appropriate technology. We envisage a strong partnership with [Community Energy Scotland](#) in this aspect of our work.



### The Park Power Project

[The Park Power Project](#) is exploring the potential for parks to provide green energy services. This can help develop new income streams for parks and greenspaces. Using data sources, such as Ordnance Survey Greenspace and Scotland's Heat Map, the project is developing a Scotland-wide approach to identify parks that could provide green energy services.

[Greenspace Scotland](#) are leading the project working closely with Ramboll, who have expertise in engineering projects like district heat networks. Scottish Councils are involved through the Park Managers Forum, with two pilot authorities - Fife and Falkirk Councils - to develop and test the methodology. Other partners and councils include are also contributing their expertise.

Park Power is aiming to identify both long-term, strategic opportunities together with those that are viable in the short-term. The key is to understand the opportunities and challenges for greenspaces in enabling an energy transformation over the next 30 years.

We will use NHS Land to help raise awareness and tackle the climate emergency at a local level. We will have a strong partnership with [Climate Action Fife](#) who have a major nature restoration programme with all funding and resources in place for tree planting at scale. They also have a funded [behaviour change programme](#) they are keen to role out to patients and staff across Fife.

We will focus on a mapping exercise to identify suitable sites across Fife to contribute to Climate Action Fife's tree planting programme funded through the National Lottery focused on climate adaptation. We will highlight opportunities for eventual community ownership of new woodland areas. This large, scale, funded project offers real potential for training and skills development working closely with [Rural Skills Scotland](#) and [Fife Coast and Countryside Trust](#) who have a recently appointed Tree Planting Officer.

While the major tree planting programme will be a focus of our work, we are conscious that practical action under each one of our themes can contribute to tackling the climate emergency and building community resilience as we adapt to the consequences of our warming climate.

With the significant potential for community engagement and ownership we will look to well established, Fife based, organisations already active in tackling the climate emergency. Examples include [Transition St Andrews](#), [Greener Kirkcaldy](#) and [CLEAR Buckhaven and Muthill](#)



### The Clyde Climate Forest

The [Clyde Climate Forest](#) will see 18 million trees planted in both urban and rural parts of Glasgow City Region over the next decade. Trees, woodlands and forests are recognised as essential if we are to address the climate crisis and assist in a recovery for nature.

The Clyde Climate Forest builds on the current enthusiasm for tree planting by supporting well-considered tree planting projects that deliver a broad range of climate and ecological benefits to Glasgow City Region. The project was born out of the Green Network Blueprint and is part of the Strategic Habitat Network.

New native woodlands will be planted in places which connect existing woodland networks and provide a migration route for woodland wildlife as the climate changes. 101 native woodlands will be planted where they will deliver: good rates of carbon sequestration; help reduce downstream flooding; and provide for nature. The aim is to create 1,000 hectares a year of new forests and woodlands across the city region.

Watch the video [here](#).

## Our projects

The table below shows each of our key greenspaces listed in three groups to show their potential to deliver for our 2030 Greenspace Strategy. Each greenspace entry shows which of the six key themes has most relevance for this site.

You can view each of our greenspaces on google earth by clicking the name of the site in the first column.

You can search each site on our GIS mapping system on [main map](#) or [Land use](#) view only map ( just enter the name of the site here on the bottom right of the map

### Key sites



### Greatest Potential to deliver strategy

	Wellbeing	Nature	Food	Skills	Energy	Climate
<a href="#">Cameron Hospital</a>	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Lynebank Hospital</a>	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Queen Margaret Hospital</a>	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Glenrothes Hospital</a>	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Stratheden Hospital</a>	■ ■ ■	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Whytemans Brae Hospital</a> and Kirkcaldy Health Centre	■ ■ ■	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	■ ■ ■
<a href="#">Skeith Anstruther Medical Practice</a>	■ ■ ■	■ ■ ■	■ ■	■ ■	■ ■	■
<a href="#">Randolph Wemyss Memorial Hospital</a>	■ ■ ■	■ ■ ■	■ ■		■	■
<a href="#">Victoria Hospital</a>	■ ■ ■	■ ■ ■		■		■
<a href="#">Fife College of Nursing &amp; Midwifery</a>	■ ■ ■	■ ■ ■		■		■

Key sites	Wellbeing	Nature	Food	Skills	Energy	Climate
<b>Good Potential to deliver strategy</b>						
<u>St Andrews Community Hospital</u>	■ ■ ■	■ ■ ■	■		■	■
<u>Ladybank Clinic</u>	■ ■	■ ■	■		■	■
<u>Leslie Dental Access Centre &amp; Leslie Medical Centre</u>	■ ■	■ ■	■		■	■
<u>Linburn Road Dental Access Centre and Health Centre</u>	■ ■	■ ■	■		■	■
<u>Matthew Street, 26 Kirkcaldy</u>	■ ■	■ ■	■		■	■
<u>Oakley Health Centre/Dental Practice</u>	■ ■	■ ■	■		■	■
<u>Pitteuchar Rothes Practice</u>	■ ■	■ ■	■		■	■
<u>Rosewell Clinic</u>	■ ■	■ ■	■		■	■
<u>Strathmiglo Auchtermuchty Practice</u>	■ ■	■ ■	■		■	■
<u>Valleyfield Health Centre</u>	■ ■	■ ■	■		■	■
<u>Adamson Hospital</u>	■ ■	■ ■	■		■	
<b>Limited Potential to deliver strategy</b>						
<u>Glenwood Dental Access Centre and Health Centre</u>	■ ■	■ ■			■	
<u>Kirkland Dental Access Centre</u>					■ ■ ■	
<u>Leuchars Pitcairn Practice</u>					■ ■ ■	
<u>Leven Health Centre</u>					■ ■ ■	
<u>Lochgelly Health Centre</u>					■ ■ ■	
<u>Masterton Health Centre</u>					■ ■ ■	
<u>Newport Tayview Medical Practice</u>					■ ■ ■	
<u>Rosyth Health Centre</u>	■	■				■ ■
<u>Tayport Tayview Medical Practice</u>					■ ■ ■	
<u>Weston Day Hospital</u>					■ ■ ■	

## Our partners

### Core Partners

**Greenspace Exercise Partnerships:** between Scottish Forestry, NatureScot, NHS National Services Scotland and Public Health Scotland. This co-ordinates the NHS Greenspace Demonstration Project. The aims of this are twofold. Firstly, to improve the quality and accessibility of greenspace on large demonstration sites. Secondly, to encourage more use of greenspace by patients, staff, visitors and members of the local community.

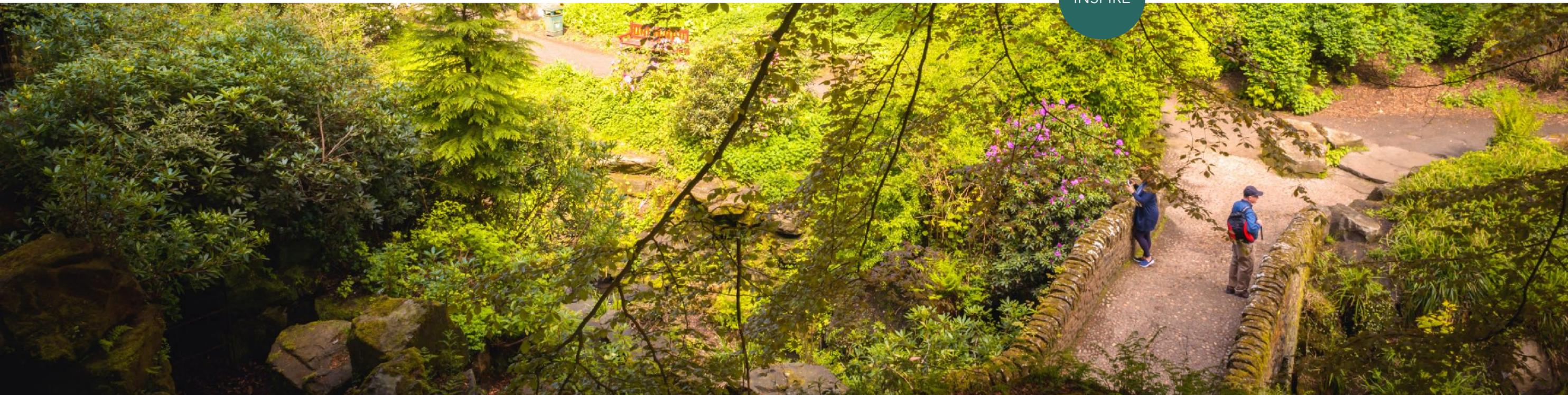
**NatureScot** and **Scottish Forestry:** are already deeply embedded in the NHS greenspace improvements for health and wellbeing ( see Greenspace Exercise Partnerships above). They are keen to expand this involvement to support the nature, climate and biodiversity themes of our strategy and have a wealth of experience, advice and resources to assist.

**Scottish Government:** With responsibilities for Capital Planning and NHS Facilities, early discussions should be held over the comprehensive approach to our 2030 Greenspace strategy and its impact on existing and planned health facilities.



Green spaces provide valuable cooling effects for buildings and people

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## Operational Partners

**Climate Action Fife** brings together individuals, communities, local government and businesses to tackle the climate emergency and make Fife a greener and fairer place to live. We will have a strong partnership with Climate Action Fife who have a major nature restoration programme with all funding and resources in place for tree planting at scale. They also have a funded **behaviour change programme** they are keen to role out to patients and staff across Fife.

**Fife Coast and Countryside Trust** will be a key partner and are keen to provide direct maintenance and advice across the larger NHS sites. They have the experience and knowledge to help deliver the 2030 Greenspace Strategy.

**Food4Fife Partnership**: we believe this Partnership and the recently launched Food4Fife strategy will be central to the delivery of the food theme in our 2030 Greenspace Strategy. NHS Fife staff are already deeply embedded in this Partnership and currently holds the chair. This excellent **promotional film** gives an introduction.

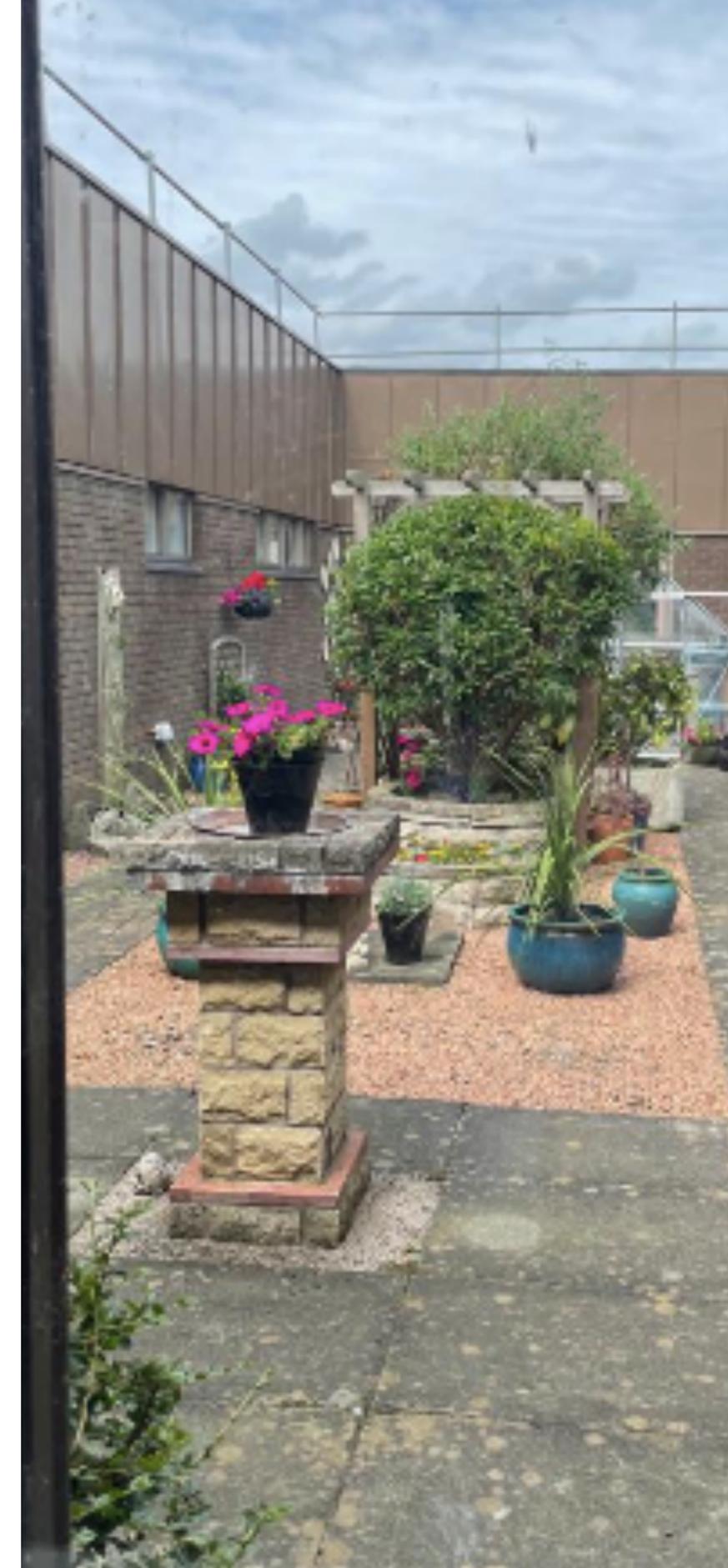
**Rural Skills Scotland**: we believe a partnership with this organisation is important as we up skill our staff, patients and community to deliver our 2030 greenspace strategy. From bringing additional contractor help on bigger projects to training volunteers and creating apprenticeship programmes we see them as a key, operational partner.

**Community Energy Scotland** and **Local Energy Scotland**: these organisations have the skills and resources to help us match the most suitable energy source to the right sites and help us to access the necessary funding and investment.

**Fife Council Departments**: some Council departments will be important, operational partners. They include:

- Economy Planning and Employability Services - Locality Response Team is keen to explore how the Council's intermediary employment priorities can align with Rural Skills Scotland and the work of the new organisation in offering a route to employment through greenspace.
- Climate Change and Zero Waste Team would welcome the opportunity to identify other publicly owned land, help co-ordinate action on the ground and share thoughts on monitoring and evaluation.
- Communities and Neighbourhoods - Allotments are a key resource for the food growing theme of our strategy and this department are keen to work together.
- Housing Services is interested in developing a close working relationship to encourage the use of green spaces within housing estates close to NHS estates that are managed by the Council.
- Local Development Team would welcome early contact from our new organisation about the strategy.
- Safer communities Team are open and willing to aligning the role of their wardens to practical projects in areas close to NHS greenspace.

**Local Landowners**. We recognise the importance of open dialogue with local farmers and landowners to avoid any conflict on greenspace projects and encourage collaborative working. Those already involved in the Food4Fife Partnership may be particularly open to collaborative working.



## Advisory Partners

**Community Land Scotland:** can help with guidance, resources and access to funding for the ownership of community land and buildings. This will greatly help in the situations where asset transfer of land and buildings may be an appropriate solutions to implement our greenspace strategy.

**Development Trust Association Scotland:** DTA Scotland is an independent, member-led organisation which aims to promote, support and represent development trusts in Scotland. Alongside Community land Scotland they will be an early port of call to explore community asset transfer and to locate community companies already operating across Fife.

**Greenspace Scotland:** This is an excellent source for all things 'greenspace' and in particular helpful funding, resources and case study examples.

**Greener Kirkcaldy:** We are fortunate enough to have one of Scotland's most impressive community companies on our doorstep. We recognise that Greener Kirkcaldy has a wealth of experience and practical advice to offer on all aspects of our work. Other excellent examples of similar community anchor organisations are **Transition St Andrews** and **CLEAR Buchaven and Muthill**

**Skills Development Scotland** will be keen to bring direct training opportunities to local young people, those seeking new employment opportunities and those wanting to equip themselves with a new set of life skills. **Fife College** can also offer direct links to other helpful educational resources.

**Fife Environment Trust** ensures locally generated landfill tax monies can be made available to local projects.

“

For every £ we spend on greenspace we are realising over £4 of social and economic benefits from the wider sustainability gains



## Our funding

The funding mix to support all six of the key themes in our 2030 Greenspace Strategy will combine a number of sources.

NHS/Public Sector Funding: this funding will:

- Retain our focus on the **health and wellbeing** benefits of our greenspace.
- Protect and enhance **nature and biodiversity** across our estate.

And will include:

- Core funding for the NHS Fife 2030 Greenspace Partnership: for existing staff within the NHS Fife Team (detail to be agreed by NHS Senior Management).
- Project funding for major greenspace projects can be applied for via the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership. In its first year of operation the 2030 Greenspace Partnership will prepare a major bid to both of these sources to support the delivery of our 2030 Greenspace Strategy.
- Project Funding from Forestry Scotland and NatureScot through their main stream programmes in addition to the Green Exercise Partnership
- Future Funding from the recently announced **Nature Restoration Fund**. One to watch for future years.

External Funding to:

- Add value to the internal funds for **health and wellbeing** benefits of our greenspace.
- Add value to the internal funds protect and enhance **nature and biodiversity** across our estate.
- Attract significant external funding to promote **local food** growing and help to create a sustainable food culture for Fife.
- Develop rural and traditional **skills** through our greenspace projects.
- Generate **renewable energy** to reduce our energy costs, support greenspace projects and build our energy resilience.
- Reduce greenhouse gases, raise awareness and adapt to our **changing climate**.

“

We are already working to find some start up funding to help develop our initial ideas.

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Many of these funds will require the applicant to be a local or third sector organisations. By matching the NHS land resources with the energy and skills of these local partners significant funding can be unlocked to support the delivery of the greenspace strategy. Examples include:

**Climate Action Fife:** have received £2,102,234 of National Lottery funding to continue its work with local communities on the climate change agenda. This can include a major tree planting programme.

**Food4Fife Partnership:** by aligning the work of the two partnerships this will help us to identify additional funding sources, tap into existing funding programmes and add value to strategic, Fife wide bids. An early example of the funding sources that will open up around this agenda is the new fund through Innovate UK and promoted by the UK Government called **'Better Food for All:** innovation for improved nutrition, early stage'.

**Local Energy Scotland:** operates a number of funding programmes for renewable energy projects led by community organisations.

**Fife Environment Trust:** is one of the key funding bodies in Fife awarding grants for community, environmental and heritage projects across Scotland to benefit the lives of those living in the vicinity of landfill sites and/or waste transfer stations

**National Lottery Community Fund:** this fund is an excellent source of early stage and more strategic funding bids for community organisations to support all aspects of our Strategy.

**Paths for All:** supports walking for health and all forms of active travel that will be a key ingredient in delivering our greenspace strategy.

### Income generation

Investment in renewable energy generation across our greenspace (and built estate) can generate income and reduce our carbon footprint. On larger sites investment in solar, geothermal and wind generation can increase energy resilience, power EV charging and create private energy grids. We will carry out a major feasibility study of this potential across our greenspace estate in the first year of our 2030 Greenspace Partnership.

“ There is a reduced risk of mental health problems for those who exercise in Green Space, compared to Gym or Street



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### Year 1

#### Organisational Development

- Agree core team from NHS Fife to lead the early development and delivery of the 2030 Greenspace Strategy. This team should have board level representation through the Green Champion.
- This core team should review the full range of **existing and priority projects** to ensure that existing proposals cover the full range of uses proposed under our **key themes**
- Discuss and establish a partnership group of **key organisations** to help implement the greenspace strategy taking inspiration from the Food4Fife Partnership. Note action under 'Communication' below.
- Agree how the core team/partnership will be resourced.
- Hold briefing sessions with **our core partners** to promote our new greenspace strategy and advocate for support and involvement.

#### Projects

- Continue to develop and the existing proposals (and management arrangements) for these six priority sites (already under consideration by NHS Fife and partners) to ensure continuity and early wins for our greenspace strategy. Each of these sites requires a brief detailing the proposed work alongside an indicative costing and delivery timescale.
  - **Queen Margaret Hospital** (currently progressing through feasibility with the Green Partnership Fund)
  - **Stratheden Hospital**
  - **Victoria and Whyteman's Brae Hospital**
  - **Lynebank Hospital**
  - **Cameron Hospital**
  - **Adamson Hospital**

## Communication

- Publish and promote the new 2030 Greenspace Strategy extensively throughout Fife and nationally to build support and understanding.
- Hold briefing sessions for **operational partners** to explore their enthusiasm for and involvement in the strategy.
- Prepare regular press and social media content.

## Learning and Sharing

- The core team and those involved from the emerging partnership should enrol for Climate Action Fife's **behaviour change programme**. NHS staff and patients should also be encouraged to take part.

## Feasibility and Research

- To engage the local community the core team/partnership should work with the **Food4Fife** Partnership to identify local food/allotment groups who may have an immediate interest in developing projects on NHS sites. The food theme is a particularly powerful way to engage local people and NHS Fife already has a positive role in chairing this partnership.
- The core team /partnership should commission a detailed feasibility study of renewable energy potential for all greenspace sites identified in the summary table (link to the table). The planning and funding of this should be discussed with **Community Energy Scotland**.
- Research and publish the next phase of priority projects for years 2 to 4.
- Develop monitoring and evaluation proposal for our strategy. Note all the existing resources and tools currently available through the Green Delivery Partnership.
- Design a clear and simple system to monitor and evaluate our progress to 2030.

## Funding

- Prepare a major, co-ordinated bid to the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Prepare a bid to the second year of **Better Food for All**: innovation for improved nutrition, early stage'.
- Align the external funding opportunities with the above bid to add value and demonstrate partnership working.



## Years 2 - 4

### Organisational Development

- Regular meetings of the NHS 2030 Greenspace Partnership leading the delivery of our strategy.
- Continue to develop core team in response to the success of the strategy.

### Projects

- Deliver the priority projects for years 2 to 4 as identified by the research and progress in year 1.
- Advance the community driven food projects identified through the first year feasibility work.
- Advance the main sites identified in the feasibility study around renewable energy projects

### Communication

- Publish and promote the continuing progress to deliver our 2030 Greenspace Strategy.
- Prepare case study examples across our key themes to promote our work.
- Prepare regular press and social media content.
- Promote the GIS mapping as a Fife wide resource and national exemplar

### Learning and Sharing

- Promote Climate Action Fife's [behaviour change programme](#) for NHS staff, patients, partners and the community.
- Promote theme based training/good practice events across Fife from the successes (and failures) of our strategy.

### Feasibility and Research

- The core team/partnership should expand the GIS mapping system to include other public sector sites with greenspace potential to increase the impact of the greenspace strategy.
- Research and publish the next phase of priority projects - up to 2030
- Publish an annual report and monitoring and evaluation report each year.

### Funding

- Secure continued funding through the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Align the external funding opportunities with the above bid to add value and demonstrate partnership working.



## Years 5 - 7

### Organisational Development

- Regular meetings of the NHS 2030 Greenspace Partnership leading the delivery of our strategy.
- Develop the Greenspace Partnership in response to successes and failures of the strategy.

### Projects

- Deliver the priority projects for years 4 to 2030 as identified by the research and progress in years 2-4.

### Communication

- Publish and promote the continuing progress to deliver our 2030 Greenspace Strategy.
- Prepare case study examples across our key themes to promote our work.
- Prepare regular press and social media content.

### Learning and Sharing

- Continue to promote Climate Action Fife's behaviour change programme for NHS staff, patients, partners and the wider community (and/or other courses as appropriate).
- Promote theme based training/good practice events across Fife from the successes (and failures) of our strategy.

### Feasibility and Research

- Continued feasibility and research work in response to progress and prioritiesPrepare annual reviews of our Strategy
- Prepare closing review of strategy to publish in 2030

### Funding

- Secure continued funding through the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Seek external funding opportunities linked to the above bid to add value and demonstrate partnership working.



## Our learning and sharing

For our strategy to be successful we must engage directly with our staff, patients and local communities. We must be quick to learn lessons about what works (and doesn't) and to communicate well and effectively.

We will build an understanding of why this work is of such importance. The climate, nature and health challenges that we all face are clear and urgent. They can also be overwhelming. Our greenspace strategy will help to deliver real, practical change that can improve lives. From local food growing to learning new skills, generating clean energy, creating new woodlands to relax in and helping nature thrive. As a foundation for this work we will encourage everyone inspired by this strategy to engage with Climate Action Fife's [behaviour change programme](#).

As an anchor organisation we understand our duties and responsibilities to monitor and evaluate our work. This will recognise national requirements such as [NHS Scotland Sustainability Assessment Tool](#) and the recently announced requirement for all Health Boards to undertake a natural capital assessment of their land (notification Dec 2022). We will also develop a clear and simple system to evaluate our progress against our 6 key themes.

We will share our progress through all the formal and informal channels that our NHS 2030 Greenspace Partnership will open up to us. For example, Climate Action Fife are already connected to most communities across Fife. The Food4Fife Partnership has engaged a network of local businesses and landowners. Fife Council departments have a presence in every part of Fife community life.

Most importantly, we will build staff and patient involvement in every aspect of the strategy. From helping to design the strategy, developing the ideas for the sites that are close to their hearts and encouraging volunteering to making them actually happen. We will embrace all of these opportunities to learn and share as our work progresses.



“

Across Scotland we have wonderful NHS estates that sit right in the heart of communities.

## Our next steps

We have the opportunity to deliver a groundbreaking approach to our greenspace estate through this 2030 Greenspace Strategy. We want to be ambitious and show leadership for other areas in Scotland and beyond.

On publishing this draft strategy we will take five steps:

**Step 1:** Open the draft to comment, constructive criticism and improvement from our staff, patients, partners and local communities. For our work to succeed we must have the buy-in from everyone involved and co-produce our strategy.

**Step 2:** Undertake an extensive survey for our staff and patients to gauge their reaction to the strategy, our suggestions for each site and how they would like to be involved in this work.

**Step 3:** Hold an online event to showcase the strategy and give everyone the opportunity to discuss and improve the strategy, the options for each site and how to deepen our partnership approach.

**Step 4:** Convene the first meeting of our NHS Fife 2030 Greenspace Partnership to review the draft.

**Step 5:** Publish our 2030 Greenspace Strategy.



<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>East Region Health Protection Service: Implementation Update</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health, NHS Fife</b>
<b>Report Author:</b>	<b>Joy Tomlinson, Director of Public Health, NHS Fife</b>

## 1 Purpose

This report provides an update for Public Health and Wellbeing Committee members on the progress towards implementation of the East Region Health Protection service.

### **This report is presented for:**

- Assurance

### **This report relates to:**

- Emerging issue
- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

This paper provides an update on the implementation of the East Region Health Protection service for NHS Borders, Lothian, Fife and Forth Valley. It is being brought to Committee following a change in the planned timeline towards implementation.

### 2.2 Background

The delivery of Health Protection services in Scotland lies primarily with Health Boards supported by the national body, Public Health Scotland. The core functions include investigation of cases of infectious disease, risk management and active outbreak management as well as ongoing surveillance of threats to population health (further detail within **Appendix One**). The service is delivered by small Health Protection teams based in each territorial Board area, comprising consultant and specialist nurses. The Health Protection teams work closely with Environmental Health, based within Local Authorities to

ensure that any local outbreaks are effectively managed. A Joint Health Protection Plan is produced every two years, by Environmental health and Health Protection teams setting out the areas of joint focus and this is a statutory requirement.

During the COVID19 pandemic the local Health Protection teams were expanded significantly to deliver an enhanced level of protection for the population. They worked alongside contact tracing and testing teams to support the pandemic response. The longer-term sustainability and resilience of specialist Health Protection teams is one of the main drivers for the decision by NHS Fife, Forth Valley, Lothian and Borders to explore a single regional service. Each of the Boards have endorsed the strategic direction and work has been progressing over the last year to transition to a regional service approach. An update was provided to Public Health and Wellbeing in January 2023 about progress and the anticipated timeline towards implementation in early April 2023.

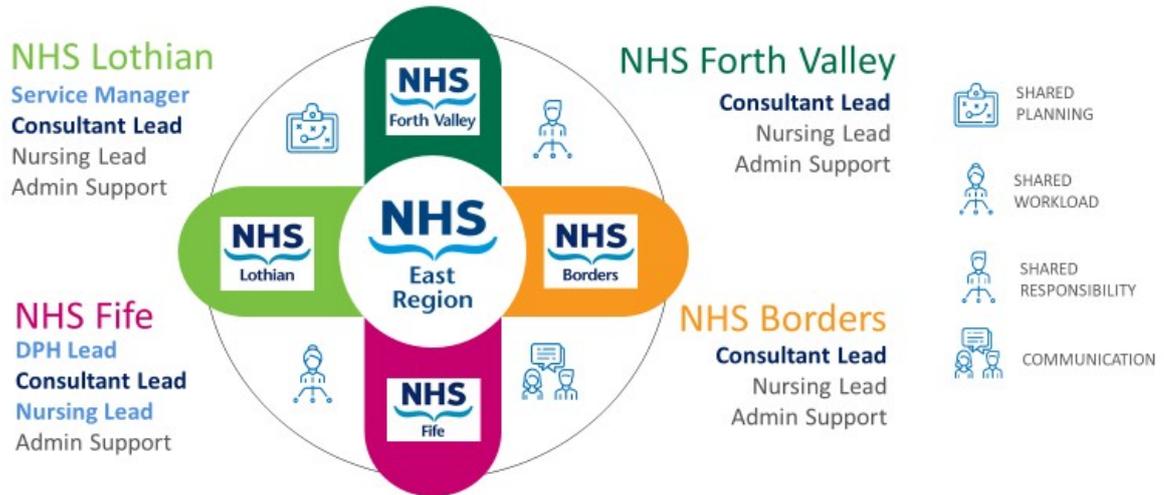
## 2.3 Assessment

Consultation with staff about the new service began on 5<sup>th</sup> December 2022, for an anticipated 12-week period. The shadow leadership team established a programme of work led by working groups for workforce, systems, business and processes as well as a clinical decision making. Each of the groups has core tasks which they are progressing prior to implementation. A transitional programme Board oversees progress from the groups and the overarching governance group remains the Oversight Board, which provides senior level governance. Membership including Board Chief Executives and Directors of Public Health from each of the four Boards.

### Progress

The preferred model for the East Region Health Protection service was informed by the discussion within the project governance groups supplemented by workshops held with staff (see **Figure 1** below). This has been consulted on and no substantive changes have been required.

## Outline of Model



Many of the elements required before the service implementation date have now completed, including identification of a suitable telephony system, a scoping health inequalities impact assessment and an out of hours audit to inform future rota requirements.

Work has not concluded in some key areas which are required before the service is safe to start. The timeline to implementation is anticipated to be agreed for summer 2023 following discussion with the Oversight Board.

## Key challenges

One of the core requirements for the service is ensuring digital infrastructure is in place for the start date. The preferred option is to adapt the existing electronic case management system HPZone for use on a regional basis. The digital provider has been asked to provide a demonstration of functionality and breakdown of costs. Assurances have been given that the changes required are achievable, but a demonstration of functionality and breakdown of costs has not taken place within the expected timescales. This system change is a key requirement within the Safe to Start list for the service and the impact of the delay in receiving the information required has resulted in a delay to the start date.

The financial baseline position has been completed for each of the four Boards and financial principles agreed by the Oversight Board. The Oversight Board have requested work is completed to agree cross-charging arrangement between Boards. A paper has been shared with the Directors of Finance from each of the Boards involved and it is expected a recommendation will be shared with Board Chief Executives in advance of the next Oversight Board meeting.

There are existing differences in the way that health protection staff are remunerated for on-call activity. As a result of the consultation process, AfC staff have highlighted these

differences in remuneration. This discussion is being supported by staff-side representatives and the HR leads in each of the Board areas to find a solution.

### **2.3.1 Quality / Patient Care**

The ambition of the new service is to strengthen training and education for all staff involved in Health Protection and a learning and education strategy has been developed. Questionnaires have been sent to all Health Protection teams to understand existing local induction and staff development approaches. Shared continuing professional development sessions have begun with an initial focus on emergency response.

### **2.3.2 Workforce**

There has been balanced feedback from staff about the positive opportunities, attracting more people to work in Health Protection and supporting resilience. There have also been recognised challenges in maintaining momentum of the project during the pandemic and this has resulted in some staff feeling it will never happen. There have also been concerns raised, about the potential changes to individual hours and responsibilities. These will be addressed during the next part of the consultation by individual line managers.

### **2.3.3 Financial**

The ambition is for the East Region service to be sustained within existing budgetary resources. There are areas of potential pressure which remain to be scoped. Adaptation of the digital platform HPZone for regional use may incur a cost and implementation of telephony for the project may incur costs for some Boards.

Financial principles were endorsed by the Oversight Board in October 2021. Work has been progressing to agree the financial mechanism between Boards and an outline paper shared with Directors of Finance in East Region.

### **2.3.4 Risk Assessment / Management**

The leadership team have maintained a risk register throughout the process. There are two 'red' escalated risks.

- Risk that HP Zone SPOC will not be in place for intended start date
- Lack of clarity on intended financial arrangements for the regional service

The mitigations for HP Zone include formal follow-up with the provider and exploring in the longer term whether alternative platforms are suitable.

It is anticipated that the financial paper will resolve the uncertainty around financial arrangements for the service.

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

Health Inequalities Impact Assessment scoping exercise has been completed for the new service including all Boards and no issues identified. There are no direct benefits or negative consequences for the Anchor ambitions of NHS Fife.

### **2.3.6 Climate Emergency & Sustainability Impact**

The new service will not impact directly on the delivery of the [NHS Scotland Climate Emergency & Sustainability Strategy](#). The service is anticipated to support greater workforce sustainability and the experience of working remotely, or hybrid working, during COVID19 is anticipated will continue in the longer term.

### **2.3.7 Communication, involvement, engagement and consultation**

Representatives from all teams have contributed to the Clinical Reference Group. Partnership input has been provided to the Oversight Group and also through the Operational Delivery Group. Newsletters have been provided for wider staff cohorts who will be part of in the new service. All staff received identical invitation letters to participate in the consultation process and a mechanism to provide anonymous feedback to the project team.

### **2.3.8 Route to the Meeting**

Executive Directors' Group on 4 May 2023

Staff Governance Committee on 9 March 2023

## **2.4 Recommendation**

This paper is presented for assurance and an opportunity to discuss progress. The Committee is asked to note the progress towards implementation of the East Region Health Protection Service and discuss the highlighted risks. The Oversight Board for East Region Health Protection service will meet on 12<sup>th</sup> May. The aim is to finalise the financial mechanism required for the new service and endorse the digital platform for the service at this meeting.

- **Committee are asked to receive this paper for assurance** – For Members' information.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1, Public Health (Health Protection) duties for NHS Boards

### **Report Contact**

Joy Tomlinson

Director of Public Health

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## Core public health issues related to health protection to be managed by NHS Boards

### Communicable diseases

- Respiratory infections: TB, meningococcal infection, Diphtheria, Legionellosis, Flu, SARS
- Gastro-intestinal infections: VTEC, Salmonella, Cryptosporidium, Norovirus
- Blood-borne viruses: Hepatitis B and C, HIV
- Sexually transmitted infections: gonorrhoea, syphilis, chlamydia
- Zoonoses: rabies, avian influenza
- Healthcare Associated Infection: MRSA, surgical site infections, iatrogenic vCJD
- antimicrobial resistance
- Viral Haemorrhagic Fever

### Environmental hazards (chemical, biological, radiological and nuclear hazards)

- Chronic exposures to those chemical biological or radiological hazards most likely to cause significant damage to the local population's health
- Assess the impact of and seek to improve the on-going impact of the quality of the environment on health

### Deliberate or accidental release of biological, chemical, radiological and nuclear hazards

- Acute exposures to those chemical hazards most likely to cause significant damage to the local population's health especially when occurring in chemical incidents
  - Unusual illness due to those agents most likely to be used in a deliberate release e.g. anthrax, plague;
  - Implementation of the national smallpox plan
  - Response to packages alleged to or known to contain a biological agent
  - Special control measures related to deliberate release incidents including the decontamination of those exposed to a biological or chemical hazard and community evacuation or containment

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Fife Partnership Board – Our Fife Leadership Summits</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Lucy Denvir, Consultant in Public Health</b> <b>Joy Tomlinson, Director of Public Health</b>

## 1 Purpose

**This report is presented for:**

- Discussion

**This report relates to:**

- Local Policy: Plan for Fife

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

- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Fife Partnership recently led a series of workshops titled 'Our Fife Leadership Summits'. A final report has been produced and partner organisations have been asked to provide feedback which will inform next steps. Public Health and Wellbeing Committee members are asked to consider the report and consider the opportunities for future collaboration.

### 2.2 Background

Fife Partnership Board held a series of themed Our Fife Leadership Workshops between September and December 2022. The themes of the workshops were community wealth building, working for place, no wrong door and health and well-being. Three workshops were held focussed on each topic. The workshops concluded with a report and recommendations which were presented at a second Leadership Summit in January 2023. A summary report has been produced including draft leadership commitments (Appendix 1). Fife Partnership Board requested that all partner organisations consider and discuss the summary outputs within their leadership teams and provide feedback on the following additional questions:

- What work is needed to take forward the strategic change ambitions?

- What are the implications of the draft commitments for you and your organisation role in taking them forward?
- What changes should be made to partnership governance and delivery arrangements to take community planning forward?

These questions were considered by the Executive Director Group and feedback was provided. Fife Partnership will review all the responses from organisations involved in the summits before determining next steps.

## 2.3 Assessment

Three key aims were set out at the start of the Leadership Summits. These were to explore:

- The intent behind our vision for Fife
- Our common purpose
- The practical steps we need to take over the next three years to turn that vision into reality

A graphic is available on the Our Fife Leadership Summary webpages [Our Fife Leadership Summits](#) which presents a visual overview of the key findings.

The following is a summary of the report produced from the January Leadership Summit. In a mentimeter poll the participants in the Leadership Summits felt the top two priorities for leadership were to be bold and brave and commit to collective public service. Within each of the four themes the following draft leadership commitments were presented:

1. **Put Community Wealth Building at the heart of what we're doing**, so we :
  - actively engage and work with local business, start-ups and third sector to win more of our work
  - reach out our recruitment to local communities
  - prioritise CWB within our key strategies e.g. economy, climate, health
2. **Live up to the Place Principle**, so we :
  - work through a shared approach to how we inform, plan, review and engage locally
  - adjust our structures and operating arrangements to enable locally responsive teamwork
  - make resource decisions together
3. **Implement system change in how we are supporting people and families to improve their quality of opportunity and life**, so we :
  - commit to share knowledge, review our referral approaches, and redesign processes
  - join up our access and information
  - lead and invest in multi-service team working and skills
4. **Prioritise health and wellbeing when we plan our places and services**, so we :

- invest in local community groups to facilitate local action
- design our workplaces and the services they deliver to improve physical activity and health and wellbeing
- work to create community networks and use all our assets to support physical activity and health and wellbeing, especially our green spaces

Following the summit in January there has been a pause to receive feedback and consider next steps. For Fife Partnership overall these could include how to further foster and embed the leadership behaviours and ambitions across the partnership.. There are already a number of areas of existing work NHS Fife is engaged in that provide potential to link and support these commitments. Community engagement, NHS Fife Green Space Strategy and advancing our role as an Anchor Institution are all areas of work that contribute across all the themes and commitments. Within the Health and Well-being theme there is potential to compliment other commitments with work on physical activity and connectivity and consider Scotland's Public Health Priority 6 'A Scotland where we eat well, have a healthy weight and are physically active'. The Communities and Well-being Partnership, within Fife Partnership already brings together key partners and has potential to provide support in progressing this agenda.

### **2.3.1 Quality / Patient Care**

The focus on common purpose for Fife contains potential benefit for the local wider population. The Population Health and Wellbeing Strategy recognises the importance of partnership working to benefit health and wellbeing. The high-level themes from the workshops will benefit

### **2.3.2 Workforce**

Workforce areas addressed by being an Anchor Institution and working within Fife Partnership has significant potential for a positive impact on staff recruitment and retention and staff health and well-being.

### **2.3.3 Financial**

It is not yet clear what potential financial benefits or pressures will be in progressing this agenda.

### **2.3.4 Risk Assessment / Management**

No risk assessment has been carried out as part of the Leadership summits though there has been clarification through the workshops in exploring the gaps between ambitions and current practice.

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

The workshops made recommendations which have potential to benefit equality and diversity. Further work will be required to develop these ideas fully. Fife Partnership has an Anchor charter to which NHS Fife is a signatory. This contains a commitment to long term collaboration through a Community Wealth Building approach which has a central commitment to retaining wealth locally for the benefit of local people. Anchor Institution work contributes to addressing inequalities and community wealth building.

### 2.3.6 Climate Emergency & Sustainability Impact

The nature of place based working included in these commitments together with greenspace strategy development can have a positive impact on sustainability aims for NHS Fife.

### 2.3.7 Communication, involvement, engagement and consultation

The leadership summits included a range of leaders across Fife Partnership. No wider engagement or consultation has taken place at this stage.

### 2.3.8 Route to the Meeting

This briefing paper is based on an overview presented to Fife Partnership Board on 28<sup>th</sup> February 2023. This paper was taken to EDG on 23<sup>rd</sup> March 2023 and a further update is expected at Fife Partnership Board on 2<sup>nd</sup> May.

## 2.4 Recommendation

- Discussion

Public Health and Wellbeing Committee members are asked to consider the output from the summits and discuss the opportunities for future collaboration.

## 3 List of appendices

The following appendices are included with this report:

- **Appendix 1** - Our Fife Leadership Summits Stocktake Feedback

The thematic summary reports listed are available on the [OurFife Leadership Summit Stocktake webpage](#)

- Building Community Wealth Summary Report
- Health & Wellbeing Summary Report
- No Wrong Door to Services and Support Summary Report
- Working for Place Summary Report

### Report Contact

Lucy Denvir

Consultant in Public Health, Chair of Communities and Wellbeing Partnership

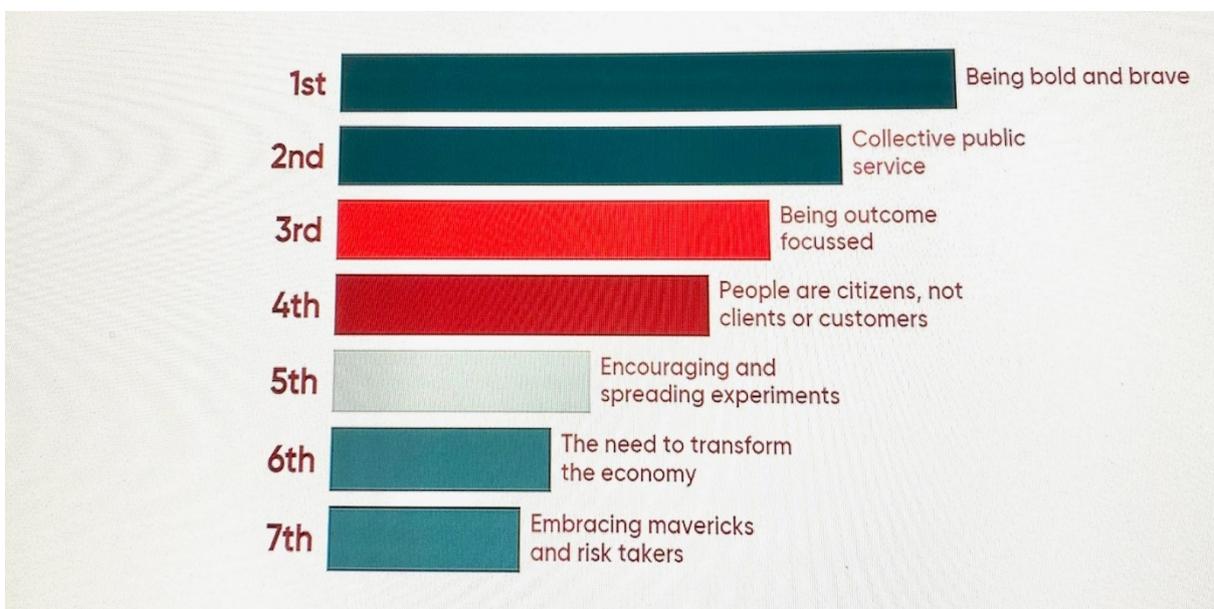
Email [lucy.denvir@nhs.scot](mailto:lucy.denvir@nhs.scot)

## Appendix 1

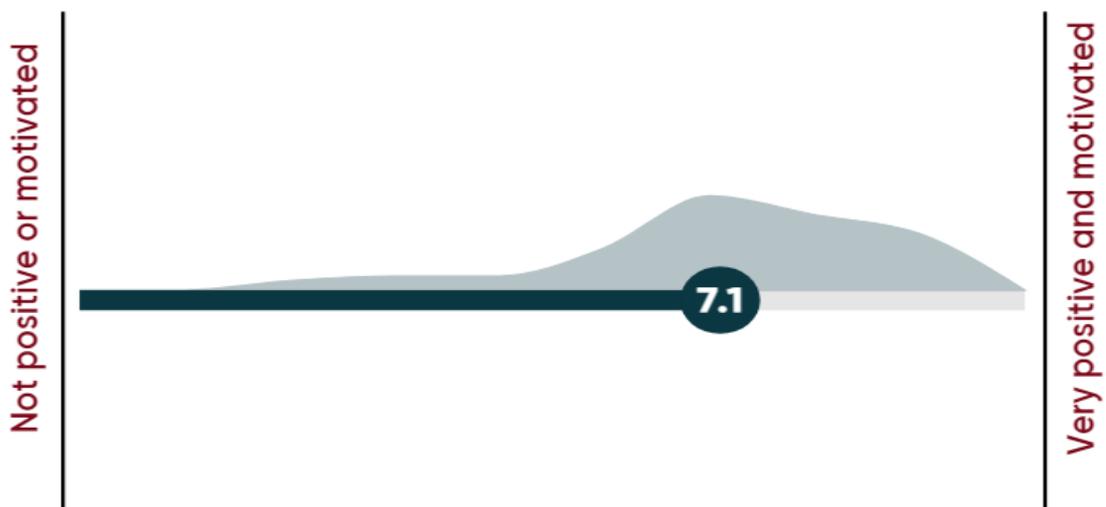


## STOCKTAKE FEEDBACK 18 JANUARY 2023

### Leadership Priorities



### Positivity and Motivation



## Draft Leadership Commitment

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1. **Put Community Wealth Building at the heart of what we're doing**, so we :
  - actively engage and work with local business, start-ups and third sector to win more of our work
  - reach out our recruitment to local communities
  - prioritise CWB within our key strategies e.g. economy, climate, health
  
2. **Live up to the Place Principle**, so we :
  - work through a shared approach to how we inform, plan, review and engage locally
  - adjust our structures and operating arrangements to enable locally responsive teamwork
  - make resource decisions together
  
3. **Implement system change in how we are supporting people and families to improve their quality of opportunity and life**, so we :
  - commit to share knowledge, review our referral approaches, and redesign processes
  - join up our access and information
  - lead and invest in multi-service team working and skills
  
4. **Prioritise health and wellbeing when we plan our places and services**, so we :
  - invest in local community groups to facilitate local action
  - design our workplaces and the services they deliver to improve physical activity and health and wellbeing
  - work to create community networks and use all our assets to support physical activity and health and wellbeing, especially our green spaces

## 1 CWB FEEDBACK:

### Put Community Wealth Building at the heart of what we're doing

---

Strong commitment to the principals and potential benefits of CWB. There was discussion and feedback about the degree to which CWB principals were understood in both organisations and within communities. There was also discussion about the clarity of the specific CWB goals that were being pursued.

- *A real chance to see fairly quick, significant results*
- *How would a function or service know that it wasn't taking a CWB approach*
- *The term isn't widely understood - need to find simple ways of expressing key concepts to all, including our citizens*
- *What is the big vision for all of this that creates buy-in?*
- *What does this actually mean in practice for Fife? In 5 -10 years how does this mean for us, communities, businesses etc*

Local recruitment and the role of anchor organisations in supporting local employment was a key theme of the discussions during the CWB workshops. This was also a theme that was fed back as important during the summit.

- *Public sector recruitment approach*
- *Quality jobs not just any job*
- *Having Fife people in the heart of our future workforce - being part of the new ways of working and serving our communities differently.*
- *Importance of growing local economy and jobs in key localities in Fife*

One of the key operational considerations in CWB is how we can advance this work via procurement processes. This was discussed during the workshops, and was the focus of some of the feedback from the summit. It was noted however, that this approach alone is insufficient.

- *Review procurement processes*  
*We need joined up procurement to assist local companies to increase employment*
- *Supply chain opportunities go beyond just the winning of a contract.*
- *Not just about local procurement through contracting.*

One of most frequently stated areas of feedback from the summit discussion on CWB was link to community participation in CWB. Many comments emphasised the importance of this, and some explored the specific organisation considers that were important in achieving it.

- *Community ownership is key*
- *Involve communities in developing services.*
- *how this approach and CWB commitments are embedded in local community planning - and drive local work*
- *How do we achieve that genuine involvement of communities*
- *The focus should be on what communities need, not what services think they need*
- *We need to give a proper time commitment to community engagement. If we want communities to get involved we have to dedicate staff resource to this commitment.*

Some of the feedback on CWB from the summit identified or proposed specific areas of activity that could advance this work.

- *Do we need to relook at a basic income given some of the financial challenges and inequalities some of our communities are facing?*
- *More investment in building community teams - with enabling people family support before crisis*
- *Green and open space and free is the gem here*

## **2 PLACE FEEDBACK:**

### **Live up to the Place Principle**

---

Feedback from the summit in relation to the Place agenda identified the need to develop and share a clear vision for this work. In some cases specific options, models or potential local approaches were described.

- *Needs a practical Vision which the Community can understand and appreciate. Do we focus on target areas or 'spread the jam' across Fife?*
- *the role of area committees need to urgently define what is their vision of the place*
- *Need to work more with communities on the definition of place*
- *Are we able to have one team locally or are there a range of multi-agency teams?*

- *My sense is there is not a shared understanding yet and we need to do more on relationships across organisations to support shared understanding*

Within the discussion on generating a clear approach for the place work, there was feedback provided on the importance of engaging communities.

- *We must involve people meaningfully from the earliest possible stage, and ideally, right through to delivery of services, improvements - giving people ownership and responsibility (with support where capacity is lacking).*
- *Need to engage with communities now about what they want. Are our systems really set up to do that?*
- *need to make time to fully engage with communities*

Some feedback from the summit posed questions about the way that a place-based model could be deployed effectively across an area as large and diverse as Fife.

- *Recognising that there are 50 to 60 communities in Fife and their representation may not be served through a 7 area model.*
- *How are we functioning in our city regions, recognising the policies and funding levers aligned to city region/regionally approaches*
- *One size can't fit all Fife. It needs to be a targeted approach for some of Fife.*

Other feedback emphasised the fact that placed based approaches had historical precedents, and that this meant that a commitment to success was particularly important

- *Being clear that these commitments must be upheld. May seem to describe something that's already happening but in reality we haven't cracked it eg joining up info*
- *Joined-up local working across services is not a new concept. If we commit this time, we need to mean it.*

There was a wide range of responses that identified the challenges that needed to be considered and overcome if a place based approach was to be successful across the partnership. Specific themes such as funding and culture were identified.

- *We're not good at sharing resources across the partnership - we need to grasp this thistle.*
- *Need to understand holistically the different funding streams, the terms and conditions attached to them and whether they can be amalgamated and focussed to make a big difference.*
- *People, communities, outcomes, problems are interconnected and interdependent but our budgets are not, leading to inevitable silo structures.*
- *Avoid structural reform as the solution - culture is more important*
- *Culture before jumping to structure*

### 3 NO WRONG DOOR FEEDBACK:

#### Implement system change in how we are supporting people and families to improve their quality of opportunity and life

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Feedback from the summit in relation to the provision of services to people and families reflected a strong desire to work in an holistic way and to move beyond current organisation / service focussed delivery.

- *Holistic approach required, not service based*
- *Need honest and respectful debate about teams working in similar fields - let go and come together for the greater good*
- *MDTs can't be add on to the old system - need new design*
- *Extending networks at operational level across Fife, not just leaders.*
- *We need to take a holistic view of support needed - not just service based. It's not just about better signposting*

The difficulties of current models / ways of working was highlighted as not enabling development or actively holding it back and so there is a clear need to tackle issues of governance, fiscal rules etc.

- *The perceived or interpretation of the 'rules/law' is a significant barrier - data sharing as an example. As anchor organisations we are data rich - what is the shift required?*
- *Governance of change, how does it work on such a scale with many different interests.*
- *Need a different platform to move this forward. Our current partnership mechanisms won't do it*
- *Take a longer term approach rather than a short term problem solving one. About scaffolding and sustainability*

The importance of cultural shifts across and within organisations to ensure more collaborative working in the future and also to consider the importance of shared training and development to create shared visions and practice

- *Recognise there isn't a settled end point now, will be ever changing picture as need emerges for people and families*
- *Reflect on what is working well, where and why.*
- *Joining of resources required, people will find it hard to do that. How do we support that?*
- *Culture change required for how we work with communities - relationships, holistic, stigma-free, rights-based - how do we make this normal practice*

The need to engage meaningfully with communities was agreed as the key next step and to be clear about what they saw as currently valuable and what they saw as most important moving forward.

- *The kind of community engagement we are talking about here and through other themes will need more investment of time, skills and tools than we maybe have at the moment*
- *what do people and families want/say?*
- *Co-design and co-production with citizens*
- *Engagement with citizens before we are too far down a path of change*
- *People and families feedback critical to ensure continuous improvement*

#### **4 HEALTH AND WELLBEING FEEDBACK:**

##### **Prioritise health and wellbeing when we plan our places and services**

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As key employers in Fife we need to work to improve health and wellbeing in our own employees as well as across communities

- *Design the working day to support health and wellbeing. Work shouldn't make you ill.*
- *We all know the importance of physical exercise - this messaging probably needs to be ramped up at home, work and school.*
- *Well-paid, rewarding work can make the biggest difference - if SG prioritises funding for certain age groups, we as a partnership can choose to fund others if it leads to positive outcomes*

- *4 pillars (mental, physical, social & financial) of well-being are important - we can support our staff to ensure they are the 'healthiest' they can be under each.*

There is strong agreement of the inter-connectedness of health and well-being to other strands of P4F. As such it needs to be considered at strategic level in all strands

- *Recognition that physical wellbeing and mental wellbeing are intrinsically linked*
- *Linked to tackling poverty*
- *Financial well-being a big issue to be considered and impacts on other areas of well-being*
- *Need strategic commitment across all services and organisations to creating health in all that we do*
- *Services need to be affordable or free for many communities when we offer activities-needs factored in to budgets*

Prevention was seen as key to long term improvement and there was agreement of a need to move resources in this direction, as well as more integrated planning across partners

- *Could do with creating a prevention scorecard so we constantly look at how we're doing on things like improving physical activity*
- *this requires far wider engagement across services when planning service delivery*
- *More alignment with partner and council plans in terms of use of space, co-ordination and approach. One Vision for Fife, delivered collaboratively.*
- *Importance of prevention and the co-benefits relating to people and families*
- *Make it more difficult not to make these positive life choices*
- *Observation that we have great greenspaces in Fife and could do more work with spaces/places to promote*
- *Have to invest - taking green space as an example, you can't just leave the outdoors to take care of itself and expect to reap benefits for the communities...*
- *Beware of "lifestyle drift" - i.e. making this all about lifestyle 'choices' - it's about how we design our places and spaces to make it easy*

There was some discussion about the importance of role modelling and leadership for this theme – both at a personal level but also in terms of holding each other to account

- *Time to revisit how we are developing leadership and management skills together*
- *Are we as leaders positive role models?*
- *Across all areas we discussed the importance of the actions of leaders. "We have the vehicles, need the drivers now to make it happen"*
- *Continued space to work with a multi partner approach to tackle this area. Shared vision*
- *How do we hold each other to account and ensure commitments are reflected in all plans, activities and leadership behaviours?*
- *Our group emphasised the need for the conversations to continue and more leaders to be engaged*

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Primary Care Strategy Development Update</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health and Social Care</b>
<b>Report Author:</b>	<b>Lisa Cooper, Head of Primary and Preventative Care Services</b>

## 1 Purpose

This paper is presented for assurance regarding progress of the Primary Care Strategy development

### **This is presented for:**

- Assurance
- Discussion

### **This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (HSCP) and NHS Fife Medical Director to support delivery of excellent high quality accessible and sustainable services for the population of Fife

The Primary Care Strategy will be one of the key strategies supporting implementation of the Strategic Plan for Fife 2023-26 and the Population Health and Wellbeing Strategy.

The strategy will focus on recovery, growth and transformation to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.

This SBAR outlines the progress made in development of the strategy and estimated timeline for completion.

## 2.2 Background

Primary Care is normally a person's first point of contact with the NHS and is where most patient contacts occur. A good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention of disease and harm.

Primary care covers a wide range of services including General Medical Services, Community Pharmacy, Optometry, General Dental Services and the Public Dental Service.

General practices, optometrists, pharmacists, and dentists are independent contractors (with the exception of 5 GP practices and the Public Dental Service that are directly managed by the HSCP) and provide services in line with nationally negotiated contracts.

53 GP practices	67 General Dental Practices	Public Dental Service 11 sites across Fife	46 Optometry Practices	86 Community Pharmacies
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The Scottish Government Health and Sport Committee reported on their national work on *What should primary care look like for the next generation ? (2021)* which identified 5 key areas for development:-

1. Workforce and ways of working
2. Patient centred approach
3. Preventative focus
4. Community wide approach to wellbeing
5. Use of data and technology

A strategic needs assessment of primary care has been undertaken through the following activities with emerging themes summarised in Figure 1 :-

- Meetings with a service leads and a range of stakeholders
- Review of national and local policies, strategies and plans impacting on primary care;
- Consideration of current service delivery models and improvement plans;
- Consideration of resourcing, contracting and governance arrangements;
- Identification of factors affecting demand including population demographics, health and wellbeing and impact of COVID-19
- Consideration of relevant data on performance, patient experience and workforce



Figure 1 Primary Care Strategic Themes

Primary Care faces a range of challenges in common with other parts of the health and social care system and some specific challenges to different components (Figure 2).

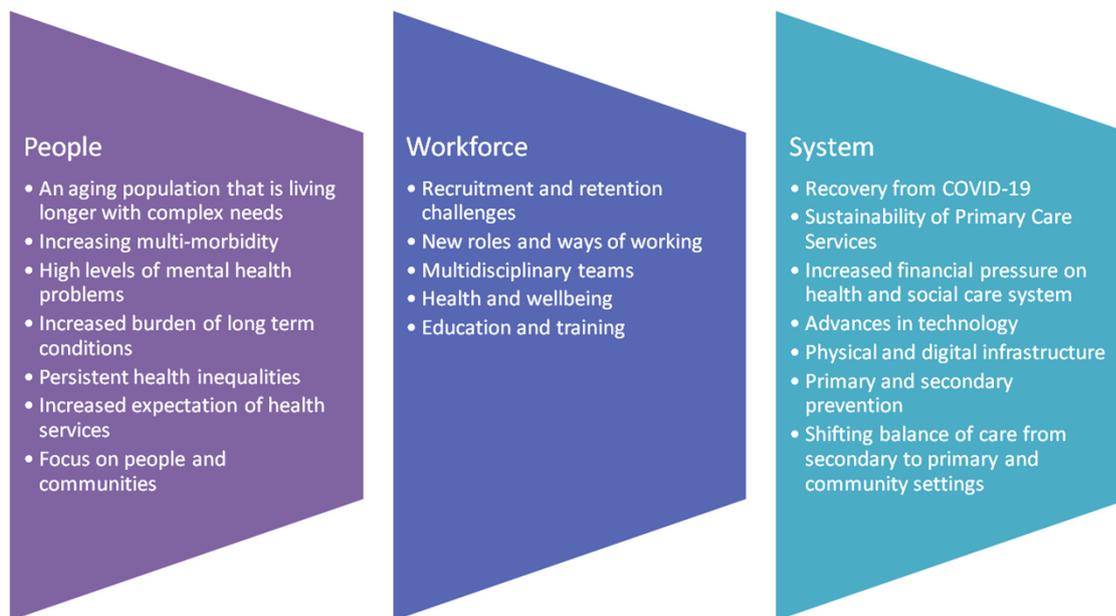


Figure 2 Challenges affecting Primary Care Services

Demographic challenges mean our population is aging and living longer with more complex needs and there are persistent inequalities affecting population health and wellbeing. The working age population is shrinking and there are challenges in recruitment and retention of staff across multiple disciplines. The Covid -19 pandemic has had a significant impact on primary care services requiring changes to the way care is delivered and how people access services as well as having an adverse

impact on population health and wellbeing.

## 2.3 Assessment

The proposed strategic aim of the Primary Care Strategy will be to have

***A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife***

Our proposed vision for primary care has been adapted from the Scottish Government vision

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

Our Primary Care Priorities

- Recover and transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system.
- Develop an integrated workforce plan to support the capacity and capabilities required across all primary care services.
- Improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.
- Embed and accelerate digital solutions to support recovery and underpin transformation of primary care.
- Contribute to improving population health and wellbeing and reducing health inequalities.

These will be aligned with the IJB strategic priorities (Fig 3):



Figure 3 IJB Strategic Priorities 2023-26

The primary care strategy will focus on recovery of primary care, improving quality and making our system sustainable ( Fig 4)



Figure 4 Focus Of Primary Care Strategy

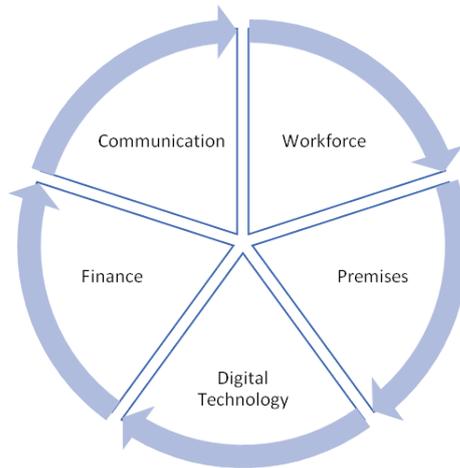
The Strategy will be underpinned by the following key principles:

- Person centred - for those who receive and deliver services;
- Intelligence led- making the most of what we know about patients and their needs;

- Outcomes focused-making the best decisions for high quality patient care;
- Inclusive- designed and delivered to be as accessible as possible and reduce inequalities;
- Co-produced- with local communities, statutory, third and independent partners and carers
- Maximise resources- making best use of all available assets and resources

Key enablers for the strategy:

- Workforce
- Premises
- Digital/Technology
- Finance
- Communication



Following on from strategic needs analysis and being able to define the focus for the primary care strategy a draft 3 year delivery plan has been formed and the next steps will be to consult through our participation and engagement plan (currently being drafted) with a wide range of stakeholders to agree the ambition, ensure the plan is realistic and achievable and identify any gaps which need to be addressed.

The proposed timeline is set out below:



### 2.3.1 Quality/ Patient Care

The core principles underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an

appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

### **2.3.2 Workforce**

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

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

### **2.3.3 Financial**

The remuneration of primary care contractors for their services is subject to national negotiations and agreements and set out in the relevant regulatory frameworks.

There is a risk that the Primary Care Improvement Fund is insufficient to fully deliver the Primary Care Improvement Plan. The plan will be reviewed and monitored to maximise all resources.

The National Code of Practice for GP premises (2017) will move to a model, over a 25 year period, where GPs no longer own their own premises. A review of GP premises has been undertaken and a primary care premises plan is being developed.

### **2.3.4 Risk Assessment/Management**

Primary care services are an integral part of a well-functioning healthcare system. Development of the primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board and is Led by the Director Of Health and Social care. NHS Fife retains the statutory duty for contracts is led the Medical Director.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and therefore the delivery plan will need to be flexible to adapt to any change required.

The primary care strategy is referenced within the Deep Dive on Risk which is also being presented to the public health and wellbeing committee in May 2023.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment will be completed as part of the strategy development.

### **2.3.6 Other impact**

None.

### 2.3.7 Communication, involvement, engagement and consultation

In line with the participation and engagement strategy a consultation and engagement plan is now being drafted following stakeholder analysis. This will build on the engagement already reviewed through the Health and Care Experience Survey, What Primary Care looks Like For The Next Generation and individual stakeholder meetings completed as part of the strategic need analysis. There was also considerable work undertaken in support of the development of the Population Health and Wellbeing Strategy and the IJB Strategic Plan and much of this feedback related to primary care and has informed the strategy development.

### 2.3.8 Route to the Meeting

This 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.

- Meeting with strategy commissioners, 15 February 2023
- HSCP Senior Leadership Team, 13th March 2023
- EDG, April 2023

## 2.4 Recommendation

The Committee are asked to:

- **Discuss** the progress to date of the strategic needs analysis to inform development of The Primary Care Strategy including the strategic aim, vision and priorities to be delivered
- Be **assured** of the approach being taken to complete the strategy supported by a delivery by July 2023.

## 3 List of appendices

The following appendices are included with this report:

Appendix 1 – Proposed Primary Care Strategic Framework

Appendix 2 – Proposed Delivery Plan

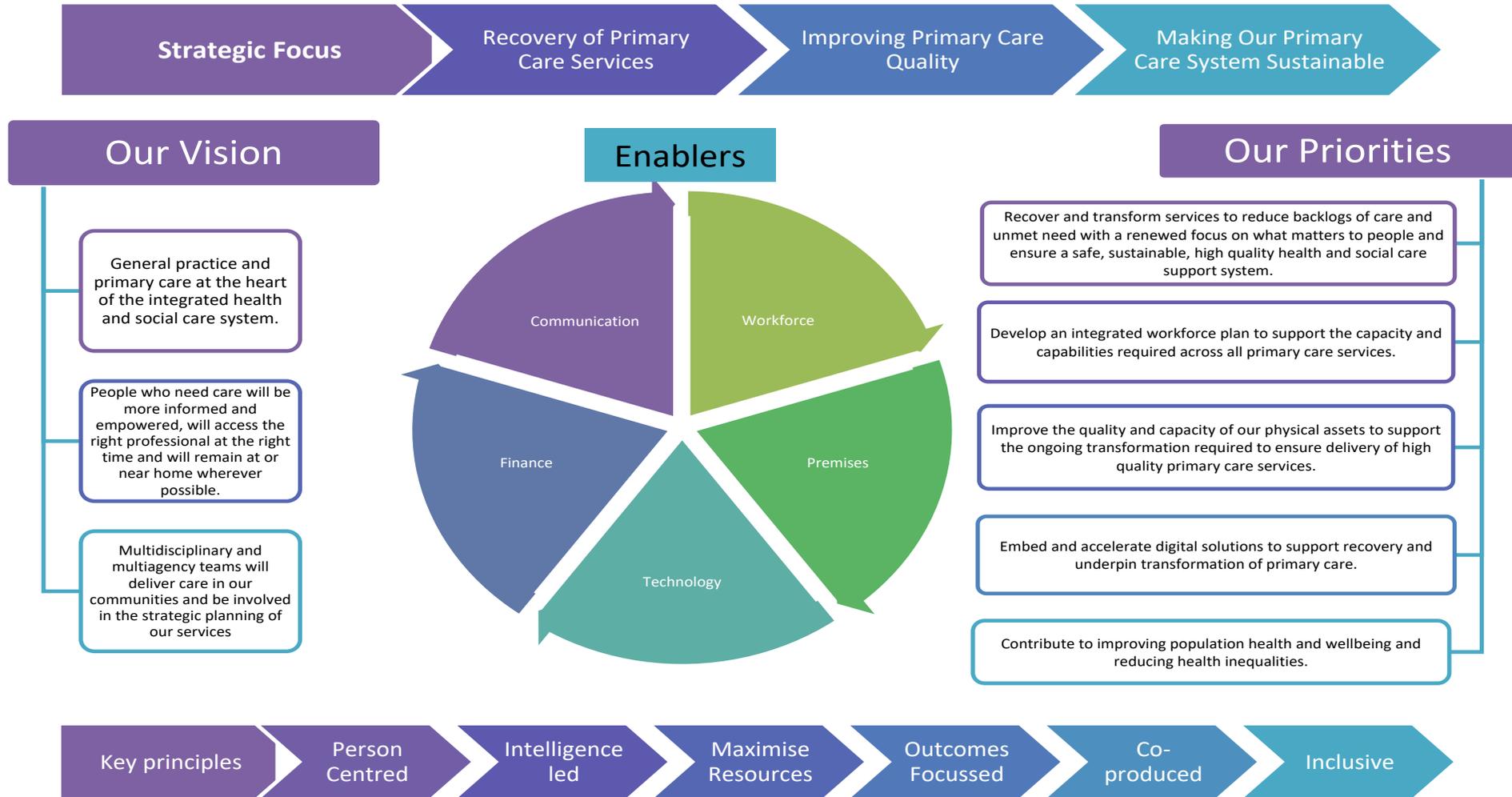
### Report Contact

Lisa Cooper

[Lisa.cooper@nhs.scot](mailto:Lisa.cooper@nhs.scot)

## Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



## Appendix 2 Proposed Delivery Plan

Aim	Priorities	Objectives	Deliverables	Outcomes
<p>A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife</p>	<p>Recover and transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system</p>	<p>To improve access to a wider range of care in a community setting</p>	<p>Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services. Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic.</p>	<p>To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the patient/citizen engaged and involved in their care when possible.</p>
	<p>Working in partnership to develop an integrated workforce plan to support the capacity and capabilities required across all primary care services.</p>	<p>To extend our primary care workforce and ensure that this is more integrated, and better coordinated with community and secondary care.</p>	<p>Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing</p>	<p>The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing; Reduced staff turnover and increased job satisfaction</p>
	<p>Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.</p>	<p>Our premises enable expansion of the multidisciplinary teams within primary care to better manage demand, create capacity, and support localities to operate at scale.</p>	<p>Services are developed and delivered at scale to manage the workload and deploy the workforce more effectively with planning, infrastructure, delivery and person-centred practice with, and across, individuals, neighbourhood, place and system supported.</p>	<p>Individual wellbeing and outcomes are optimised through building enabling relationships with people and focusing on continuity of care, supported self managements and asset based approaches</p>
	<p>Embed and accelerate digital solutions to support recovery and underpin transformation of primary care</p>	<p>Digital solutions will be created to enhance capacity and support the care delivery models</p>	<p>Create an environment that is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working</p>	<p>Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support</p>
	<p>Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities</p>	<p>Reduce health inequalities and inequalities in access to care and support</p>	<p>The design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health</p>	<p>A localities base approach to the transformation of primary care services in Fife will ensure services are co-designed with communities to better meet the needs of people, families and carers</p>

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Commonwealth Partnership for Antimicrobial Stewardship</b>
<b>Responsible Member:</b>	<b>Ben Hannan, Director of Pharmacy and Medicines</b>
<b>Report Author:</b>	<b>Niketa Platt, Senior Pharmacist - Antimicrobials</b>

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

NHS Fife is aware of the global health threat that is posed by antimicrobial resistance and understands our collective responsibility as global citizens to ensure antimicrobials are utilised safely and effectively. NHS Fife has an established multidisciplinary Antimicrobial Management Team (AMT) that successfully manages all antimicrobial stewardship activities across the Board.

The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) scheme provides the opportunity to share our NHS Fife expertise and experience in antimicrobial stewardship and surveillance and to offer mentorship to our partnership colleagues who are at the start of their journey with antimicrobial stewardship.

Earlier in 2023, NHS Fife applied to the scheme and was successful in being awarded a grant from the Tropical Health and Education Trust to work with antimicrobial stewardship

colleagues in Tanzania, through partnering with the Ligula and Lindi Regional Referral Hospitals. This paper provides an update and background for assurance to members on this strategic partnership.

## 2.2 Background

The CwPAMS is a health partnership scheme between The Tropical and Education Trust (THET) and the Commonwealth Pharmacists' Association (CPA), funded by the UK Government Department of Health and Social Care's Fleming Fund. The Fleming Fund is a UK aid programme supporting up to 25 low and middle income countries (LMIC) across Africa and Asia to tackle antimicrobial resistance (AMR), a leading public health threat across the world.

The aim of the CwPAMS scheme is to utilise the skills and knowledge from multidisciplinary NHS teams, led by pharmacists, and share this learning with healthcare staff working in other nations, expanding their capacity for antimicrobial stewardship.

CwPAMS supports bidirectional learning with a focus on:

- Improving antimicrobial stewardship (AMS), including surveillance
- Building antimicrobial pharmacy expertise and capacity
- Enhancing infection prevention and control (IPC)
- Improving the use of clinical microbiology and antimicrobial prescribing data to inform clinical decisions
- Enhancing the detection and reporting of substandard and falsified antimicrobial medicines
- Supporting community pharmacy

This will be the second cohort of grants allocated to 24 new NHS/LMIC partnerships. Previous cohorts included Scottish partnerships between the Scottish Antimicrobial Prescribing Group (SAPG) and Ghana.

## 2.3 Assessment

Due to our local experience of national point prevalence studies, NHS Fife staff are well placed to support to the healthcare teams in Tanzania to participate in a Global Point Prevalence Survey of antimicrobial consumption and resistance. This piece of work is vital to give baseline data and will be used to inform antimicrobial stewardship priorities.

Point prevalence surveys utilise patient and prescribing data to identify trends, and then to compare these trends against established best practice and relevant guidelines. This identifies potential over-use of antimicrobials and informs improvement plans.

The first phase involves supporting teams in Tanzania through use of existing CwPAMS tools, using experience from Fife, alongside the point prevalence survey work. Following this, support will be provided in developing an action plan and any required tools, guidelines and technology.

At this time, this inception phase up to end of July 23 has been funded, but an additional application may be considered to take the total commitment to the end of 2024 depending on success of the first phase.

### **2.3.1 Quality / Patient Care**

By 2050 it is predicted that more people will die of AMR related causes than Cancer, making it an urgent crisis. On the 21st of September 2016, 193 countries of the United Nations agreed a landmark declaration to rid the world of superbugs. Without global action it is conceivable that simple infections could soon become entirely untreatable with existing antimicrobials. Pharmacists play a crucial role in the fight to tackle AMR.

Ultimately, patients in Fife will benefit from a global reduction in AMR, as well as the experience the team receive over the project.

### **2.3.2 Workforce**

The CwPAMS partnership between NHS Fife and Tanzanian hospitals will be a mutually beneficial experience with NHS Fife staff sharing tools, resources and expertise whilst gaining leadership skills and understanding of working internationally. There is an existing relationship between clinicians from Fife and Tanzania via St Andrews University, and this will act as a foundation for this project.

Part of the project is visit from three staff members from NHS Fife to hospitals in Tanzania, as well as travel to Manchester University to engage with behaviour change experts.

For the travel component, the team will be given a grant manager and also an in country liaison. CwPAMS has full administration support available plus experience and mentorship available from previous cohorts plus excellent relationship with colleagues in SAPG. There will be joint working with Northumbria Hospital Trust which has also received a partnership grant in Tanzania.

### **2.3.3 Financial**

The grant is being managed by our Tanzanian partners who have signed agreements after submitting stringent budget proposals to THET. There will be no additional cost to NHS Fife other than staff salary. The total value of the grant is £10,000 which will be used to fund necessary equipment in Tanzania, as well as staffing costs on that side and travel costs for the Fife contingent's visit. Staff salaries for the duration of the visit (Approx five days) will be met by NHS Fife.

### 2.3.4 Risk Assessment / Management

There is a reputational benefit for NHS Fife as the CwPAMS project has a full media and communication strategy team which will publicise the achievements and the partnership. Any risk surrounds errors or negative publicity in the context of challenges in working with a LMIC with limited resources compared to the NHS, but this is seen as highly unlikely.

Regarding travel, the support from the CwPAMS team, grant manager and administration support make any risk minimal. This is complemented by a consultant on the ground, in what is a well established operation.

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

Antimicrobial resistance is a global threat which necessitates the need for international cooperation. Partnership arrangements such as this are essential in addressing health inequalities and demonstrating the benefits of global collaboration. Global health initiatives which encourage systems learning offer the benefit of ensuring local expertise is focussed with the strongest knowledge in management of inequalities.

### 2.3.6 Climate Emergency & Sustainability Impact

The travel to Tanzania is a relatively small group (three members of staff). This commitment is offset by the contribution to the global AMS agenda.

### 2.3.7 Communication, involvement, engagement and consultation

As publicity via the CwPAMS communications team begin, it will be important to link with NHS Fife communications and ensure holistic promotion of the project and its achievements. This represents an excellent opportunity to promote NHS Fife and the Pharmacy and Medicines Directorate.

### 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.

Pharmacy and Medicines Senior Leadership Team – April 2023

## 2.4 Recommendation

Public Health and Wellbeing Committee are asked to consider this report for **assurance** regarding this strategic partnership for NHS Fife.

## 3 List of appendices

- None

### Report Contact

Niketa Platt, Antimicrobial Pharmacist [niketa.platt@nhs.scot](mailto:niketa.platt@nhs.scot)

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Bryan Archibald, Head of Performance</b>

## 1 Purpose

### **This is presented for:**

- Discussion
- Assurance

### **This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of February, although there are some measures with a significant time lag and a few which are available up to the end of March.

### 2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

## 2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving
COVID Vaccination	Monthly	80%	Achieved early
Flu Vaccination	Monthly	80%	Achieved early
Immunisation: 6-in-1	Quarterly	95%	Achieving
Immunisation: MMR2	Quarterly	92%	Not achieving

### 2.3.1 Quality/ Patient Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

### 2.3.3 Financial

Financial aspects are covered by the specific sections 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 existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

### 2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 April and approved for release by the Director of Finance & Strategy.

## 2.4 Recommendation

The report is being presented to the PHW Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR
- **Assurance**

## 3 List of appendices

Appendix 1 - IPQR

### Report Contact

Bryan Archibald  
Planning and Performance Manager  
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# **Fife Integrated Performance & Quality Report**

## **PUBLIC HEALTH & WELLBEING**

**Produced in April 2023**

# Introduction

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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).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing 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 National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d. Assessment**  
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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.

**MARGO MCGURK**  
Director of Finance & Strategy  
20 April 2023

Prepared by:  
**SUSAN FRASER**  
Associate Director of Planning & Performance

## a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

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	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
<b>Total</b>	<b>18</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>0</b>		

### Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

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

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

## b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Feb-23	45	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Feb-23	55.6%	●	▲	▲	●
	HSMR	N/A	Year Ending	Sep-22	0.98	●	—	—	●
	Inpatient Falls	6.91	Month	Feb-23	8.54	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Feb-23	2.15	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Feb-23	1.17	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	Feb-23	14.4	○	▲	▲	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Feb-23	14.4	○	▲	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Feb-23	36.0	○	▼	▼	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Feb-23	48.8%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Feb-23	8.6%	○	▲	▼	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Feb-23	12.9%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶	● Feb-23
	4-Hour Emergency Access	95%	Month	Mar-23	69.7%	○	▼	▼	● Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Feb-23	44.9%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Feb-23	46.6%	●	▲	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Feb-23	59.9%	●	▲	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Feb-23	90.1%	○	▼	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Feb-23	67.5%	○	◀▶	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Jun-22	25.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Mar-23	77.1%	●	▼	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Mar-23	9.0%	●	▲	▲	● QE Sep-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Mar-23	4.6%	○	▲	▲	● QE Sep-22
Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022	
Finance	Revenue Resource Limit Performance	(£16.0m)	Month	Feb-23	(£20.0m)	●	—	—	●
	Capital Resource Limit Performance	£30.7m	Month	Feb-23	£24.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Feb-23	6.95%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Mar-23	37.9%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Nov-22	218	●	—	—	● YT Jun-22
	CAMHS Waiting Times	90%	Month	Feb-23	83.2%	○	▲	▲	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Feb-23	69.6%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Jan-23	96.7%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22

**Performance Key**

<span style="background-color: #008000; width: 20px; height: 10px; display: inline-block;"></span>	on schedule to meet Standard/Delivery trajectory
<span style="background-color: #FFD700; width: 20px; height: 10px; display: inline-block;"></span>	behind (but within 5% of) the Standard/Delivery trajectory
<span style="background-color: #FF0000; width: 20px; height: 10px; display: inline-block;"></span>	more than 5% behind the Standard/Delivery trajectory

**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

## c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment  
 (NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,880	2,994	3,145	1,029	1,091	1,189	3,309
	Variance	-156	-59	58	0	62	160	222
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,962	21,455	21,810	7,415	7,736	8,667	23,818
	Variance	2,395	2,649	2,654	1,039	1,341	2,272	4,652
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,609	1,678	560	498	555	1,613
	Variance	59	118	187	63	1	58	122
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238	3,930		8,168
	Variance	1,483	948	-113	242	-66		

## d. Assessment

### PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>315</b>	<b>205</b>
<p>There was an additional 24 successful quits in November, taking to total for 2022/23 (to November) to 205, this less than two previous months. Achievement against trajectory to November is 65.1%. The first national figures for FY 2022/23 were published recently, and these showed that the NHS Fife quit rate against trajectory at the end of Q1 was higher than the Scottish average.</p> <p>For all quit attempts, the quit success rate in specialist services is significantly higher than other services. The number in pharmacies is much higher but where there are difficulties with following up on results.</p> <p>Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August.</p> <p>Currently 13 GP and 5 community clinics have returned to face-to-face delivery, with a further 2 newly established community clinics opened in March. The mobile unit does outreach on Tuesdays, Thursdays and Saturdays into our most vulnerable communities and are receiving clients. The stop smoking service attended Dunfermline Athletic Football Club on match day, Saturday the 4th of March, with the aim of raising awareness of the stop smoking service availability and accessibility. No Smoking Day campaign saw a range of activity to raise awareness of the stop smoking service, such as promotional messaging and resources available across all clinics. Attendance at Fife College Student Wellbeing festival in 3 campuses between the 7th and 9th of March. The service participated in the Workplace conference, providing available information and resources for workplaces and to highlight service referral pathways. Delegates had the opportunity to visit the service mobile unit to discuss smoking, undertake a carbon monoxide test and enrol in the service. 2 new advisors have come into post in March leaving only 2 more vacancies outstanding for the specialist and maternity service (currently 2 advisors are on maternity leave which reduces service capacity). A Community Pharmacy (CP) learning event was well attended on 22nd Feb. It provided an opportunity for new members of staff to learn about the service and NRT products as well as for established professionals to express contractor's needs, wants and barriers. CO monitors were calibrated as part of the event and supportive planning will continue throughout the next financial year based on CPs input. A pharmacy champion has been aligned to support the service.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>83.2%</b>
<p>Monthly performance improved again in February and recorded the highest figure since August 2021. The Waiting List shows a sustained picture of no children or adolescents waiting over 35 weeks for initial treatment with 89% having waited less than 18 weeks (a slight fall from last month). The list has, however, increased in the last 3 months, with new referrals in February being the highest monthly figure since May 2022. That said, it remains less than half its size a year ago.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in March (for the quarter ending December 2022 and was just below the Scottish average (69.1% compared to 70.1%).</p> <p>Clinical activity continues to prioritise children and young people who present with an Urgent or Priority need whilst working to sustain the progress made towards reducing the waiting list and achieving the Referral to Treatment Target (RTT). The service continues to function at maximum capacity as it addresses the impact of reduced staffing due to vacancies and staff departures with the introduction of additional evening clinics and active, ongoing recruitment.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>69.6%</b>
<p>Numbers treated remain high (599) with a higher than usual number of patients (62) who had waited over 52 weeks being taken on for treatment this month. Overall treatment starts for highly specialist PTs were 35% higher than February 2022. While positive from a service perspective, starting treatment with a higher % of patients who have waited over 18 weeks, negatively impacts performance on the RTT target and this fell below 70% this month. Performance was also impacted by there being fewer referrals for cCBT (therapy starts within a few days) this month compared to last month (22.5% reduction) and compared to February 2022 (17% reduction).</p>			

The overall waiting list has increased to 2500 but with a reduction in the number waiting over 18 weeks (42.6%) compared to February 2022 (50.1%). The number of patients over 52 weeks has decreased below 300 from over 500 at the end of February 2022. From latest PHS publication (7 March), NHS Fife was in the lower quartile compared to other NHS Boards in December, lowest percentage of mid-range Boards for QE December.

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.

The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

We continue to investigate options to provide clinic accommodation, both the introduction of evening working and liaising with colleagues from Estates to source more clinic space. We continue to mitigate the impact of lack of accommodation on PT performance (e.g. by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all and it risks staff wellbeing.

The Guided Self-Help Service has been rolled out across Fife for Adult Mental Health Psychology Service. The service offer has also been enhanced as a result of staff, training on the enhanced psychological practitioner course, now also being able to offer up to 6 sessions of evidence-based PTs such as behavioural activation.

NES funding allowed the training of more staff in a specific evidence-based PT - Interpersonal Therapy. We now have staff in all of the AMH geographical teams able to deliver this PT, meaning that it now forms part of our mainstream service offer across Fife.

<b>Immunisation: 6-in-1</b>	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	<b>95%</b>	<b>95.1%</b>
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The latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target, however this hasn't been achieved in consecutive quarters since between June 2019 and September 2020. PCV uptake also exceeded 95% with MenB slightly below, Rotavirus uptake was lowest at 12 months of age at 92.7%.

Uptake at 12 months for 6-in-1 in NHS Fife was slightly lower than national average and ranked 7th out of 11 mainland NHS Boards.

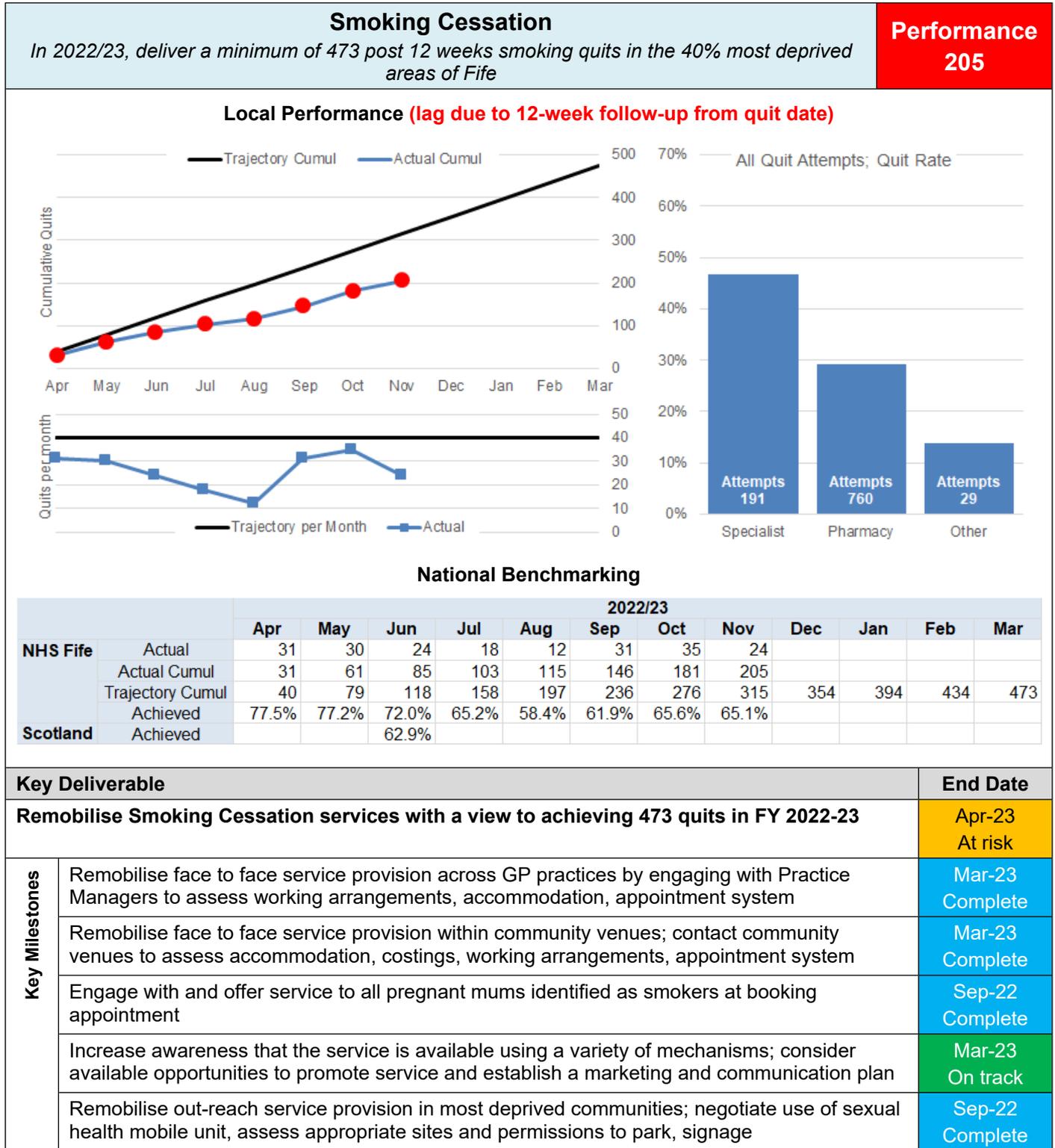
A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

<b>Immunisation: MMR2</b>	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	<b>92%</b>	<b>86.3%</b>
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The latest published data (for quarter ending December) shows that NHS Fife uptake for MMR2 at 5 years of age had decreased to 86.3%, was 88.4% quarter previous. Lowest uptake achieved since March 2019 with peak uptake of 91.1% in September 2021. MMR1 and Hib/MenC uptake exceeded 95% with 4-in-1 uptake similar to MMR2.

Uptake at 5 years for MMR2 in NHS Fife was lowest of all mainland NHS Boards, one of three achieving less than 90%, highest uptake was 95.5%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

e. Performance Exception Reports



# POPULATION HEALTH AND WELLBEING

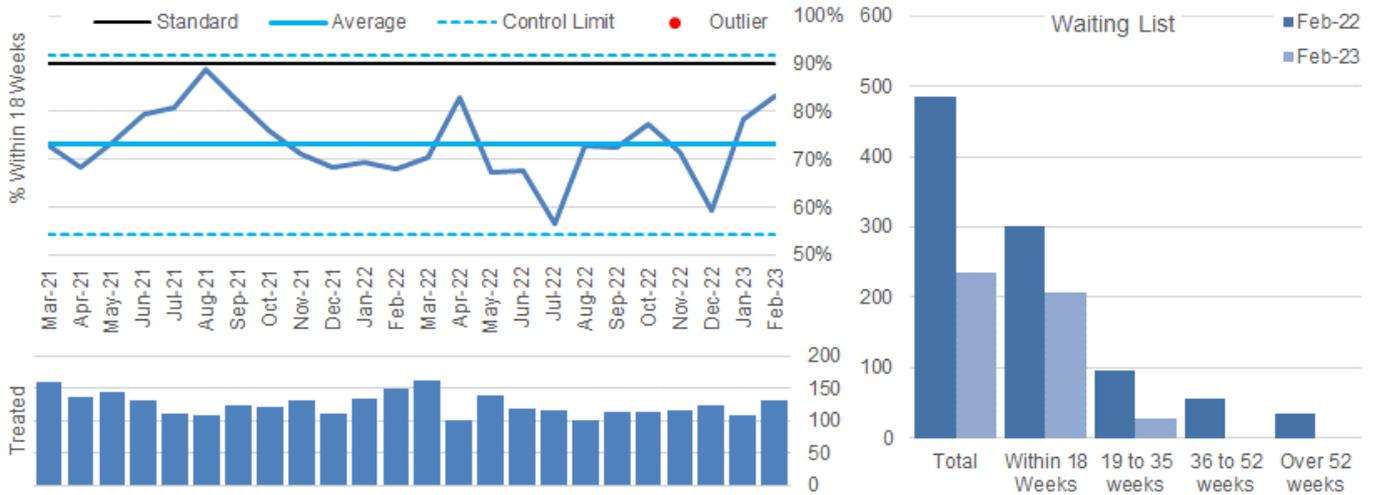
## CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

**Performance**

**83.2%**

### Local Performance



### National Benchmarking

Month	2021/22				2022/23							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%
Scotland	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%		

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Aug-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Aug-23 On track

# POPULATION HEALTH AND WELLBEING

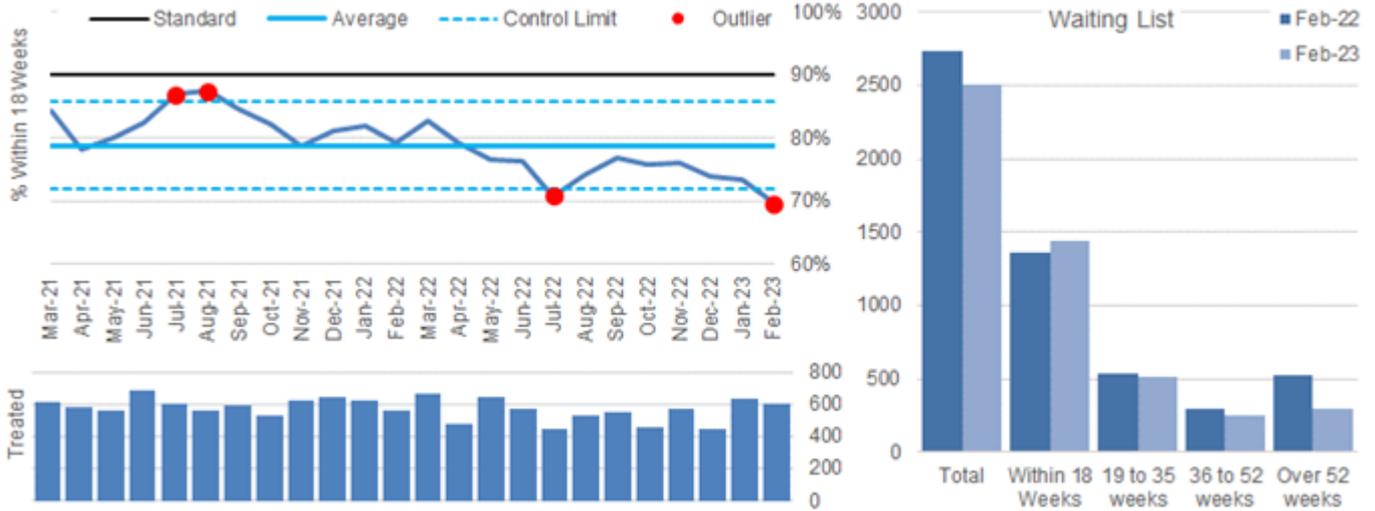
## Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

**Performance**

**69.6%**

### Local Performance



### National Benchmarking

Month	2021/22				2022/23							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%
Scotland	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	80.8%	80.5%	82.3%		

### Key Deliverable

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies

### End Date

Mar-24  
Off track

### Key Milestones

Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service

Mar-23  
Complete

Recruit new staff as per Psychological Therapies Recovery Plan

Oct-23  
At risk

Waiting list management within General Medical Service in Clinical Health

Dec-22  
Complete

Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit

Mar-24  
At risk

Support and develop the NHS Fife response to Long COVID

Dec-22  
Completed

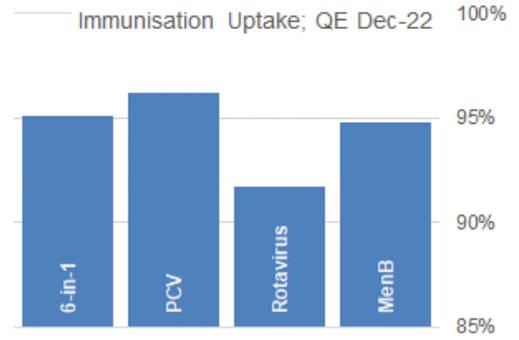
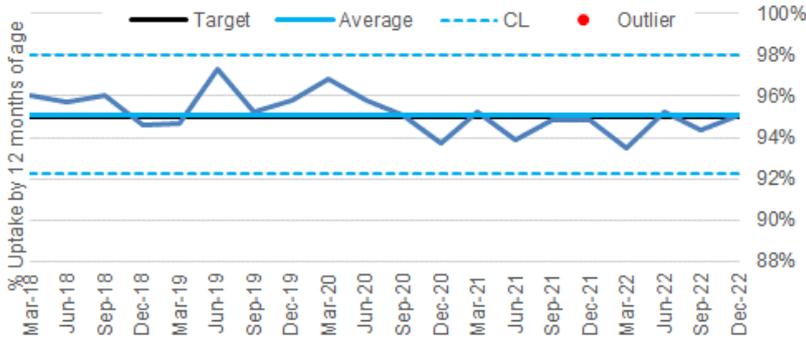
# POPULATION HEALTH AND WELLBEING

## Child Immunisation: 6-in-1

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

**Performance**  
**95.1%**

### Local Performance



### National Benchmarking

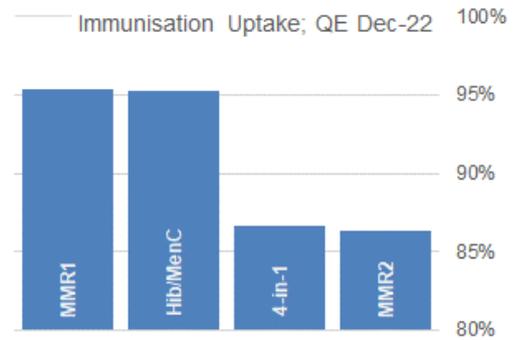
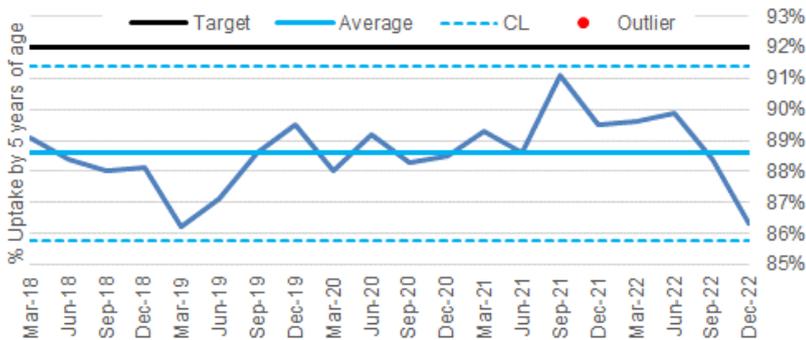
Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%

## Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

**Performance**  
**86.3%**

### Local Performance



### National Benchmarking

Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%

Key Deliverable		End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population		Apr-23 On track
Key Milestones	6-in-1 primary vaccination uptake at age 12 months for Fife population	Apr-23 At risk
	MMR2 uptake at age 5 years for Fife population	Apr-23 At risk

**Meeting:** Public Health & Wellbeing Committee  
**Meeting date:** 15 May 2023  
**Title:** No Cervix Exclusion Audit  
**Responsible Executive:** Dr Joy Tomlinson, Director of Public Health  
**Report Author:** Dr Olukemi Oyedeji, Consultant in Public Health,  
NHS Fife Adult Screening Programme Coordinator  
Kalvinder Sandhu, Project Manager

## 1 Purpose

**This is presented for:**

- Assurance

**This report relates to a:**

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summaries

### 2.1 Situation

The purpose of this paper is to give an update on the ongoing investigation into incorrect exclusion of some women from routine cervical screening in Scotland.

In 2021, Scottish Health Boards were required to investigate some records on Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, and to which the “no cervix exclusion” code had been applied. A total of 191 patient records were investigated by the NHS Fife Multidisciplinary Audit Team. The outcomes and lessons learned from the 2021 No Cervix Exclusion Audit were presented to the Executive Directors Group (EDG) in June 2022 and are attached to this report.

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. This audit was recommended by the incident’s Adverse Event Management Team (AEMT) and subsequently requested by the Scottish Government. This is to provide assurance on the appropriateness of the cervical exclusion. This paper will summarise the audit methodology, estimated timeline, resource implications and possible risks associated with the audit process.

## **2.2 Background**

National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and 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 aimed at reducing the number of cases of and deaths from cervical cancer by early detection and treatment of precancerous changes in the cervix.

National guidance states that individuals who have had a total hysterectomy (i.e. complete removal of cervix) can be excluded from screening but those who have had a sub-total hysterectomy must continue to be screened regularly. The agreed mechanism for excluding individuals from screening is that exclusions are put in place by the responsible clinician, usually the General Practitioner of the patient.

The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified two women who developed cervical cancer. They 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) and the “no cervix no follow up” exclusion was incorrectly applied.

In 2021, Scottish Health Boards were required to investigate some records on Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, 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. Overall, 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 2022/23 commenced in March/April 2023. The National Audit Database was launched in March 2023, and this was

followed by training for both primary care and health board staff. Patient record retrieval and uploading onto the audit database by general practices has commenced in Fife and the recruitment of the Board audit team is ongoing.

## 2.3 Assessment

The outcome of the 2021 Audit, lessons learned from the audit and current safeguards to prevent in correct exclusion of participants from the Cervical Screening Programme are detailed in Appendix 1 and 2. None of the 191 patients whose records were audited were found to have come to harm as a result of their exclusion from cervical screening.

In NHS Fife, the 2022/23 Wider Cohort Audit would review of about 10,734 patient records. The audit would be carried out in the following phases:

- (i) **Record Retrieval:** an information gathering exercise to be conducted by administration staff in GP practices.
- (ii) **Review and Clinical Decision Making:** a review and decision-making process conducted by clinician-led teams at Health Board level.

At the end of the clinical review, the audit team will have classified patients into six cohorts. The clinical management of the patients will follow on from the cohorts assigned to them. The table below summarises the cohort stages, recommended clinical management and estimated numbers (using an initial total of 10,555 records) for NHS Fife.

Cohorts	Description	Est Nos -NHS Fife	Clinical Management
Cohort 0	Appropriately excluded	8,444	No further action
Cohort 1	Under 71 and inappropriately excluded	63	Reinstate to cervical screening, referred to primary care for screening.
Cohort 2	Under 71, records not found/inconclusive or presence of cervix unclear.	949	Reinstate to cervical screening, referred to primary for screening.
Cohort 3	Over 71, inappropriately excluded, cervix still present.	42	Referred to Colposcopy.
Cohort 4	Over 71, records not found/inconclusive or presence of cervix unclear.	634	Referred to Colposcopy.
Cohort 5	Transferred out, all ages - inappropriately excluded/records not found/inconclusive.	802	Managed by the National Audit Team

Proposed Audit Timeline:

The expectation is for initial data gathering to be completed within one year of commencement. Clinics are expected to be held no later than 12 weeks following cohorting and communication with the patient.

### 2.3.1 Quality/ Patient Care

The main purpose of cervical screening is early detection of High Risk Human-Papilloma Virus and/or changes within the cervix for early clinical intervention to reduce the risk of developing cervical cancer. In addition, cervical screening can 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 or presenting 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.

### 2.3.2 Workforce

The following job roles are required for the audit in NHS Fife:

1. Project Leadership and Management:  
Project Manager (Band 7), Public Health Consultant and Project Admin
2. Record retrieval:  
General Practice Admin Staff and Health Board Admin Staff
3. Clinical Review of Records:
  - Tier 1 Clinical Reviewer. Specialist Nurse (Band 6) to analyse records and determine the appropriate cohorts for each participant.
  - Tier 2 Clinical Reviewer. A gynaecologist to review complex cases and undertake quality assurance of a proportion of the Tier 1 Clinical Reviewer workload.

At the time of writing, a project manager, Public Health Consultant and part-time project admin posts have been recruited. A tier 2 consultant gynaecologist reviewer has been identified, with recruitment processes via the bank being progressed. There is still a need to identify additional clinical tier 2 reviewer/s for the audit. Recruitment of two Band 6 Tier 1 specialist nurses is ongoing.

### 2.3.3 Financial

The ongoing Wider Cohort Audit and subsequent clinical management of patients will require significant staffing resources.

General Practice has been paid for the information retrieval stage of the audit and there is a funding agreement in place for the clinical management of Cohort 2 patients in primary care.

The Scottish Government has approved 90% of the funding bid submitted for the NHS Board information retrieval, clinical review of records and the decision making of the audit, as shown in the table below. However due to pay uplifts in 2023/24 there is now a significant disparity in funds for staff pay. The value of the original bid has risen by:

<b>Total Bid Submitted</b>	<b>Allocation from Scottish Government</b>	<b>Current Cost (due to pay uplift)</b>
£269, 308.25	£242,377.00 as at 01.09.2022	£318,161.00

Due to 2023/24 pay uplift there is now a shortfall of £75,784 in funding.  
Funding for Colposcopy Clinics for Cohorts 3 and 4:

An estimated 114 colposcopy clinic sessions would be required for Cohorts 3 and 4 participants. A funding bid of £172,044.00 has been submitted to the Scottish Government to cover the cost of these clinics, using the Waiting List Initiative (WLI). Arrangements for these clinics cannot begin until there is confirmation from the Scottish Government regarding the funds required for the clinics.

### 2.3.4 Risk Assessment/Management

There is currently an ongoing digitisation project amongst primary care. The Audit requires older “legacy” files which may only exist as hard copies, thus some of these patient files may not be available to audit on demand. If this is the case, more recent exclusions are having their data collected first. The audit team is working closely with Primary care to help manage this risk.

The Wider Cohort Audit requires significant staff input across a range of staff banding levels.

Due to backlog of work for the NHS Fife Review Panel, there has been a delay in the approval of job descriptions for the Band 6 Clinical Reviewer role.

The recruitment of the Tier 2 Clinical Reviewer (gynaecologist) and colposcopist for the clinical management of Cohorts 3 and 4 is challenging. This is as a result of the general shortage of clinical staff across the organisation. The audit team is working closely with the gynaecology services to manage this risk.

NHS Board audit teams have been advised to work within the sums allocated for the record retrieval and review stage of the audit. There will be no additions following the recent salary upgrades.

The anticipated funding support for clinics from the Scottish Government will be essential to ensure that the audit process does not have an adverse impact on routine patient care, both at the primary care level and gynaecological services.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed for this audit process.

### **2.3.6 Other impact**

The Wider Cohort Audit could negatively impact on the capacity of the NHS Fife Cervical Screening Programme to meet recommended targets if there is no additional funding and staffing resources to carry out the audit.

The audit could also result in anxiety and concerns for patients whose records are being audited, especially if they are found to have been incorrectly excluded from the Cervical Screening Programme.

### **2.3.7 Communication, involvement, engagement and consultation**

#### **2022 Wider Cohort Audit:**

The ongoing Wider Cohort Audit in NHS Fife is led by a multidisciplinary steering group. This is to ensure input from all relevant stakeholders for the successful execution of the audit. There is regular communication between the audit team and all stakeholders, including general practices, gynaecology services, medical records and the National Audit Team.

Patients: All patients whose records have been audited will receive a letter to inform them about the audit, the outcome of the investigation and referrals (where appropriate). The audit team is working closely with gynaecology to ensure patient lettering and clinic readiness go hand in hand.

Primary Care: Primary care will be advised when they can expect cohort 1 and 2 patients to present for screening.

### **2.3.8 Route to the Meeting**

Executive Directors' Group on 4 May 2023

## 2.4 Recommendation

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

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Cervical Screening, No Cervix Exclusion Audit SBAR – 16<sup>th</sup> June 2022
- Appendix 2 – Lessons Learned from the 2021 No Cervix Exclusion Audit.

### Report Contact

Olukemi Oyedeji

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<b>Meeting:</b>	<b>Executive Directors Group (EDG)</b>
<b>Meeting date:</b>	<b>16<sup>th</sup> June 2022</b>
<b>Title:</b>	<b>Cervical Screening, No Cervix Exclusion Audit</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Dr Olukemi Oyedeji, Consultant in Public Health, NHS Fife Adult Screening Programme Coordinator</b>

## 1 Purpose

**This is presented to EDG for:**

- Awareness

**This report relates to a:**

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summaries

### 2.1 Situation

The purpose of this paper is to give an update on the ongoing investigation into incorrect exclusion of some women from routine cervical screening in Scotland.

The paper will outline the background to the incident, steps that have been taken so far to investigate it and any actions to ensure that there is no repeat of the incident in the future.

The first phase of this audit was conducted in 2021. The outcomes and lessons learned from the 2021 No Cervix Exclusion Audit will be outlined in this report.

Preparations are ongoing for the second phase of the No Cervix Exclusion Audit, involving a wider cohort of patients. This paper will outline the proposed approach, estimated timeline, resource implications as well as possible risks to routine services within NHS Fife.

The Executive Directors Group are asked to note this report for awareness and discussion.

## 2.2 Background

National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.

The Cervical Screening Programme in Fife is part of a national screening programme aimed at reducing the number of cases of and deaths from cervical cancer by early detection and treatment of precancerous changes in the cervix.

National guidance states that individuals who have had a total hysterectomy (i.e. complete removal of cervix) can be excluded from screening but those who have had a sub-total hysterectomy must continue to be screened regularly

The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified two women who developed cervical cancer. They 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) and the “no cervix no follow up” exclusion was incorrectly applied.

In 2021, Scottish Health Boards were required to investigate some records on Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, 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.

### Wider Cohort No Cervix Exclusion Audit 2022/23:

Preparations are ongoing for the audit of additional patients record in relation to the No Cervix Exclusion Incident. This wider cohort for NHS Fife would involve thousands of patient records. The audit is anticipated to commence any time from now and to be completed by June 2023. Our local audit MDT has been constituted while we await

guidance from the Scottish Government and the National Service Division on how the audit will be carried out.

Overall, none of the 191 participants investigated in NHS Fife were found to have come to harm following exclusion from the cervical screening programme.

## 2.3 Assessment

In March 2021, NHS Fife set up a multi-disciplinary team (MDT) to review the records to ascertain whether the 'No cervix exclusion' is appropriate on SCCRS.

Several patient records were accessed to investigate the incident. These included:

- Scottish Cervical Call Recall System (SCCRS).
- Pathology reports
- Hospital discharge notes
- Operation notes
- GP records

In total 191 NHS Fife patient records were audited, including records of patients who had obstetric hysterectomies. The audit was carried out according to guidelines from the National Service Division. Some patients had their surgeries in other health boards and some of this information was obtained from GPs and other specialists' clinicians in the relevant health boards.

### **Outcome of 2021 Audit and actions taken**

Review of patient records:

Following the review of records, patients were categorised as follows:

- 107 participants had been appropriately excluded from cervical screening. This is either because they had undergone total hysterectomy or had completed the cervical screening cycle which runs from age 25 to 64. For this cohort, no further action was required.
- 25 participants had been incorrectly excluded from cervical screening. 15 of them who were still within the cervical screening age were reinstated into the cervical screening programme through primary care. The remaining 10 participants were beyond the cervical screening age and as a result, invited for gynaecological assessment and appropriate follow up.
- For a further 15 participants, there was insufficient information to determine whether they had been correctly excluded from cervical screening. These participants were also invited for gynaecological assessment and follow up.
- 44 participants were deceased as at the time of the investigation. However, none were found to have died from cervical cancer.

Overall, none of the 191 participants investigated in NHS Fife were found to have come to harm following exclusion from the cervical screening programme.

From June 2021, patients whose records were investigated, and were still alive, were contacted with relevant information and advice. Jo's Cervical Cancer Trust also made their helpline available to anyone who was affected or concerned about the incident. In Fife, an email address was set up to receive any relevant enquiries regarding the investigation - [fife.phscreening@nhs.scot](mailto:fife.phscreening@nhs.scot).

### **Current safeguards to prevent a repeat of similar incidents in the future:**

#### **Changes to Cervical Call/ Recall:**

In March 2021, the National Service Division made the following immediate changes to safeguard the Cervical Call/ Recall process pending the outcome of the audit and any further changes:

- The cervical screening laboratories were required to obtain confirmation of type of hysterectomy from operating gynaecologist before adding hysterectomy information to patients' record.
- General Practitioners were temporarily prevented from adding cervical screening exclusions until a more robust process was in place to verify GP-added exclusions.

In January 2022, the Scottish Chief Medical Officer issued further instructions for immediate action as follows:

- Health Boards to ensure that following a hysterectomy, the operation note and discharge letter both contain a clear statement regarding the presence/absence of cervical tissue and the ongoing need for cervical screening.
- A copy of the discharge letter should also be sent to the patient to ensure that they are aware of their ongoing requirement for cervical screening.

#### **Audit MDT Lessons Learned Session:**

To capture their collective experience, the audit MDT team had a lessons learned session in February 2022. This was also an opportunity for the audit MDT to consider how the wider cohort audit could be carried out with better efficiency and more importantly, less stress for the audit team. The report of the lessons learned session is attached for reference.

### **2022 No Cervix Exclusion Wider Cohort Audit**

Following the initial cohort audit in 2021 (as outlined above), an audit of a wider cohort of patients is to be carried out, starting from June/July 2022. In NHS Fife, this would involve a review of about 12,000 patient records. The audit would be carried out in three steps:

- (i) an information gathering exercise to be conducted by administration staff in GP practices. The Scottish Government has directed Health Boards to request that GP practices provide information on individuals who have been excluded from cervical screening. Practices will be reimbursed for this activity which is not funded under the general GP contract arrangements. Scottish Government Practitioners Committee (SGPC) is in agreement with the proposed plan.
- (ii) a review and decision-making process conducted by clinician-led teams at Health Board level. There is ongoing discussion between Cervical Screening

Board Coordinators and the National Service Division on the best approach to this phase of the audit. It is acknowledged that it would involve significant staffing resources, which would have to be sourced outside the existing staffing capacities within both the Public Health Screening Team and the Cervical Screening Clinical Services. Health Boards have been requested to outline the potential cost implication of undertaking this phase of the audit. The NHS Fife Multidisciplinary Audit Team has made the following estimates which has been submitted to the Scottish Government, via the National Service Division.

#### NHS Fife Wider Cohort draft Cost Implication

Initial records to be reviewed (Estimate subject to minor changes, excludes deceased patients)	<b>12,200</b>
<b>Staffing resources</b>	<b>COST (excluding enhancement and pay lifts)</b>
<b>NHS Board Records Retrieval Team</b>	
Admin (to retrieve and upload, Band 3), 19 weeks	£11,152.00
Retrieval Costs (To BE CONFIRMED)	
Medical Record Administration TO BE CONFIRMED)	
<b>NHS Board Audit Management Team</b>	
Public Health Consultant Support (0.3 wte for 1.5 years)	£40,500.00
Project Manager - Band 7 (provide oversight for Audit Team) (full time for 1.5 years)	£94,693.50
Public Health Team Support (Admin Band 3, Full time for 1.5 years)	£45,709.50
<b>NHS Fife Board Clinical Tier 1 Review</b>	
Band 6 reviewer (4.7 months)	
<b>NHS Fife Clinical Tier 2 Review by Consultant Gynaecologist (188 half day sessions). This involves Complex Case Review, QA for 10% of Tier 1 Reviews and Training Support</b>	
NHS Locum/ in hours	£53,512.70
NHS Locum/OOH	£145,087.25
Agency Locum hourly rate	£105,518.00
<b>Pathology Review Cost</b>	£37,416.00
<b>Overall Total</b>	
Scenario 1 (NHS Locum/in hours)	<b>£303,024.02</b>
Scenario 2 (NHS Locum/OOH)	<b>£394,598.27</b>
Scenario 3 (Agency Locum)	<b>£355,029.02</b>

- (iii) A follow-up process. The details of this process is still to be agreed. An option would be to invite patients for gynaecological assessment. The cost implication of this phase is therefore unknown at this point.

#### 2.3.1 Quality/ Patient Care

The main purpose of cervical screening is early detection of High Risk Human-Papilloma Virus and/or changes within the cervix for early clinical intervention to reduce the risk of developing cervical cancer. In addition, cervical screening can 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 or presenting 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.

### **2.3.2 Workforce**

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

### **2.3.3 Financial**

The 2021 phase of the No Cervix Exclusion Audit did not have any financial impact on NHS Fife.

The forthcoming Wider Cohort Audit will require significant staffing resources and some funding for equipment. The Scottish Government is expected to provide funding to cover this cost. Estimation of the overall cost implication of the Wider Cohort Audit is ongoing and the NHS Fife Multidisciplinary Audit Team have submitted the above cost estimate to the Scottish Government through the National Service Division.

### **2.3.4 Risk Assessment/Management**

The major risk associated with the Wider Cohort Audit is the requirement for significant staff input across a range of staff banding levels.

The anticipated funding support from the Scottish Government will be essential to ensure that the audit process does not have an adverse impact on routine patient care, both at the primary care level and gynaecological services. However, there could be challenges with staff recruitment to support the audit process.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed for this audit process.

### **2.3.6 Other impact**

The Wider Cohort Audit could negatively impact the capacity of the NHS Fife Cervical Screening Programme to meet recommended targets if there is no additional funding and staffing resources to carry out the audit.

The audit could also result in anxiety and concerns for patients whose records are being audited, especially if they are found to have been incorrectly excluded from the Cervical Screening Programme.

### **2.3.7 Communication, involvement, engagement and consultation**

#### 2021 Audit:

The 2021 phase of the No Cervix Exclusion Audit was led by a multidisciplinary team, consisting of:

- Public Health Screening Team Members including Consultant Screening Lead
- Public Health Scientist
- Project Support Officer
- Cervical Call/Recall Officers
- Lead Colposcopist and Women & Children Services Manager
- Consultant Pathologist and Pathology Service Manager

The NHS Fife Medical Records Team were also involved in the audit.

2022 Wider Cohort Audit:

The 2022 Wider Cohort Audit include members from the 2021 MDT in addition to, General Practice Leads, NHS Fife Medical Records and Clinical Audit Teams. This is to obtain relevant input from all relevant stakeholders for the successful execution of the audit.

### 2.3.8 Route to the Meeting

This paper has not been considered by any other group.

## 2.4 Recommendation

- **Awareness** – For Members' information only.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Lessons Learned Report

### Report Contact

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## **NO CERVIX INCIDENT INVESTIGATION 2021 -LESSONS LEARNED**

### **Background**

This report summarises discussion at the Lessons Learned Session Meeting held on Wednesday 2 February 2022 at 11am via MS Teams. It also includes written reflection from members of the investigation team who sent their reflections by email.

The No cervix exclusion, cervical screening incident investigation comprised of several stages and the reflective process took these stages into cognizance. They included:

1. Retrieving relevant information from different sources to complete the Excel spreadsheet which was provided by the national screening team for completion by all health boards. NHS Fife had a total of 191 patient records to complete. This was carried out by all members of the incident investigation team.
2. Application of management codes for each patient. This was mainly the responsibility of our lead colposcopist, they were supported by the Public Health Screening Team and their colposcopy team members when required.
3. Contacting participants whose cervical screening records had been investigated and their general practitioners to advise them of the outcomes of investigation. This was carried out by the Public Health Team using letter templates and other relevant documents provided by NSD.
4. Organising and attending to participants at gynaecological clinics. This was carried out by the O&G service team.
5. Collation of final outcomes for NSD by the Public Health Team.

### **Reflections**

The lessons learned session was organised into topic areas. Although discussions were prompted using the topics areas, the contributions constantly moved across topic areas.

#### **A. What went well with and during the investigation?**

- The multidisciplinary approach in Fife worked. All members communicated well, and the investigation was prioritised by everyone. This made completing the investigation possible.
- Sharing of knowledge from other Health Boards and National Team
- Defined roles for the investigating team. For example, letters for patients and their GPs, issued from Public Health, was noted as a good approach as it separated the incident investigation from the clinical service.
- Funding for the extra colposcopy clinics from NSD
- Promptness of gynaecology clinics. NHS Fife was able to arrange the extra gynaecology clinics required to support the No Cervix Investigation quickly. This was helped by the fact that colposcopy appointments in Fife continued during Covid lockdown, resulting in shorter waiting times.
- Willingness of other clinicians within the gynaecology service who had not been involved in the earlier stages of the investigation to conduct the extra gynaecology clinics required by the investigation. This was very helpful to our colposcopist lead.
- Adequate support for the clinicians who carried out the extra gynaecology clinics. They felt that there was good communication about what was being asked of

them, they received enough time for clinical and admin work required for the investigation and the associated paperwork was straightforward. As a result, the clinicians found the tasks straightforward

- There were no major enquiries or concerns from members of the public.
- NHS Fife has not identified any patients who have come to harm, for example, developed cervical cancer, as a result of an incorrect exclusion from cervical screening.

**B. What was difficult? Please identify any negative experience/s you had during the investigation.**

- Short Timelines. The timelines given by NSD for different stages of the investigation were very difficult to meet and they were extended as the investigation progressed. Provision of longer time periods from the start of the investigation could have made the investigation less stressful.
- 'Evolving' protocol and guidelines for the investigation from the NSD. For example, definitions and application of management codes for patients.
- Ongoing learning process. The multidisciplinary team had to learn how to effectively and efficiently investigate the incident as it evolved.
- Inadequate engagement with health boards into how the investigation should be carried out before it began and before deadlines for different stages of the investigation were set.
- Timing of the investigation. This was a time when everyone involved in the incident were dealing with Covid recovery. The investigation was therefore an additional pressure on staff workload, which was already full.
- Impact of investigation on staff workload. For example, the urgent suspicion of cancer case load that the lead clinician manages was put at risk by having to carry out the investigation. Other members of the incident investigation team, including The Public health and Call Recall also needed to work extra hours to meet the demands of the investigation.
- Timely access to patient records. The team could only have a set number of paper records at one time, slowing down the retrieval of relevant information. Retrieving archived notes was also extremely time consuming.
- Timelines were very short and difficult for all involved. It was especially difficult for the clinical lead to find the time to extract information from patient records and review all information entered by other disciplines to be able to apply the appropriate management code for each participant. This was carried out in addition to their normal contracted workload
- Difficulty experienced by back up support for lead colposcopy. Colposcopists who were asked to respond to some of the queries relating to the investigation while the lead colposcopist was unavailable found this a bit tricky because they had not been involved in the investigation from the start. They therefore required enough time and supportive briefing.
- Inadequacies of historic patient record system such as "Therefore". Efforts to recover information from the system were extremely difficult and stressful and time consuming. According to our colposcopist, 'The system opens one page at a time and each page opens incredibly slowly'.
- Receipt and timely processing of paper documents sent from NSD by courier delivery. All patient letters, and leaflets/FAQs for the whole of Scotland were to

be issued in similar envelopes. Due to the absence of a manned reception at Cameron House, the parcel could not be delivered appropriately. The Public Health Team spent half a day trying to locate the parcel. This was extremely stressful and wasted time. The difficulty was compounded by the fact that NSD informed the Public Health Team that they had not printed any spare leaflets. There were additional difficulties relating to the mailing procedure within our local hospital, including deadlines and compatibility of mailing stationaries.

### **C. Impact of investigation on Patients**

- An anxious experience. some women were anxious – more because they were not aware that they had to have smears after hysterectomy. According to one of the clinicians, ‘some patients worried about the situation, but I believe all happy with advice’.
- Indifference. Some other patients knew they had cervix but were not keen to continue with screening due to their understanding that these were not significant
- Non-attender at gynaecology clinics. Several patients, especially the older cohort, did not attend their clinic appointments. However, the clinical team reflected that gynaecological examination may have been uncomfortable for the older cohort, if they had attended the clinics scheduled for them.

### **D. What could have helped with the investigation and How can we improve on investigations of cervical screening programme incidents in the future?**

- Effective planning and engagement. Effective engagement between the NSD and all relevant partners in the planning process.
- Dedicated time for all concerned to ensure that they are not carrying out the investigation either at a risk to their contracted workload and/or to their health and wellbeing.
- Patient records that are more easily accessible.
- Understanding and acknowledgement of clinician’s workload to ensure realistic demands on their time for incident investigations
- Admin assistant for lead clinician. With the benefit of ‘hindsight’, an administration assistant could have been trained on where and how to retrieve relevant information to enable colposcopist to determine appropriate management options for the patients.
- Recording, archiving and migration of patient records. This investigation has shown that greater attention should be given to how clinical information is recorded, archived and migrated to newer databases. This is to ensure that patient records are easily accessible for any reasons in the future, including incident investigations.
- Clear clinical documentation. There should be clarity about clinical procedures patients undergo within medical records.
- Promoting Health literacy among patients. Patients should be supported to understand the type of hysterectomy and advised if they are to continue cervical screening or otherwise. If a cervix is left behind clinicians should be advising the patient that they still require to have their cervical smear
- Rules around provision of patient records. Investigators were restricted to a set number of paper records at one time. These restrictions should be flexible to ensure that incident investigation of this nature is not negatively impacted by the rules.

## **E. Wider cohort no cervix investigation**

The lesson learned session also discussed the investigation of about 19,000 Fife residents who have been identified as part of the wider cohort of women who may have been affected by the no cervix exclusion incident.

The team expressed concern about how NHS Fife will manage the review of over 19,000 patient records and made the following recommendations:

- Proper engagement with local teams during the planning period
- Consultation with all departments that would be required to support the investigation such as medical records and general practice
- Funding for local teams to employ and train a team to undertake all aspects
  - This can include administrative staff to undertake the information retrieval and documentation phase.
  - Locum clinicians or suitable qualified staff to undertake further aspects of the investigation that cannot be completed by administrative staff.
- Funding to cover recall of pathology slides from off-site storage provider (if cases require histological review)
- The above suggestions are based on the fact that clinical teams are currently dealing with significant backlog due to Covid and uncertainty about staff interest in doing overtime, should there be extra funding to support this.
- Generous and realistic time scales for the completion of investigation.

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Spring Booster Campaign</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health and Social Care; Joy Tomlinson, Director of Public Health</b>
<b>Report Authors:</b>	<b>Karen Nolan, Clinical Services Manager Esther Curnock, Consultant in Public Health Medicine / Immunisation Coordinator</b>

## 1 Purpose

### **This report is presented for:**

- Assurance

### **This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summaries

### 2.1 Situation

The purpose of this report is to provide an update of the local planning on delivery plan on the Spring Booster Covid 19 vaccinations within NHS Fife.

The JCVI has recommended that cohorts at highest risk of severe COVID-19 disease, including older age groups and those with weakened immune systems, will benefit from supplementary booster vaccination.

Further to the paper presented to the Public Health & Wellbeing Committee on the Winter

COVID & Flu Vaccine Delivery Programme on 01/03/23, a summary of equality uptake data from the Autumn/Winter programme is also shared.

## **2.2 Background**

National programme board updates, JCVI and CMO guidance continue to direct the effective planning and delivery of the FVCV Spring Dose Vaccination Programme.

As a precautionary strategy for 2023, the JCVI has advised a Covid-19 Spring booster dose for the under-listed, with the objective of preventing severe illness, hospitalisation and death (Appendix 1).

1. Adults aged 75 years and over
2. Residents in Care Homes for Older Adults
3. Individuals aged 5 years and over who are immunosuppressed, as defined in tables 3 and 4 of the Green Book Chapter 14a

In addition, the JCVI have also issued guidance on COVID vaccination for children aged 6 months to 4 years, recommending that children in a clinical risk group should be offered vaccination (appendix 2).

## **2.3 Assessment**

The programme leads continue to work closely with national colleagues and the Chief Medical Officer instruction has been issued to direct delivery nationally and locally for both the Spring Booster campaign and to encourage individuals to come forward for outstanding primary doses before 30<sup>th</sup> June 2023. (Appendix 2).

- Within Fife the latest bivalent vaccine will be deployed for the Spring booster - Pfizer-BioNTech mRNA (Comirnaty) BA.4-5 bivalent for those aged 12 years and over. This vaccine will also be deployed in off-label use for outstanding primary doses for those aged 12 and over, as per JCVI advice and CMO direction.
- The Pfizer BioNTech monovalent paediatric formulation will be used for both primary and booster doses for those aged 5 to 11 years.
- Observation periods remain as before.
- An infant formulation of Pfizer BioNTech vaccine will be used for the primary doses for the at-risk 6 month to 4 years programme.

The rolling offer of primary vaccinations to healthy 16–49-year-olds with no at-risk factors will cease on the 30th June 2023. After this date they will no longer be eligible for any COVID vaccination, except for those requiring primary vaccination for the purpose of travel. Those aged 5-49 years who have become newly at-risk since winter 22 and who have not yet completed their primary course will be identified; those aged 12+ will be sent a prompt to book an appointment before 30<sup>th</sup> June 2022 and those aged 5-11 will be sent a timed appointment.

## **Spring Dose Vaccination Planning**

Fife's eligible cohort is circa 48k planned to be delivered over a 12-week programme. Programme scheduling is as follows:

- 1- Care homes will commence on the 27<sup>th</sup> March for a concentrated 2-week programme.
- 2- Clinics will commence for the over 75s on the 11<sup>th</sup> April, other eligible cohorts thereafter.
- 3- No clinic delivery over the Public Holidays

### **Care Homes**

The Spring booster offer covers all residents in care homes for older adults. This will commence on 27<sup>th</sup> March with an approximate number of 2400.

### **Housebound**

Spring Boosters for those individuals who are housebound will commence the week beginning 10<sup>th</sup> April 2023. Eligibility for this cohort will be guided via GP practice coding and historical vaccination records, with the clinical vaccination team delivering. Referral work will continue to ensure any new housebound patients are vaccinated.

### **Over 75 Booster**

The offer is for over 75 booster at minimum of 12 weeks in between doses from Autumn/Winter 2022 to the current Spring 2023 vaccinations.

The teams are confident that the programme can commence delivery with regular review of scheduling and workforce planning. Capacity across clinics within Fife will be continually reviewed.

### ***Scheduling***

The national scheduling system continues to operate with local teams responsible for preparation of cohort files and resolving any operational issues. Patients will be lettered via NVSS with appointment to mass vaccination centres. As a new national development for 2023, citizens in at risk cohorts who have a history of not attending for appointments, will be issued letters inviting them to self-appoint via the portal. This will improve clinic efficiency and offer more flexible rescheduling opportunities for appointed citizens.

A clinical referral route using the existing Immunisation Referral Pathway (as per guidance on FROG internal Stafflink pages) will enable clinicians to refer patients with weakened immune systems for a Spring Booster appointment who have been missed from the national invite. Communications with specialist nursing teams working with patients with weakened immune systems will alert them to this pathway.

This referral pathway will also remain open at any point outside the seasonal Spring / Autumn programmes for clinicians to refer patients who are identified as extremely clinically vulnerable and who require vaccination, as per CMO direction.

### ***Venues and Logistics***

Additional vaccination centres will be opened to ensure the over 75-year-old population are vaccinated as locally as possible. The venues utilised were highlighted in the last paper and remain the same as per Winter 2022. (Appendix 3)

There have been no risks identified, with capacity in clinics at the time due to increased capacity planning. This will enable the programme to respond quickly and safely.

### ***Pharmacy***

Pharmacy leads have been involved in key scheduling and planning. There are currently no issues anticipated however consideration is being given to the potential requirement of administering pneumococcal vaccinations at same time as Covid.

#### **2.3.1 Quality/ Patient Care**

The Board has now exceeded 100,000,000 total doses administered in the COVID vaccination with a focus primarily now on the Spring/Summer delivery.

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife.

A Quality and Clinical Care Assurance Group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation programme.

#### **2.3.2 Workforce**

Currently, there are no immediate concerns or pressures regarding workforce within the programme.

#### **2.3.3 Financial**

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme are being reported accordingly. This is complex to manage and a cohesive approach to ensure effective financial governance of all programmes is evolving.

#### **2.3.4 Risk Assessment/Management**

Nil to escalate

#### **2.3.5 Equality and Diversity, including health inequalities**

Equality uptake data from the Autumn/Winter COVID & Flu programme is provided in appendix 5.

As with previous phases of the COVID 19 programme, there are differences in uptake by ethnicity, with low uptake evident in Polish, Gypsy/Traveler and African communities. This picture is similar across Scotland; where there are differences in Fife uptake from the rest of Scotland within some groups these data should be interpreted with caution due to small numbers within Fife.

There are significant differences in uptake of the Autumn/Winter COVID booster between the population living in areas in the most deprived SIMD decile in Fife (60.8%), and those living in the least deprived SIMD decile (81.4%). Inequalities by deprivation in Fife are very similar to those seen across the rest of Scotland, and echo differences in uptake of primary doses and booster doses of COVID vaccine seen in earlier phases of the programme. Outreach events targeted at areas within Fife with low uptake have had limited impact during the Autumn/Winter COVID booster programme.

The causes of inequalities in COVID vaccine uptake are multi-factorial and reflect differences in vaccine uptake seen in other parts of the immunisation programme. As such, a long-term strategic approach aligned with efforts to address inequalities in all vaccines delivered in Fife across the life-course is required. The established inclusivity group will continue to lead this work, with implementation of an Inclusion action plan based on findings from Equality Impact Assessment work and in collaboration with partners. The inclusivity group membership includes third sector groups including Fife Voluntary Action, Fife Centre for Equalities and Fife International Forum who continue to support this work. Work is also being undertaken to strengthen links with the HSCP locality groups, in order to build understanding of barriers within local communities and to support actions to reduce inequalities.

### **2.3.6 Communication, involvement, engagement, and consultation**

Communications are directly linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications. The Public should be signposted to NHS Inform for up-to-date information on the vaccination programme.

## **2.4 Recommendation**

The Committee is invited to take **assurance** from the report, that the Spring Programme planning is completed.

Report Contact

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Clinical Services Manager

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### 3 Appendices

#### Appendix 1 - JCVI Independent Report – Spring 2023 COVID-19 vaccination programme

(Published 7 March 2023)

<https://www.gov.uk/government/publications/spring-2023-covid-19-vaccination-programme-jcvi-advice-22-february-2023>

#### Appendix 2 - JCVI Independent Report – COVID-19 Vaccination of children aged 6 months to 4 years

(Published 6 April 2023)

<https://www.gov.uk/government/publications/covid-19-vaccination-of-children-aged-6-months-to-4-years-jcvi-advice-9-december-2022>

#### Appendix 3 - CMO letter ‘Spring COVID-19 Programme 2023’ 14/03/23

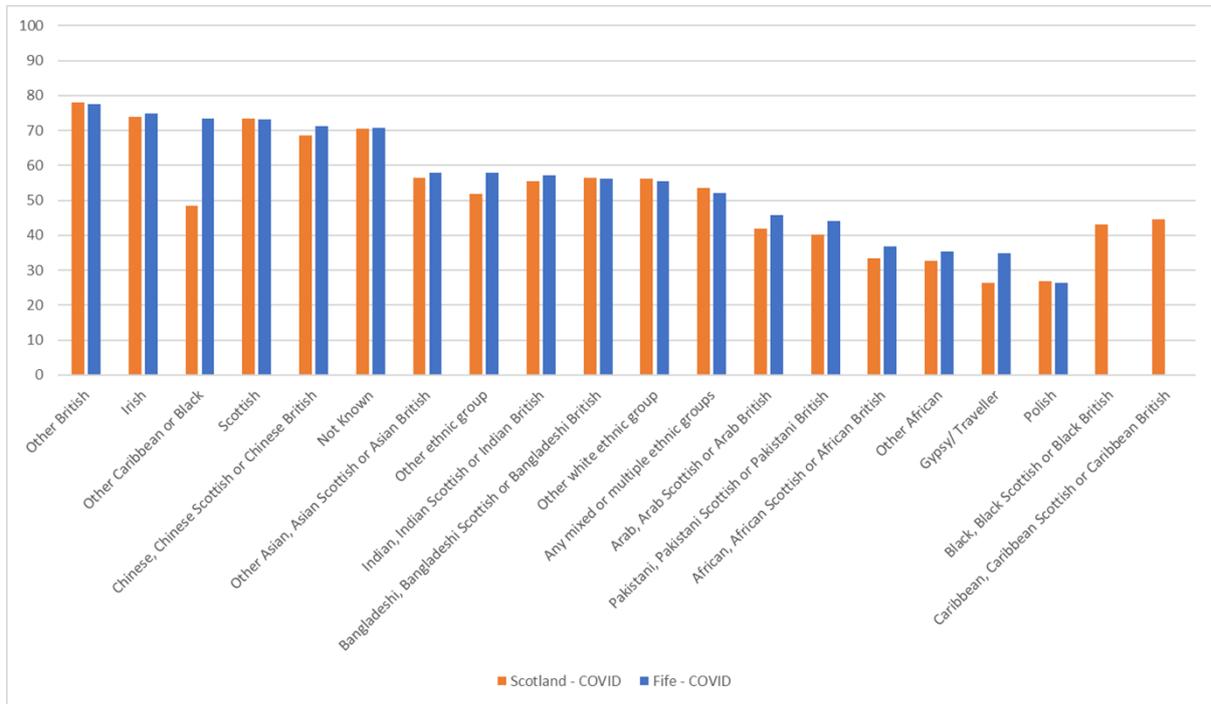
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2023\)03.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2023)03.pdf)

#### Appendix 4

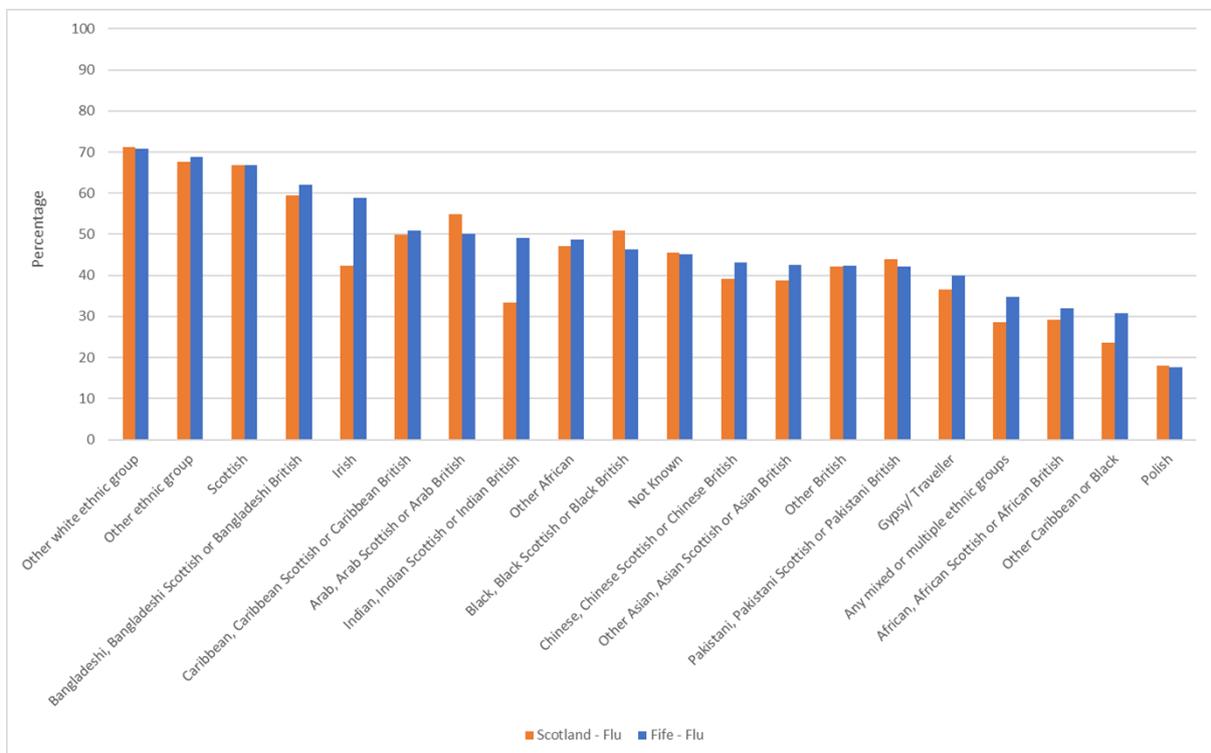
COVID SPRING BOOSTER TEMPLATE (10 April - 18 June)																			
Location	Var Type	Run	St'n	Staff Hrs	Appt Hrs	As Per Appt	Per HR	Staff Hours	Appt Times	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTAL	TOTAL APPTS	
										Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Glenrothes	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm		168	168	168			168	504	3,680	
Kirkcaldy	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm	168				168		168	504		
RWMH	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm	168	168						336		
Rosyth	Covid	10	2	15	7	7	8	9.45am - 5.45pm	10am - 5.30pm	112	112	112	112				448		
Dunfermline	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm		168			168	168		504		
Lochgelly	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm	168				168			336		
Oakley	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm						168		168		
St Andrews	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm	168						168	336		
East Neuk	Covid	6	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm						168		168		
Larrick	Covid	8	3	22.5	5	7	8	12.30pm - 6.30pm	1pm - 6pm			120					120		
Tayside Inst	Covid	5	2	15	5.5	7	8	10am - 5pm	10.30am - 4.30pm				168	88			88		
Cupar	Covid	10	3	22.5	7	7	8	9.45am - 5.45pm	10am - 5.30pm				168				168		
Housebound	Covid	8	4	30			18			72	72	72	72	72			360		
Care Homes	Covid	3	4	30						Weeks -1 and -2 Delivery Plan for all Care Homes with mop up thereafter							0		

## Appendix 5 - Autumn / Winter Equality Data

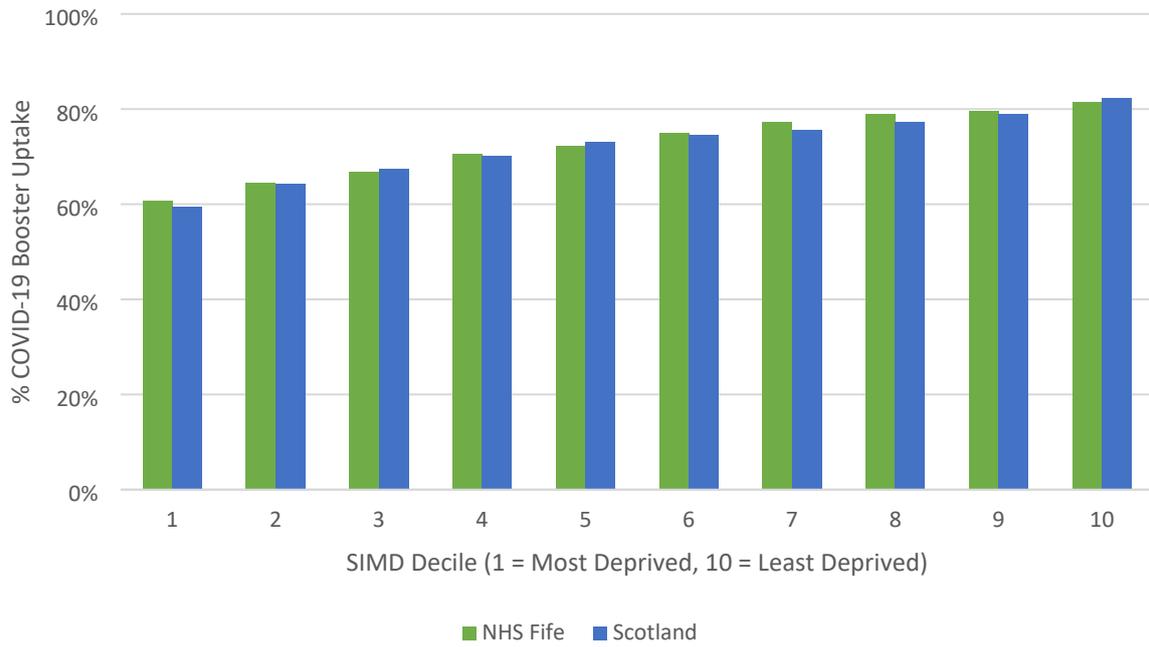
### a) Winter 2022/23 programme uptake (%) of the COVID-19 booster by ethnicity for Fife residents and Scotland up to the 26<sup>th</sup> March 2023



### b) Winter 2022/23 programme uptake (%) of the flu vaccine by ethnicity for Fife residents and Scotland up to the 26<sup>th</sup> March 2023



**c) Winter 2022/34 programme uptake (%) of the COVID vaccine by Scottish Index of Multiple Deprivation (SIMD) decile for Fife residents and Scotland up to the 26<sup>th</sup> March 2023**



<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>15 May 2023</b>
<b>Title:</b>	<b>Adult Support and Protection Biennial Report 2020-22</b>
<b>Responsible Executive:</b>	<b>Janette Keenan, Executive Director of Nursing</b>
<b>Report author</b>	<b>Rona Laskowski, Head of Service, Complex and Critical Care, Fife HSCP</b>

## 1 Purpose

The purpose of this paper is to present the Fife Adult Support and Protection (ASP) Biennial Report 2020-22, and to provide an update on recent activity, including feedback from the Joint Inspection of Adult Support and Protection Measures in Fife in 2021.

**This is presented for:**

- Assurance

**This report relates to a:**

- Government policy/directive
- Local policy

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

- Person Centred
- Safe

## 2 Report summary

### 2.1 Situation

Fife Adult Support and Protection Biennial Report 2020 – 22 provides an analysis of Adult Support and Protection activity, including reports of harm, types of harm investigated and the profile of adults at risk for whom an investigation took place. It summarises local activity over the 2020-22 period and the key actions that have been taken under statutory functions as laid down in Adult Support and Protection (Scotland) Act 2007. There is a consideration of the impact of ASP work, current challenges and our response to these, and sets out the focus for development and improvement.

## 2.2 Background

### **The Biennial Report (appendix 1):**

The Adult Support and Protection Committee received detailed statistical summary reports following the submission of the Scottish Government data return.

Reports provide trend analysis, information on types of harm being investigated, demographic details of adults at risk and has helped to inform the local improvement planning discussions for 2023-24. In addition, it has prompted a number of interagency self-evaluation activities to provide context to emerging trends.

### **Joint inspection report of adult support and protection services in Fife**

Within the reporting period, inspectors from the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out an inspection in Fife between May 2021 and August 2021.

The purpose of this was to provide assurance to the Scottish Government about local partnership areas' effective operation of adult support and protection processes, and leadership for adult support and protection services.

The Adult Support and Protection partnership refers to Social Work, Health and Police. In Fife, Housing and Scottish Fire and Rescue Services are included in our strategic leadership group but were not included for the purpose of this inspection.

The report of the joint inspection of adult support and protection measures in Fife, published 10th August 2021, found clear strengths in ensuring adults at risk of harm are safe, protected and supported and a small number of improvement areas identified.

## 2.3 Assessment

### **Reports of Harm:**

The number of Reports of harm has continued to increase in Fife on an annual basis. Police and NHS remain the largest single organisations who report harm.

The most significant was a 30.2% rise in ASP referrals from the NHS (+104, from 344 to 448) from 2020-21 to 2021-22 with this biennial reporting period. A working hypothesis is that these numbers could have been affected by remobilisation of NHS appointments leading to increased contact with clients in 2021/22. During the previous year, Covid-19 restrictions and subsequent pressures on the service had led to more routine surgeries and treatments being put on hold.

Furthermore, the ASP team has reported a greater volume of referrals from NHS 24, with analysis evidencing a notable jump this period and a rise year-on-year from 2019/20 (16 referrals to 23 in 2020/21 to 55 in 2021/22). The second most significant rise for the source of ASP referrals was the Care Inspectorate, with figures almost tripling from 11 in 2020/21 to 42 during 2021/22 (+31).

Increases in ASP referrals was also observed for the Scottish Ambulance Service (+9, from 29 to 38) from 2020-21 to 2021-22. Reports of harm from SAS

also rose from 3 to 29 respectively). Further increases this year show this rise has been not only sustained but exceeded during the return for 2021/22.

This pattern has been reflected nationally, UK wide, across all types of harm and domestic abuse and is understood to be directly related to the impact of the pandemic.

In addition to this, it is considered that the impact of the focus, and visibility of Adult Support and Protection activity associated with the joint inspection has resulted in a greater awareness of responsibilities across the partners agencies, facilitating a higher level of reporting.

The different types of harm being reported is testament to the work undertaken to continue to raise awareness of what constitutes harm and how to report it.

5717 reports of harm were received between 2020-22, representing a percentage increase of 0.70% since the previous 2018-20 Biennial report (5677).

### **2.3.1 Quality/ Patient Care**

#### **Types of harm:**

In Fife, 835 Investigations were undertaken in the reporting period 2020-22, which is an increase of 15% compared to the 2018-20 Biennial Report (724).

Reflecting data in previous years, the 2020-22 reporting period demonstrated that the most likely location of harm investigated continues to be an individual's own home (59%), followed by Not known (10%) and Care home (5%).

In comparison, 2018-20 data shows the main locations of harm were the individual's own home (63%), Not Known (12%) and Care Home (10%).

In particular, Fife's Care home statistics are of note. Not only have these numbers halved between the two reporting periods, they are also significantly lower than the 22% national average recorded in 2020. There are actions already in place to investigate reasons for this, including the addition of presentations by the Adult Support and Protection Team to care homes to provide further information on harm and the processes for reporting this.

However, again, related to the pandemic, through a national initiative in Scotland, the requirement to review every resident across all care homes in 2021 resulted in a significantly increased presence of both social work and nursing, fulfilling the required duties in relation to COVID, infection, prevention and control and the clinical and care governance requirements introduced at that time. This inflated visibility may have indirectly increased quality of care and management of resident situations, accordingly, reducing the level of Adult Support and Protection activity.

The available data is reflective of a number of similar trends to that of previous years and identifies a number of areas which may have been impacted upon by Covid-19. A hypothesis for the perhaps smaller than expected increase in reports of harm is the reduction in face-to-face contact and engagement with

members of the community due to lockdown restrictions at this time in 2020-21 in particular. The ASPC has developed a Stakeholder Engagement Strategy which is particularly relevant and raised the awareness of the continued need of practitioners to remain vigilant to identifying and reporting harm whilst we gradually came out of restrictions. It is not surprising that the most likely location of harm remains a person's own home given the restrictions that were in place for a large part of 2020-2021, however, there remain questions about the low level of investigations being progressed for adults in care homes. A mixed methods review was taken forward in 2022 and will continue into 2023 to provide exploration and assurances as to the reasons behind this and any supportive action required following.

### ***Psychological and emotional harm***

Many people experience psychological and emotional harm as a result of threats of harm, being left alone, humiliation, intimidation, causing distress, verbal abuse, bullying, blaming, constant criticism, controlling, depriving contact with others. **19%** of investigations carried out within the last reporting period related to an individual at risk of psychological or emotional harm. This is a 6% drop in comparison with the last reporting period (25% of investigations).

### ***Financial harm***

Financial harm covers theft, fraud, pressure to hand over or sign over property or money, misuse of property or welfare benefits, stopping someone getting their money or possessions, being scammed by rogue traders, online scams, by email or by post. Almost one in four investigations (**23%**) cites financial harm as the main type of harm reported.

### ***Physical harm***

Physical harm means any nonaccidental trauma, injury, or condition, including inadequate nourishment that, if left unattended, could result in death, disfigurement, illness, or temporary or permanent disability of any part or function of the body, including inadequate nourishment. Physical harm was the main type of harm investigated in **23%** of investigations.

### ***Self-harm***

Self-harm is when somebody intentionally damages or injures their body. There has been a substantial increase in the number of investigations where self-harm is reported as the main type of harm. In 2016-18, 5% of investigations related to self-harm, which then rose to 18.6% of investigations in 2018-20 and further to **20%** in 2020-22.

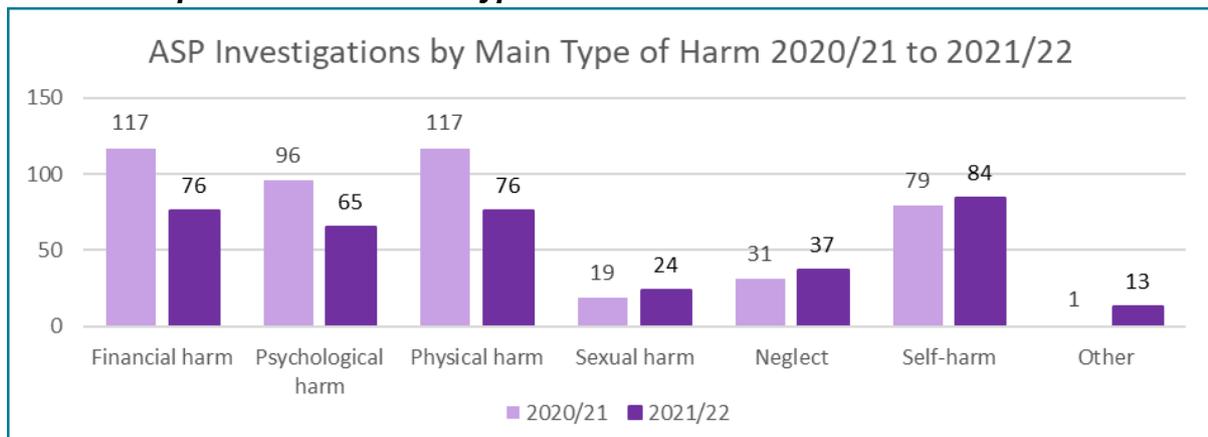
### ***Neglect***

Neglect is a form of abuse where the perpetrator, who is responsible for caring for someone who is unable to care for themselves, fails to do so. It can be a result of carelessness, indifference, or unwillingness and abuse. 9.7% of investigations within the 2018-20 reporting period related to neglect and remained stable at **9%** in the 2020-22 reporting period.

### **Sexual harm**

Any type of sexual activity without consent is considered sexual harm. Sexual harm involves imposing some form of sexual act on a person who doesn't want it. This means the person does not consent. Sometimes, a person is not legally capable of consenting, or refusing consent to a sexual act. The proportion of investigations where sexual harm is the main type of harm remains fairly low (5%) and is the same as the previous report (5%).

### **Biennial Report 2020-22 Harm Type Data**



### **Feedback from the Joint inspection report of adult support and protection services in Fife**

We received the following outstanding feedback from the Care Inspectorate.

#### **Strengths**

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.

- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

The inspection report did identify an area for improvement around chronologies which had already been identified by the ASPC and was under development.

Since the joint Inspection Reports was published the ASPC has worked with the Care Inspectorate around this area of improvement and chronologies are now embedded within the Adult Support and Protection process. The Care Inspectorate are satisfied that Fife ASPC have completed the improvement to the required standard. There is still work to be done to further embed the use of chronologies as a means of early identification of support need or harm and there is ongoing work with the Scottish Government to explore what this may look like. Fife's ASPC Inspection Improvement Plan was completed in September 2022, ahead of the scheduled October 2022 timescale and signed off by the Care Inspectorate in November 2022 prior to the last quarter's ASPC.

### **Reducing Harm**

*Actions taken to reduce harm*

Priority areas:

- Service user engagement
- How to support people at risk of harm who are resistant or refuse any intervention
- Adults living at home and receiving care
- Adults living in care settings

To support this work and in line with statutory functions, the ASP committee has:

- Undertaken changes to procedures and practices, including a review of the large scale investigation procedure and an audit of all large scale investigation activity within Fife from 2021-22. The findings from this audit are currently being considered and will form the basis of a future report to ASPC, and an associated practice improvement plan as required.
- Provided information and Advice: the Committee acknowledges the importance of continually raising understanding and awareness of how to identify and report harm
- Improving skills and knowledge: Comprehensive learning and development opportunities have been made available through the ASPC's suite of Adult Support and Protection training.
- Developed a Communication and Stakeholder strategy in 2022 to develop a framework for more effective and deeper engagement with service users.

### **2.3.2 Workforce**

The importance of multi-agency working is key.

Analysis of training records across NHS Fife staff indicated that 1962 staff have completed the on line Level 1 Adult Support & Protection training throughout the period January 1<sup>st</sup> – October 31<sup>st</sup> 2022.

Capacity to build on this with attendance at face to face, more in depth training has been limited and is a feature of the 2023 workplan for the NHS Adult Support and Protection Oversight Group

Work is also underway within the NHS Adult Support and Protection Oversight Group, supported by the Executive Director of Nursing to consider the recently published NHS Public Protection Accountability and Assurance Framework and undertake a gap analysis of current capacity/ delivery and governance.

A formal tool to support self evaluation is anticipated, but not yet available.

### **2.3.3 Financial**

There are no financial implications formally associated with this report.

### **2.3.4 Risk Assessment/Management**

The emergence of COVID-19 created new and unprecedented national challenges to our working practices, the identification of adults at risk of harm, and the types of harm experienced.

Processes are under review to ensure that there is an effective gateway to Adult Support & Protection services for those who need it, particularly for younger adults at risk of harm and those transitioning from children's to adult services.

It continues to be a challenge to embed a systematic approach to collecting data on outcomes and experiences of the adult protection journey. Not just in relation to adults at risk and if applicable, their carer/family, but also from staff involved in the adult protection process.

Work is well advanced with the DATIX team within NHS Fife to improve recording of outcomes from ASP investigations initiated by a referral from an NHS Colleague.

### **2.3.5 Equality and Diversity, including health inequalities**

It has been identified that it would be helpful to ensure future analysis should interrogate the data of reports of harm and ASP investigations by locality to ensure a more robust understanding and triangulation of data, issues of deprivation and community characteristics.

### **2.3.6 Other impact**

### **2.3.7 Communication, involvement, engagement and consultation**

There has been no specific communication, involvement, engagement or consultation in relation to the preparation of this report.

### **2.3.8 Route to the Meeting**

The bi- annual report has been signed off by the ASP Committee, HSCP Quality and Communities Committee and Chief Officers Public Safety group meeting.

The paper was considered at the Executive Directors Group on 20 April 2023 and Clinical Governance Committee on 5 May 2023.

## 2.4 Recommendation

The Report is for assurance.

Appendices:

- Biennial Report

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14 04 2023

Fife Adult Support & Protection Committee  
Biennial Report 2020-2022  
October 2022

Author: Ronan Burke, Quality & Assurance Officer

## Contents

Foreword.....	3
Introduction .....	5
Impact of the COVID-19 Pandemic .....	6
What your data tells you.....	7
Key Statistics.....	7
Outcomes, achievements and service improvements .....	8
Training, learning and development.....	12
Engagement, involvement, and communication.....	15
Areas for Improvement/Looking forward.....	18
Chairs closing remarks .....	20
Appendix 1-Annual Data Reports 2020-21 and 2021-22.....	21
Appendix 2-Updated Adult Support and Protection Competency Framework.....	77
Appendix 3-ASPC Supermarket Covering Letter .....	86
Appendix 4- Communication and Stakeholder Engagement Action Plan.....	89

## Foreword

As Independent Chair of Fife Adult Support and Protection Committee I am delighted to introduce this Biennial Report for 2020-2022. The last 24 months has been challenging for people within our community, practitioners, and services.

As a result of the Covid-19 restrictions many people have experienced a range of personal and professional challenges and despite the restrictions on our daily lives, many of us will still know people who became seriously unwell or sadly died during this period.

Within Fife there is a real strength to have so many individuals, practitioners, organisations, and agencies focussed on supporting the wellbeing of others. In these unprecedented times we have seen an extraordinary commitment to support and protect people from across our communities.

The Adult Support and Protection Committee has worked hard to fulfil its functions, as outlined by the Adult Support and Protection (Scotland) Act 2007. Throughout the reporting period, Fife Adult Support and Protection Committee adapted to the pandemic by identifying new ways of working and identifying risks and challenges with new approaches and a renewed dedication to making a difference even in the most difficult of circumstances. Through strong partnership working, commitment and resilience the Committee and Working Group members have; ensured training and development opportunities were delivered virtually to enable the confident application of Adult Support and Protection (Scotland) 2007 legislation across our frontline workers; developed a Committee Covid-19 Recovery Plan ensuring any risks and trends were identified and acted upon at the earliest opportunity; updated and developed policy and procedure including the Interagency Engagement and Escalation protocol and the Herbert Protocol; successfully raised awareness of Financial Harm and strengthened partnership working to identify and report this and initiated a short life working group focussing on hoarding and self-neglect.

Over the course of this reporting period our priorities have been driven and guided by our Strategic Improvement Plan 2019/ 2020 and 2021/2023. The Adult Support and Protection Team work to ensure the effective alignment of local work and priorities with that of the National forum.

The committee continues to work alongside colleagues in the Child Protection Committee, Fife Violence Against Women's Partnership, Fife Alcohol and Drug Partnership, and MAPPA (Multi-agency Public Protection Arrangements) to ensure there are shared learning opportunities and a mutual understanding of protection, harm and responsibility across all partners throughout the life span.

The Adult Support and Protection Committee has continued to drive forward improvement actions despite unprecedented times throughout 2020 – 2022. The contribution of all agencies represented on the Adult Support and Protection Committee who have given their on-going support, dedication, resilience, and creativity has been greatly appreciated.

I would like to offer my sincere thanks and appreciation to all those who have worked tirelessly with resilience and dedication to keep members of our community safe from harm.

A handwritten signature in black ink, appearing to read "Alan Small". The signature is written in a cursive style and is positioned above the printed name.

Alan Small, Fife Adult Support and Protection Committee Chair

## Introduction

The Adult Support and Protection Committee (ASPC) is a statutory body established under section 42 of the Adult Support and Protection (Scotland) Act 2007 (the 2007 Act) within each council area. The committee is chaired by an independent convenor who is neither a member nor an employee of the Council.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. To operate effectively, all office holders and public bodies collaborate on the exercise of functions which relate to the safeguarding of adults at risk in Fife.

The ASPC is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer of Public Safety (COPS).

The key functions of the ASPC as defined in the 2007 Act are:

- To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;
- To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;
- To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

In performing these functions, the ASPC must have particular regard to improving co-operation between and across each of the public bodies and office holders.

Fife's ASPC has continued to meet on a regular basis throughout the Covid-19 pandemic, moving to 'virtual' online meetings via Microsoft Teams. This has ensured and enabled a continued focus on adults at risk of harm and the timely oversight and identification of any themes and/or trends as they arose. This Biennial Report 2020-22 offers an oversight of how this focus was maintained during this time and shares the resulting outcomes.

## **Impact of the COVID-19 Pandemic**

At the end of March 2020 Fife Adult Support and Protection Committee, alongside all ASPC's across Scotland, required to quickly adapt to the unknown and regularly changing circumstances surrounding Covid-19. The restrictions and implications linked to COVID-19 meant we had to develop new ways of working. Fife Public Protection Group was set up in order to ensure oversight of the safe and effective delivery of service across the Public Protections. Senior representatives from statutory partners (Social Work, Health and Police) met virtually on a weekly basis to ensure that all partners were supported, that risks or spikes in COVID-19 were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

All representatives of the ASPC received briefing and awareness raising materials throughout both periods of lockdown to support the continued importance of reporting Adult Protection concerns. Council Officers continued carrying out adult protection related work and visits with the aid of PPE and staff were provided with the appropriate technology and access to virtual meeting systems to allow virtual IRD and Case Conferences to continue.

It is also important to note that despite these unprecedented changes to our ways of working, the strategic work of the sub-committee groups continued, with many of the strategic outcomes being delivered from 2020-22, which the Biennial Report will illustrate.

Finally, it is vitally important to note that the commitment, dedication, creativity and flexibility of our ASPC members were critical in ensuring the support to our service users, patients, communities and workforce continued throughout this period. An integral part of this was the Partnership's Covid Recovery Plan which was first developed in June 2020. This kept, and continues to keep, all processes under review in light of Covid-19 and helps to identify and act on any practice issues raised. The Covid Recovery Plan takes into account ASPC functions, the working groups, learning and development, communication, national networks, working arrangements, service user contact/engagement, data, human rights and identifying harm and hidden harm as a result of the pandemic. This plan has helped ensure that harm continues to be identified and reported and that services and supports are able to reach all those who need it.

## What our data tells us

For the past two years the Committee has been provided with detailed statistical summary reports following the submission of the Scottish Government data return. Reports provide trend analysis, information on types of harm being investigated and demographic details of adults at risk, all of which has helped to inform our local improvement planning discussions for the next reporting period. In addition, it has prompted a number of interagency self-evaluation activities to provide context to emerging trends, for example the annual Adult Support and Protection case file audit, a Mixed Methods Review in relation to care home statistics and future audit of all Large Scale Investigation activity over the last reporting period. A summary of the data is provided below.

### Key Statistics

- 5717 reports of harm were received between 2020-22, representing a percentage increase of 0.70% since the 2018-20 report (5677).
- 835 Investigations were undertaken in the reporting period 2020-22, which is an increase of 15% compared to the 2018-20 Biennial Report (724).
- 223 initial and review case conferences were convened in 2020-22, an increase of 48 in comparison with the previous 2 years. This is a 27% increase in total.
- 17 Large Scale Investigations (LSI) were commenced 2020-22, compared with 4 across 2018-20. This is an overall increase of 325%. This is clearly a notable increase within the reporting period, with audit activity planned within the next reporting period to investigate this further.
- Continuing the trend from previous years, within 2020-2022 the majority of investigations relate to individuals aged 16-65 (64%), compared to 59% for 2018-2020.
- In terms of gender demographics, those identifying as female counted for 59% of total investigations from 2020-22, rising from 56% during the 2018-20 reporting period. For those identifying as male, we see a drop from 44% of total investigations in 2018-20 down to 41% from 2020-22.
- We see an increase from 14% in 2018-20, to 19% in 2020-2022 of total investigations where the adult's client category was recorded as adults with mental ill health. Interestingly, we see a drop of 2% for investigations where the adult's client category was recorded as physical disability (28% in 2018-20, 26% for 2020-22), and a drop of 1% for where it was identified the client category was infirmity due to old age (14% for 2018-20, 13% for 2020-22).
- The main types of harm recorded for cases at Investigation stage for the 2020-22 reporting period were Financial harm (23%), Physical harm (23%) or Self-harm (20%). In comparison, from 2018-20, the main types of harm recorded for cases at investigation stage were Psychological harm (25%), Financial harm (21%) and Physical harm (19%). We see a drop of 6% in reporting periods for Psychological harm. Self-harm statistics continue to rise which is something that has been noted across the adult's social work service for further development in terms of training offerings for frontline workers moving forward.
- Reflecting data in previous years, the 2020-22 reporting period demonstrated that the most likely location of harm investigated continues to be an individual's own home (59%), followed by Not known (10%) and Care home (5%). In comparison, 2018-20 data shows the main locations of harm

were the individual's own home (63%), Not Known (12%) and Care Home (10%). In particular, Fife's Care home statistics are of note. Not only have these numbers halved between the two reporting periods, they are also significantly lower than the 22% national average recorded in 2020. There are actions already in place to investigate reasons for this, including the addition of presentations by the Adult Support and Protection Team to care homes to provide further information on harm and the processes for reporting this.

The available data is reflective of a number of similar trends to that of previous years and identifies a number of areas which may have been impacted upon by Covid-19. The perhaps smaller than expected increase in reports of harm is likely to directly correlate with a reduction in face-to-face contact and engagement with members of the community due to lockdown restrictions at this time in 2020-21 in particular. The ASPC has developed a Stakeholder Engagement Strategy which is particularly relevant and raised the awareness of the continued need of practitioners to remain vigilant to identifying and reporting harm whilst we gradually came out of restrictions. It is not surprising that the most likely location of harm remains a person's own home given the restrictions that were in place for a large part of 2020-2021, however, there remain questions about the low level of investigations being progressed for adults in care homes. A mixed methods review has been taken forward in 2022 and will continue into 2023 to provide exploration and assurances as to the reasons behind this and any supportive action required following.

This report has highlighted that there is a growing number of investigations where the adult is experiencing mental ill health, and a growing number relating to self-harm. There is a possibility that this is reflective of the impact of lockdown restrictions on our individuals and communities. The volume and complexity of Adult Support and Protection work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes will be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are sufficiently robust and to ensure that as an ASPC we are finding effective ways to keep people safe from harm.

## **Outcomes, achievements and service improvements**

A number of different actions have been taken forward across the ASPC within the reporting period for the purpose of improving Adult Support and Protection related services, reducing the risk of harm and improving outcomes for adults at risk of harm.

Within the first 4 weeks of lockdown in March/April 2020, an extensive amount of shielding related work was carried out by Adult and Older Adult Social Work. Within Fife, over 10,000 people had been asked to shield and within this time frame 8,800 of them had been contacted by social work to carry out welfare checks. The remainder were contacted by letter and if this did not trigger contact, then these people were visited. Given the potential for social isolation and loneliness, these actions aimed to reduce the risk of harm for those forced to shield.

An Adult Support and Protection staff survey tool was developed in July 2020 to gather data regarding front-line worker's views on the ASP activity they were carrying out on a day-to-day basis. This included questions regarding confidence in the application of Adult Support and Protection

policy and procedures, as well as access to training, support and supervision to ensure ongoing learning and development.

At the same time, a service user feedback tool began development in July 2020 to gain information about how people with lived experience feel about the effectiveness of adult support and protection interventions. It was noted by the Adult Support and Protection Team that previous data focused on the number of investigations, IRDS, Case Conferences for example, but not on the views of those actually involved in these interventions. The aim of this tool was to have a greater understanding of these experiences and to identify gaps and routes for improvement. An initial 6 month review of the tool's effectiveness is planned for December 2022.

In addition, the Adult Support and Protection staff survey tool underwent extensive multi-agency discussion and consultation within the relevant ASPC sub-committee groups throughout the reporting period with first drafts produced. This will be launched within the next reporting period.

Inter-agency Adult Protection policies, procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm. The overarching Fife Interagency Procedures have been reviewed during the period, to reflect changes and improvements and promote best practice. This has also included individual guidance in relation to important matters such as Financial Harm, Hoarding and Self-Neglect, Domestic Abuse, Multiple Report of Harm, Engagement Escalation protocols and Large Scale Investigation guidance. Each of these updates have been approved by the Committee and went live in June 2022, with reviews due to be carried out within the next reporting period. Also crucial to this has been the development of an inter-agency chronology process which has been an integral service improvement carried out within the reporting period.

Resultant to the identification of an increase in Financial Harm in the previous year, the Financial Harm Working Group continued their campaign to raise awareness of identifying and reporting harm throughout 2020-22. With a concern that Financial Harm may rise due to increased use of technology within homes and loneliness and isolation, the Financial Harm Working Group, supported by the ASPC and The Adult Support and Protection Team, launched its first radio campaign in December 2020 in partnership with Kingdom FM. This campaign aimed to raise awareness of Financial Harm, how to spot it and identify it. Feedback from Kingdom FM analytics identified a very successful campaign with significant reach across the community.

## DECEMBER POST CAMPAIGN

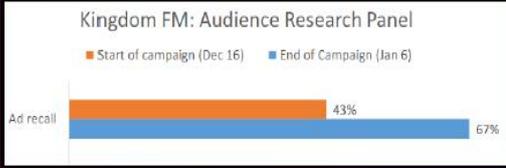



### DETAILS

- AIRTIME  
120 x PLAYS  
7TH DEC – 3RD JAN
- DIGITAL DISPLAY  
7TH DEC – 3RD JAN
- ADMESSENGER  
100,000 IMPRESSIONS  
7TH DEC – 3RD JAN

### DELIVERY

- AIRTIME  
140 x PLAYS  
52,870 REACH – 6.2 OTH
- DIGITAL DISPLAY  
75,439 IMPRESSIONS – 75 CLICKS
- ADMESSENGER  
170,009 IMPRESSIONS – 2408 TAPS



Category	Start of campaign (Dec 16)	End of Campaign (Jan 6)
Ad recall	43%	67%

The survey results showed an increase in:

Recall of hearing the advert jumped from 43% of listeners to 67% (equivalent to 37,654 listeners remembering your advert)

Positively, adverts in relation to the chosen category of harm were played approximately 6 times per day in December and reached a total of 52,870 listeners across the month. Given the population of Fife is approximately 370,000, this means the campaign reached 14% of this population across the month.

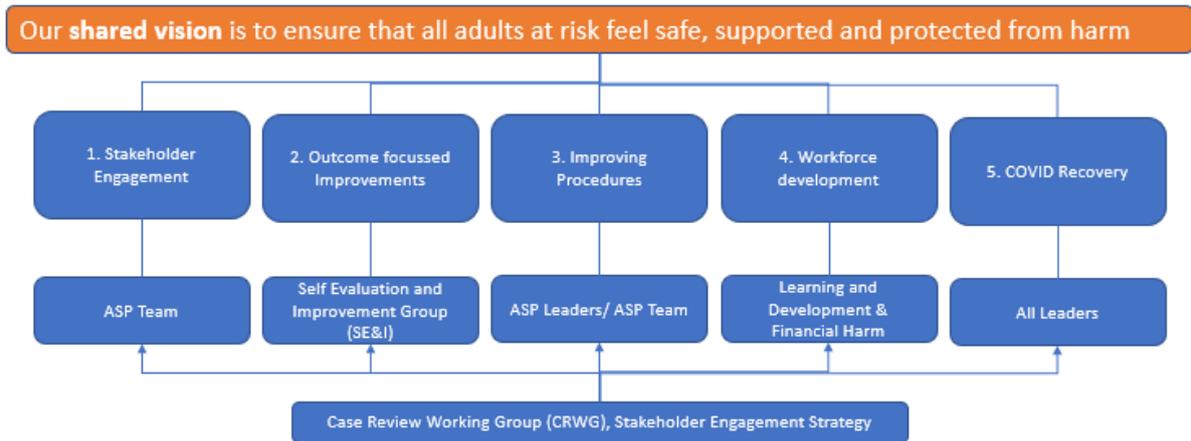
As a result of this, the campaign was run for a second time in February 2021, to align with National Adult Support and Protection Day. January 2021 saw the roll out of ‘A Year of Financial Harm Awareness Raising’ in the form of monthly SWAY documents, each raising the profile of a different type of scam or finance related harm. This campaign was hugely well received and continued throughout the full year. Linked to this, a pilot project commenced within the same period between Police and Trading Standards, which involved an information-sharing process whereby vulnerable person’s database entries related to Financial Harm would be shared with Trading Standards in order to ensure support and preventative action to ensure adults were empowered and supported to remain safe from further harm. This innovative piece of improvement work is now established practice due to the success of the pilot.

We have continued running quarterly radio campaigns throughout the 2021 and 2022 reporting period, both to align with this year’s Adult Support and Protection Day but also with different themes each quarter with the goal of raising Adult Support and Protection awareness. These have included Adult Support and Protection and Fire Safety, Adult Support and Protection and Social Media and alcohol and drug awareness. Analytics for each campaign have indicated positive engagement and reach for our topics, evidencing that our innovative strategy for reaching Fife residents has been successful.

In terms of quality assurance and audit activity analysis, this reporting period saw the addition of the Quarterly statistical data report added to the ASPC agenda. Specific indicators were identified to enhance discussion of the major adult support and protection themes affecting Fife and for all

agencies involved to understand more effectively what the data means. This in turn can better identify areas of improvement which are required and ultimately reduce the risk of harm for adults.

The reporting period also saw the introduction and work towards completion of Fife ASPC’s Strategic Improvement Plan for 2021-23. The Strategic Improvement Plan set out Fife’s vision for ASP and principles, five priority areas for development and subsequent aims and objectives for each. To ensure alignment and shared understanding of our vision, each priority has been driven forward by one of the ASPC sub-groups, the Adult Support and Protection Team or by Adult Support and Protection leads across partner agencies, who are tasked with developing and delivering a strategy or workplan to achieve the aims set out for each priority. The objectives within these plans have been specific, measurable, achievable, relevant and time-bound (SMART). The diagram below shows who has led the delivery of each of the five priorities with the Case Review Working Group (CRWG) feeding into all workplans as appropriate. Similarly, the Stakeholder Engagement Strategy and Performance Framework, which will be discussed later in this report, has actions linked to all priorities. From our vision and principles through to our workplans, this approach aims to be person centred and outcome focused.



Given the pandemic, the introduction of the above tools and methodologies has allowed the Partnership to further adapt to new ways of working which has proved to be a significant achievement.

Finally, a crucial aspect of our Adult Support and Protection outcomes, achievements and service improvements during this reporting period was the Fife Adult Support and Protection Inspection carried out by the Care Inspectorate. The focus of this inspection was on whether adults at risk of harm in the Fife area were safe, protected and supported. The joint inspection of the Fife partnership took place between May 2021 and August 2021.

The methodology for this inspection included four proportionate scrutiny activities. These were the following:

- Analysis of supporting documentary evidence and a position statement submitted by the partnership.

-A staff survey, where staff from across the partnership (738) responded to the Care Inspectorate's adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

-The scrutiny of the health, police, and social work records of adults at risk of harm, which involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings of 40 adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

-Finally, staff focus groups. The Care Inspectorate carried out two focus groups and met with 16 members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided them with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Positively, Fife received the following outstanding feedback from the Care Inspectorate.

### **Strengths**

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.
- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

In terms of areas of improvement, Fife received the following:

### **Priority areas for improvement**

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.
- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

These areas have been addressed by Fife's Inspection Improvement Plan, devised by the Adult Support and Protection Team, again throughout this reporting period. The route for the use of standardised adult protection chronology, risk assessment and protection plan earlier in the ASP journey than previously has been reviewed and agreed at Committee, with clear guidance given to practitioners as part of the overarching updated inter-agency Adult Support and Protection procedures which went live from June 2022 onwards. This will again be reviewed during the next reporting period to assess its effectiveness and ensure these are being used appropriately. To assist with this, Fife's inter-agency case file audit methodology has been reviewed and updated to ensure a focus on the above moving forward.

### **Training, learning and development**

For a number of months following the initial period of lockdown, there was no Adult Support and Protection Training available. To ensure that there were enough Council Officers available to progress statutory Adult Support and Protection activity, an interim guidance was put in place. By December 2020 all ASPC Training, including Council Officer Training, was launched on Microsoft Teams which allowed practitioners an alternative way of receiving Adult Support and Protection learning and guidance. This focus was necessary given lockdown measures prevented any in-person training taking place. As a result, important Adult Support and Protection training was able to continue in extremely challenging circumstances, positively impacting on both adults at risk of harm and the continued learning and development of Council Officers and practitioners across all services.

We have continued to develop training and learning opportunities for front line staff since then, throughout the reporting period. Priority 4 of Fife's Adult Support and Protection Committee's Strategic Improvement Plan 2021-23 states that the Learning and Development sub-group "will continue to support our workforce, ensuring staff across all agencies are confident, knowledgeable and supported". This has included the development of training opportunities for our Adult Support and Protection training facilitators as well as Adult Support and Protection Senior Manager sessions.

Other essential aspects have included making sure that "training is supported and sustained through active implementation, supervision and coaching and a continued focus on staff wellbeing. This means building in enough time and resources where staff can talk, reflect, and be listened to". The overall aim for priority 4 of the Strategic Improvement Plan has been for all staff across partner agencies to feel supported and confident in identifying and responding to harm and in providing an integrated response to reduce harm. To help achieve this priority the Self Evaluation and Improvement Group launched an Adult Support and Protection post-training questionnaire in September 2021. Another purpose of the questionnaire is to gather data to allow assessment of the effectiveness of the current Adult Support and Protection training offerings across the Partnership.

Training evaluation reports have been completed quarterly and provided to the Learning and Development sub-group to allow discussion to take place at their quarterly Group meetings moving forward, as well as at the wider Committee meetings, also on a quarterly basis. Over 95% of all feedback received across all the Adult Support and Protection training courses since the questionnaire went live has either agreed or strongly agreed that these have resulted in increased Adult Support and Protection knowledge as well as increased confidence in carrying out the Adult

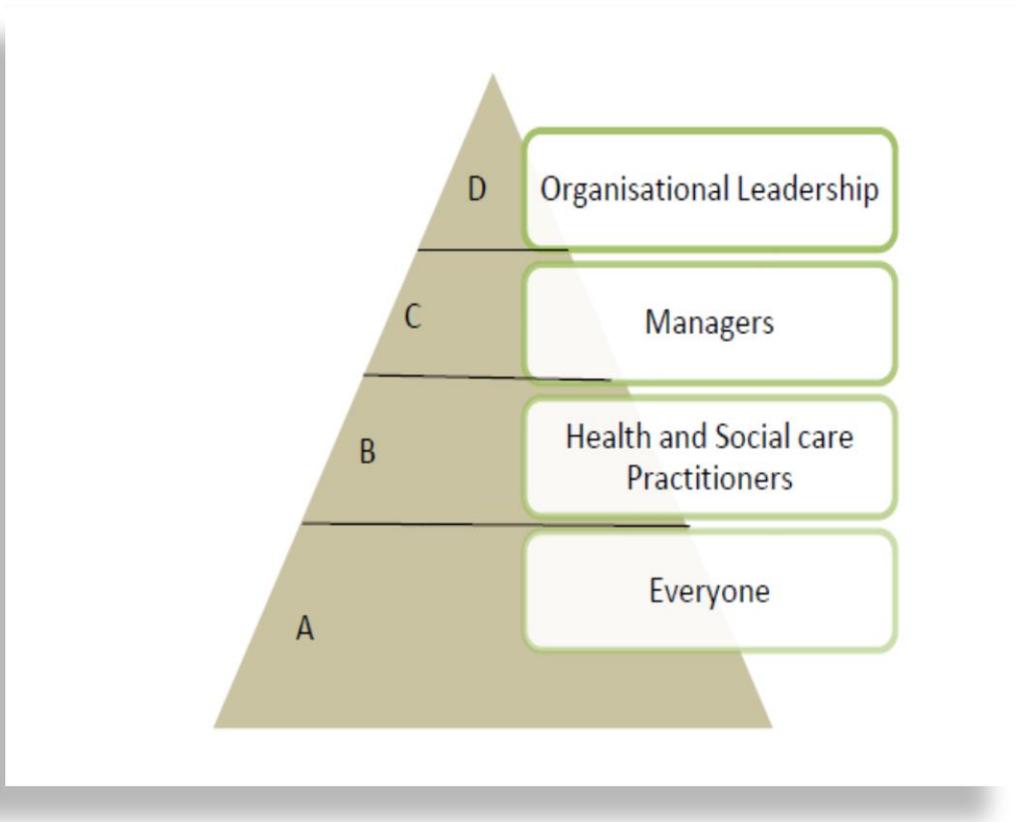
Support and Protection role across the frontline. This is a significant achievement considering the sudden unexpected change to learning via Microsoft Teams as a result of the pandemic at extremely short notice, which emphasises the strength of our Adult Support and Protection training facilitators within the Partnership.

Linked to the above has been the introduction of the frontline Adult Support and Protection Practitioner's Forum. It was a challenge progressing this due to the pandemic. Initially, within the reporting period, the Learning and Development sub-group spent time considering alternative ways in which this could be progressed, including a proposal that this would be held virtually, on a Fife-wide basis. It was proposed that initially the forum would include a representative from each partner agency with the aim of the group identifying themes for the forum for the remainder of 2022. This has allowed representatives of the forum to collate views and questions from colleagues and allowed continued feedback of Adult Support and Protection related information to front-line teams and meant that those front-line workers views could continue to be heard, which was crucial during the pandemic period.

An aide memoir was developed in 2020 by the Learning and Development Group for the accompanying officers (second officers) supporting the progress of Adult Support and Protection investigations. This brought about greater understanding of the role of accompanying officer within Adult Support and Protection interviews/visits and supported staff's confidence to take on this role. This role can be progressed by any appropriate partner, alongside the Council Officer (social worker).

Finally, crucial to the Partnership's ongoing Adult Support and Protection learning and development has been a revamp of our Adult Support and Protection Competency Framework. This is used to focus specifically on ensuring that relevant workers have the competencies, knowledge and skills they need to carry out their roles in supporting and protecting adults at risk of harm. It can also be used to review what the workforce already know and understand, support 'Learning and Development Needs Analysis' and identify ongoing opportunities for this. It should inform and enhance practice for those who need a particular set of skills and can be used as a tool when writing job descriptions.

Adult Support and Protection and workforce development should be seen as an essential part of continuous improvement, and the Framework is designed for use as part of agencies' continued professional learning. The individual learning and development needs of each worker should be considered and reviewed, including Adult Support and Protection where relevant, in how workers and managers will meet the Continued Professional Learning (CPL) requirements of particular roles. The competencies, knowledge and skills can be 'mapped' at an individual level (to any other forms of learning and development that workers take part in).



Each staff member will now read the table above and identify which Group describes their current role. Once this has been established they will be aware of which competencies they need to be able to demonstrate within their own work environment and be able to use this framework in order to evidence them appropriately. See appendix 2 for a full copy of the new framework. The purpose of changing the existing ASP Competency Framework was to simplify the process and provide a document which can be used clearly within frontline worker's supervision sessions with their line manager. It is clear what specific competencies are required for specific roles, prompting a good conversation within supervision as to how gaps of knowledge can be filled to ensure adults continue to be as safe from harm as possible.

### **Engagement, involvement, and communication**

Continuing to engage with and involve people with lived experience has proved to be challenging within this period due to the lack of face-to-face meeting opportunities caused by lockdown measures. Despite this, the ASPC's Engagement and Participation Coordinators endeavoured to adapt to these changed circumstances as much as possible.

As lockdown measures commenced, a wide range of easy read resources were distributed around the ASPC so these could be shared with a wide range of service users.

The ASPC newsletter continued to be released on a monthly basis with links to sources of support and advice, and updates in relation to legislation. Fife Council's Deaf Communication Service was

involved in making material available in British Sign Language (BSL) to ensure members of our deaf community had access to all of the information needed to confidently identify and report harm.

A hugely important piece of work carried out during this period was the “Staying Safe, Keeping Well” booklet. This was created as a paper resource for those who do not get their information online or from social media. The leaflet contained numbers for emergency support, Council Covid Community helpline, general council numbers related to types of harm including domestic abuse, advice regarding scams, and general hints and tips for getting through the lockdown period. 13,500 were printed and distributed through Fife Voluntary Action Helping Hands volunteers – to people self-isolating, and vulnerable people who may not have had family/friend/neighbour support. Additional distribution was done through Meals on Wheels, Home Care and Community Learning and Development Teams. This demonstrates the effective engagement and joint working across our 3<sup>rd</sup> sector groups within ASP work and again showed an innovative communication method in challenging times.

Another example of engagement with the community was the ASPC’s supermarket campaign carried out in May 2020. All Fife supermarkets were contacted (see appendix 3 for the covering letter which was distributed) and asked to display posters with the Fife Council Contact Centre telephone number and information as to how to make a referral. This was done in response to adults at risk of harm potentially being out of sight at the time due to lockdown measures. Please see below for the poster itself which was displayed.



**Adult and Child Protection means protecting the most vulnerable from harm and neglect.**

**Harm and neglect can be perpetrated by anyone.  
Harm can be a crime.**



**If you see something, are told something or something doesn't feel right you need to report it.**



**Adult Protection: 01383 602200**

**Child Protection: 03451 55 15 03**

**If someone is in immediate danger call 999**



[www.fife.gov.uk/adultprotection](http://www.fife.gov.uk/adultprotection)

[www.fifechildprotection.org.uk](http://www.fifechildprotection.org.uk)

The ASPC Engagement and Participation Officers also engaged with community groups as part of Teams/Zoom meetings throughout 2020-21 to continue to better understand the experiences of service users and include them in the co-production of services, policy and procedures as well as offering awareness raising sessions and the space to ask questions. Part of this engagement also included working with the Partnership's Deaf Communication Team so that our ASP policy and procedures could be translated into British Sign Language before being uploaded to Fife Council's Adult Protection information website. This has helped us be as inclusive as possible when raising awareness of ASP within our area.

Finally, an integral part of the Partnership's drive to enhance engagement, involvement, and communication within the reporting period has been the creation of our Communication and Stakeholder Engagement Strategy for 2022.

Section 42 of the [Adult Support and Protection \(Scotland\) Act 2007](#) states that:

- Any actions undertaken by an Adult Protection Committee must have regard to improving communication and cooperation amongst its members;
- Formal inquiries consistently identify effective communication, information sharing and co-ordination as critical in protecting adults at risk of harm; and
- Adult Protection Committee's will have an opportunity to provide a model of joint working by the way they themselves operate and will require to promote good working relations between agencies and staff working within them.

The overall aims of this Communication and Stakeholder Engagement Strategy, in seeking to ensure achievement of the above, are:

- to set out how appropriate and effective communication will support the achievement of the ASPC's key strategic objectives;
- to promote effective communication in all aspects of adult support and protection; and
- to ensure that key stakeholders are aware of, understand and are engaged in this work.

Communication is a continuous process and the benefits of good communication include:

- Establishing collaboratively, and based on evidence, local priorities and plans which meet local needs;
- Continuous striving to improve outcomes for stakeholders;
- Working together to manage risk at an appropriate level;
- Taking collective responsibility for the achievement of a shared vision; and
- Assisting in the planning and development of more effective services, effective professional practice and stakeholder satisfaction, developing a learning approach across all partner organisations.

Our ASPC has resolved to develop a strong focus on engagement and communication across key stakeholders, including with those at risk of harm and their carers, to ensure the effectiveness of local safeguarding practice.

The ASPC Communication and Stakeholder Engagement Strategy sits within the wider context of the ASPC's Strategic Improvement Plan 2021-23, which sets out the principles and approach to the engaging with individuals, groups and communities in service planning and development to ensure positive outcomes. This plan then evaluates the impact of our activities and allows The Partnership to gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

The Action Plan at Appendix 4 has been developed to support the ASPC's Communications and Stakeholder Engagement Strategy. It outlines the communications and engagement activity that will take place over the course of the Strategy to implement and improve the ways in which we communicate with our different audiences. These have taken place within the reporting period, but also cross over into the next. Ultimately, the action plan has detailed how we have and will continue to work together with partners, individuals and in our communities to raise awareness and support the safety of vulnerable people in Fife who may be at risk of harm. Value has been placed on eliciting the voices of people with lived experience of the ASP process to drive outcome focussed improvements to practice.

Progress on delivery of the action plan has and will continue to be reported to the Fife Adult Support and Protection Committee. The development and delivery of this plan is a major achievement for Fife when taking into account the ongoing pandemic and the difficulties in engaging with others on a face-to-face basis during this reporting period.

### **Areas for Improvement/Looking forward**

The key areas of work and improvement will be driven forward within the next reporting period by the ASPC Strategic Improvement Plan 2023-25. This will be written in the last quarter of 2022 before being approved at committee in January 2023 for the two years to follow.

Our shared vision is to ensure that adults at risk feel safe, supported and protected from harm. This strategic Improvement Plan for Fife will set out the actions we will take over the next reporting period and next two years in total to work towards achieving this vision.

The plan will build on achievements to date, using the previous improvement plan (2021-23) as our foundation and drawing on learning from Single and Interagency Case File Audits, Activity and Performance Data, Stakeholder feedback, and Initial and Significant Case Reviews.

The plan will out the ASPC's vision and principles, priority areas for development and subsequent aims and objectives. We understand particular improvements will be required and contained within strategic planning moving forward. These include an audit of Large Scale Investigations carried out within Fife, annual Initial Case Review reporting, the roll out and embedding of Learning Review guidance, Hoarding and Self-Neglect related guidance work, the creation of a Friends of the

Committee group to further develop our community links within Fife and improve stakeholder engagement further, and also the roll out of the new Liquid Logic case management system.

We need to continue to think differently in how we measure outcomes and move away from a focus on numbers and performance indicators to a more qualitative, deeper understanding of the complexities of people's lives. Underpinning our approach is a focus on transforming the way that we collect and use data to evaluate the impact of our activities and gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

A range of outcome focused indicators will be developed to evaluate our success against a number of strategic outcomes.

These will be measured through an outcome focused performance framework which was a fundamental objective of the previous Strategic Improvement Plan. All actions throughout this plan will be linked to the achievement of these outcomes.

## Chairs closing remarks

There has been considerable work undertaken by all partners throughout 2020 – 2022 under the auspices of the Committee. Throughout this time period we were impacted upon by an unprecedented local and national challenge resultant to the sudden impact of COVID-19. The Committee has evidenced dedication, commitment, adaptability, resilience and creativity during this time and has ensured its function has been fulfilled. A robust Strategic Improvement Plan has been created on a foundation of partnership working, continuous improvement and a strive for excellence, where we will endeavour to ensure that learning identified during this time is embedded into practice.

Once again, I would like to offer my sincere thanks and appreciation to individuals, families, carers, practitioners, organisations and agencies within Fife who are involved in preventing harm and supporting those who have been harmed.

This will be my last Fife Adult Support and Protection Biennial report as I intend to stand down as Independent Chair in March 2023. Whilst my time as chair will come to an end I very much look forward to learning of further successes and initiatives undertaken by the Committee to help keep adults safe.



Alan Small, Fife Adult Support and Protection Committee Chair

## Appendix 1-Annual Data Reports, 2020-2022

[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



# Fife Health & Social Care Partnership



## Adult Support & Protection Annual Return 2020-21

### Summary Statistics

May 2021

22 | Page



## Contents

Introduction: .....	4
Key Statistics .....	4
Reports of Harm: .....	5
Referral Source:.....	6
Outcome of referral:.....	6
Investigations: .....	7
Outcome of Investigations:.....	8
Case Conferences: .....	8
Protection orders: .....	9
Large Scale Investigations:.....	9
Demographic Information: .....	10
Age/Gender .....	10
Client Group .....	11
Incident Information: .....	11
Type of harm .....	11
Location of harm.....	13
Concluding remarks:.....	14
<i>Appendix 1: Summary Tables.....</i>	<i>16</i>
<i>Appendix 2: Age Profile Analysis .....</i>	<i>21</i>

## Introduction:

This report summarises the data collated for the annual Scottish Government Adult Support & Protection (ASP) statistical return.

It provides a count of referrals, investigations, Case Conferences and Large-Scale Investigations (LSIs) undertaken between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021, an overview of the types and location of harm investigated, and the demographic profile of adults subject to ASP Investigation in the same time frame. Where appropriate, trend or further analysis of the data has been provided. Summary tables are presented in [Appendix1](#) which detail the data submitted to the Scottish Government over the past 5 years. It is expected that a new quarterly minimum dataset for ASP will be developed which is intended to replace this return in future years.

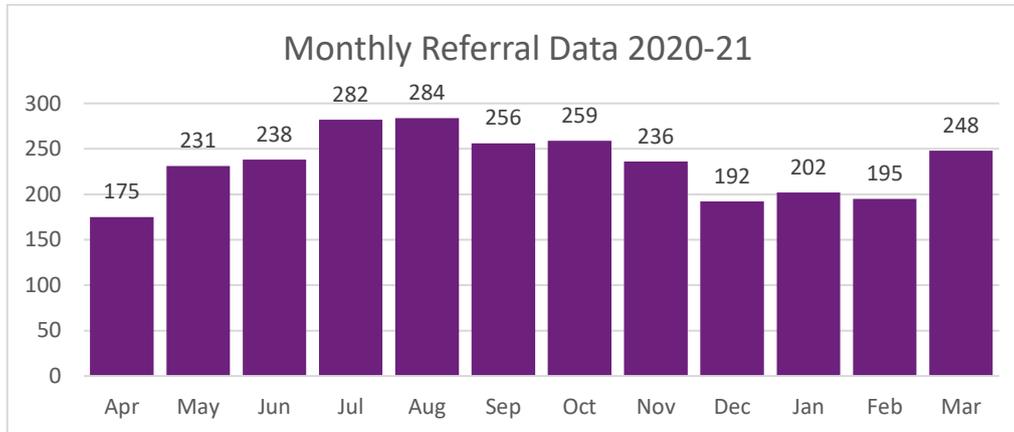
Analysis of the data has raised a number of key areas for further exploration and this report highlights a few areas for consideration at Self Evaluation and Improvement Group (SE&I) to agree if they should be integrated into relevant improvement plans.

## Key Statistics

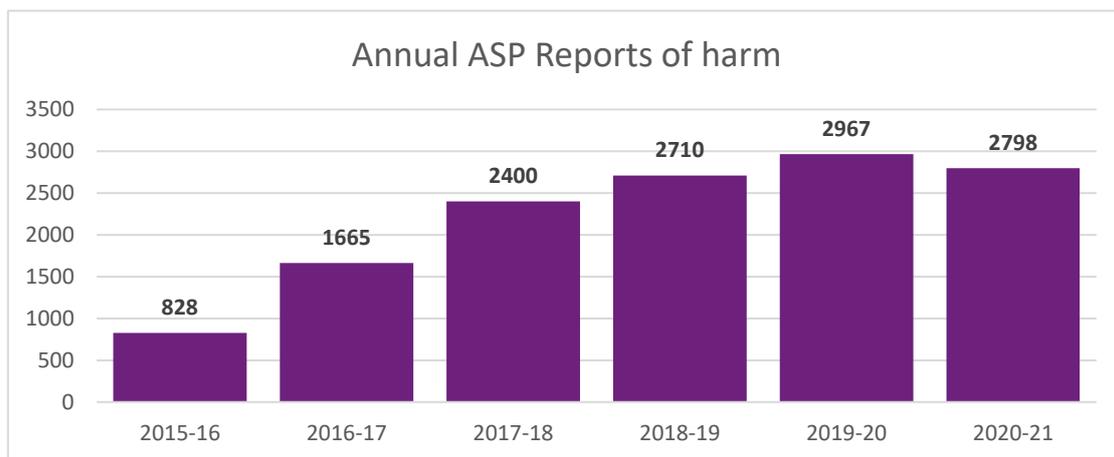
- 2798 reports of harm were received, representing a percentage decrease of 5.7% since the 2019-20 report. Of the 1876 individuals referred, 29% of individuals had multiple reports of harm recorded.
- 460 Investigations were undertaken in the year, whilst this is an increase from the data reported to the Scottish Government last year (385) it must be noted that following a number of data validation exercises in 2020-21, the number of investigations now recorded on the social work system for 2019-20 has risen to 459 therefore there is no significant change noted.
- 126 initial and review case conferences are reported this year, an increase from 2019-20, 73% of these were undertaken in adults teams.
- Two LSIs were started in Quarter 4 of 2020-21, this is a decrease from 3 last year.
- Continuing the trend from previous years, the majority of investigations relate to individuals aged 16-65 (63%), and those identifying as female (58%).
- There has been a 72% increase in investigations relating to adults with mental ill health from 58 last year to 100 in 2020-21.
- The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm.
- Reflecting data in previous years, the most likely location of harm investigated was an individual's own home (62%), and very small numbers are recorded within care home settings (5%) when compared to the national average for last year (22%). There are actions already in place to investigate reasons for this.

## Reports of Harm:

In 2020-21, 2798 reports of harm were received, representing a 5.7% decrease since the previous year and reversing the upward trend that we had seen since 2015<sup>1</sup>. It is suspected that this is partly due to the impact of Covid-19 restrictions which meant that some agencies did not have as much contact with individuals as would usually be the case. Monthly referral data shows that there were fewer reports of harm in months with the strictest lockdowns and would therefore support this theory.



In the counts below, an adult at risk of harm can be counted more than once where multiple referrals are made. In 2020-21 there were 2798 reports of harm for 1876 individuals, 551 individuals were referred more than once (29% of individuals had multiple referrals), with 45 people having 5 or more reports of harm recorded in the time period.



Base: SWIFT AIS- AP Contacts

### Recommendations:

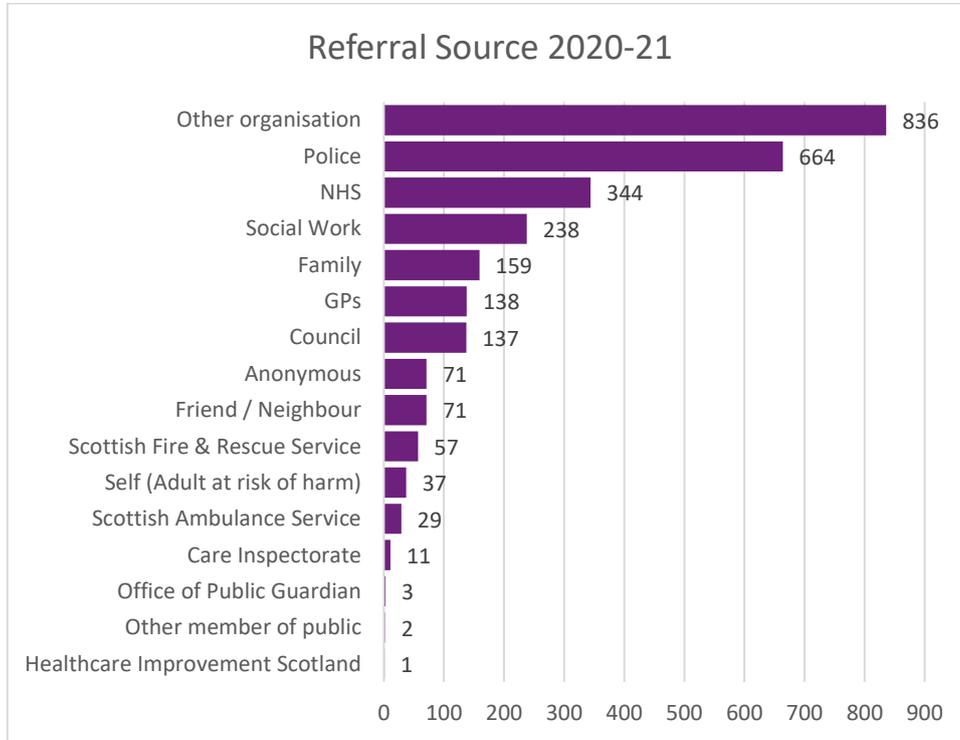
- *Adult Support & Protection Self Evaluation and Improvement Group (SE&I) to consider undertaking an audit of cases where there have been multiple reports of harm to evaluate the quality of the partnership's response to preventing harm and identify any learning or improvement actions.*
- *Social Work to audit 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance.*

<sup>1</sup> In Fife, all contacts where 'Adult Protection' is recorded as 'contact reason' are counted as a referral. If reports of harm are later deemed as not appropriate these may be later 'reclassified' and therefore not included in the counts. This may not be the case in all partnership areas and therefore caution must be taken when comparing the data to National data.

- *ASP Leaders to consider audit findings, set up short life working group to review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.*

## Referral Source:

The chart below shows the referral source as reported to the Scottish Government for all 2798 reports of harm in 2020-21.

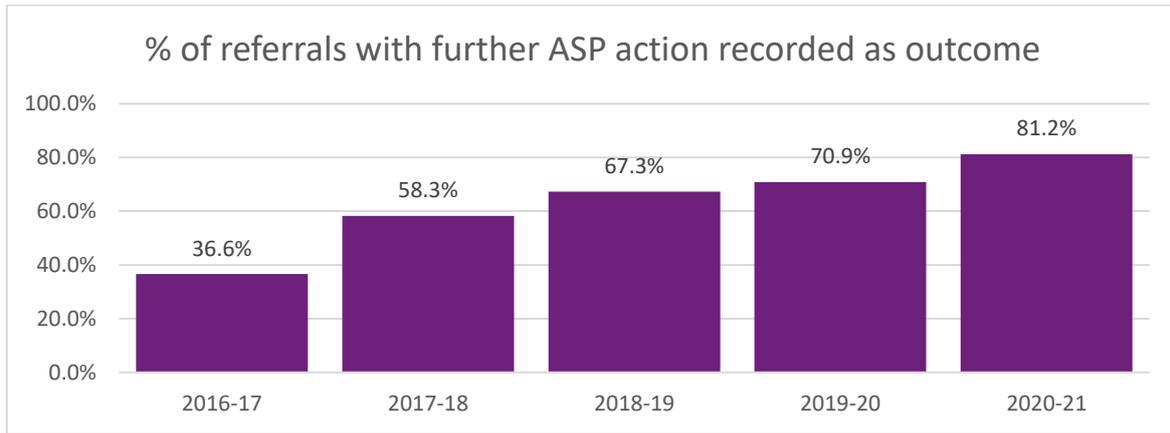


Whilst there has been an overall decrease in referrals this year, this is not consistent across all sources. There has been a significant increase in reports of harm from Police (664 compared to 377 in the previous year), and a notable increase in Scottish Ambulance Service (29 compared to 3 the previous year). Whilst there has been a significant decrease in reports of harm from 'other organisations' the number remains high, potentially indicating that a wide range of agencies are aware of what constitutes harm and how to report it. There has been a decrease in the number of self-referrals this year. As part of the ongoing 2021-23 workplan, the ASP Team will continue to strengthen links with all partners and raise awareness of our key messages throughout 2021-22 through the development and implementation of a stakeholder engagement plan.

The Summary Tables ([Appendix 1](#)) show the referral source for all reports of harm over the past 5 years. SE&I will continue to monitor referral source on a quarterly basis through quarterly reports.

## Outcome of referral:

In comparison to previous years, a higher proportion of referrals (81.2%) required further Adult Protection action. Whilst this could point to improved practice in relation to the correct identification and reporting of harm, this could also be attributed to an alteration in recording practice at the Social Work Contact Centre (SWCC). There are inconsistencies in how contact reason is currently recorded when a case is reclassified which would also impact on this number. This makes interpretation of referral data difficult. The development of a national minimum data set combined with the procurement of a new case management system (Liquidlogic) for social work brings with it an opportunity to review and clarify recording practices in relation to how reports of harm are captured and reported on in future.



The table below shows the count for each outcome of the report of harm over the last 5 years, the increase in work progressed and the decrease in reports of harm where other non-AP action was required could potentially indicate that practice has strengthened across the partnership with appropriate identification and reporting of harm.

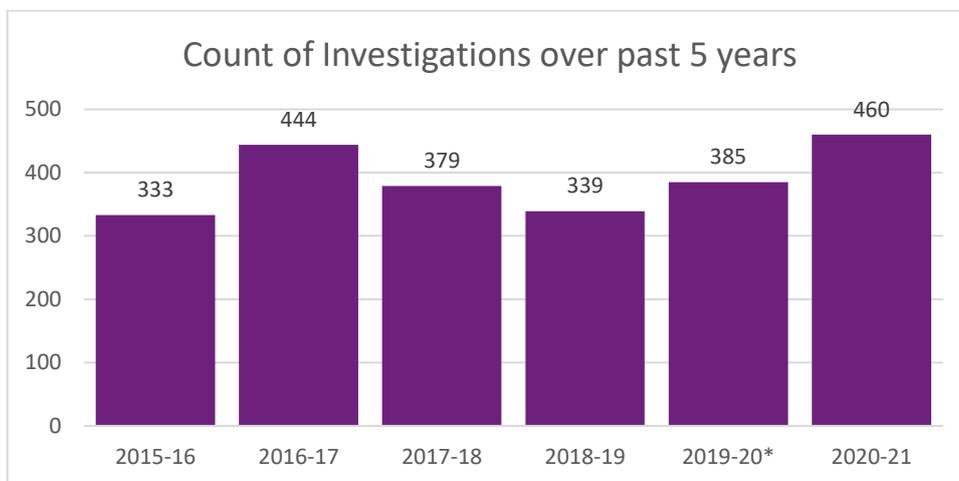
Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Further Adult Protection Action	610	1398	1825	2103	2272
Further Non-AP Action	301	332	242	256	130
No further action	713	610	560	518	342
Not recorded	41	60	83	90	54
<b>Total</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>	<b>2798</b>

*Recommendation:*

- ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.

**Investigations:**

In 2020-21 there were 460 ASP Investigations undertaken, whilst this demonstrates an increase from the 385 Investigations reported in the Annual Statutory Return last year, much work has been done with respect to data quality this year which resultantly increased the number of Investigations recorded last year to 459, a similar number to this year. The graph below shows the number of Investigations reported to Scottish Government Annual Return over the past five years.



\*This figure has been revised to 459 in the social work performance reports

The number of individuals for whom an investigation has taken place is 428, this is because 29 Individuals have had more than one ASP Investigation undertaken within the time period. A breakdown by age shows that 24 of the 29 individuals who had multiple investigations were aged under 65. Data shows that 9% of all adults aged under 65 are subject to multiple investigations, compared to 3% of those aged over 65.

**Recommendations:**

- *SE&I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to effectively supporting adults aged under 65.*
- *ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.*

**Outcome of Investigations:**

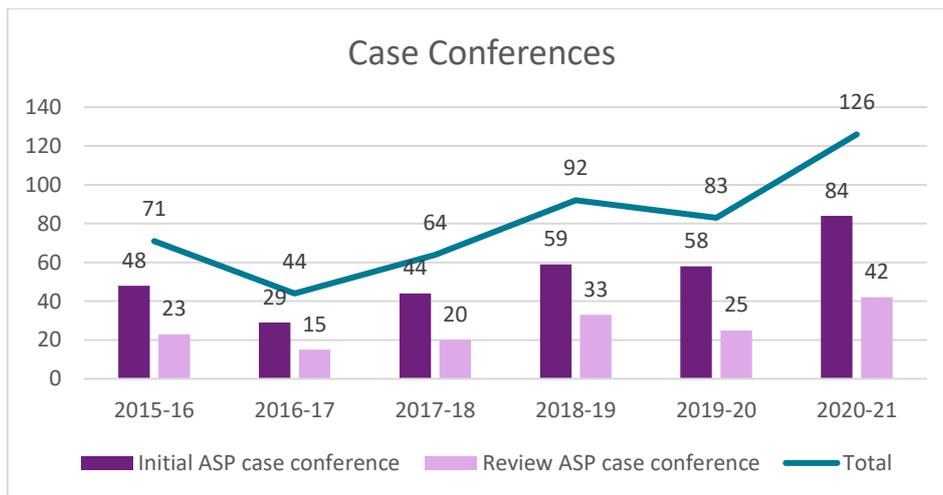
The proportion of cases progressed past investigation stage for further AP action remains similar to previous years.

Outcome	2016-17 (444)	2017-18 (379)	2018-19 (339)	2019-20 (385)	2020-21 (460)
Further AP action	16.9%	12.7%	10.0%	11.4%	12.8%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%
Not known	4.1%	2.1%	11.2%	2.3%	0.4%

Overall 12.8% of cases were progressed for further ASP action, however of the 59 cases progressed, 44 relate to adults under the age of 65. 15.2% of cases relating to adults under 65 were progressed for further ASP action compared to 8.8% of adults aged over 65. This again points to the complexity of the ASP work being taken forward by Adults teams.

**Case Conferences:**

There has been a 52% increase in the overall number of ASP case conferences taking place since last year, of the 126 initial and review case conferences, 92 were undertaken by Adults Teams (73%).



**Recommendation:**

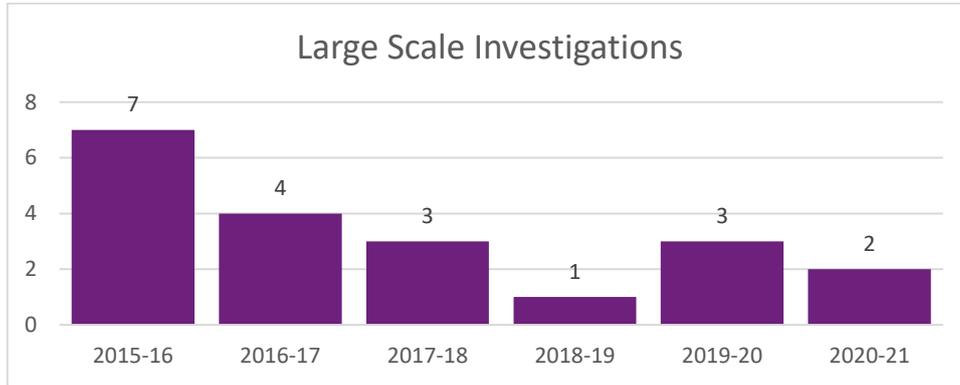
- *Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically as a result of the high number of case conferences undertaken within adults teams.*

## Protection orders:

There were no protection orders granted in 2020-21

## Large Scale Investigations:

There were two Large Scale Investigations undertaken in 2020-21, both commenced in Quarter 4 of the year.

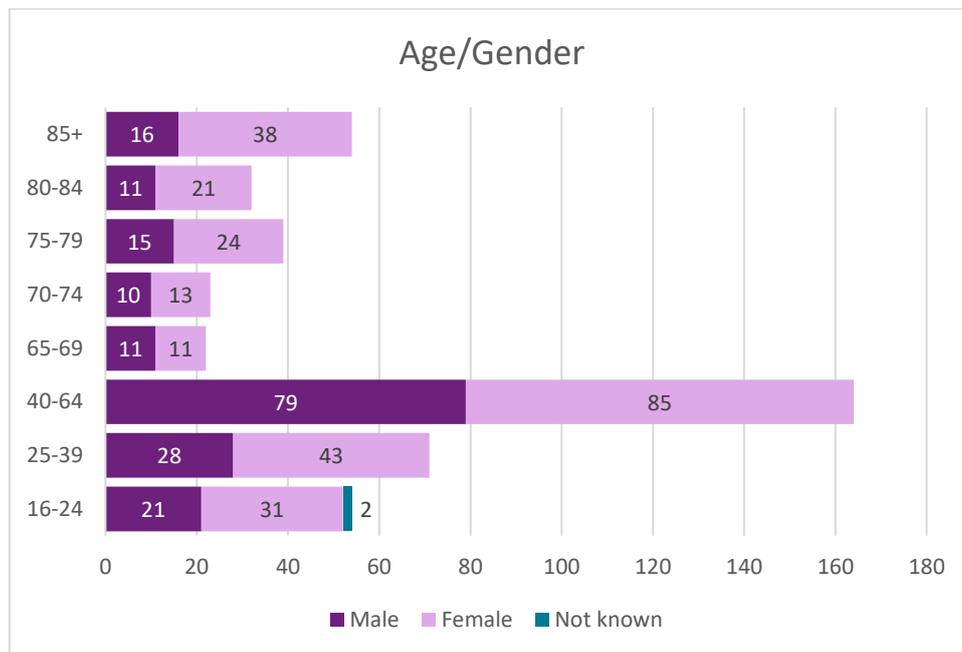


## Demographic Information:

To plan and develop effective pathways and preventative support, it is essential to monitor who is at-risk, what type of harm they are experiencing and where this harm takes place. Nationally, this is reported on at Investigation Stage and this is what is reported on below. Please note an Adult at Risk of harm can be counted more than once in the below counts (where more than one investigation has occurred for an individual in the period). This data is reported to ASPC on a quarterly basis to enable continuous monitoring of any trends.

### Age/Gender

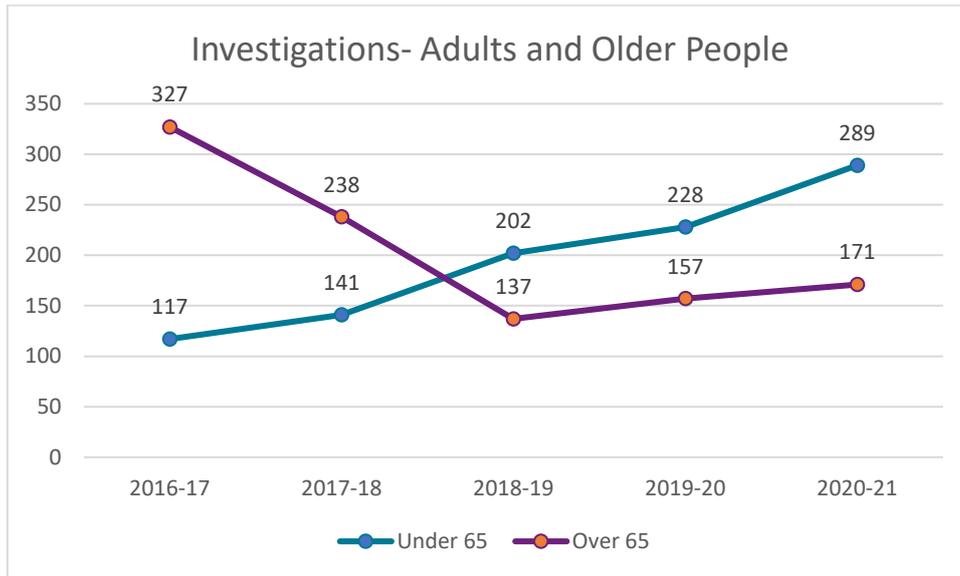
The graph below shows the count of investigations undertaken by gender and age group. Overall, more investigations relate to adults identifying as 'female' and this is the case across all age groups with the exception of the 65-69 group, where there is an equal number of male and female adults. Please note 'not known' relates to two individuals who have chosen not to identify as male or female as opposed to being not recorded.



In 2016-17 26.3% of all investigations related to an adult under 65, compared to 62.8% of investigations this year. A short paper has been produced to summarise the age profile of Adults subject to ASP investigation, the changes over the past 5 years, and to provide a context to this change. ([Appendix 2](#)).

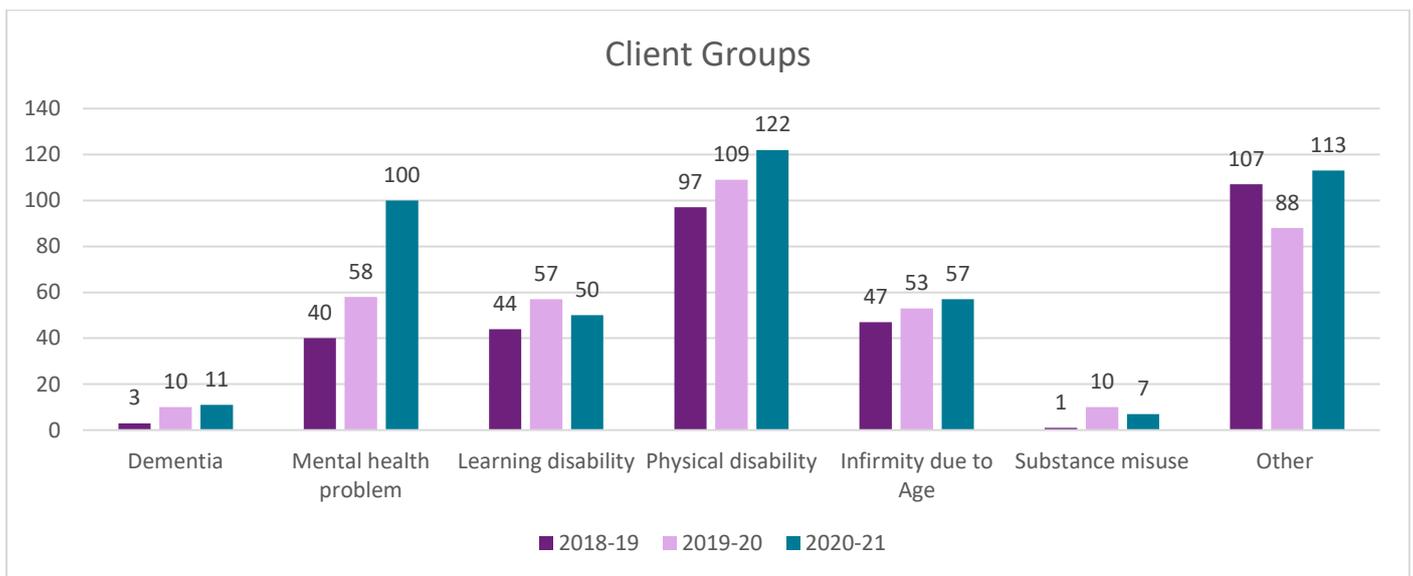
Investigations relating to adults aged under 65 has increased year on year, potentially this could be related to awareness raising and training across Fife to strengthen our approach to identifying and reporting harm. The reduction in reports of harm in older age groups is potentially related to work undertaken to ensure that practitioners are better able to differentiate between significant occurrences and harm and work to reduce the risk of harm occurring in care settings. The number of investigations relating to adults over 65 has been increasing for the past two years but at a slower rate than adults aged under 65.

The chart below shows the number of investigations relating to people under 65 and over 65 since the 2016 return.



**Client Group**

A high number of investigations relate to adults with a physical disability (26.5%) however in 2020-21 we have seen a substantial increase in the number of Investigations relating to adults with a mental health problem, with 21.7% of all investigations relating to an individual with mental ill health.



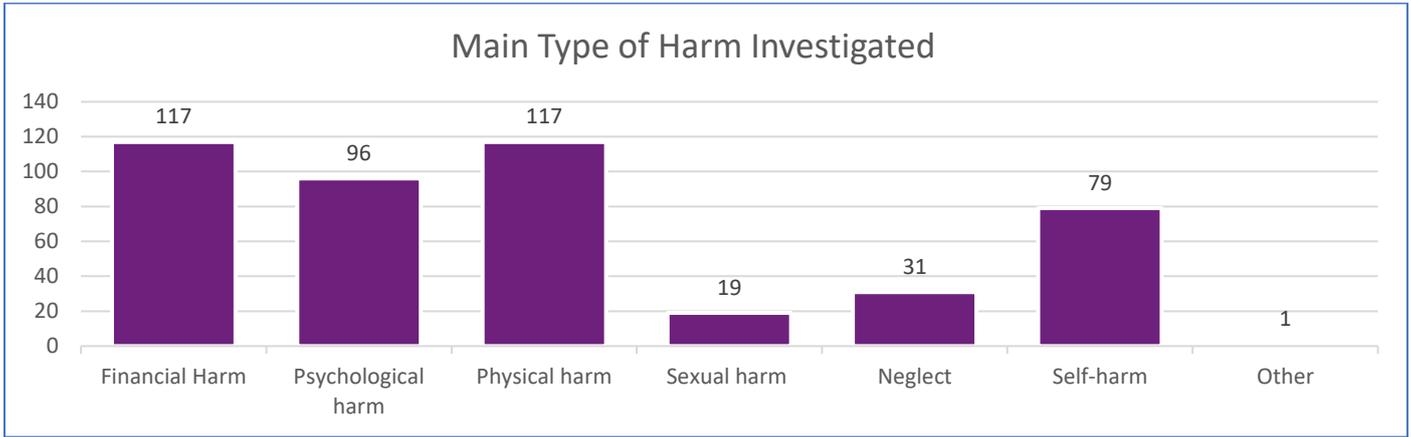
**Recommendations:**

- *Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training*

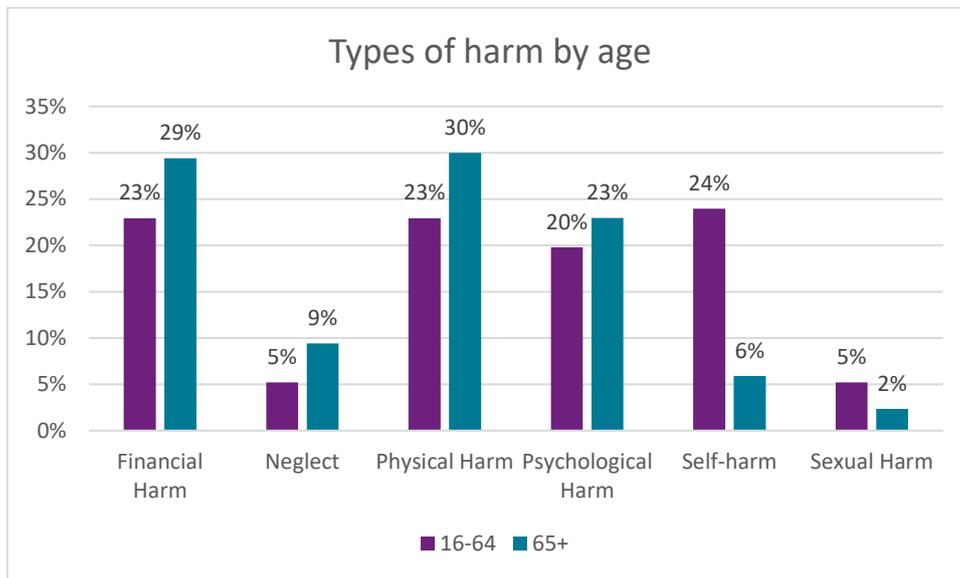
**Incident Information:**

**Type of harm**

In 2020-21, the most common types of principal harm recorded which resulted in an investigation was Financial (25%) and Physical (25%) harm. High numbers also related to psychological harm (21%) and self-harm (17%). The self-harm category has seen a substantial increase since last year (58% increase reported).



As in previous years, data shows that there is variance in types of harm experienced in different age groups, this is particularly the case with respect to investigations relating to self harm, with 87% of these investigations relating to individuals aged under 65, and accounting for 24% of all investigations where the adult was 16-64 (higher than any other harm type in this age range).

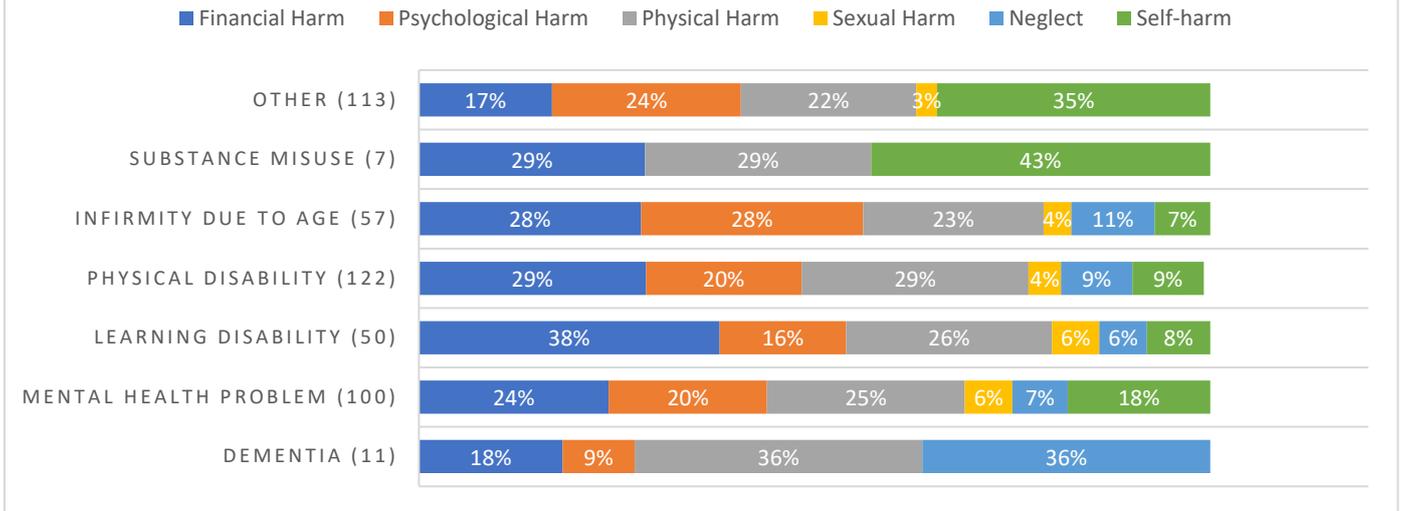


**Recommendations:**

- *Learning & Development to consider the increase in investigations relating to self harm, particularly in 16-65 age range, and the current training and resources in place to support staff to provide effective, timely support*

The type of harm investigated varies between client groups and although caution must be taken as counts broken into client group are small (shown in brackets below), it may be beneficial to consider this information as part of targeted communications campaigns.

## CLIENT GROUP/ MAIN TYPE OF HARM



### Recommendations:

*ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.*

### Location of harm

Where the location of harm is known, the vast majority of harm investigated (62%) took place in an individual's own home. This is universal across age group, gender, primary client group and ethnicity and reflects the data from previous years.

The number of investigations where the location of harm was reported as 'care home' remains low (5.4% compared to 22% national average) and has further reduced in number since last year (25 compared to 37 last year). The planned self-evaluation activity to scrutinise and understand reasons for this is planned in 2021.

## Concluding remarks:

As the data is largely reflective of previous years, the ASPC Strategic Improvement plan and supporting workplans already have a number of actions which are reinforced by the findings in this report, notably the development of a stakeholder engagement strategy which is particularly relevant given the reduction in referrals this year, and the mixed methods review to provide reassurance and explore the reasons behind the low number of Investigations in care homes which has continued this year.

However, this report has highlighted a number of new potential areas for further investigation, namely that there is a growing number of investigations where the adult has mental ill health, and a growing number relating to self-harm. The volume and complexity of ASP work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes could be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are fit for purpose and to ensure that as a partnership we are finding effective ways to keep people safe from harm. In response to these findings a small number of actions have been identified to take forward, if agreed, these will be embedded to existing workplans for 2021-23 and are outlined below.

To demonstrate ongoing quality improvement and evidence the work undertaken to progress these identified actions, the ASPC will provide analysis and outcomes of the report recommendations below within the Annual Return 2021/2022.

2020-21 Key Findings	Report Recommendations for consideration	Lead	When
Significant number of individuals for whom multiple reports of harm are received	<i>Adult Support &amp; Protection Self Evaluation and Improvement Group (SE&amp;I) to consider including a sample of cases in the interagency audit where there have been multiple reports of harm to evaluate the quality of the partnership's response to preventing harm/ responding to reports of harm and identify any learning or improvement actions.</i>	SE&I	Dec 2021
	<i>Social Work ASP lead to consider audit of 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance (include sample within existing case file audit process)</i>	ASP SW Lead	Oct 2021
	<i>ASP Leaders to consider audit findings, and review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.</i>	QA Officer/ ASP Leaders	Jan 22
Difficulty interpreting data relating to the outcome of a report of harm	<i>ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.</i>	SW ASP Lead	Jan 22
Individuals subject to multiple investigations are more likely to be aged under 65	<i>SE&amp;I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to adults aged under 65.</i>	SE&I	Dec 21
	<i>ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.</i>		

Fife Adult Support and Protection Committee Biennial Report 2020-2022

		ASP Leaders	Jan 22
High volume and complexity of ASP cases coming into adults teams	<i>Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically due to the high number of case conferences undertaken within adults teams.</i>	ASP SW Lead	Ongoing
Increase in investigations relating to adults with Mental ill health	<i>Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training</i>	L&D Group	Apr 22
58% increase in investigations relating to self harm	<i>Learning &amp; Development to consider this trend (possibly through practitioner forum) and the current training and resources in place to support staff to provide effective, timely support</i>	L&D Group	Apr 22
Variance in the types of harm investigated by age and client group	<i>ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns as part of the stakeholder engagement strategy. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.</i>	ASP Team	Jan 22

Please contact Ronan Burke (Adult Support and Protection Team Quality Assurance and Development Officer) if you have any questions about the content of this report, or if you would like to request further analysis of the data from this return. [Ronan.Burke@fife.gov.uk](mailto:Ronan.Burke@fife.gov.uk)

## Appendix 1

### Summary Tables:

#### Section A: Data on referrals

##### Q1: Summary of Referrals over the past 5 years

	375	510	757	725	644
	427	502	659	757	822
	410	588	671	730	687
	453	800	623	755	645
	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>	<b>2798</b>

##### Q2: Referrals by Source –over the last 5 years<sup>2</sup>

Source	2016-17	2017-18	2018-19	2019-20	2020-21
Mental Welfare Commission	0	0	0	0	0
Unpaid carer	0	0	0	0	0
Others	11	7	1	0	0
Healthcare Improvement Scotland	0	0	0	0	1
Other member of public	7	178	218	122	2
Office of Public Guardian	3	2	0	2	3
Care Inspectorate	15	31	0	7	11
Scottish Ambulance Service	3	3	0	3	29
Self (Adult at risk of harm)	38	40	49	50	37
Scottish Fire & Rescue Service	77	74	63	69	57
Friend / Neighbour	136	13	0	35	71
Anonymous	25	33	74	89	71
Council	272	343	194	193	137
GPs	45	64	131	180	138
Family	39	48	0	117	159
Social Work	216	258	293	310	238
NHS	229	365	322	411	344
Police	87	249	375	377	664
Other organisation	462	692	990	1002	836
<b>Total</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>	<b>2798</b>

##### Outcome of referral–over the last 5 years (Section E)

Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
<b>Further Adult Protection Action</b>	610	1398	1825	2103	2272
<b>Further Non-AP Action</b>	301	332	242	256	130
<b>No further action</b>	713	610	560	518	342
<b>Not recorded</b>	41	60	83	90	54
<b>Total</b>	<b>1665</b>	<b>2400</b>	<b>2710</b>	<b>2967</b>	<b>2798</b>

##### Investigations – over the last 5 years (Section B)

	2015-16	2016-17	2017-18	2018-19	2019-20*	2020-21
<b>Number of Investigations</b>	333	444	379	339	385	460

\* Following validations this number has been revised to 459 however the number here is what has been reported to SG in 2019-20

<sup>2</sup> Please note that Scottish Ambulance Service and Family are new dropdown categories to enable reports. The decline in 'other member of public' can be attributed to referrals being correctly classified into Friend/ Neighbour or Family in 2019-20

**Investigations by client group - over the last 5 years (Section B)**

Client groups	2016-17	2017 - 18	2018-19	2019-20	2020-21
Dementia	157	101	3	10	11
Mental health problem	37	54	40	58	100
Learning disability	63	70	44	57	50
Physical disability	54	46	97	109	122
Infirmity due to Age	49	48	47	53	57
Substance misuse	19	11	1	10	7
Other	65	49	107	88	113
<b>Total</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>

**Investigations by type of harm - over the last 5 years (Section B)**

Type of harm	2016-17	2017-18	2018-19	2019-20	2020-21
Financial Harm	68	91	52	97	117
Psychological harm	46	49	94	84	96
Physical harm	120	106	43	95	117
Sexual harm	20	19	29	17	19
Neglect	104	66	34	36	31
Self-harm	19	23	85	50	79
Other	67	25	2	6	1
<b>Total</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>

**Investigation by location where principal harm took place - over the last 5 years (Section B)**

Location of Harm	2016-17	2017-18	2018-19	2019-20	2020-21
Own home	264	246	226	227	285
Other private address	6	13	9	14	14
Care home	128	66	33	37	25
Sheltered housing or other supported accommodation	17	5	9	7	15
Independent Hospital	1	0	1	3	0
NHS	16	19	11	14	10
Day centre	1	5	0	1	0
Public place	9	20	27	16	16
Not known	2	5	23	66	95
<b>Total</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>

**Outcome of Investigations - over the last 5 years (Section E)**

Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Further AP action	75	48	34	44	59
Further non-AP action	214	166	102	131	172
No further action	137	157	165	201	227
Not known (ongoing)	18	8	38	9	2
<b>Total</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>

**Number of Investigations by Age and Gender - over the last 3 years (Section B)**

Number of investigations by age and gender												
Age Group	2018-19				2019-20				2020-21			
	Male	Female	Not known	All adults	Male	Female	Not known	All adults	Male	Female	Not known	All adults
16-24	17	15	0	<b>32</b>	16	22	2	<b>40</b>	21	31	2	<b>54</b>
25-39	28	26	0	<b>54</b>	37	29	0	<b>66</b>	28	43	0	<b>71</b>
40-64	56	60	0	<b>116</b>	55	67	0	<b>122</b>	79	85	0	<b>164</b>
65-69	6	9	0	<b>15</b>	10	8	0	<b>18</b>	11	11	0	<b>22</b>
70-74	9	10	0	<b>19</b>	6	11	0	<b>17</b>	10	13	0	<b>23</b>
75-79	9	13	0	<b>22</b>	9	16	0	<b>25</b>	15	24	0	<b>39</b>
80-84	10	20	0	<b>30</b>	17	27	0	<b>44</b>	11	21	0	<b>32</b>
85+	15	36	0	<b>51</b>	17	36	0	<b>53</b>	16	38	0	<b>54</b>
Not known	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	1	0	<b>1</b>
<b>Total</b>	150	189	0	<b>339</b>	167	216	2	<b>385</b>	191	267	2	<b>460</b>

**Number of Investigations by Age and Ethnic Group - over the last 3 years (Section B)**

Age Group	2018-19								2019-20								2020-21							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults
16-24	27	1	0	0	0	1	3	<b>32</b>	37	0	1	0	0	0	2	<b>40</b>	47	0	1	0	0	0	6	<b>54</b>
25-39	48	0	2	0	0	1	3	<b>54</b>	63	0	0	0	0	1	2	<b>66</b>	67	1	1	0	0	0	2	<b>71</b>
40-64	101	0	1	0	0	3	11	<b>116</b>	115	0	0	0	0	0	7	<b>122</b>	152	0	0	0	0	0	12	<b>164</b>
65-69	13	0	0	0	0	0	2	<b>15</b>	15	0	0	0	0	0	3	<b>18</b>	19	0	0	0	0	0	3	<b>22</b>
70-74	16	0	0	0	0	0	3	<b>19</b>	16	0	0	0	0	0	1	<b>17</b>	21	0	0	0	0	1	1	<b>23</b>
75-79	19	0	0	0	0	0	3	<b>22</b>	22	0	0	0	0	0	3	<b>25</b>	35	0	0	0	0	0	4	<b>39</b>
80-84	30	0	0	0	0	0	0	<b>30</b>	36	0	0	0	0	0	8	<b>44</b>	29	0	0	0	0	0	3	<b>32</b>
85+	47	0	0	0	0	0	4	<b>51</b>	48	0	1	0	0	0	4	<b>53</b>	52	0	1	0	0	0	1	<b>54</b>
Not known	0	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	0	1	<b>1</b>
<b>Total</b>	<b>301</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>29</b>	<b>339</b>	<b>352</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>30</b>	<b>385</b>	<b>422</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>33</b>	<b>460</b>

**ASP Case Conferences - over the last 5 years (Section C)**

Type of ASP Case Conference	2016-17	2017-18	2018-19	2019-20	2020-21
Initial ASP case conference	29	44	59	58	84
Review ASP case conference	15	20	33	25	42
ASP case conference*	0	0	0	0	0
<b>Total</b>	<b>44</b>	<b>64</b>	<b>92</b>	<b>83</b>	<b>126</b>

**Number of LSI commenced - over the last 5 years (Section D)**

	2016-17	2017-18	2018-19	2019-20	2020-21
<b>Total number of LSI</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>

## Appendix 2

### Fife Adult Support and Protection

#### Summary of age profile of adults subject to ASP Investigation 2020-21

##### Introduction:

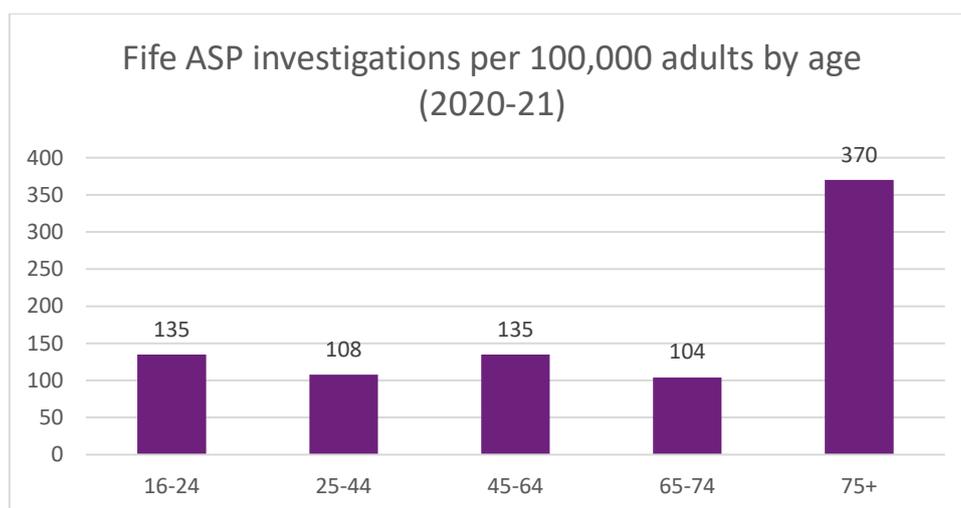
This analysis has been provided to give an overview of the age profile of adults in Fife subject to ASP Investigation. It should be read alongside the Annual Scottish Government Data report for 2020-21 which provides further detail of the data.

##### Data Overview:

##### Investigations per 100,000 population

In Fife, the breakdown per 100,000 adults by age group shows that people aged 65 and over are more likely to be subject to an ASP Investigation (225 adults per 100,000) than those of working age (124 adults per 100,000)<sup>3</sup>.

When age categories are broken down further, adults aged 75+ are the most likely group to being subject to ASP Investigation (370 per 100,000) as shown in the chart below. This is thought to be broadly reflective of the national picture when compared to available benchmarking data.

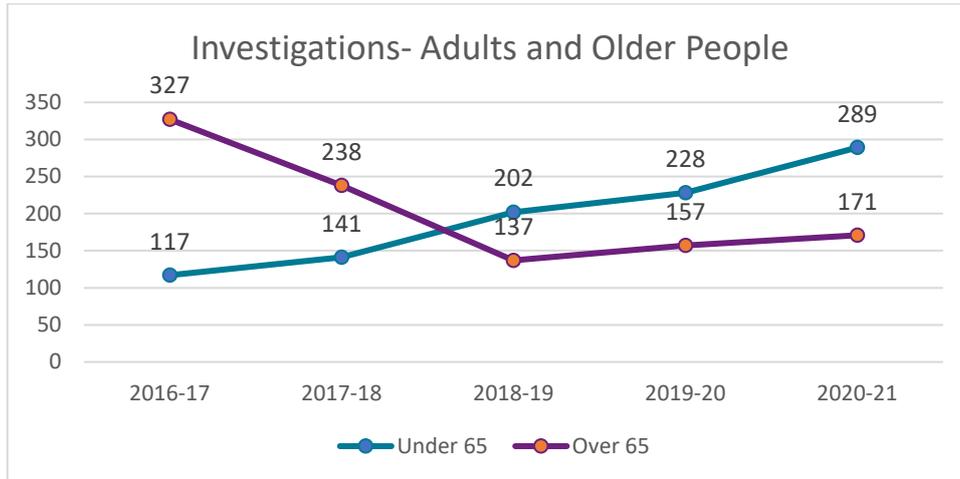


##### Count of Investigations:

Since 2016-17, the number of ASP Investigations relating to adults aged 16-64 has been increasing, 2020-21 data was no exception with figures showing a 27% increase in investigations in this age group since the previous year. Whilst the number of Investigations for Adults aged 65+ has also increased this year, this equates to a 9% increase.

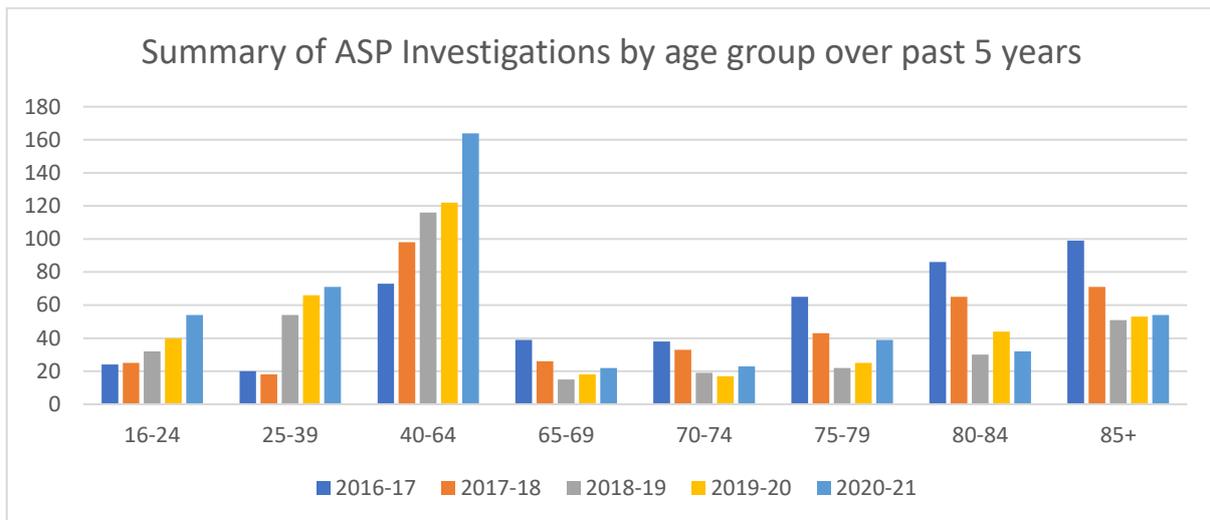
The number of investigations relating to adults aged 16-64 has been higher than those aged 65+ since 2018-19. For adults over 65, there was a sharp decline in Investigations between 2016-17 and 2018-19, followed by small increases over the past two years. The graph below shows the count of Investigations over the past five years by those aged under 65 and those over 65.

<sup>3</sup> For calculation of rates per 100,000, the population data was sourced from National Records of Scotland: [https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#table\\_pop\\_est\\_sex\\_age](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#table_pop_est_sex_age)



*Source: SG Annual Return Data*

Breaking down the age category further shows that since 2017-18 there are consistently more investigations relating to Adults aged 40-64 when compared to any other age categories. All age categories in the under 65 age group note increases in numbers over the past five years, whilst all age categories over 65 group note a decline between 2016-19, with most categories seeing slight increases over the past two years.



*Source: SG Annual Return Data*

The reduction of Investigations in older age groups between 2016-19, particularly within Care Home settings has been highlighted in previous data reports. It is hypothesised that this decrease is primarily because our workforce is increasingly confident in correctly identifying and reporting harm, preventing harm in care settings and better able to differentiate between significant occurrences and ASP. The decrease may correspond to training launched in 2016 which primarily targeted managers and deputies in care homes, with a focus on ‘early indicators’ of harm and preventing harm in care settings. Subsequent training and reviews to procedure increasingly support our workforce to be confident in identifying and reporting harm and case file audits would support that improvements have been seen in relation to correct application of the three-point criteria.

It is anticipated that we will find further evidence to support this hypothesis through;

- A mixed methods review of the approach to responding to harm in care home settings (SE&I action)
- A review of the approach to contracts monitoring of Significant Occurrences (ASP Leaders action)
- An interagency staff survey to measure confidence in identifying and reporting harm which will be distributed to Care at home and Care home staff. (SE&I Action)
- Post training questionnaire to measure confidence in recognising and reporting harm following training (SE&I action).

### Conclusions:

Based on the information available at the time of writing, our data reflects the national picture showing that adults over the age of 75 are more likely to be subject of ASP Investigation than those in younger age groups.

Whilst this is the case, in terms of operational management of ASP work it must be noted that the number of Investigations is far higher in Adults Services (16-64) than Older People (65+) and appears to be increasing at a faster rate. In addition, both the Social Work Performance reports and the analysis of the data return has highlighted the complexity of ASP work being undertaken for younger adults, pointing to the numbers progressed for further AP action following investigation, the number of individuals subject to multiple investigations and the different types of harm, specifically self-harm, predominantly experienced in younger age groups.

We are working within our communities to continuously raise awareness of what constitutes harm and how to report it. It is likely that we will continue to see further increases in the number of Investigations undertaken as more people become aware of the signs of harm and how to report it.



# Fife Health & Social Care Partnership



## Adult Support & Protection Annual Return 2021-22 Summary Statistics

Report Date: August 2022  
Report Author: Katie Jones



## Contents

1. Introduction	46
2. Key Statistics	46
3. ASP Reports of Harm	47
4. Source of ASP Referrals	48
5. Outcome of ASP Referrals	51
6. ASP Investigations	52
7. Outcome of ASP Investigations	53
8. ASP Case Conferences	53
9. ASP Protection Orders	55
10. Large Scale Investigations (LSIs)	55
11. Demographic Information	56
11.1. Age and Gender	57
11.2. Client Group	58
12. Incident Information	60
12.1. Type of Harm	60
12.2. Location of Harm	62
13. Concluding Remarks	62
14. Reference Documents	69
Appendix 1: Summary Tables	71
Section A: Data on ASP Referrals	71
Section B: Data on Investigations	72
Section C: Data on ASP Case Conferences and Protection Orders	76
Section D: Data on ASP Large Scale Investigations (LSIs)	76
Section E: Data on Outcomes	76

## 1. Introduction

The following report is a summary of the data collected for the annual Scottish Government Adult Support and Protection (ASP) statistical return. The information gathered includes a count of referrals, IRDs, investigations, case conferences and large-scale investigations (LSIs) recorded between **1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022**. An overview of the types and location of harm of investigations and the demographic profile of nominals subject of ASP investigations has also been provided. Summary tables are given in Appendix 1 which shows the data submitted to the Scottish Government for the most recent reporting period and the five previous financial years (2016/17 to 2021/22). Analysis of the 2021/22 data has highlighted key areas for future exploration and this report highlights points for consideration at the Self Evaluation and Improvement Group (SE&I) to agree if they should be integrated into relevant improvement plans. Concluding remarks and an overview of recommendations are provided from pages 16 to 20.

## 2. Key Statistics

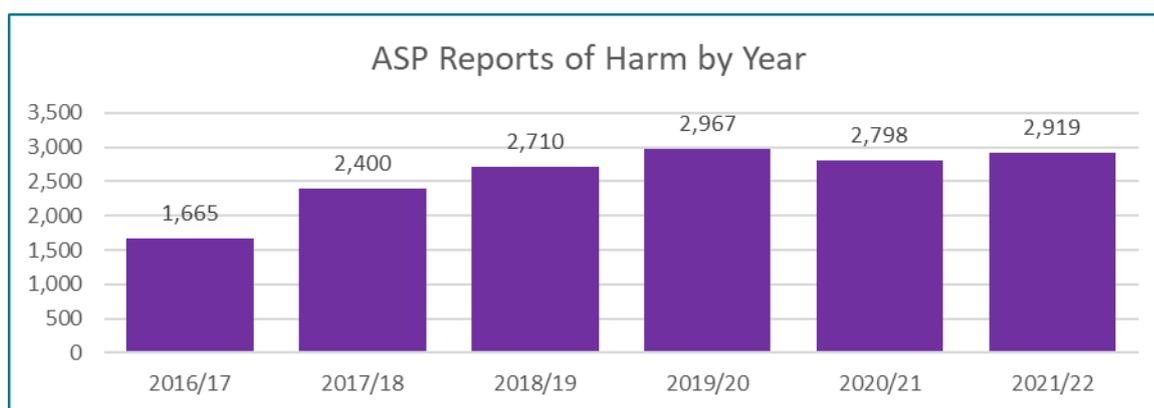
Data for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 shows the following:

- There were 2,919 reports of harm received, a 4.3% increase on the 2020/21 report and a reversal of the decrease the previous year, with figures returning to similar levels observed pre-Covid.
- Of the 1,969 individuals referred, 27% had multiple reports of harm recorded (535), a small decrease on the 29% received the previous year but with a greater number of nominals with five or more referrals recorded (45 in 2020/21 and 50 in 2021/22).
- There were notable rises in ASP referrals from the NHS (+30.2%), possibly affected by remobilisation of NHS appointment leading to increased contact with clients in 2021/22. ASP referrals with further AP action continued to rise in 2021/22, marking the fifth consecutive year of increase.
- There were 375 investigations undertaken during 2021/22, which marks an 18.5% decrease on the previous year (460). Data validation exercises should be considered for the 2021/22 figures to ensure that the data is directly comparable.
- There were 97 case conferences reported this year, a 23% reduction on the 2020/21 report (126) and 76.2% of these were undertaken by the Adults team.
- There were 15 LSIs reported by team managers during 2021/22, a notable rise on the year before (2). An audit for LSIs 2020-2022 is currently being conducted to investigate possible reasons for this.
- Continuing the previous trend, the majority of ASP investigations related to nominals aged under the age of 65 (65.1%) and those identifying as female (60.3%).
- There was a notable decrease in investigations involving clients' mental health, which almost halved in 2021/22 (from 100 in 2020/21 to 57) following the rise observed the previous year (58 to 100).
- The main types of harm recorded at the ASP investigation stage were financial harm and psychological harm, consistent with previous trends and each accounting for 20.3% of total

investigations during 2021/22. Following the notable rise in investigations relating to self-harm last year (50 investigations to 79), this figure has increased further during 2021/22 (+5 to 84).

- As observed during previous years, the most likely location of harm investigated was the individual’s own home (55.5%). Care home settings have decreased further (from 25 to 18) and remain very low (4.8%) as compared to the previous national average (22%). Actions are ongoing to investigate the reasons behind this.

### 3. ASP Reports of Harm

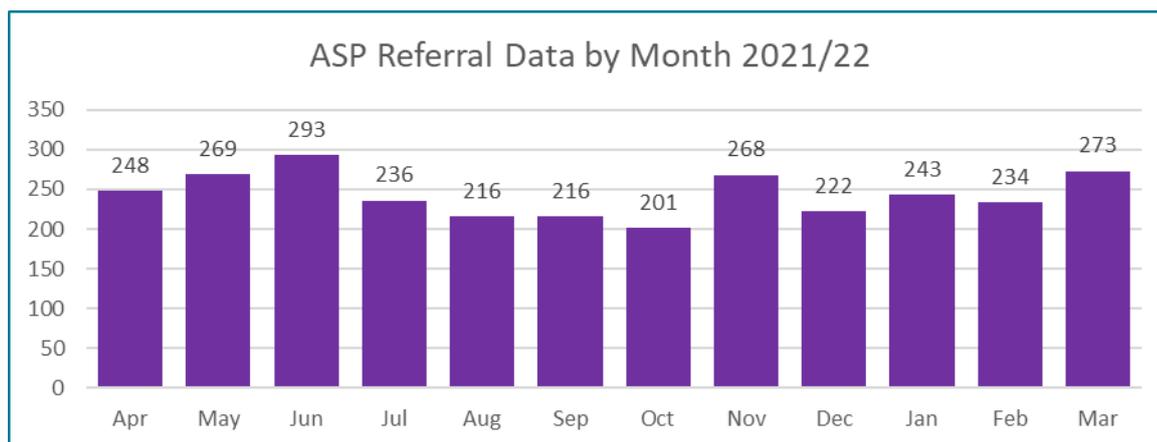


Source: SWIFT AIS.

The graph above shows that between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022, there were 2,919 ASP reports of harm recorded. This represents a 4.3% increase on 2020/21 (+121, from 2,798) and a return to the upward trend observed in previous years.

These figures reverse the 5.7% decrease observed during 2020/21, which was believed to be affected by Covid-19 restrictions reducing agencies’ contact with individuals. This was supported by there being fewer reports of harm recorded in months with the strictest lockdowns (April 2020, December 2021, January 2021 and February 2021).

The graph below shows the number of referrals per month for 2021/22, with volumes ranging from 201 to 293. The total number of referrals in 2021/22 (2,919) have returned to similar levels to pre-Covid (2,967 in 2019/20) as restrictions have eased and services have remobilised.



Source: SWIFT AIS.

In relation to referrals, an adult at risk of harm can be counted more than once where multiple reports of harm have been received about the same individual. During 2021/22, there were 2,919 referrals recorded about 1,969 nominals. In total, 27% of individuals had multiple reports of harm (535 of 1,969), with 50 clients having five or more referrals recorded in the time period examined.

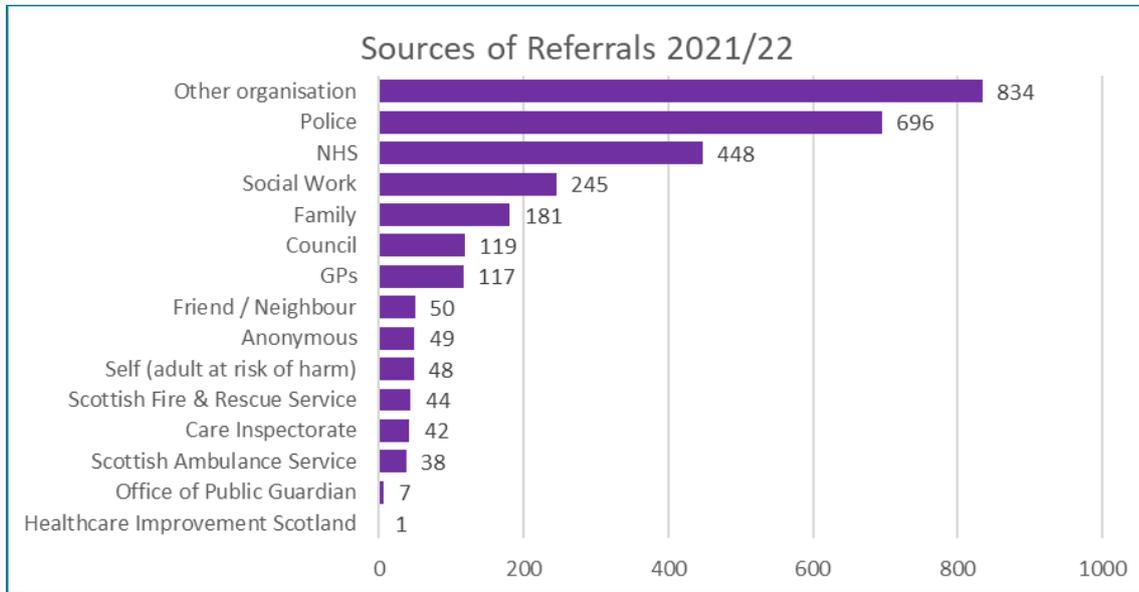
As compared to last year, this is a rise in relation to overall referrals (2,798 to 2,919) but a decrease in individuals with more than one reports of harm (from 29% or 551 to 27% or 535). During 2021/22, there were slightly more nominals with five or more reports of harm recorded (45 last year and 50 this year).

**Recommendation 1:** Adult Protection Self Evaluation and Improvement Group (SE&I) to consider undertaking an audit of cases where there have been multiple reports of harm (535) and / or an audit of cases with five or more reports of harm (50). This will help ensure that the multiple report of harm protocol is being correctly taken forward and that there is an escalation of engagement (where appropriate). It will also allow an evaluation of the quality of the partnership’s response to preventing harm and help identify any learning points or further actions for improvement moving forward. In addition, this would assist with a review of chronologies which will be an action point for the overarching Adult Support and Protection Committee (ASPC) strategic improvement plan for 2023-25 and could be considered for the forthcoming annual ASP audit for 2023. Given the volume of cases involved (535 multiple reports of harm, 50 of which have 5+ referrals), it may be more appropriate to consider a dip sample from both categories to ensure any audit is manageable but as representative as possible of the broader data. The PIP team can provide further data on multiple reports of harm as required.

**Recommendation 2:** The service aims to complete 85% of inter-agency referral discussions (IRDs) within five working days. However, IRD snapshots may include multiple reports of harm IRDs (MRH) which can lead to delays in the timescale being met due to the time taken to co-ordinate the availability of participants to conduct the face-to-face meetings required. ASP team and PIP to examine the current scale and consider ways in which this can be addressed (such as reviewing MRHs separately, for example).

#### 4. Source of ASP Referrals

The graph below illustrates the source of the ASP referral as reported to the Scottish Government for the 2,919 reports of harm recorded during 2021/22.



Source: SWIFT AIS.

Overall, there was a 4.3% increase in the total number of referrals recorded during this period (+121, from 2,798 in 2020/21).

The most significant was a 30.2% rise in ASP referrals from the NHS (+104, from 344 to 448). This is likely to have been affected by remobilisation of NHS appointments leading to increased contact with clients in 2021/22. During the previous year, Covid-19 restrictions and subsequent pressures on the service had led to more routine surgeries and treatments being put on hold. Furthermore, the ASP team has reported a greater volume of referrals from NHS24, with analysis evidencing a notable jump this period and a rise year-on-year from 2019/20 (16 referrals to 23 in 2020/21 to 55 in 2021/22). The second most significant rise for the source of ASP referrals was the care inspectorate, with figures almost tripling from 11 in 2020/21 to 42 during 2021/22 (+31).

Increases in ASP referrals were also observed for police (+32, from 664 to 696) and Scottish Ambulance Service (+9, from 29 to 38). Both experienced a notable rise during the last return (referrals from police rose from 377 in 2019/20 to 664 in 2020/21 and reports of harm from SAS from 3 to 29 respectively). Further increases this year show this rise has been not only sustained but exceeded during the return for 2021/22. Other rises of note were evident for the adult's family (+22, from 159 to 181) and self-reporting from the adult (+11, from 37 to 48).

Despite an overall increase in the volume of ASP referrals recorded during 2021/22, not all sources of referral experienced a rise during this period. One of the most significant decreases was in relation to GP referrals (-21, from 138 to 117). This may have been impacted, at least in part, to the reduction in face-to-face appointments in favour of telephone consultations due to Covid-19 restrictions experienced in 2021/22. Other decreases of note included referrals from friends and neighbours (-21, from 71 to 50) and the council (-18, from 137 to 119).

As was observed the previous year, the highest number of ASP reports of harm during 2021/22 were received from other organisations, which accounted for over a quarter (28.6%) of referrals (834 of 2,919). This is comparable with the figure observed during 2020/21 (836) and indicates that a wide range of agencies are aware of what constitutes harm and adults at risk and how to report it.

The summary tables provided in Appendix 1 show the referral source for all reports of harm reported to the Scottish Government during 2021/22 along with the previous five financial years for comparison purposes.

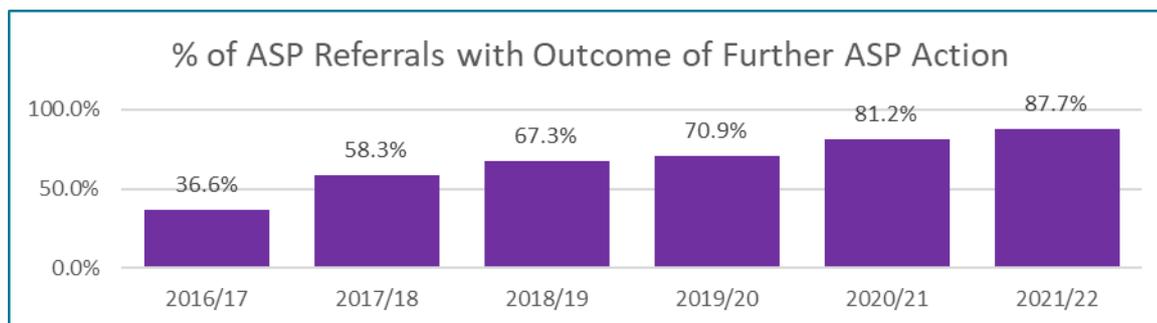
**Recommendation 3:** As per the ongoing 2021-23 ASP workplan, the ASP team will continue to strengthen links with all partners and raise awareness of the key ASP messages during the forthcoming year through development and implementation of a stakeholder engagement plan (planned in early 2023).

**Recommendation 4:** Audit and drug prevention activity from SAS were highlighted at ASPC in August 2022. Work is ongoing to further strengthen ASP links with SAS and reporting of harm moving forward.

**Recommendation 5:** SE&I group to continue to monitor the source of ASP referrals on a quarterly basis via analysis provided by the PIP team in the ASPC quarterly report.

## 5. Outcome of ASP Referrals

The graph below shows the outcome of the ASP referral as reported to the Scottish Government for the 2,919 reports of harm recorded during 2021/22.



Source: SWIFT AIS.

The proportion of referrals requiring further Adult Protection action rose by 6.5% during 2021/22 (from 81.2% to 87.7%). This continues the consistent increasing trend seen over six years examined (2016/17 to 2021/22). This may, in part, be a reflection of improved practice in the correct identification and reporting of harm, resulting from increased team knowledge, training opportunities and review at team level. A further contributory factor could be an alteration in recording practices at the Social Work Contact Centre (SWCC).

Further development and refinement of a national minimum dataset alongside the forthcoming new case management system for Social Work will enable review and clarification of recording practices on how reports of harm are collected and recorded. The launch of the new LiquidLogic system has now been rescheduled until mid-2023, allowing additional time for recording practices to be evaluated and refined to facilitate more consistent and robust performance reporting moving forward.

The table below shows the outcomes of ASP reports of harm from 2016/17 to 2021/22. The consistent increase in ASP referrals with further AP action since 2017/18 combined with a decrease in reports where non-AP action was required over the last three financial years indicates a further strengthening of practice across the partnership on the appropriate identification and reporting of harm in relation to adults at risk.

Referral Outcome	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	610	1,398	1,825	2,103	2,272	2,560
Further non-AP action	301	332	242	256	130	90
No further action	713	610	560	518	342	206

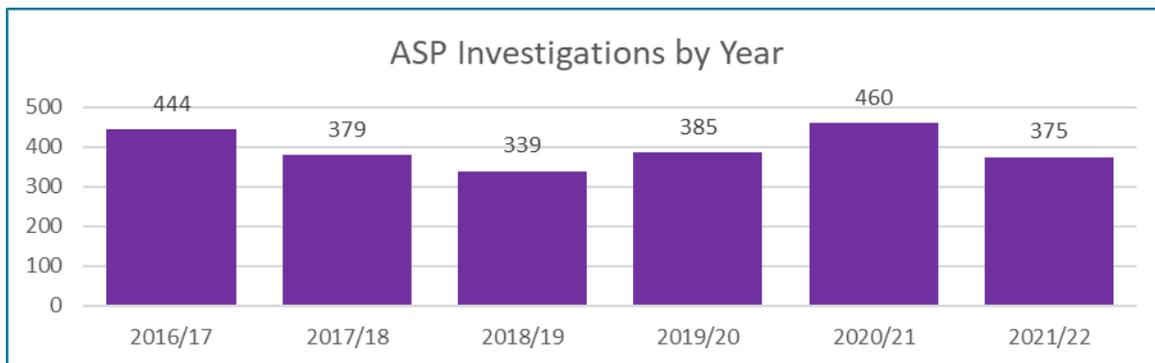
Not recorded	41	60	83	90	54	63
<b>TOTAL</b>	<b>1,665</b>	<b>2,400</b>	<b>2,710</b>	<b>2,967</b>	<b>2,798</b>	<b>2,919</b>

Source: SWIFT AIS.

**Recommendation 6:** Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, source and outcomes of ASP referrals.

## 6. ASP Investigations

The graph below illustrates the number of ASP investigations as reported to the Scottish Government for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.



Source: SWIFT AIS. Note: 385 recorded in 2019/20 rose to 459 following data validation exercises.

During 2021/22, the volume of ASP investigations conducted reduced by 18.5% as compared to the previous year (-85, from 460 to 375). The figures for 2021/22 (375) show a return to the levels observed during 2019/20 (385) and are generally consistent with the five-year average (401 per year based on figures from 2016/17 to 2020/21). However, it should be noted that data validations subsequently increased the 2019/20 figures from 385 to 459 (after this had been reported to Scottish Government). Similar actions should be considered for the 2021/22 figures in order to ensure that data is directly comparable.

Whilst 375 ASP investigations were conducted during 2021/22, this was in relation to 358 individuals. The majority of nominals were the subject of only one investigation (342), however 15 individuals had two ASP investigations undertaken and one nominal had three investigations conducted over the time period examined. It should be noted that this is a reduction in the number of individuals with multiple investigations as observed the previous year (29 in 2020/21).

Analysis by age group shows that 11 of the 16 nominals who were the subject of multiple ASP investigations were under 65 years, with five over the age of 65. Proportionally however, the figures are more

comparable, with 4.5% of adults aged under 65 years being the subject of more than one ASP investigation over the period examined (11 of 244) as compared to 3.8% of those aged 65 years and over (5 of 131).

**Recommendation 7:** ASP Team and PIP to investigate what data validation exercises were carried out during 2019/20 given the rise in investigations subsequently observed once this work had been carried out. Consider similar data validations for 2021/22. PIP team can provide data and analysis where appropriate.

**Recommendation 8:** SE&I interagency audit to consider including the 16 nominals who have been subject to multiple investigations during 2021/22 to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.

**Recommendation 9:** ASP team leaders to consider routine review of cases and any procedural implications where multiple investigations are being undertaken.

## 7. Outcome of ASP Investigations

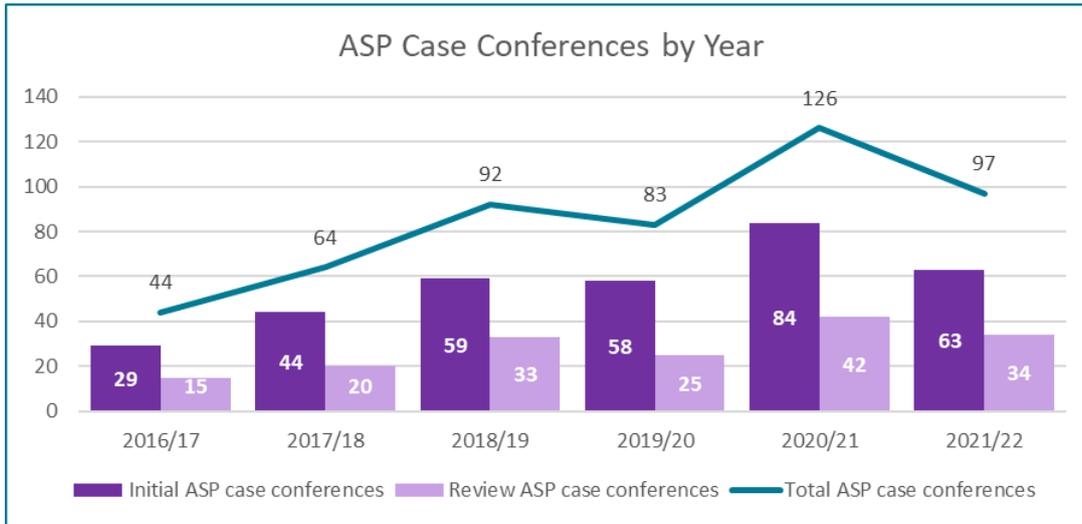
Investigation Outcome (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	16.9%	12.7%	10.0%	11.4%	12.8%	10.1%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%	34.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%	53.9%
Not recorded	4.1%	2.1%	11.2%	2.3%	0.4%	1.6%

Source: SWIFT AIS.

The table above provides the proportion of cases progressed past investigation stage for further ASP action. Overall, the figures observed for 2021/22 remain similar to previous years. Overall, 10.1% of cases were progressed for further AP action. This relates to 38 investigations, a notable reduction on the previous year (59 during 2020/21). Of the 38 cases progressed for further ASP action, 32 related to nominals under 65. Work is ongoing in relation to how this data will be captured on and extracted from LiquidLogic.

**Recommendation 10:** Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations.

## 8. ASP Case Conferences



Source: Team managers.

The graph above shows the number of ASP case conferences undertaken during 2021/22 as compared to the previous five financial years. Overall, the volume of ASP case conferences conducted during 2021/22 decreased by 23% (-29, from 126 in 2020/21 to 97). This decrease was evident across both ASP case conference categories, with initial ASP case conferences reducing from 84 to 63 and review case conferences from 42 to 34. This also follows the notable 52% rise observed the previous year (from 83 in 2019/20 to 126 in 2020/21). Of the 97 total ASP case conferences during 2021/22, 76.2% were undertaken by the Adults teams (74). Proportionally, this is broadly comparable with the volume observed during the previous year (73% by Adults Teams).

**Recommendation 11:** Social work service managers to continue to monitor the distribution of ASP investigations and case conferences and consider the resource implications, particularly in relation to the volume of case conferences undertaken by the Adults teams during 2021/22 (76.2% of total).

**Recommendation 12:** Data on case conferences is currently gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS. Ways to enable the consistent and accurate recording and extraction of case conferences on LiquidLogic should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring and the collation of the statutory Scottish Government annual return.

**Recommendation 13:** ASP Team and PIP Team to compile concise guidance sheet for use by team managers about which information to record on case conferences for the Scottish Government return. This can be used for training, will facilitate consistency of approach across teams, ensure that data is directly comparable year-on-year and assist with future LiquidLogic discussions. This should be accompanied by a simple table / spreadsheet to capture all data required for internal performance and statutory reporting and saved in a centralised Sharepoint location to allow comparison between periods and facilitate regular updates from team managers. PIP team to compile timetable for completion and send reminders throughout the forthcoming year. Consider for use in the interim pending the launch of LiquidLogic.

## 9. ASP Protection Orders

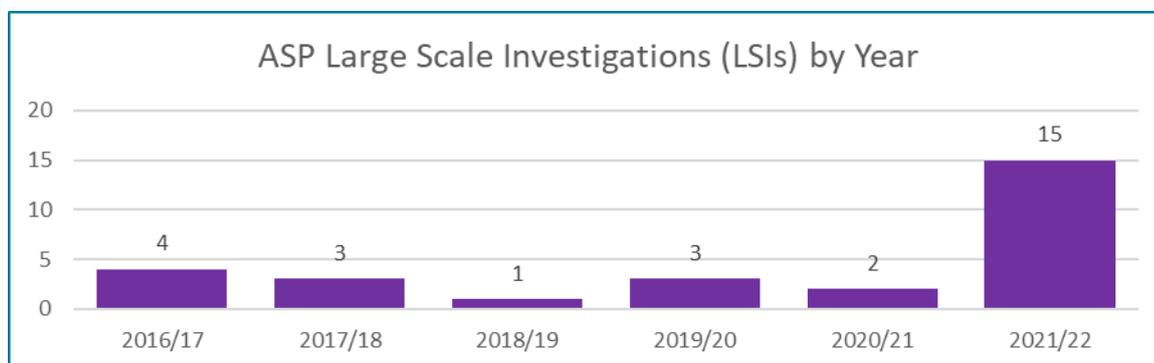
The Scottish Government return for 2021/22 requested information on protection orders granted, namely assessment orders, removal orders, temporary banning orders, banning orders, temporary banning orders with power of arrest and banning orders with power of arrest. There were no ASP protection orders granted in 2021/22 in Fife which is consistent with the previous year. Reporting of protection orders remains very low, and work is ongoing to investigate the reasons behind this. Consideration needs to be given to how information on protection orders will be recorded in and retrieved from the new LiquidLogic system and more streamlined and robust ways to capture the required information in the interim period.

**Recommendation 14:** Data on protection orders is currently gathered manually from team managers via Microsoft Forms due to difficulties extracting this information from SWIFT AIS (this data is currently recorded in profile notes which cannot easily be searched). Ways to enable the consistent and accurate recording and extraction of protection orders on LiquidLogic should be considered as a priority to enable robust and timely extraction to facilitate regular performance monitoring and statutory annual return.

**Recommendation 15:** ASP team and PIP team to compile concise guidance about what information to record on protection orders for the Scottish Government return along with a simple table / spreadsheet to capture all data required. This should be saved in a centralised Sharepoint location and used in the interim pending the launch of LiquidLogic (as per Recommendation 13).

**Recommendation 16:** ASP team to continue work on processes, information gathering and the recording procedure in relation to protection orders due to consistently low figures.

## 10. Large Scale Investigations (LSIs)



Source: Team managers.

The graph above shows the number of large-scale investigations (LSIs) reported to the Scottish Government. During 2021/22, there were 15 LSIs undertaken - a notable rise as compared to the previous five years, where the number of annual LSIs ranged from one to four annually. Three of the LSIs were undertaken by the Adults team, with the remaining 12 being conducted by the Older People teams. An LSI audit for the period 2020-2022 is currently being carried out by the ASP co-ordinator and the ASP quality assurance officer to examine reasons for the rise in LSIs experienced this year. LSI cannot be extracted from SWIFT AIS and as such, is currently gathered from team managers. Initial findings suggest that LSI IRD planning meetings may have been included in this year's figures (8) as well as formal full LSIs (6), however this would still constitute a rise in LSIs for 2021/22 as compared to the previous year (from 2 to 6).

Iriss, in partnership with the National Adult Protection Committee, have developed a free online learning resource explaining the role of LSIs within ASP practices in Scotland. This is split over four modules covering key principles, tasks / knowledge, potential practice dilemmas / errors, differences in singular investigations and an LSI and planning / structuring an LSI. The ASP team have been asked to consider this for delivery and training on a multi-agency basis. Iriss is also currently developing a national LSI framework to include learning, evidence and examples to encourage consistency in practice and ensure transparency of approach.

**Recommendation 17:** Social work service managers to continue to monitor distribution of LSIs and consider resource implications, particularly in relation to the number of LSIs undertaken by OP teams during 2021/22.

**Recommendation 18:** ASP team and PIP team to compile clear guidance on what LSI information is required for the Scottish Government and a table / spreadsheet to ensure consistency of approach across teams and on previous submissions (as per Recommendation 13). The lead should be taken from the Fife Interagency Guidance and Procedure for Large Scale Investigations of Adults at Risk of Harm (updated December 2021). The LSI review for 2020-22 is ongoing and has been added to the agenda of the next ASP managers meeting.

**Recommendation 19:** Ways to enable the consistent and accurate recording and extraction of LSIs on LiquidLogic should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and the statutory annual return to the Scottish Government.

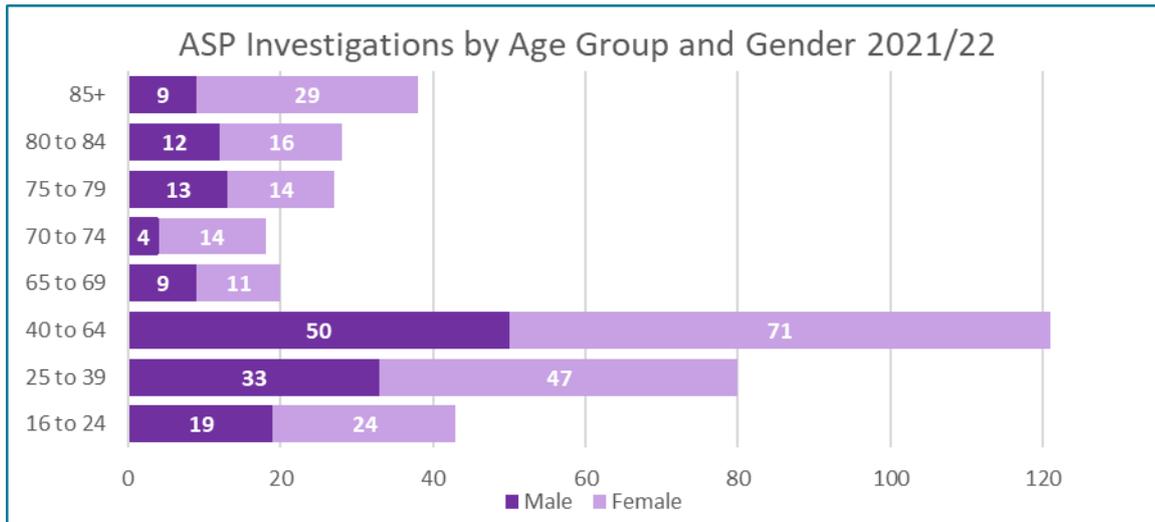
**Recommendation 20:** ASP are considering the LSI package from Iriss to compile a learning resource for delivery and training on a multi-agency basis.

## 11. Demographic Information

To facilitate planning and development of effective pathways and preventative support, it is essential to monitor details of adults of risk, the types of harm they are experiencing and where this is taking place. Nationally, this is reported on during the investigation stage of an ASP enquiry and analysis of this is

provided below. It should be noted that persons may be counted more than once within the following figures (where more than one investigation has been conducted for that nominal within the time period examined). Demographic data is reported to ASPC on a quarterly basis to enable continuous monitoring and early identification of trends or changes in data.

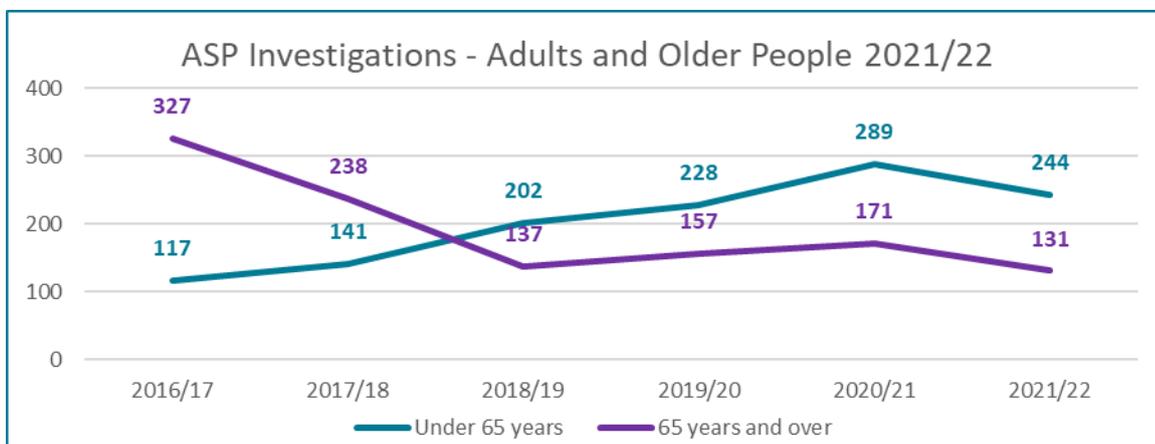
### 11.1. Age and Gender



Source: SWIFT AIS.

The graph above illustrates the count of investigations by gender and age group of the individual concerned.

Overall, a greater proportion (60.3%) of ASP investigations during 2021/22 related to adults identifying as female (226 of 375), which is the case across all age ranges considered. This trend was also observed consistently across all four quarters of the reporting period examined.



Source: SWIFT AIS.

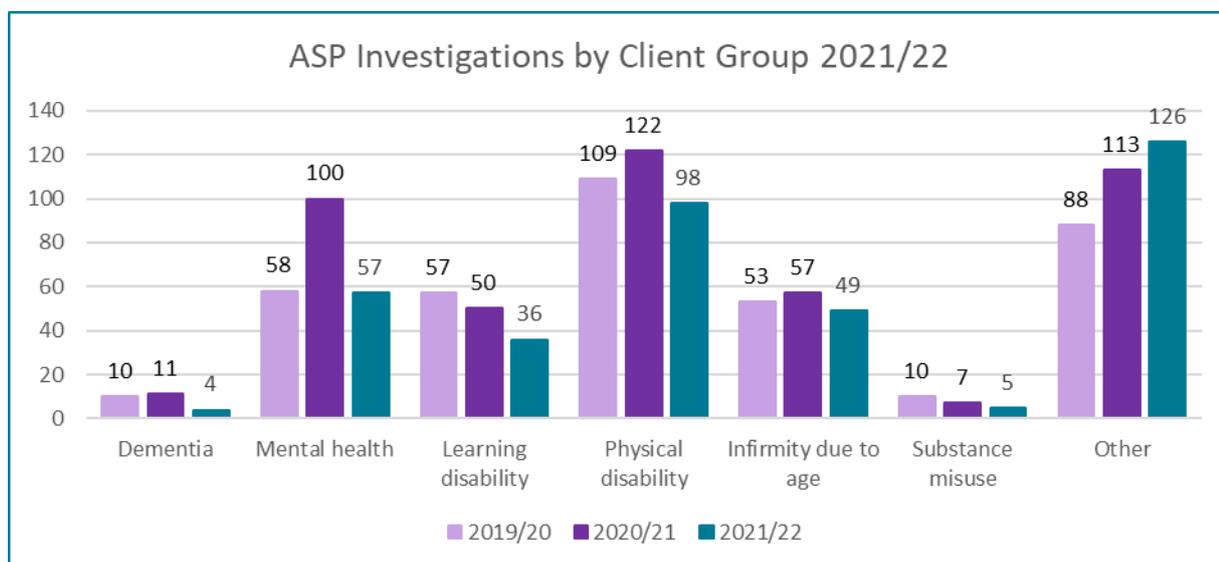
Age Group (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65 years	26.4%	37.2%	59.6%	59.2%	62.8%	65.1%
65 years and over	73.6%	62.8%	40.4%	40.8%	37.2%	34.9%

Source: SWIFT AIS.

During 2021/22, just under two thirds (65.1%) of investigations conducted involved persons under the age of 65 years (244 of 375). The proportion of investigations for this age group has shown a consistent upward trend since 2016/17 and a year-on-year increase since 2019/20, which may be reflective of awareness raising and training across Fife strengthening our approach to identifying and reporting harm.

The resulting reduction in the proportion of investigations involving older age groups (from 73.6% in 2016/17 to 34.9% in 2021/22) could be related to ongoing work to ensure that practitioners are better able to differentiate between significant occurrences and harm.

### 11.2. Client Group



Source: SWIFT AIS.

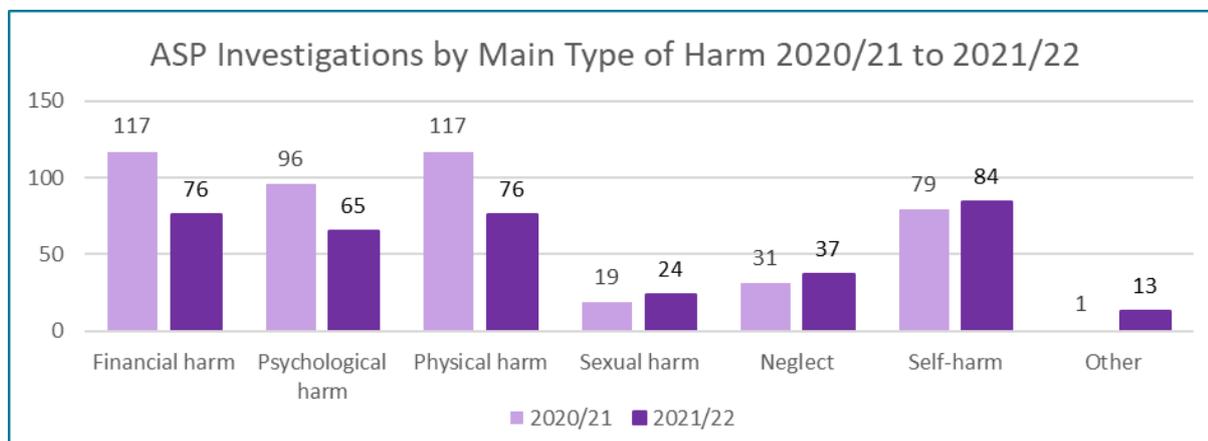
The graph above shows the number of investigations conducted for each client group category during 2021/22. Due to the overall decrease in the volume of investigations carried out over this period (from 460 in 2020/21 to 375 in 2021/22), there has been a resultant reduction in most of the client categories. The most notable is for mental health, which has almost halved in 2021/22 (from 100 to 57) following the rise observed the previous year (from 58 in 2019/20). One possible contributory factor to the rise seen in

2020/21 is the pandemic, with concerns over Covid-19, a reduction in available services and mandatory lockdowns likely to have had impact upon individual's mental health.

The only rise in client group during 2021/22 was in relation to the Other category (from 113 in 2020/21 to 126). The highest number of investigations were for Offenders (32) and Other Vulnerable People (30). It should be noted that for 19% of this category, the client group was listed as Not Recorded (24 of 126).

## 12. Incident Information

### 12.1. Type of Harm

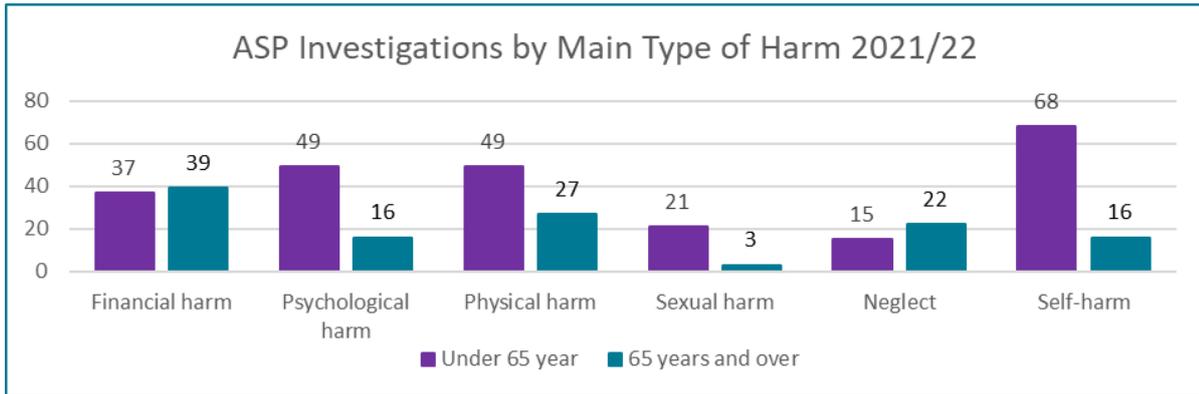


Source: SWIFT AIS.

The graph above shows the number of ASP investigations by main type of harm recorded. During 2021/22, the most common types of principal harm leading to an ASP investigation were financial harm and psychological harm, consistent with the previous year. Each accounted for 20.3% each of total investigations during 2021/22 (76 each of 375), a reduction in the proportions seen the year before (25% each in 2020/21).

Despite an overall decrease in the volume of ASP investigations carried out in 2021/22 (from 460 to 375), there were small rises in the volume and proportion of investigations involving sexual harm (+5, from 19 or 4.1% in 2020/21 to 24 or 6.4% in 2021/22; 18 nominals to 23), neglect (+6, from 31 or 6.7% to 37 or 9.9%; 31 nominals to 35) and self-harm (+5, from 79 or 17.2% to 84 or 22.4%; 75 nominals to 83). It is notable that the rise in investigations involving self-harm last year (from 50 to 79) has continued in 2021/22 (+5 to 84).

The graph below shows the main type of harm recorded in the ASP investigation by client age group for 2021/22. As in previous years, this demonstrates the variance in types of harm experienced over the different age groups. Consistent with the findings from 2020/21, the most notable is for investigations involving self-harm, with 80.9% of these involving under 65s (68 of 84) and accounting for 27.9% of all investigations involving adults aged 16 to 64 (68 of 244, higher than any other harm type for this age range).



Source: SWIFT AIS.

The type of harm investigated varies between client groups and it may be beneficial to consider this information to advise targeted communications campaigns. The highest count and percentage has been shown in red for each category in the table below for ease of reference. Caution must be taken when analysing the findings as counts for each can be small (given in the TOTAL column).

Client Group		Main Type of Harm							TOTAL
		Financial harm	Psychological harm	Physical harm	Sexual harm	Neglect	Self-harm	Other	
Dementia	Count	0	0	2	0	2	0	0	4
	%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	100.0%
Mental health	Count	14	12	7	5	3	16	0	57
	%	24.6%	21.1%	12.3%	8.8%	5.3%	28.1%	0.0%	100.0%
Learning disability	Count	7	7	11	3	2	5	1	36
	%	19.4%	19.4%	30.6%	8.3%	5.6%	13.9%	2.8%	100.0%
Physical disability	Count	20	12	20	5	19	18	4	98
	%	20.4%	12.2%	20.4%	5.1%	19.4%	18.4%	4.1%	100.0%
Infirmity due to age	Count	17	4	14	1	4	4	5	49
	%	34.7%	8.2%	28.6%	2.0%	8.2%	8.2%	10.2%	100.0%
Substance misuse	Count	2	2	1	0	0	0	0	5
	%	40.0%	40.0%	20.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other	Count	16	27	20	10	7	41	5	126
	%	12.7%	21.4%	15.9%	7.9%	5.6%	32.5%	4.0%	100.0%

Source: SWIFT AIS.

**Recommendation 21:** Learning and Development to consider the continued increase in investigations relating to self-harm and the current training and resources in place to support staff in providing effective and timely support.

**Recommendation 22:** ASP team to consider the breakdown of client group and types of harm with a view to developing more targeted communication campaigns based on the analysis above.

## 12.2. Location of Harm

The most frequent location of harm continues to be the individual's own home, accounting for over half (55.5%) of the ASP investigations during 2021/22 (208 of 375). This is a small decrease on the proportion observed the previous year (62%) but has remained universal across age group, gender, primary client group and ethnicity and is consistent with data from previous years. The number of investigations where the location of harm was reported as a care home has further decreased in 2021/22 (from 25 in 2020/21 to 18) and is very low (4.8%) as compared to the previous national average (22%).

**Recommendation 23:** Self-evaluation activity to scrutinise / investigate reasons for difference between number of investigations where location is a care home as compared to national average (ongoing).

## 13. Concluding Remarks

As has been observed previously, the data for 2021/22 is broadly consistent with the findings from past returns. As such, the ASPC Strategic Improvement Plan, updates and supporting workplans already contain ongoing actions which are further reinforced by the findings of this report. National statistics in relation to the Scottish Government returns for 2021/22 have not yet been published, but a comparison paper in relation to Fife statistics will be produced once this data becomes available.

Current work includes the development of a stakeholder engagement strategy and a mixed methods review to investigate the low number of investigations involving care homes as compared to the national average of 22% (volume in Fife decreased further in 2021/22, from 25 to 18 or from 5.4% to 4.8%).

Ongoing trends from previous years which have continued during 2021/22 include:

- Rising reports of harm from police (664 to 696) and Scottish Ambulance Service (29 to 38).
- Continued reduction in referrals from GPs (180 in 2019/20 to 138 in 2020/21 to 117 in 2021/22).
- Further increase in investigations involving self-harm, majority of which (80.9%) involve under 65's.

New potential areas for further investigation highlighted by the findings from this 2021/22 report include:

- Notable increase in referrals from NHS (from 344 to 448) – possibly due to greater service contact / involvement following easing of lockdown restrictions. Specific rise from NHS24 (from 23 to 55).
- Notable rise in ASP referrals from care inspectorate (from 11 to 42).
- Significant increase in the number of LSIs reported (from 2 to 15).

Overall, the volume and complexity of ASP work undertaken across the service, particularly in relation to those aged under 65 years, continues to increase. There has been a small reduction in the number of individuals for whom multiple reports of harm are received (551 to 535) but a rise in nominals with five or more referrals (from 45 to 50). The proportion of referrals requiring further adult protection action rose again 2021/22, marking the fifth consecutive year of increase. The proportion of ASP investigations involving those under 65 years of age has grown further (from 62.8% in 2020/21 to 65.1%).

Existing audit processes can be used to identify learning points and review and refine our processes regarding multiple reports of harm and escalation of involvement and engagement. This will help to ensure that we continue to move forward as a partnership in finding effective ways to keep people safe from harm. The tables overleaf provide an overview of the recommendations made from the findings in this report. If agreed to be taken forward, these can be embedded in the existing workplans for 2021-23 and the stakeholder engagement plans (as appropriate).

**Recommendation 24:** PIP team to produce a report on Fife ASP return for 2021/22 as compared to national statistics for Scotland once data becomes available from the Scottish Government (anticipated late 2022).

Please contact Katie Jones (Performance Improvement and Planning Officer) if you have any questions about the contents of this report or would like to request further analysis of the data from this return.

Email: [Katie.Jones@fife.gov.uk](mailto:Katie.Jones@fife.gov.uk)

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
<p>Small decrease in nominals with multiple reports of harm (from 29% or 551 to 27% or 535) but a rise in the number of individuals with five or more referrals recorded (from 45 to 50).</p> <p><i>(Section 3. ASP Reports of Harm)</i></p>	<p><u>Recommendation 1:</u> SE&amp;I to consider undertaking an audit of cases where there have been multiple reports of harm (535) and / or an audit of cases with five or more reports of harm (50). This will help ensure that the multiple report of harm protocol is being correctly taken forward and that there is an escalation of engagement (where appropriate). It will also allow an evaluation of the quality of the partnership's response to preventing harm and help identify any learning points or further actions for improvement moving forward. In addition, this would assist with a review of chronologies which will be an action point for the overarching Adult Support and Protection Committee (ASPC) strategic improvement plan for 2023-25 and could be considered for the forthcoming annual ASP audit for 2023. Given the volume of cases involved (535 multiple reports of harm, 50 of which have 5+ referrals), it may be more appropriate to consider a dip sample from both categories to ensure any audit is manageable but as representative as possible of the broader data. The PIP team can provide further data on multiple reports of harm as required.</p>	SE&I ASP team	2023
	<p><u>Recommendation 2:</u> The service aims to complete 85% of inter-agency referral discussions (IRDs) within five working days. However, IRD snapshots may include multiple reports of harm IRDs (MRH) which can lead to delays in the timescale being met due to the time taken to co-ordinate the availability of participants to conduct the face-to-face meetings required. ASP team and PIP to examine the current scale and consider ways in which this can be addressed (such as reviewing MRHs separately, for example).</p>	SE&I ASP team	2023
<p>Changes in referral trends in 2021/22 include a 30.2% rise in ASP referrals from NHS (+104), a notable increase from care inspectorate (+31) and continued rises from police and SAS.</p> <p><i>(Section 4. Source of Referrals)</i></p>	<p><u>Recommendation 3:</u> As per ongoing 2021-23 ASP workplan, the ASP team will continue to strengthen links with all partners and raise awareness of the key ASP messages during the forthcoming year through development / implementation of a stakeholder engagement plan.</p>	ASP team	Early 2023
	<p><u>Recommendation 4:</u> Audit and drug prevention activity from SAS were highlighted at ASPC in August 2022. Work is ongoing to further strengthen ASP links with SAS and reporting of harm.</p>	ASP team SAS	2023

	<u>Recommendation 5</u> : SE&I group to continue to monitor the source of ASP referrals on a quarterly basis via analysis provided by the PIP team in the ASPC quarterly report.	SE&I PIP team	Quarterly
<p>Later launch of LiquidLogic allows additional time for ROH recording practices to be evaluated / refined for more consistent / robust performance reporting moving forward.</p> <p><i>(Section 5. Outcome of ASP Referrals)</i></p>	<u>Recommendation 6</u> : Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, source and outcomes of ASP referrals.	ASP team PIP team SWIFT replacement team	As required

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
<p>Investigations reduced on last year to 375, similar to 2019/20 (385), which rose to 459 following data validation exercises.</p> <p><i>(Section 6: ASP Investigations)</i></p>	<u>Recommendation 7</u> : ASP Team and PIP to investigate what data validation exercises were carried out during 2019/20 given the rise in investigations subsequently observed once this work had been carried out. Consider similar data validations for 2021/22. PIP team can provide data and analysis where appropriate.	ASP team PIP team	2023
<p>16 nominals were the subject of multiple ASP investigations during 2021/22 (albeit decrease on last year).</p> <p><i>(Section 6: ASP Investigations)</i></p>	<u>Recommendation 8</u> : SE&I interagency audit to consider including the 16 nominals who have been subject to multiple investigations during 2021/22 to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.	SE&I	2023
	<u>Recommendation 9</u> : ASP team leaders to consider routine review of cases and any procedural implications where multiple investigations are being undertaken.	ASP team	2023
<p>The recording and extraction of ASP investigation data from LiquidLogic.</p>	<u>Recommendation 10</u> : Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement	ASP team PIP team	As required

<p><i>(Section 7: Outcome of ASP Investigations)</i></p>	<p>team to ensure that the LiquidLogic system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations.</p>	<p>SWIFT replacement team</p>	
<p>76.2% of case conferences completed by Adults teams in 2021/22 (74 of 97). <i>(Section 8: ASP Case Conferences)</i></p>	<p><u>Recommendation 11:</u> Social work service managers to continue to monitor the distribution of ASP investigations and case conferences and consider the resource implications, particularly in relation to the volume of case conferences undertaken by the Adults teams during 2021/22.</p>	<p>SW teams</p>	<p>2023</p>
<p>Recording of case conference information on Liquid Logic and for Scottish Government return and internal monitoring and reporting purposes. <i>(Section 8. ASP Case Conferences)</i></p>	<p><u>Recommendation 12:</u> Data on case conferences is currently gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS. Ways to enable the consistent and accurate recording and extraction of case conferences on LiquidLogic should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring and collation of statutory SG return.</p>	<p>ASP team PIP team SWIFT replacement team</p>	<p>2023</p>
	<p><u>Recommendation 13:</u> ASP Team and PIP Team to compile concise guidance sheet for use by team managers about which information to record about case conferences for SG return. This can be used for training, will facilitate consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LiquidLogic discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting and saved in a centralised Sharepoint location to allow comparison between periods and facilitate regular updates from team managers. PIP team to compile timetable for completion and send reminders throughout the forthcoming year. Consider for use in the interim pending the launch of LiquidLogic.</p>	<p>ASP team PIP team</p>	<p>2023</p>

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
Recording of ASP Protection Orders. <i>(Section 9. ASP Protection Orders)</i>	<u>Recommendation 14</u> : Data on protection orders is currently gathered manually from team managers via Microsoft Forms due to difficulties extracting this information from SWIFT AIS (this data is currently recorded in profile notes which cannot easily be searched). Ways to enable the consistent and accurate recording and extraction of protection orders on LiquidLogic should be considered as a priority to enable robust and timely extraction to facilitate regular performance monitoring and statutory annual return.	ASP team PIP team SWIFT replacement team	2023
	<u>Recommendation 15</u> : ASP team and PIP team to compile concise guidance about what information to record on protection orders for the Scottish Government return along with a simple table / spreadsheet to capture all data required. This should be saved in a centralised Sharepoint location and used in the interim pending the launch of LiquidLogic (as per Recommendation 13).	ASP team PIP team	2023
	<u>Recommendation 16</u> : ASP team to continue work on processes, information gathering and the recording procedure in relation to protection orders due to consistently low figures.	ASP team	2023
Increase in volume of LSIs during 2021/22. <i>(Section 10. Large Scale Investigations (LSIs))</i>	<u>Recommendation 17</u> : Social work service managers to continue to monitor distribution of LSIs and consider resource implications, particularly in relation to the number of LSIs undertaken by OP teams during 2021/22.	ASP team	2023
Recording of LSIs. <i>(Section 10. Large Scale Investigations (LSIs))</i>	<u>Recommendation 18</u> : ASP team and PIP team to compile clear guidance on what LSI information is required for the Scottish Government and a table / spreadsheet to ensure consistency of approach across teams and on previous submissions (as per Recommendation 13). The lead should be taken from the Fife Interagency Guidance and Procedure for Large Scale Investigations of Adults at Risk of Harm (updated December 2021). The LSI review for 2020-22 is ongoing and has been added to the agenda of the next ASP managers meeting.	ASP team PIP team	2023

	<p><u>Recommendation 19</u>: Ways to enable the consistent and accurate recording and extraction of LSIs on LiquidLogic should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and statutory annual return to Scottish Government.</p>	<p>ASP team PIP team SWIFT replacement</p>	<p>2023</p>
	<p><u>Recommendation 20</u>: ASP are considering the LSI package from Iriss to compile a learning resource for delivery and training on a multi-agency basis.</p>	<p>ASP team</p>	<p>2023</p>

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
<p>Continued rise in the number of ASP investigations for self-harm (50 in 2019/20, 79 in 2020/21 to 84 in 2021/22).</p> <p><i>(Section 12. Incident Information Section 12.1. Type of Harm)</i></p>	<p><u>Recommendation 21</u>: Learning and Development to consider the continued increase in investigations relating to self-harm and the current training and resources in place to support staff in providing effective and timely support.</p>	<p>L&amp;D Group</p>	<p>2023</p>
<p>Variance in the types of harm investigated by age and client group.</p> <p><i>(Section 12. Incident Information)</i></p>	<p><u>Recommendation 22</u>: ASP team to consider the breakdown of client group and types of harm with a view to developing more targeted communication campaigns based on the analysis above.</p>	<p>ASP team</p>	<p>2023</p>

<i>Section 12.1. Type of Harm)</i>			
Number of investigations where the location of harm was reported as a care home has further decreased and is very low as compared to the national average.  <i>(Section 12. Incident Information Section 12.2. Location of Harm)</i>	<u>Recommendation 23</u> : Self-evaluation activity to scrutinise / investigate reasons for difference between number of investigations where location is a care home as compared to national average (ongoing).	ASP team	2023
Analysis of Fife annual ASP return for 2021/22 and other statistics for Scotland to provide comparison on national basis.  <i>(Section 13. Concluding Remarks)</i>	<u>Recommendation 24</u> : PIP team to produce a report on Fife ASP return for 2021/22 as compared to national statistics for Scotland once data becomes available from the Scottish Government (anticipated late 2022).	PIP team	Late 2022 / early 2023

#### 14. Reference Documents

This report should be considered in conjunction with the following additional reference documents, which outline strategies for the forthcoming period as well as ongoing workplans and partnership information (press Ctrl and right click on the link to access the documents).

#### Adult Support and Protection Committee Strategic Improvement Plan 2021-23

[https://www.fife.gov.uk/\\_data/assets/word\\_doc/0031/176908/ASPC-Strategic-Improvement-Plan-2021-23-FINAL.docx](https://www.fife.gov.uk/_data/assets/word_doc/0031/176908/ASPC-Strategic-Improvement-Plan-2021-23-FINAL.docx)

Adult Support and Protection Improvement Plan 2021-23

[https://www.fife.gov.uk/\\_data/assets/pdf\\_file/0031/188086/ASPC-Vision-and-priorities-2021-23-1.pdf](https://www.fife.gov.uk/_data/assets/pdf_file/0031/188086/ASPC-Vision-and-priorities-2021-23-1.pdf)

## Appendix 1: Summary Tables

### Section A: Data on ASP Referrals

#### Question 1: Number of ASP referrals received

Summary of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (Apr to Jun)	375	510	757	725	644	810
Q2 (Jul to Sep)	427	502	659	757	822	668
Q3 (Oct to Dec)	410	588	671	730	687	691
Q4 (Jan to Mar)	453	800	623	755	645	750
<b>TOTAL</b>	<b>1,665</b>	<b>2,400</b>	<b>2,710</b>	<b>2,967</b>	<b>2,798</b>	<b>2,919</b>

#### Question 2: Source of principal referral

Source of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Mental Welfare Commission	0	0	0	0	0	0
Unpaid carer	0	0	0	0	0	0
Others	11	7	1	0	0	0
Healthcare Improvement Scotland	0	0	0	0	1	1
Other member of public	7	178	218	122	2	0
Office of Public Guardian	3	2	0	2	3	7
Care Inspectorate	15	31	0	7	11	42
Scottish Ambulance Service	3	3	0	3	29	38
Self (adult at risk of harm)	38	40	49	50	37	48
Scottish Fire & Rescue Service	77	74	63	69	57	44
Friend / neighbour	136	13	0	35	71	50
Anonymous	25	33	74	89	71	49
Council	272	343	194	193	137	119
GPs	45	64	131	180	138	117
Family	39	48	0	117	159	181

Social Work	216	258	293	310	238	245
NHS	229	365	322	411	344	448
Police	87	249	375	377	664	696
Other organisation	462	692	990	1,002	836	834
<b>TOTAL</b>	<b>1,665</b>	<b>2,400</b>	<b>2,710</b>	<b>2,967</b>	<b>2,798</b>	<b>2,919</b>

Section B: Data on Investigations

Question 3: Number of investigations commenced under the ASP Act

ASP Investigations	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of investigations	444	379	339	385	460	375

Question 4a: Number of investigations commenced by age and gender

Age Group	2019/20				2020/21				2021/22			
	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL
16 to 24	16	22	2	40	21	31	2	54	19	24	0	43
25 to 39	37	29	0	66	28	43	0	71	33	47	0	80
40 to 64	55	67	0	122	79	85	0	164	50	71	0	121
65 to 69	10	8	0	18	11	11	0	22	9	11	0	20
70 to 74	6	11	0	17	10	13	0	23	4	14	0	18
75 to 79	9	16	0	25	15	24	0	39	13	14	0	27
80 to 84	17	27	0	44	11	21	0	32	12	16	0	28
85+	17	36	0	53	16	38	0	54	9	29	0	38
Not known	0	0	0	0	0	1	0	1	0	0	0	0
<b>TOTAL</b>	<b>167</b>	<b>216</b>	<b>2</b>	<b>385</b>	<b>191</b>	<b>267</b>	<b>2</b>	<b>460</b>	<b>149</b>	<b>226</b>	<b>0</b>	<b>375</b>

Question 4b: Number of investigations commenced by age and ethnic group

Age Group	2019/20								2020/21								2021/22							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL
16 to 24	37	0	1	0	0	0	2	40	47	0	1	0	0	0	6	54	40	0	0	0	0	0	3	43
25 to 39	63	0	0	0	0	1	2	66	67	1	1	0	0	0	2	71	74	0	1	0	0	1	4	80
40 to 64	115	0	0	0	0	0	7	122	152	0	0	0	0	0	12	164	105	2	2	0	0	0	12	121
65 to 69	15	0	0	0	0	0	3	18	19	0	0	0	0	0	3	22	20	0	0	0	0	0	0	20
70 to 74	16	0	0	0	0	0	1	17	21	0	0	0	0	1	1	23	18	0	0	0	0	0	0	18
75 to 79	22	0	0	0	0	0	3	25	35	0	0	0	0	0	4	39	26	0	0	0	0	0	1	27
80 to 84	36	0	0	0	0	0	8	44	29	0	0	0	0	0	3	32	27	0	0	0	0	0	1	28
85+	48	0	1	0	0	0	4	53	52	0	1	0	0	0	1	54	33	0	0	0	0	0	5	38
Not known	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>352</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>30</b>	<b>385</b>	<b>422</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>33</b>	<b>460</b>	<b>343</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>26</b>	<b>375</b>

Question 5: Number of investigations commenced by primary main client group

ASP Investigations by Client Group	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Dementia	157	101	3	10	11	4
Mental health problem	37	54	40	58	100	57
Learning disability	63	70	44	57	50	36
Physical disability	54	46	97	109	122	98
Infirmity due to age	49	48	47	53	57	49
Substance misuse	19	11	1	10	7	5
Other	65	49	107	88	113	126
<b>TOTAL</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>	<b>375</b>

Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act)

ASP Investigations by Type of Harm	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Financial harm	68	91	52	97	117	76
Psychological harm	46	49	94	84	96	65
Physical harm	120	106	43	95	117	76
Sexual harm	20	19	29	17	19	24
Neglect	104	66	34	36	31	37
Self-harm	19	23	85	50	79	84
Other	67	25	2	6	1	13
<b>TOTAL</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>	<b>375</b>

Question 7: Location of principal harm which resulted in an investigation (as defined under the ASP Act)

ASP Investigations by Location of Harm	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Own home	264	246	226	227	285	208
Other private address	6	13	9	14	14	17
Care home	128	66	33	37	25	18
Sheltered / supported accommodation	17	5	9	7	15	4
Independent hospital	1	0	1	3	0	0
NHS	16	19	11	14	10	5

Day centre	1	5	0	1	0	1
Public place	9	20	27	16	16	23
Not known	2	5	23	66	95	99
<b>TOTAL</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>	<b>375</b>

#### Section C: Data on ASP Case Conferences and Protection Orders

Question 8: Number of cases subject to an ASP case conference

Type of ASP Case Conference	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Initial ASP case conference	29	44	59	58	84	63
Review ASP case conference	15	20	33	25	42	34
<b>TOTAL</b>	<b>44</b>	<b>64</b>	<b>92</b>	<b>83</b>	<b>126</b>	<b>97</b>

Question 9: Number of protection orders granted

No protection orders were granted between 1st April 2021 and 31<sup>st</sup> March 2022.

#### Section D: Data on ASP Large Scale Investigations (LSIs)

Question 10: Number of LSIs commenced

ASP Large Scale Investigations (LSIs)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of LSIs	4	3	1	3	2	15

#### Section E: Data on Outcomes

Question 11: What happened to referrals received

Outcome of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	610	1,398	1,825	2,103	2,272	2,560
Further non-AP action	301	332	242	256	130	90

No further action	713	610	560	518	342	206
Not recorded	41	60	83	90	54	63
<b>TOTAL</b>	<b>1,665</b>	<b>2,400</b>	<b>2,710</b>	<b>2,967</b>	<b>2,798</b>	<b>2,919</b>

Outcome of ASP Referrals (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	36.6%	58.3%	67.3%	70.9%	81.2%	87.7%
Further non-AP action	18.1%	13.8%	8.9%	8.6%	4.6%	3.1%
No further action	42.8%	25.4%	20.7%	17.5%	12.2%	7.1%
Not recorded	2.5%	2.5%	3.1%	3.0%	1.9%	2.2%

Question 12: What happened to investigations received

Outcome of ASP Investigations	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	75	48	34	44	59	38
Further non-AP action	214	166	102	131	172	129
No further action	137	157	165	201	227	202
Not known / ongoing	18	8	38	9	2	6
<b>TOTAL</b>	<b>444</b>	<b>379</b>	<b>339</b>	<b>385</b>	<b>460</b>	<b>375</b>

Outcome of ASP Investigations (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	16.9%	12.7%	10.0%	11.4%	12.8%	10.1%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%	34.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%	53.9%
Not known / ongoing	4.1%	2.1%	11.2%	2.3%	0.4%	1.6%

## Appendix 2-Updated Adult Support and Protection Competency Framework

### Group A – Competences 1-5

Members of this group have a responsibility to contribute to Adult Support and Protection, but do not have specific organisational responsibility or statutory authority to intervene.

- All Support Staff in Health and Social Care
- Day service Staff
- Housing Staff
- Council Based Office Staff
- HR Staff
- Elected Members
- Volunteers
- Befrienders
- Charity Trustees
- Drivers, other transport staff

### Staff Group B - Competences 1-12

This group have considerable professional and organisational responsibility for Adult Support and Protection. They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures. This group needs to work within an inter or multi-agency context.

- Social Workers
- Nurses
- Frontline Managers
- Team Managers
- Health and Social Care Providers Service Managers
- Senior Support Workers

### Staff Group C - Competences 1-16

This Group is responsible for ensuring the management and delivery of Adult Support and Protection Services is effective and efficient. In addition they will have oversight of the development of systems, policies and procedures within their own organisations to facilitate good working partnerships with allied agencies to ensure consistency in approach and quality services.

- Operational Managers
- Senior Management
- Heads of Assessment and Care Managers
- Service Managers
- Senior Social Workers

### Staff Group D - Competences 1-5 and 16-20

This Group is responsible in ensuring their organisation is, at all levels, fully committed to Safeguarding Adults and have in place appropriate systems and resources to support this work in an intra- and inter-agency context.

- Senior Leadership Team
- Chief Executive

### Demonstrating Competence

To demonstrate competence staff should present a combination of evidence to their line managers. This could include formal training, completion of vocational/professional awards and work products. The line managers may wish to carry out a professional discussion, question / answer session with you in order to ensure competency in a specific area. A full list of suggested evidence can be found at the end of this document (appendix 2)

If you are required to demonstrate more than one set of competences, for example your current role is within both B and C - you may want to look at both of these competences as you should be able to cross reference your evidence for competences in other groups.

### Staff Group A

All Staff to complete this section:

Competencies 1-5	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
1.	I understand that <i>"adult support and protection is everyone's business"</i>			
2.	I am able to recognise an adult potentially in need of Adult Support and Protection intervention and take action.			
3.	I understand how to make an ASP referral.			
4.	I understand dignity and respect when working with individuals.			
5.	I have knowledge of Fife Health and			

	Social Care Partnership's multi-agency ASP Procedures.			
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Staff Signature ..... Line Managers Signature .....

Date .....

**Staff Group B & C to complete this section**

**Competence in working with people and delivering Safeguarding Services Competence**

Competencies 6-12	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
6.	I have the required knowledge and skills to contribute fully to the Adult Support and Protection process.			
7.	I am aware of and can apply local policy and procedural frameworks when undertaking Adult Support and Protection Activity.			
8.	I ensure service users/carer's are supported appropriately to understand Adult Support and Protection issues.			
9.	I am able to distinguish between observation, facts, information and			

	opinion gained from others in gathering evidence with regard to ASP issues			
10.	I know and understand the legislative context of Adult Support and Protection i.e. Adults with Incapacity (Scotland) Act 2000 and Mental Health Care and Treatment (Scotland) Act 2003			
11.	I maintain accurate, complete and up to date records.			
12.	I am able to demonstrate the required level of skills and knowledge to undertake an Adult Support and Protection Investigation.			

Staff Signature ..... Line Managers Signature .....

Date .....

**Staff Group C (Need to complete B & A also)**

**Competence in Strategic Management and Leadership of Safeguarding Services**

Competencies 13-16	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)

13.	I actively engage in supporting a positive multi-agency approach to Adult Support and Protection work.			
14.	I support the development of robust internal systems to provide consistent, high quality Adult Support and Protection service.			
15.	<p>I chair Adult Support and Protection meetings such as IRD discussions OR Case Conferences.</p> <p>(This only applies to Senior Practitioners or Team Managers who role involves chairing ASP meetings)</p>			
16.	I ensure record systems are robust and fit for purpose.			

Staff Signature ..... Line Managers Signature .....

Date .....

**Staff Group D (need to complete A also)**

**Competence in Strategic Management and Leadership of Safeguarding Services**

Competencies 17-20	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
17.	I lead the development of effective policy and procedures for Adult Support and Protection services in my organisation.			
18.	I ensure plans and targets for Adult Support and Protection are embedded at a strategic level across the organisation.			
19.	I promote awareness of Adult Support and Protections systems within and outside my organisation.			
20.	I develop and maintain systems to ensure the involvement of service users in developing Adult Support and Protection services.			

### Development of Competence-Appendix 1

Please make notes of how any competences that have not been demonstrated, can be evidenced in the foreseeable future and dates to when this will be assessed.

Competence:	Actions:	Target Date:
For example, I have knowledge of Fife’s Health and Social Care Partnership’s inter-agency ASP procedures	CB requires to broaden his understanding of Council Officer training. To attend CO training.	Within next 6 months.

### Examples of Evidence to Support Competence Level-Appendix 2

#### Suggested Evidence Group A

- Clear understanding of their role in making an alert and an Adult Support and Protection referral.
- Clear understanding of their organisation’s policy and procedures.
- Understand limits to confidentiality.
- Be able to define ‘adult at risk of harm’.
- Know the different types of abuse and how to recognise indicators/signs.
- Contact emergency services where appropriate.
- Know how to make an alert and a referral.
- Know how to record appropriately.
- Value individuality and be non-judgmental.

- Be aware of how own values and attitudes influence understanding of situations.
- Understand how to 'whistleblow' using Local procedures.

#### Suggested Evidence Group B

- Responds to referrals within specified timescales.
- Identify and reduce potential and actual risks after an allegation of abuse has been made.
- Convene relevant ASP meetings such as IRD or Case Conference meetings as appropriate within specified time scales.
- Contribute effectively to all information sharing.
- Develop protective strategies for those who refuse services.
- Show a clear understanding of the thresholds and pathways for investigating in response to an Adult Support and Protection referral.
- Describe the purpose of a IRD Meeting and Case Conference.
- Describe the purpose of a Protection Plan.
- Use of appropriate forms and recording systems.
- Understand the use of legislation within Adult Support and Protection work including:-
  - Adult Support and Protection (Scotland) Act 2007
  - Mental Health Care and Treatment (Scotland) Act 2003
  - Adults with Incapacity (Scotland) Act 2000
- Recognise service users' rights to freedom of choice.
- Understand the impact that abuse can have on individuals.
- Provide information on local support services that may provide support.
- Provide written and verbal information on Adult Support and Protection processes.
- Demonstrate knowledge of gathering, evaluating and preserving evidence.

#### Suggested Evidence Group C

- Evidence of protection planning.
- Evidence of report writing.
- Evidence of multi-agency working.
- Explicit understanding of confidentiality and data protection issues
- Demonstrate a thorough knowledge and application of purpose, duties, tasks involved in Adult Support and Protection investigations.
- Plan and carry out agreed strategy to protect an adult from harm during and following an investigation.
- Understand the different roles and responsibilities of the different agencies involved in investigating allegations of harm.
- Demonstrate a clear understanding of Fife Health and Social Care Partnership multiagency policy and procedures.
- Ensure supervision is carried out regularly to support safeguarding activity.
- Ensure effective performance management systems are in place and implemented when poor Adult Support and Protection practice is identified.
- Ensure the workforce has the necessary skills and knowledge to carry out effective safeguarding activity.
- Chair relevant Adult Support and Protection meetings and conferences in line with local policy and procedures.
- Demonstrate effective systems are in place to maintain records including investigation reports, minutes and protection plans.

#### Suggested Evidence Group D

- Have a strategic understanding of the scope of Adult Support and Protection services across the organisation.
- Work in partnership with a range of key agencies to promote Adult Support and Protection Services.
- Promote the Fife Health and Social Care Partnership's Adult Support and Protection Committee work plan and key priorities.
- Effectively communicates a proactive approach to Adult Support and Protection within your organisation.
- Be able to account for your organisations Adult Support and Protection practice
- Ensure that internal audit systems are robust and meet the requirements for external scrutiny.
- Have a comprehensive knowledge of Care Inspectorate inspection findings and how these will be implemented to support service development in your organisation.
- Be aware of the findings from serious case reviews and any Adult Support and Protection implications for service delivery in your organisation.
- Identify systems and structures in place used to raise awareness of Adult Support and Protection locally.
- Evidence that service users, patients and carers are supported and involved in all aspects of activity, and that their feedback impacts upon service planning and delivery.

## Appendix 3-Covering Letter as part of the ASPC's COVID Supermarket campaign



*Child and Adult Protection Committee Support Team*

*Police Headquarters*

*Detroit Road*

*Glenrothes*

*KY6 2RJ*



**Fife Child Protection Committee**

To the Shop Manager

Dear Sir/Madam

I write to ask for your assistance to help Fife Child and Adult Protection Committees keep children and adults safe from harm during the current crisis.

The COVID-19 outbreak and the current lockdown presents a variety of challenges to support children, young people and adults at risk of harm. The closure of schools and nurseries, day and drop-in centers, community hubs, libraries, banks and shops has resulted in people being behind closed doors, away from the people and services who might normally spot problems. We are asking everyone to keep their eyes and ears open for children and adults who may be at risk of harm, abuse or neglect during the COVID-19 crisis. During lockdown it's more important than ever to speak up if you see or hear something worrying about an adult or a child. This includes your staff, customers and delivery drivers, who can all have a part to play.

As part of our ongoing efforts to ensure that people know what harm is and how to report it, we have created the attached poster which details this information and shows the numbers to contact to talk about any concern you may have for both adult and child protection.

It would be appreciated if this poster can be displayed on your community noticeboard or near your shop entrance, so that we can continue to raise awareness of reporting methods and keep our communities safe from harm. I have enclosed an additional poster for display in staff areas and request that you make staff aware that any concerns they may see or hear about can be reported using the phonelines. If you are operating a delivery service, I would ask that you make your drivers aware.

If your staff, either within the shop environment or during deliveries see anything that gives them cause for concern, please assure them that it can be reported, confidentially if preferred, and that all concerns will be dealt with by Social Work and/or Police, handled sensitively and support provided if required.

I appreciate your assistance in this matter.

Yours faithfully



Alan Small

Independent Chair

Fife Child Protection Committee

**Chair** Alan Small

**Lead Officer** Amanda Law

*“child protection is everyone’s job ....it’s our job”*

[www.fifechildprotection.org.uk](http://www.fifechildprotection.org.uk)

## Appendix 4- Communication and Stakeholder Engagement Action Plan

<b>How will we communicate and engage with stakeholders?</b>	<b>Timescale</b>	<b>Responsibility</b>	<b>Measuring Impact</b>
Seasonal ASPC SWAYs (one for the public, another for professionals) Winter 2022 SWAY will focus on “Staying Safe and Keeping Well”	Quarterly	ASPC	Feedback received (annual survey and ongoing) re the bulletin, and items for inclusion
Evaluate ASPC Webpage, and make any necessary recommendations for improvement	January 2022	ASP Team	Website analytics/Visits to site
Harm Awareness Raising Campaigns via SWAY to be provided for joint audience of public and professionals.	Monthly	Learning and Development Group	Increased referrals from members of the public  Number of visits to SWAY page
Radio Campaigns	Quarterly	ASP Team, Kingdom FM Radio	Post Campaign Analysis fed back each quarter
Annual Adult Support and Protection Day	February	ASPC	Increased referrals from members of the public
Easy Read Resources/ Review resources for carers and families of adults at risk of harm, produce glossary of resources	March 2022	ASP Team	Feedback received from public and professionals
Inter-agency Guidance and Protocols  - This is targeted work to strengthen links and ensure effective pathways of support for a workforce confident in ASP practices.	January 2022, to be updated as necessary	ASP Team	Feedback received from partner agencies as part of annual review of inter-agency guidance and protocol.
Professional updates to be provided relating to what the ASPC has achieved over the last quarter and will work towards over the next quarter	Quarterly	ASPC	ASPC to respond to this feedback in order to improve practice.
Practitioners Forum events	Quarterly	ASP, Learning and Development Group	Appropriate response – as measured by SE+I

			<p>Group Performance Framework</p> <p>Numbers in attendance</p>
ASP Bitesize Awareness Sessions	Last quarter of 2022	ASP Team, Engagement and Participation Co-Ordinator	Feedback from those involved
<p>Service User Engagement Sessions</p> <p>- Consideration to be given to engaging with minority groups and those with specific language requirements, for example, BSL.</p>	Ongoing	ASP Team, QA Officer, SW Teams	<p>Feedback from those affected</p> <p>– Collected by front-line staff, Advocacy (including via website), QA Officer (Post-intervention questionnaire), wider partners, etc</p>
Care Home Awareness Raising Sessions	<p>Annual programme of engagement opportunities to be developed to help improve staff awareness:</p> <p>- Awareness-raising sessions with specific care home partners (via Teams or in person)</p> <p>- Multi agency awareness-raising sessions, eg with third sector partners (via Teams or in person)</p>	ASP Team, Learning and Development Group	<p>Appropriate response – as measured by Performance Framework,</p> <p>Numbers attending sessions across partners</p>

**NHS FIFE EQUALITY AND HUMAN RIGHTS STRATEGY GROUP**

**Meeting on 3 February 2023**

Enclosed are the minutes for the NHS Fife Equality and Human Rights Strategy Group that met on 03.02.2023. Discussion points within this meeting are: the groups Terms of Reference (TOR), feedback for the NHS Fife Equality Outcomes & Mainstreaming Interim Report, an update on the work of the Equality and Human Rights team, including the Equality Email network, the Interpreting & Translation service review and the revised Diverse Ethnicity Staff Network (The Den), and finally a brief discussion about the United Nations Children's Rights Convention (UNCRC).

I would like to highlight specifically the discussions around the Interpreting & Translation service as this is an evolving situation at present that we hope will progress quickly, and also the change of language from (Black, Asian, Minority Ethnicity) BAME to Diverse ethnicity. I welcome committee discussion on changing this language across NHS Fife.

## **UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STRATEGY GROUP HELD ON 3RD FEBRUARY AT 10 A.M. VIA TEAMS**

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and  
Isla Bumba, Equality and Human Rights Lead  
**Co-Chairs**

### **Present:**

Aileen Lawrie, Associate Director of Midwifery  
Brian McKenna, Human Resources Manager  
Debbie Wilson, FNP Lead, Deputy Service Manager, Admin Manager Children's Services  
Gordon Strang, Lead Chaplain  
Ian Davidson, Lead Nurse Addictions Services  
Katya Valaseva-Adamik, Corporate Officer, Fife Centre for Equalities  
Kerry Duffy, PPP Administrator, Estates Central  
Louise Noble, Staff Side Representative  
Midge Rotheram, Facilities Manager (Catering, Domestic and Portering)  
Rachel Alexander, Engagement Officer, Healthcare Improvement Scotland  
Samantha Honeyman, Estates Information Services Officer  
Siobhan Mcilroy, Head of Patient Experience  
Torfinn Thorbjornsen, Head of Information Management, Digital and Information

### **In Attendance:**

Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

## **1. APOLOGIES / MINUTE & ACTION LIST / MATTERS ARISING**

### **1.1 Apologies for Absence**

Apologies were received from:

Angela Swift, Clinical Service Manager, Addiction Services  
Bill Coyne, Violence & Aggression Advisor  
Catherine Gilvear, Fife HSCP Quality, Clinical and Care Governance Lead  
Elric Honore, Chief Executive Fife Centre for Equalities  
Heather Bett, Senior Manager Children's Services  
John Wilson, Lead Nurse - Mental Health  
Karen Whatton, Lead Nurse - Care Home Assurance and Support  
Lorna Watson, Consultant in Public Health Medicine  
Natalie Holmes, Human Resources Administrator  
Paul Bishop, Head of Estates, Estates Central  
Sally O'Brien, Head of Nursing, HSCP  
Yvonne Bateup, Support Services Manager (Catering Services)  
Zahida Ramzan, Policy Co-ordinator, Fife Council

## 1.2 Welcome from Co-Chairs

JK welcomed everyone to the meeting and, as this was the first meeting for many members, introductions were made.

## 2. TERMS OF REFERENCE

The group went through E&HR Strategy Group's Terms of Reference which was displayed on the screen. The following comments were noted:

- D Wilson asked if the UNCRC would sit within this group. To be discussed further.
- B McKenna requested that the group look at the opening sentence which states 'responsibility for ensuring'. He felt it implies something the group might not be able to achieve. It was agreed that the wording would be looked at with a view to changing it to something more suitable for example, the Equality and Human Rights group will support, compile or fulfil.
- M Rotheram requested that under section 2 'Facilities Representative' should be added in place of 'Support Services'.
- It was agreed that meeting will continue to be every 3 months and if a member can't attend, they should send a deputy on their behalf.
- For future meetings people who are not members can be invited to present.

J Keenan stated that going forward the group will provide actions, leadership and guidance to support NHS Fife in meeting its legal obligations and mainstreaming Equality and Human Rights.

J Keenan stated that she and I Bumba recently delivered a Board Development Session where the Chair, Non-executives and Executive Directors were asked to complete a hypothetical EQIA. It was an interesting session and helped raise Equality and Human Rights awareness.

It was noted that the group now had better representation from across the organisation.

The group will report to:

- NHS Fife Executive Directors Group, then NHS Fife Public Health and Wellbeing Committee then to the NHS Fife Board
- NHS Fife Staff Wellbeing and Governance Committee and NHS Fife Board
- Health and Social Care Partnership Governance Committee and finally Integration Joint Board

The group were asked to email in any more comments relating to the TOR. The final revised TOR version is to be sent out to the group before the next meeting.

## 3. EQUALITY OUTCOMES FEEDBACK

I Bumba presented an update on the work of the Equality and Human Rights team including covering the Equality Outcomes and Mainstreaming Interim report. This was followed by a general discussion.

The Equality Outcomes Interim Progress Report has been approved by the NHS Fife Board and the NHS Fife Public Health and Wellbeing Committee.

The group were asked to submit any more comments to I Bumba before the final copy is published.

J Keenan stated that from her perspective the report was an excellent document which she enjoyed reading. She commented that the work highlighted from Mental Health Services was also excellent.

B McKenna commented that in terms of responsibility he felt that there was a gap in relation to the breakdown of training. It stated there are 2 forms of mandatory core type training and criteria in the table that was provided. He also highlighted the table was ordered alphabetically but that he recommended ordering it by highest completed to least completed.

B McKenna informed the group that Human Resources got feedback from the Scottish Executive regarding the Workforce Plan that was published in November and from the Health Population information that was also sent. The Scottish Executive asked NHS Fife in relation to the demographics population information that we need to consider, in future, what the information will be used for and how the information recorded will impact on the workforce for example, people are living longer with chronic illnesses like cancers. He asked the group if this could be linked into future Equality Outcomes.

G Strang noted that under some of the Equality Outcomes actions there were next steps. Just for presentation reasons it might be good to have this consistency set up for all actions for future reports. I Bumba stated that this was a good point and will be considered for the report. She stated that there were some barriers in completing the report. COVID pandemic for example meant that some actions were delayed, and some work is at different stages. I Bumba will look at the report to see if there are any alterations that can be made.

I Bumba thanked K Valaseva-Adamik and Fife Centre for Equalities for their help and support in relation to the population data she provided for the report.

J Keenan informed the group that this is the Equality Outcomes interim report and marks the two year point for the Equality and Mainstreaming Plan 2021-2025. A final progress report will be written and published marking the end of the current plan in 2025. The next Equality and Mainstreaming Plan 2025-2029 is due to be published in 2 years. The group was asked to start thinking about what will go into the new plan.

I Bumba suggested that the UNCRC could be considered as a key outcome for the 2025-2029 Equality Outcomes plan. D Wilson asked if we would have to wait for the new plan to start work around the UNCRC. I Bumba stated that any pieces of work and discussions does not have to wait until 2025 to be started. The Equality Outcomes set for the new plan will be the next time NHS Fife can set an official Equality Outcome, but this should not hold up current work.

J Keenan thanked I Bumba for the information.

#### **4. EQUALITY AND HUMAN RIGHTS TEAM UPDATE**

I Bumba gave the group an overview on recent work carried out by the Equality and Human Rights Team.

## 4.1 Network

Over the years equality information has gone out via newsletters, staff links etc. As a trial the team have setup an email only network made up of NHS Fife staff. It will be used to share content relating to Equality and Human Rights information for onward dissemination or personal interest. The plan is not to bombard people with lots of emails but to send out a few focused emails that are topical every few weeks/months.

This network will help mainstream equalities across the health board. Currently 112 members have signed up for the network from all areas of NHS Fife and from all sites.

The members were asked to share anything of interests that might go out via this network.

T Thorbjornsen asked if we would consider using SharePoint using SharePoint.com for the network? He explained how it would look and offered to set it up as a pilot. The group agreed to explore using SharePoint for the network. T Thorbjornsen to discuss further with I Bumba and send some screenshots of the system.

## 4.2 Interpreting and Translation Service Redesign

NHS Fife is undertaking a review of all its interpreting and translations services. The review is being led by Lynn Cummings, Project Support Officer. The drivers around this review and project work are:

- There are number of different providers that work with NHS Fife and at present many of their contracts are due for renewal.
- Demand for interpreting and translation services is increasing.
- This piece of work will help improve accessibility and quality of interpreting and translations services.
- NHS Fife is spending a lot of money on these services and may not be getting the quality that we require. It is expected that improvements will be seen both financially and clinically and will ensure cost effectiveness and robust safe services going forward.
- Data is being analysed and used to propose different options to consider for future provision. An options appraisal is being developed and aims to be completed by April 2023.

The Interpreting and Translation Procedure has been updated to make it more streamlined and easier for staff to follow and the Policy is due to be updated.

### 4.2.1 Community Languages

NHS Fife have 24-hour access to community languages face-to-face interpreting for most languages. For some languages like Farsi, there is only one interpreter for this language that covers from Tayside to Glasgow. We have video interpreting in most languages, and some are 24 hours. Most languages are available 24 hours through the audio and telephone interpreting service. We also have a provider who does written translations into community languages.

The community language interpreting provider is not on any NHS Scotland or government frameworks. There is a concern around interpreter qualifications, quality assurance and governance with using this company. There are qualifications that interpreters can have, and they should all be background checked. With bringing interpreters into patient's appointments, these are concerns.

#### **4.2.2 British Sign Language**

British Sign Language (BSL) is different due to lack of qualified BSL Interpreters throughout Scotland. NHS Fife uses two BSL interpreting providers who work between 8am to 5pm workdays. For out of hours, we can get interpreters if pre-booked. Between 5pm and 8am we have a list of 6 freelance interpreters who can be contacted but may not be available as they are not on call. There are 200 BSL users to 1 interpreter in Scotland. Due to the introduction of the BSL Act there is more demand for providing interpreters for example from colleges, universities, police etc. There is a concern that we don't have access to enough interpreters at present. This is a Scotland wide issue. The review will be looking at different options for providing this service.

There are BSL video interpreters available between 8am and 5pm weekdays. BSL users tend not to like using the video interpreting due to their language being 3D and someone signing via a screen makes it 2D. It puts a barrier up between the signer and person who needs to understand the language. It is similar to when someone is speaking on the phone and the line keeps cutting out and they miss some of the information. It will only be used if an interpreter cannot be accessed or when someone attends a service in an emergency.

#### **4.2.3 Options**

Through the Optional Appraisal process part of the review there are number of options being considered, this includes:

##### **4.2.3.1 Frameworks**

NHS Fife could follow one of the frameworks but the providers on the framework are based in Glasgow. Using these companies might cause delays in getting an interpreter in an emergency, for example it could take over a 1 hour to get an interpreter to A&E. Using these companies would result in delays and increased costs for example travel costs and time.

##### **4.2.3.2 In-House Interpretation**

Another option being considered is having one or two in-house interpreters, for example 2 BSL interpreters (1 full time 1 part time) and 1 community language interpreter. At present we pay for 2 hours per BSL interpreting appointment as standard, despite the length of time of the appointment. GP appointments for example sometimes only last 10 minute therefore this is not very cost effective.

A patient story: Recently, an elderly patient was admitted who was a Deaf BSL user. An interpreter attended each day to support the staff and the patient, but this was just once a day for only 1 hour. The patient did not use technology and was not able to communicate with anyone else for the rest of the day unless her family came in. She said she was feeling very lonely. An in-house interpreter could have come in throughout the day, to have a chat with her and ensure her needs were being met.

To support the in-house interpreters more interpreters could be put on the staff bank. The in-house interpreters would be responsible for advertising interpreting assignments and booking the bank staff interpreter. The in-house interpreters would also carry out staff awareness and training.

There have been discussions around seeking volunteers who had some basic sign language to come into wards as befrienders for patients who are deaf or for those who do not have English as their preferred language.

G Strang suggested we could look at our staff base to see if there was bilingual staff who might want to be a volunteer or be employed on a bank as part of a befriending service. K Valaseva-Adamik suggested that as these staff members have already signed confidential agreements and have medical terminology knowledge, they maybe suited to do this role. B McKenna commented that the organisation should not be giving a volunteer a role that our staff should be doing and there needs to be considerations like monitoring competencies, confidentiality, their own workload etc.

I Bumba has been meeting with Elaine Paton, Nurse Bank Manager, to discuss using the Nurse Bank. As an example, NHS Lothian use their Nurse Bank: they have 4 in-house interpreters.

There is still further exploration to do to scope out these options to see what they would look like.

#### **4.2.4 Interpreting and Translation Policy and Procedures**

We have been informed by NHS Fife Procurement that we need to follow Government Frameworks or the NHS Scotland Business Framework where possible.

### **4.3 Trans Policy**

NHS Fife is in the process of developing a Trans Policy/Procedure on how to manage/support trans, non-conforming and patients from a spectrum of gender divergence. It will consider placement of trans patients, involving patients in discussion around their care to ensure that they are comfortable with what is offered, and the service provided is appropriate and meets both their and the service's needs. The policy will contain an extensive list of definitions and terminologies. A flow chart will be developed for planned and unplanned care pathways, examples of case studies and general guidance will be included.

I Bumba has reviewed other Boards policies. Some engagement work with services and organisations like Pink Saltire, Transgender Fife and The Hive will be undertaken as part of the development of this document. R Alexander asked what form the engagement work would be in, for example is it to inform the patients or to ask the patients to help shape the policy? I Bumba explained that it would shape the policy and that she values their input and knowledge. R Alexander is happy to support this piece of work in its early stages as HIS has lots of different tools which can support the engagement process. To set up a meeting between I Bumba and R Alexander.

D Wilson stated that there might be a specialist within their service that could help with the policy. To share details with I Bumba.

M Rotheram asked is there any plans for staff guidance in relation to this policy? B McKenna informed the group that most Human Resources policies used in NHS Fife are sent by the national Scotland Policy Group. This is to ensure consistency across NHS Scotland boards. B McKenna to investigate this and bring an update to the next meeting.

A Lawrie stated that her team in Maternity Services would welcome an opportunity to be part of this piece of work. This community and maternity staff might have concerns around certain aspects of the policy like language used. It would be good to have them included in the development of this policy. This service is seeing an increase in patients coming into the unit that identify under a different gender from the sex they were assigned at birth. A Lawrie also comments that another consideration is the use of the word 'women' is maintained within maternity services due to many patients being of this gender and a concern around losing this word from their vocabulary.

G Strang stated that this is a subject that has tensions and that groups may have concerns that their voices are not heard if we don't engage with this community.

The group agreed that there should be engagement undertaken as part of the development of the Trans policy.

The group was asked to send in any suggestions or comments. Once the policy is ready I Bumba will send out the draft version to the group for comment.

J Keenan thanked everyone for the valuable contribution to this agenda item. She explained that it is a good piece of work that we would like to do well in NHS Fife. I Bumba explained that language use can be out of date and what we talked about 5 years ago might not be correct today. This policy will give an opportunity use the most up to date and appropriate language.

I Bumba to develop an action plan to help progress the Trans policy.

## **5. BAME NETWORK – THE DEN – DIVERSE ETHNICITY NETWORK**

The term BAME has been around a while but it is no longer approved by the UK Government as the most appropriate terminology. It was meant to encompass everyone but it is believed it mainly highlights black people more than other groups, for example Gypsy Travellers are not usually included but should be as they are classed as a minority ethnicity. Discussions have been held with Rhona Waugh, Head of Workforce Planning and Wellbeing, Human Resources and the Chair of the BAME network around the name of the NHS Fife employees group, for example Ethnic Minority Network. This name has had some criticism too. Depending on where you live in UK, the groups this is intended to refer to may not actually be the minority and so there are criticisms of using 'minority'. The new name for the network has been decided as The DEN - Diverse Ethnicity Network.

The network will be a safe space for staff where they feel they can be themselves, open up and maybe share their experiences in an informal environment.

The Group were asked to comment on terminologies used:

- L Noble stated that she feels that using the minority isn't a good term to use. The word diverse is good.
- A Lawrie stated that she read somewhere that BAME should move to Global Majority. She said that using letters is a good way forward and makes it easier to remember.
- K Valaseva-Adamik stated is it best to have a term that is in always as much inclusiveness as possible. I Bumba commented that the UK Government recommended that we actually use where people are from, for example, South Asian, black people etc as within these groups they all have very different lived experiences. However, the list would be very long and so in this instance, it would not be appropriate to do so.
- R Alexander stated we need to be as inclusive and as broad as possible so people do not fear saying the wrong thing or not knowing what to say and appear to exclude some staff.
- J Keenan explained that is sad to hear when someone has been a victim of a hate crime but were unaware that they were as they have been used to this kind of language towards them. She hoped the DEN would be able to help staff identify inappropriateness and letting staff know that they should not tolerate it and that they will be supported.

I Bumba stated that at the moment there are no set goals for this network as it's in the very early stages of development. We will be consulting other health boards that are further forward with their networks to gather information.

I Bumba stated that the network could meet online, in person or do a hybrid approach. The hybrid approach would enable more people to take part and using SharePoint might be a good way forward for the network.

I Bumba to take comments forward to the DEN's Chair.

## **6. HATE INCIDENT AND HATE CRIMES**

I Bumba talked about how NHS Fife records and uses information relating to Hate Incidents.

She explained to the group that they have been some instances where staff have been verbally abused, had unwanted or unpleasant experiences relating to a Protected Characteristic. She explained that often this abuse targets women or can be race/ethnicity related. NHS Fife Datix reporting system used to report these incidents is limited in that it relies on staff completing the correct fields for reports. B Mckenna asked if the information is sense checked and this can cause challenges like for example in Mental Health services there maybe multiple reports put in on the same day for the same patient which results in higher figures.

NHS Fife has added a page to the staff intranet explaining the difference between a hate crime or incident and includes staff guidance. This page has now been attached to the Datix reporting system so staff can follow the guidance when they complete the Datix form.

J Keenan asked if hate incidents are being reported through Staff Governance Committee?  
L Noble commented that she does not sit on this group so is not sure. B McKenna commented that he thinks they are.

B McKenna explained that when an incident is recorded on Datix it is checked/assessed to see if it is a hate incident/crime. He also explained that there are also other sources of information like the staff questionnaire that can be used to record the information although the information from this questionnaire is not current.

L Noble explained that the report could go to the Local Partnership Forum then escalate up to the Area Partnership Forum.

B McKenna explained that the information might not be robust or accurate due to the limitations like separating partnership from acute etc.

The group agreed that it would be good to see reports on the number of incidents recorded and any learning from these incidents. This would ensure that the information would be taken forward up to the Board level.

A Lawrie raised a concern that they have around using Datix to record incidents that have happened among staff. The concern is in relation to staff confidentiality and privacy. Once on Datix, even if not proven, the information is still stored and available for some staff to see. There is a concern that any incident recorded could have some Human Resources implications around staff conduct. She explained we should consider if Datix a good system to monitor these sensitive incidents. She stated that there is a requirement for more discussion and agreement at the way we monitor incidents that involves staff members. A Lawrie stated she would welcome some advice around this subject.

A Lawrie highlighted to the group that a Lead from a GP committee had highlighted via the Area Clinical Forum that they were receiving higher instances of aggressive contact towards their Practice and that they don't have a system set up to record this data.

T Thorbjornsen suggested that in relation to figures we want to look at should we compare them with other Boards. He asked that historically where did the figures come from and is there a report setup that can be used to pull the data from? He explained he would be happy to investigate the reporting arrangements and see if we can set up a bespoke type of report that is appropriate for what we need.

I Bumba said she would add as a topic of conversation for the next Equality Leads Network agenda an item relating to this subject to find out what other NHS Boards are doing.

J Keenan thanked everyone who contributed to the discussion. She explained that the NHS Fife Community Safety Officer had recently retired but he was working on hate incidents reporting. She stated that there needs to be a wider discussion around this subject. The officer's role went to the Resilience Team so there might be some discussion required with this team.

J Keenan stated that we also need to consider GP practices and how they capture this information. B McKenna mentioned that if numbers of incidents in certain areas captured is small there is a risk of being able to identify individuals. He explained that we also need to

be aware of they type of incident as some incidents could be classed as a Hate Crime which could be classed as a criminal issue.

I Bumba to meet with Bill Coyne, Violence and Aggression Advisor and T Thorbjornsen to contact the Resilience Team to discuss this further.

## **7. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING**

### **7.1 Children's Rights**

D Wilson informed the group her team are working with the Communication Team to promote information and raise awareness on Children's Rights, for example, a 7-minute briefing is due to be published.

D Wilson asked if Children's Rights could sit within this Group?

D Wilson explained that he Children's Rights involves various legislation like the Children and Young People Act and United Convention of Children's Rights (UNCR). Within these legislations there are 54 Articles. We use these Articles as guiding principles so that in the best interest of a child's right to life, survival and development and so that the child has the right to express their views and which should be taken into account.

As part of Children's Rights we need to look at our organisation and how it affects children including engagement and participation around how we deliver against the UNCRC.

Within Health and Social Care Partnership (HSCP) the Children's Services Partnership Group has been set up. This group involves Police, education, Social Work etc. From this group there is a subgroup called Children's Rights Group.

D Wilson explained that often we focus on it being about Children's Rights services but it is wider than this. We want to raise awareness throughout NHS Fife services so that anyone can support a child's rights for example if they come into hospital, if a parent comes into maternity services.

J Keenan stated that she is looking forward to seeing the seven minute brief when it comes out. With this group having a Human Rights remit it might be something we can consider but further discussion would need to take place, for example, to find out the scale of the work as this group might not have the capacity to support it. To add item to the next meetings agenda.

### **7.2 2023 Equal Pay Audit**

B McKenna requested that the 2023 Equal Pay Audit be added to the next meeting's agenda.

### **7.3 Workplan**

J Keenen and I Bumba thanked everyone for their contribution to the meeting. The group agreed that developing a workplan for this group would be useful.

## **6. DATE OF NEXT MEETING**

The next meeting will take place on 12 May at 10 a.m. via Teams

**NHS FIFE PORTFOLIO BOARD**

**9 FEBRUARY 2022**

No issues were raised for escalation to the Public Health & Wellbeing Committee.

**MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 9 FEBRUARY 2023 AT 09.30 TO 11.00 VIA TEAMS**

**Carol Potter**  
**Chair**

**Present**

Carol Potter (CP)	Chief Executive (Chair)
Nicky Connor (NC)	Director of Health and Social Care
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Hannan (BH)	Director of Pharmacy & Medicines
Jeanette Keenan (JK)	Director of Nursing
Kirsty MacGregor (KMacG)	Associate Director of Communications
Neil McCormack (NMcC)	Director of Property & Asset Management
Mark McGeachie (MMcGe)	Charity Director
Margo McGurk (MMcG)	Director of Finance & Strategy
Dr Chris McKenna (CMcK)	Medical Director
David Miller (DM)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health

**In Attendance**

Dorothy Gibson (DG)	Personal Assistant (minutes)
Rishma Maini (RM)	Consultant Public Health
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Elsie Livingstone (EL)	Progressive Partnership
Diane McGregor (DMcG)	Progressive Partnership

**Apologies**

Wilma Brown (WB)	Employee Director
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary

<b>1.</b>	<b>Unconfirmed Minute from meeting held 12 January 2022</b>
	The Minute from the 12 January 2023 was accepted as an accurate record.
<b>1.2</b>	<b>Actions Outstanding</b>

	All actions from the previous meeting were closed.
<b>2.</b>	<b>Programme Updates</b>
<b>2.1</b>	<b>Engagement Report Presentation</b>
	<p>Progressive Partnership were invited to provide an overview of the recent Engagement work which has been undertaken. EL from Progressive Partnership provided an overview of the engagement report.</p> <p>In total, 10 focus groups and 3 interviews were conducted, and a total of 49 people were included in the study. Focus groups with 'seldom heard' groups were also conducted - people living with dementia, faith leaders, and Fife College students.</p> <p>Some of the key points raised by the respondents were:</p> <ul style="list-style-type: none"> <li>- Health and social care services were widely considered to be at the core of staying healthy and well</li> <li>- Some lacked confidence about managing health and wellbeing, particularly younger participants</li> <li>- Lack of availability of services since Covid-19</li> <li>- Challenges to keeping active, including cost and availability of activities/transport, and health conditions making participation more difficult</li> <li>- Public transport issues including poor networks, particularly in rural areas</li> <li>- Cost of living pressures meaning people may be less able to afford paying for activities and transport, or healthy eating</li> <li>- Participants were concerned about wait times for mental health services, especially for young people</li> <li>- Of other NHS services pharmacies were most likely to receive positive feedback; described as easily accessible.</li> </ul> <p>Following the presentation there was a discussion regarding some of the points raised. JT asked whether there was any reference to self-management in some of the responses. ET confirmed that she would look at the feedback to see whether there were any specific comments made.</p> <p>MMcG highlighted that she thought the feedback was positive around the use of Digital and NearMe use for appointments. The feedback surrounding pharmacies was also very positive and questioned whether there were more services which could be included, including acting as information hubs? BH raised that he would discuss this with NC, CMcK and JT to see whether there was more to be done. NC highlighted this would need to link to the Primary Care Strategy.</p> <p>SF asked whether there was any feedback provided in the responses in relation to A&amp;E. ET confirmed that there was nothing specific.</p> <p>MMcG raised based on the comments around travel, exercise and self-help whether the population are aware of and are actively using NHS Inform, perhaps there could be a role for the Charity to help support access? NC highlighted that there is an opportunity to build on the work of the "Wells" here. CP confirmed that it would be worthwhile the Charity looking at this. JT advised that this was discussed at the Fife Leadership H&amp;WB workshop leadership discussion and she would share the summary report with the group.</p>

	<b>Action: JT to share the summary report from the Fife Partnership H&amp;WB workshop.</b>
<b>2.2</b>	<b>Population Health &amp; Wellbeing Strategy Update</b>
	<p>RM summarised the changes which had been made to the strategy following the discussion at the January 2023 meeting.</p> <p>TMcC shared the latest draft of the Strategy with the Board. TMcC noted that the Board had only received the Strategy the previous evening and advised the Board that there was still an opportunity to provide feedback ahead of the next stage of development, noting that feedback would be required by Monday 13 February 2023.</p> <p>CP commented that she was pleased with the development and noted that the diagram on page 9 could be reviewed and changed to an infographic?</p> <p>BH asked what the agreed purpose of the Board Development session was going to be in relation to the strategy. MMcG responded that this was a planned discussion session, and that the Strategy would be sent out in advance to allow the Board the opportunity to review. CP highlighted that the session was an opportunity to share the journey of the Strategy from April 2021 to today and how it has developed.</p> <p>CMcK asked what the litmus test for the Strategy was going to be and would feedback from staff be sought again before it is finalised. JK advised that the draft Strategy had been shared and discussed with the Area Partnership Forum and the Area Clinical Forum and useful feedback had been generated at those sessions. CP advised that it may be worth considering socialising the Strategy with someone in the community and potentially with one of our previous Non-Executives?</p> <p>NC raised a couple of point regarding the Strategy. Firstly, why the Strategy was still referencing 'Health and Care' and not Healthcare. After a discussion CP agreed to consider the points NC raised offline and to think about whether this was a question for the Board. On page 8, the Integrated Joint Board needs to be referenced. On page 31 some of the delivery plans mentioned are Partnership led and the language needs to be consistent. SF agreed to link with NC regarding this.</p> <p><b>Action: SF to discuss delivery plan wording with NC to ensure it reflects Partnership delivery plans.</b></p> <p>MMcG thanked RM and TMcC for the work they have undertaken on the Strategy.</p>
<b>2.3</b>	<b>Future Staff Engagement Plan</b>
	SF presented the future staff engagement plan to enable staff engagement on this final stages of the Strategy development. SF provided an overview of the plan which the Board endorsed.
<b>2.4</b>	<b>NHS Fife Greenspace Strategy</b>

	<p>NMcC summarised the work to develop the Strategy. NMcC highlighted that Public Health Scotland have provided positive feedback on the greenspace digital maps which have been developed.</p> <p>CP raised that the language regarding Anchor Institution needed to be changed to “Anchor ambitions” to reflect the fact that NHS Fife is already an Anchor Institution.</p> <p>KMacG raised that the Strategy was not presented in the corporate template however the comms team could support addressing this.</p> <p>JT raised that the Food4Fife Strategy which links to this was launching on 10 February 2023.</p> <p>SF suggested that this strategy should be referenced in the broader organisational Strategy, this was agreed. SF also asked the Board that if they were aware of any other Strategies about to be launched in the immediate future to let her know to ensure that they are also appropriately referenced in the new Strategy.</p> <p>The Board endorsed the Greenspace Strategy and agreed it should be referenced within the new organisational strategy.</p>
<b>2.5</b>	<b>Proposed Programme RAG Rating</b>
	<p>FMcL presented a proposed new RAG rating system which has been developed to try and respond to some of the feedback which came from the December 2022 meeting. FMcL took the Board through the key changes and the tool which had been developed to support the overall calculation of RAG.</p> <p>The Board briefly discussed the proposed rating system and were supportive of it being used. NC questioned the tool and what the tipping point was that would indicate whether a rating was red, amber or green. FMcL confirmed that the tool would calculate this but agreed that a key could be developed to ensure this was clearer.</p> <p><b>Action: FMcL to add to the tool an indicator that shows at what point a status would change from red, amber or green.</b></p>
<b>2.6</b>	<b>Integrated Planned Care Programme</b>
	CD provided a brief overview of the Programme. All work is progressing, and the Planned Care Board will meet again on the 23 February 2023 to review progress.
<b>2.7</b>	<b>Integrated Unscheduled Care Programme</b>
	CMcK provided a brief overview of some of the work that has been undertaken to date. CMcK indicated that a meeting requires to be scheduled to review the scope of the Unscheduled Care Programme but due to diaries this has not been feasible yet.
<b>2.8</b>	<b>Pharmacy &amp; Medicines Programme</b>
	BH advised that this programme is currently sitting at Amber. The main reason for this is capacity issues caused by both operational demands as well as turnover of staff. Due to the pressures some of the workstreams are delayed and will not be completed in year 1, however the contingency plan is to run year 1 and year 2 plans concurrently so not to delay the overall programme.

<b>2.9</b>	<b>Financial Improvement &amp; Sustainability Programme</b>
	MMcG advised that the recent IPQR already summarises the current position.
<b>3</b>	<b>AOCB</b>
	NC advised that she is unable to attend the East Region Board meeting on 10 February 2023. NC advised that there is an item on the agenda in relation to Diabetes and agreed to provide an overview paper to MMcG ahead of the meeting.
<b>4.</b>	<b>DATE OF NEXT MEETING</b>
	The next meeting will take place on <b>9 March 2023 at 14.00-15.30pm, Board Room, Staff Club, Victoria Hospital.</b>

UNCONFIRMED IN CONFIDENCE

**NHS FIFE PORTFOLIO BOARD**

**9 March 2022**

No issues were raised for escalation to the Public Health & Wellbeing Committee.

**MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 9 MARCH 2023 AT 14.00 TO 15.00  
VIA TEAMS**

**Carol Potter**  
**Chair**

**Present**

Carol Potter (CP)	Chief Executive (Chair)
Nicky Connor (NC)	Director of Health and Social Care
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Kirsty MacGregor (KMacG)	Associate Director of Communications
Gillian MacIntosh (GMcl)	Head of Corporate Governance & Board Secretary
Margo McGurk (MMcG)	Director of Finance & Strategy
Dr Chris McKenna (CMcK)	Medical Director
David Miller (DM)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health

**In Attendance**

Hazel Close	Lead Pharmacist Public Health and Community Pharmacy
Dorothy Gibson (DG)	Personal Assistant (minutes)
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Nicola Robertson	Associate Director of Nursing

**Apologies**

Wilma Brown (WB)	Employee Director
Ben Hannan (BH)	Director of Pharmacy & Medicines
Jeanette Keenan (JK)	Director of Nursing
Neil McCormack (NMCC)	Director of Property & Asset Management
Mark McGeachie (MMcGe)	Charity Director
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO

<b>1.</b>	<b>Unconfirmed Minute from meeting held 9<sup>th</sup> February 2023</b>
	The Minute from the 9 of February 2023 was accepted as an accurate record.
<b>1.2</b>	<b>Actions Outstanding</b>
	No actions outstanding.
<b>2.</b>	<b>Programme Updates</b>
<b>2.1</b>	<b>Population Health &amp; Wellbeing Strategy Update</b>
	<p>The Draft strategy has been updated based on feedback from the NHS Fife Portfolio Board and a range of stakeholders.</p> <p>The Draft strategy has now been shared with a range of operational and management teams that have been involved in developing the strategy with an offer to attend future meetings to provide updates.</p> <p>Throughout March events are taking place to share the strategy. This includes webinars on Teams, face to face sessions at sites across Fife and a Grand Round is planned for Wednesday 29 March 2023.</p>
<b>2.2</b>	<b>Bank and Agency Staffing Programme</b>
	<p>Work to delivering a more sustainable and cost-effective approach to the use of bank and agency staff is a key priority for NHS Fife in terms of meeting strategic workforce and financial objectives.</p> <p>The Director of Workforce chaired the first meeting of the Bank and Agency Programme Board on the 28 February 2023. The group discussed the current position in terms of bank and agency staffing in Fife and nationally. It was identified that this work has the potential to reduce bank and agency staffing expenditure by £10million in NHS Fife.</p> <p>A range of actions to be delivered by 1 April 2023 were identified. Further potential work, to be delivered over the coming financial year, is also being scoped. To support delivery of this aim it was agreed at the meeting that three work streams will be created:</p> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Workforce</li> <li>• Communications &amp; Engagement</li> </ul> <p>Work is now underway to develop plans for each of these work streams which will report into the Bank and Agency Programme Board. Where existing work is already underway it will be absorbed into this programme. The programme board will initially meet weekly to ensure there is momentum behind the work. In time the meeting frequency may reduce to monthly.</p> <p>DM explained that a meeting with Scottish Government had taken place in the past week, and they had verbally indicated that they are supportive of our plans to address agency usage. Further communications are to be circulated from Scottish Government.</p> <p>CP asked if the Terms of Reference (TOR) had been circulated. DM explained that a TOR had been drafted and once approved by the Programme Board it would be shared. MM requested that this TOR was reviewed by the Financial Improvement Sustainability (FIS) Programme Board and then by the Portfolio Board. NC asked if membership of the group included representation with the HSCP Operational Senior Leadership Team.</p> <p>MM also asked that all Programme Boards share their TORs for review by Portfolio Board.</p>

	<p>Following agreement of the draft TOR with the Bank and Agency Staffing Programme Board, DM to ensure TOR to be shared with the FIS Programme Board and the Portfolio Board.</p> <p><b>Actions:</b>  <b>DM to ensure that the Bank and Agency Staffing Programme Board has representation from Fife HSCP Operational Management Senior Leadership Team.</b></p> <p><b>FMcL to ensure that all TOR's for strategic programmes have been reviewed by the Portfolio Board.</b></p>
<b>2.3</b>	<b>Integrated Planned Care Programme</b>
	<p>CD provided an update on the work of the Integrated Planned Care Programme (IPCP).</p> <p>CD explained that the activities associated with the work remained on track and were rated as green.</p> <p>The National Treatment Centre- Fife Orthopaedics opens to patients on the 20 March 2023. There is work ongoing to utilise additional waiting times funding between now and the end of March 2023, for example some of this funding is being used to run additional lists for the robotic surgery on Saturdays. There is planning work underway for the next financial year.</p>
<b>2.4</b>	<b>Integrated Unscheduled Care Programme</b>
	<p>CMcK provided an update on the Unscheduled Care Programme. The Discharge without Delay programme will conclude in March 2023 in line with the end of the Programme Funding. A workshop on the Flow Navigation Centre (FNC) was held with good attendance from all stakeholders. Feedback from this workshop was that there are opportunities to further refine how the FNC is working. A project plan is being developed based on feedback from the workshop.</p> <p>CP asked if there was any learning from the Glasgow Continuous Flow Model (GLASflow) work that could be adopted locally. CD explained that this is based on a push model from the front door and that similar things are already being explored locally. CD also mentioned the 'firebreak' that has recently been undertaken in NHS Lanarkshire which has led to a reduction in surge bed usage.</p> <p>CP queried when the project plan for the FNC work would be completed. CMcK confirmed it would be reviewed at the next meeting of the Unscheduled Care Programme Board and an update would be available at the April Portfolio Board.</p>
<b>2.5</b>	<b>Pharmacy &amp; Medicines Programme</b>
	<p>HC advised that High Risk Pain Medicines (HRPM) Programme – Phase 1 is at RAG status Amber. This is due to a delay in the 'understanding the problem' report at the end of phase one. This was reported upon previously. Work is underway to develop plans for year 2. There are no items for escalation.</p>
<b>2.6</b>	<b>Financial Improvement &amp; Sustainability Programme</b>
	<p>MM confirmed that to date £9.7 million of savings have been delivered against a target of £11.7million. That equates to a £2.2 million shortfall for the financial year. MM also explained the majority of these savings have been made on a non-recurrent basis. MM confirmed that there is more work to take forward into the next financial year and that the work of the Bank and Agency Programme will be key.</p>

	MM also provided an update around a new piece of work being initiated to reduce usage of surge beds. It is proposed that a new Programme Board will be established which will possibly be jointly chaired by CD and NC. Further work is required to scope this and updates will be provided at the next Portfolio Board.
<b>3.</b>	<b>Other Updates</b>
<b>3.1</b>	<b>Kincardine and Lochgelly Health Centres</b>
	<p>JT updated that NHS Fife has received notification from the Scottish Government advising that it is unlikely that funding will be available before 2026. Members of the Portfolio Board noted their disappointment at this news.</p> <p>JT explained that as part of this communication that the Scottish Government outlined a requirement for NHS Boards to develop whole system plans. Both JT and BJ met with Scottish Government to discuss this further. In this meeting, they have agreed to resubmit the outline business case to the Scottish Government Capital Planning Group and in tandem continue to progress the Full Business Case so that this planning work is complete at prior to funding becoming available.</p> <p><b>Action: CP requested that JT shared the full communication from SG with her.</b></p>
<b>4.</b>	<b>AOCB</b>
	<p>CP outlined to members of the Portfolio Board that this was the last meeting of this financial year and as the strategy is shortly to be signed off by the NHS Fife Board, CP suggested that it would be helpful to review the role and remit of the group and develop a new work programme. As part of this the frequency of the meetings will be reviewed.</p> <p><b>Action: GMcl/SF to review the role and remit of Portfolio Board and bring proposals to the next Portfolio Board meeting.</b></p>
<b>5.</b>	<b>DATE OF NEXT MEETING</b>
	With effect from April, there will be no more Portfolio Board Meetings, with EDG meetings increasing to three times each month. Where there were Portfolio Board meetings in the diary on Thursday mornings, these will now be replaced by EDG meetings, mostly 10 am – 12.30 pm, with the current afternoon Portfolio Board Meetings to be changed to EDG meetings 2 pm – 4.30 pm.